

Afghanistan



Bamyan, October 2008, UNAMA

"Afghanistan has emerged from the shadows of despair; it is travelling towards peace and prosperity. This is a difficult road. It is a demanding path. And there surely remains much heartache along the way. But this is also a journey worth making -- not just for the Afghans, but for all of us, and for the international community we represent".

Secretary-General Ban Ki-moon in an address to the conference on justice and rule of law in Afghanistan - Rome, 3 July 2007.

2009

Humanitarian Action Plan



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1. EXECUTIVE SUMMARY

The 2009 Humanitarian Action Plan for Afghanistan represents a major step towards a coherent and prioritised strategy to alleviate the pressing humanitarian needs of the Afghan people. The Plan aims to meet the immediate needs and build the resilience of those made most vulnerable by natural disasters, lack of access to basic social services, increasing food insecurity caused by rising prices, the ongoing armed conflict and the worsening security situation. In a country where poverty and low levels of development are widespread, the Plan acknowledges the need to define boundaries for humanitarian action and to target assistance to caseloads according to identified priorities.

Seven years after the Taliban regime was replaced by an internationally-supported Afghan government, Afghanistan's transition to political, economic, and social stability still needs improvement and it is anticipated that this situation will persist during 2009. Human rights concerns, the complexity of the state-building challenges, and the investment required to address these issues are becoming more apparent. Insecurity has enormous consequences for the humanitarian situation in Afghanistan, creating acute needs against an existing background of chronic vulnerability, and also constrains the capacity of humanitarian actors to respond. This is particularly true in the Southern, Southeastern and Eastern regions. The armed conflict is increasingly characterised by the use of suicide bombings, improvised explosive devices, kidnappings and air strikes, all of which tend to increase civilian casualties. The ability of anti-government elements to operate across borders and their income from the increased production of opium has reinforced their operational, logistical, and financial strength. In many areas, it is difficult for the Afghan government to establish a continuous operational presence.

Within the governance and development sphere, weak or no rule of law, corruption, and the complexity of the state-building process have become increasingly apparent. Extreme poverty and lack of development have also left the population more susceptible during times of crisis and emergency, limiting their coping strategies and draining contingency reserves. The global phenomenon of persistently high food prices, combined with recurrent drought, has compounded these humanitarian needs. Even a recent easing of world food prices has had limited impact in Afghanistan, given the country's landlocked status and food export restrictions by neighbouring countries, among other factors. In this regard, large-scale activities related to food security and restoring drought-damaged agriculture, which started with the July 2008 appeal (see Section 2), must continue. Nevertheless, the government is proceeding with international support to implement the Afghanistan National Development Strategy which is expected to effect significant improvement in livelihoods.

Faced with so many challenges, humanitarian organisations in Afghanistan have recognised and acted upon the need to establish new humanitarian structures. In 2007, the UN Assistance Mission in Afghanistan (UNAMA) established a Humanitarian Affairs Unit and a Humanitarian Country Team comprising the main humanitarian actors in the country; the cluster approach was adopted in April 2008, and by early August nine clusters were rolled out at the national level. In July 2008, the Humanitarian Country Team decided that a 2009 Humanitarian Action Plan for Afghanistan should be developed; in October the UN announced its decision to open an OCHA office by the end of the year. These coordination developments promise to bring added value to humanitarian action.

However, tangible benefits of these initiatives have been impeded by, among other factors, deterioration of access by humanitarian actors to the affected population, as a result of various types of insecurity. In areas where insecurity prevents access, there has been an increased reliance on programme delivery and monitoring through local partner organisations. Threats against foreign employees of international agencies and NGOs have been frequently made and sometimes carried out by anti-government elements and criminal actors, but by far the greatest risk is to national staff. These threats have further shrunk the operating environment to the detriment of effective humanitarian presence and implementation of activities, and considerably increased the costs of humanitarian action.

The objectives of the Humanitarian Action Plan are:

1. To provide relief to conflict-affected and disaster-affected (principally drought-affected) groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities;
2. To monitor and advocate for the protection of civilians and for the respect of international humanitarian, human rights, and refugee law;
3. To mitigate food insecurity and treat malnutrition;

4. To improve preparedness for disasters and disease outbreaks, and related response;
5. To improve overall humanitarian access and response, including through strengthened humanitarian coordination and capacity at national and regional levels.

To achieve these objectives, the HAP presents a selected and prioritised set of 112 project proposals from 39 NGOs and eight United Nations organisations for a total of US\$¹ 603,981,153 for urgent consideration by the donor community.

This document, the first Humanitarian Action Plan for Afghanistan in several years, is a milestone, providing a relatively early snapshot of the concerted efforts to address the country's humanitarian needs. In the coming weeks and months, the clusters, Humanitarian Country Team, and Government counterparts will deepen their analysis of the needs, and seek to match those needs with adequate capacity and coverage, bringing a higher proportion of humanitarian actors and their relevant projects into the HAP (as many humanitarian actors did not have opportunity or capacity to include their projects during the HAP's compressed development schedule). Projects will be added or revised as needed continually, on line.²

Some basic facts about Afghanistan

	<i>Most recent data</i>	<i>Previously</i>
Population	31,081,600 (UNFPA 2005) ³	14,606,400 (UNFPA 1990)
Under-five mortality (probability of dying between birth and exactly five years of age expressed per 1,000 live births)	191 p/1,000 (MoPH/WHO/UNICEF 2008)	260 p/1,000 (UNICEF 1990)
Life expectancy	43 years (UNICEF 2006)	41 years (UNICEF 1990)
Global acute malnutrition	16% in children aged 6 to 59 months (UNICEF nutrition rapid assessment, May-June 2008)	
Gross domestic product per capita	GDP per capita has increased from \$683 in 2002 to \$964 in 2005 (Afghan Human Development Report 2007)	
Percentage of population living on less than \$1 per day	42% (UNDP)	
Proportion of population without sustainable access to an improved drinking water source	68% (UNDP)	
IDPs (number and% of population)	232,000 (UNHCR 2008)	
Refugees	• In-country	...
	• Abroad	2,780,000 (mostly in Pakistan and Iran)
ECHO Vulnerability and Crisis Index score (V/C)	3/3 (most severe)	
2007 UNDP Human Development Index score	0.345 (ranking 174 th out of 178 countries)	
Also:	Maternal mortality rate: 1600/100,000 live births – second-highest in the world (UNICEF 2000 – 2006).	

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2009 page.

² The Financial Tracking Service on Reliefweb (www.reliefweb.int/fts) will display full project details in their latest versions, as well as continual funding information provided by donors and recipient organisations.

³ The data presented above have been extracted from the publication *Country Profiles for Population and Reproductive Health, Policy Developments and Indicators 2005*, produced jointly by UNFPA and the Population Reference Bureau.

Table I: Afghanistan Humanitarian Action Plan 2009

Summary of Requirements (grouped by sector)

as of 13 January 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector	Original Requirements (US\$)
Common Services	18,453,738
Education	12,465,490
Emergency Shelter	38,476,955
Emergency Telecommunications	300,544
Food Security and Agriculture	354,827,478
Health	36,247,039
Nutrition	7,823,698
Protection	116,773,358
Water, Sanitation and Hygiene	18,612,853
Grand Total	603,981,153

The list of projects and the figures for their funding requirements in this document are a snapshot as of 13 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: Afghanistan Humanitarian Action Plan 2009
 Summary of Requirements (grouped by appealing organisation)
 as of 13 January 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation. Page 1 of 2

Appealing Organisation	Original Requirements (US\$)
ACTO	1,037,900
ADA	1,924,705
ADPO	409,671
AHDRO	425,290
ALSO	74,729
AREA	1,987,000
ASCHIANA	620,814
BRAC FOUNDATION	2,077,000
CARE International	11,839,823
CIC	184,012
CoAR	657,000
CRS	11,048,048
DACAAR	5,222,565
FAO	14,003,720
HAGAR Afghanistan	90,200
HealthNet TPO	155,715
IBNSINA	428,000
IDLO	1,081,770
IMC	2,637,587
INTERSOS	591,175
IOM	5,228,000
JHPIEGO	16,000,000
KDOA	147,100
MERLIN	460,000
M-HDR	240,000
MI	481,360
MSPA	376,040
NRC	16,690,000
OCHA	10,995,838
OHRD	166,171
OXFAM GB	8,328,000
OXFAM Netherlands (NOVIB)	580,000
PIN	760,000
SC - UK	3,539,930
SC - US	4,949,250
SCA	453,529

Table II: Afghanistan Humanitarian Action Plan 2009

Summary of Requirements (grouped by appealing organisation)

as of 13 January 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Appealing Organisation	Original Requirements (US\$)
SHA	1,260,570
SOH	633,654
SRP	394,000
STEP HDO	278,880
TBCRO	288,500
UNHCR	12,914,417
UNICEF	15,026,978
UNMAS	104,028,000
UNODC	591,103
WFP	328,208,444
WHO	12,324,665
WV	856,000
WVI	1,284,000
Grand Total	603,981,153

The list of projects and the figures for their funding requirements in this document are a snapshot as of 13 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

2. 2008 IN REVIEW

The 2009 Humanitarian Action Plan (HAP) is the first of its kind in Afghanistan since 2002. There are no recent HAPs to build upon and compare to, therefore the resources (now expanding) available for coordination and monitoring of the Afghanistan humanitarian response offer only a limited spectrum of statistics and analysis. However, the 2009 HAP is a starting point that will constitute a foundation for future efforts to improve the coordination and efficiency of the humanitarian response to the dire needs of the Afghan people.

Humanitarian Access

The impact of the conflict has reduced access to essential services and has affected livelihoods and coping mechanisms. It has also intensified the challenge for the humanitarian agencies to address the needs of the Afghan people. While climate and terrain have significant implications for access, it is the increasingly dangerous operational environment for humanitarian personnel that presents the most severe and prevalent constraint on humanitarian access and ability to deliver humanitarian assistance.

In recent years, there has been a serious increase in the number of attacks on humanitarian personnel and assets. This trend continued in 2008. By the end of October 2008, 36 aid workers (almost all from NGOs) had been killed, double the number in 2007, and a further 92 abducted. The UN recorded over 120 direct attacks, threats and intimidations of aid workers between January and August 2008. Subsequent to the killing of four of its staff, the International Rescue Committee (IRC) temporarily suspended all its programmes after 20 years of operating in Afghanistan. On 1 August 2008, the Agency Coordinating Body for Afghan Relief (ACBAR) issued a statement calling for respect for humanitarian principles after an increase in attacks on civilians and NGOs.

The ongoing armed conflict is also a direct threat to the protection of the Afghan population in affected areas. Between January-November 2008, UNAMA has recorded that over 2,000 civilians lost their lives as a result of the conflict. The conflict impacts severely on livelihoods, coping mechanisms and access to essential services, especially in vulnerable areas inaccessible by road. Often, the only way to access these conflict-affected areas to ensure adequate monitoring of humanitarian, reconstruction, and development programmes is by air. In that respect, the services provided by the United Nations Humanitarian Air Service, managed by WFP, has proven to be essential to assessments and delivery of humanitarian assistance.

Because of these constraints on humanitarian access, as of October 2008 approximately 40% of the country, including much of the South, remains inaccessible for most humanitarian organisations. In this context, military actors such as the International Security Force for Afghanistan (ISAF) provide some emergency relief through Provincial Reconstruction Teams (PRTs). This situation is of great concern to humanitarian actors, who see a blurring of the lines between humanitarian actors and the military. The civil-military guidelines agreed on between NGOs, UN agencies and ISAF need to be adhered to in all respects.

The lack of access also makes it difficult to obtain data to assess the situation. In a briefing to the Security Council in July 2008, the Emergency Relief Coordinator summed up the situation in Afghanistan: "Due to limited access, we simply do not have a complete picture of the nature and scope of the humanitarian caseload in Afghanistan. For humanitarian actors, this lack of access is a constant source of frustration and concern."

Humanitarian Situation

The humanitarian situation worsened during 2008. The most pressing problems today are the perilous food security situation – which is affecting as much as one-sixth of the population and is caused by the current drought and exacerbated by high global food prices – and the impact of the armed conflict on civilians.

More than half of Afghanistan's land area received less than 25% of its normal rainfall in 2008.⁴ The cereal harvest in 2008 was the lowest since 2002 and 30% lower than in 2007. The production of wheat in 2008 decreased 85% in rain-fed land and 16% in irrigated land compared to 2007. As a consequence of drought, an estimated 1.2 million children under five and 550,000 pregnant and lactating women in 22 provinces are at high risk of severe malnutrition. The "Afghanistan Joint Appeal for the Humanitarian Consequences of the Rise in Food Prices 2008," launched in January 2008,

⁴ US Dept. of Agriculture (USDA): <http://www.pecad.fas.usda.gov/highlights/2008/08/Afghanistan%20Drought>.

received 82% of the \$81.3 million requested to provide a safety net for the 425,000 most vulnerable households. On 9 July 2008, Vice-President Khalili and the Humanitarian Coordinator (HC) launched a second appeal (“Afghanistan Joint Emergency Appeal: High Food Price & Drought Crisis”) for an additional \$404 million to support nearly two million people affected by current conditions, in addition to the 2.6 million people assisted during the previous six months.⁵ Resource mobilisation for the second appeal has been slow to date; only 50% of the amount requested has been met. The response is also insufficient to counteract extreme water shortages in certain areas that may lead to the displacement of vulnerable populations. Outside these two appeals, additional international humanitarian funding for Afghanistan in 2008 amounted to \$263 million, bringing the combined total to an impressive \$532 million.

International humanitarian funding for Afghanistan in 2008, per sector

Sector	Funding in 2008 (\$)
Agriculture	59,459,121
Coordination and support services	12,790,118
Economic recovery and infrastructure	46,240,842
Education	13,000,000
Food	223,401,113
Health	13,971,324
Mine action	29,445,357
Multi-sector	103,409,573
Protection/human rights/rule of law	7,361,783
Safety and security of staff and operations	370,476
Sector not yet specified	1,524,970
Shelter and non-food items	5,591,549
Water and sanitation	15,406,772
Total:	531,972,998

International humanitarian funding for Afghanistan in 2008, per recipient organisation type

Type	Funding in 2008 (\$)
Government of Afghanistan	62,750,000
Inter-governmental organisations	1,555,210
NGOs	93,373,187
Other	7,298,371
Private organisations & foundations	1,084,492
International Red Cross / Red Crescent Movement	19,680,256
UN organisations	346,231,482
Total:	531,972,998

Source: data provided by donors or recipient entities to Financial Tracking Service (www.reliefweb.int/fts) as of 13 January 2009

⁵ The July 2008 appeal included funding requirements for both international humanitarian organisations and relevant Government of Afghanistan ministries. It had a planning and budgeting horizon of 12 months (at a time when the 2009 HAP was not yet conceived). As the HAP does not include Government of Afghanistan funding requirements for its own direct implementation of humanitarian action, those in the July 2008 appeal are still open and valid. For international organisations, the projects in the HAP supersede those in the July 2008 appeal.

With respect to internally displaced people (IDPs), armed conflict in the Southern Region, ethnic tensions in the areas of Behsud, and the potential impact of the drought in areas in the Northern (Faryab, Jowsjan and Sar-e-Pul) and Western (Baghdis and Ghor) Regions have resulted in new displacements of thousands. In the current security, political, and economic climate, progress towards durable solutions such as local integration for the old IDP populations has been hard to achieve. However, over 600 families did return to their homes in the north and west after spending several years in IDP camps near Kandahar.

Since the beginning of 2008, more than 277,000 Afghan refugees repatriated, largely from Pakistan. The refugee camp/settlement of Jalozai in the North-West Frontier Province of Pakistan, which once housed some 100,000 refugees, was closed in May 2008. The vast majority returned to eastern Afghanistan. Around 20% of these returnee families, mainly those obliged to return due to camp closures in Pakistan, have been accommodated in temporary settlements, since they were unable to return to their homes owing to the prevailing insecurity, difficult socio-economic conditions or disputes relating to land ownership. They remain in urgent need of continuing humanitarian assistance. In general, sustainable reintegration is becoming harder to achieve due to a combination of insecurity, limited livelihood opportunities and erosion in asylum conditions in the neighbouring countries. On 19 November 2008, the Government of Afghanistan and UNHCR held an international conference on return and reintegration. The purpose was to mobilise support for return and reintegration-development activities, as outlined in the sector strategy on refugees, returnees and internally displaced persons of the Afghanistan National Development Strategy (ANDS).

Explosive remnants of war (ERW) are of major concern in Afghanistan. On average, 60 people are injured every month in mine-related accidents. Half of the victims are children. Some 2,160 communities constituting 15% of the population are living in contaminated areas. The estimated mined area that remains to be cleared is 852 square kilometres. In the first half of 2008 the United Nations Mine Action Centre for Afghanistan (UNMACA), working with the Government through its Afghanistan National Disaster Management Authority (ANDMA), destroyed 38,297 anti-personnel mines, 419 anti-tank mines and 957,362 ERW, and provided mine awareness education to 760,434 men, women and children. UNMACA notes that over 70% of the related Afghanistan Compact benchmark has been reached.

Coordination challenges and responses

On the initiative of the HC, who is also the Deputy Special Representative of the Secretary-General (DSRSG) for Relief, Reconstruction and Development, the UNAMA Humanitarian Affairs Unit (HAU) was created at the beginning of 2007, which led to the establishment of a Humanitarian Country Team (HCT) later in the year. Donor/NGO briefings take place regularly and the cluster approach has been rolled out. These developments have significantly improved the coordination of humanitarian action. However, their translation into measurable benefits in the field has been curtailed by the extremely significant impact of ongoing armed conflict, increased criminality, and threats against humanitarian personnel and assets. These have diminished humanitarian actors' capacity to access large parts of the country. Consequently, humanitarian assistance is increasingly delivered and monitored through the national NGO community. Threats against employees of international agencies and NGOs have been made, and all too often carried out. These threats have further reduced the operating environment to the detriment of effective humanitarian presence and implementation of activities, and considerably increased the costs to mitigate risks. One positive development, however, is an improvement in the national response to critical humanitarian needs on the part of several Government ministries, the Afghanistan Red Crescent Society, and private charitable foundations. Part of these encouraging developments can be attributed to the active engagement of parliament and vocal domestic media.

Against this backdrop, an OCHA-organised workshop in November 2007 started the process of implementing the cluster approach in Afghanistan to strengthen coordination. The cluster approach was adopted in April 2008 and nine clusters were activated at national level by early August. In July the HCT decided that a Humanitarian Action Plan for 2009 should be developed. In October 2008 the UN announced a decision to open an OCHA office in order to provide dedicated coordination capacity to support the HC, the Humanitarian Country Team and the humanitarian community at large. Building on the achievements made by the HAU, immediate priorities for the OCHA office will include information management and reporting, civil-military coordination, access monitoring, inter-cluster coordination and support to individual clusters in improving coordination and implementing the Humanitarian Action Plan. OCHA will also seek to promote principled humanitarian action and advocate for compliance with the humanitarian principles of humanity, neutrality and impartiality.

3. THE 2009 HUMANITARIAN ACTION PLAN

3.1 THE CONTEXT AND HUMANITARIAN NEEDS ANALYSIS

3.1.A Context

Security

The security situation in Afghanistan has deteriorated further over the past year, with the number of incidents worsening the security of humanitarian operations increasing year on year since 2005. Armed clashes between the pro-government forces and anti-government elements have continued to rise both in numbers and intensity. At the same time, asymmetric attacks by anti-government elements have risen at an even faster rate. These include the increasing use of suicide attacks, improvised explosive devices, stand-off attacks, assassinations, intimidation and abductions. Overall security-related incidents including the insurgency, factional issues and related crime reached a peak for 2008 in August, with a total of 987 incidents during the month, against 686 for August of 2007, an increase of 44%. There are no indications at this stage that the security will improve in the start of 2009. On the contrary, the indications are that, with the incursion of more foreign fighters, increase in asymmetric attacks, attempts by anti-government elements to disrupt the ongoing registration of voters, and regional instability, the security situation countrywide will deteriorate further and that the risk to both national and international aid workers will increase.⁶

Economic

Afghanistan's economy is recovering from decades of conflict. The economy has improved significantly since the fall of the Taliban regime in 2001. This is largely due to the infusion of international assistance, the recovery of the agricultural sector, and service sector growth. Despite the progress of the past few years, Afghanistan remains an extremely poor country, and is highly dependent on foreign aid, agriculture, and trade with neighbouring countries. Much of the population continues to suffer from shortages of housing, clean water, electricity, medical care, and jobs. Criminality, insecurity, and the inability to extend rule of law to all parts of the country pose challenges to future economic growth. A greater emphasis on the human rights dimensions of poverty (including more effort on eradicating social injustice and ending discrimination against women and minorities) is needed, allied with continuing donor aid and attention to significantly raise Afghanistan's living standards from its current level, among the lowest in the world. International pledges made by more than 60 countries and international financial institutions at the Berlin Conference for Afghan Reconstruction in March 2004 reached over \$8 billion for 2004-2007. While the international community remains committed to Afghanistan's development, the Government will need to overcome a number of challenges. Expanding poppy cultivation and a growing opium trade generate roughly \$4 billion in illicit economic activity and looms as one of the most serious policy concerns. Other long-term challenges include tackling discrimination, erasing inequality, budget sustainability, job creation, corruption, government capacity, and rebuilding war-torn infrastructure.

The economy remains predominantly informal, with a large part (circa 40%) of its estimated \$7 billion gross domestic product being generated by narcotics. Its vulnerability to external shocks is underlined by the impact of fluctuating oil and grain prices. The latter led the Government to issue an urgent appeal for assistance over the last winter for fear of public unrest at the steep rise in the price of bread. Fears of drought, poor harvests, and dependence on imports through Pakistan will likely continue.

The government remains fully dependent on foreign budget support to finance its public investment programmes. Its ability to manage and disburse external financing is constrained by internal administrative problems. The bulk of programme delivery takes place outside the national budget framework. Insecurity and poor legal protection inhibit private sector development and investment. However, a new initiative with strong backing from the President's office and the donor community has emerged on improving provincial governance, and performance indicators for the health and education sectors remain positive.

Political

Though it is still too soon after the fall of the Taliban in 2001 to assess the extent to which Afghanistan's transition has produced durable achievements, seven years has provided sufficient time to determine that progress has been made. During this period, Afghanistan's transition towards political, economic, and social stability has enjoyed some progress. From convening the Emergency Loya Jirga to presidential, parliamentary and provincial council elections, Afghanistan's

⁶ Analysis made by UN Department of Safety and Security (UNDSS).

democratically-elected government, over the years, is working to become more responsive and accountable.

Yet amid these achievements, the country continues to face considerable challenges. Within the governance and development sphere, weak or no rule of law, corruption, and the complexity of the state-building process have become increasingly apparent. The political space to express dissenting political and other views has also contracted. On-going attacks on freedom of expression, particularly in relation to media and human rights activists, are linked to informal power structures and a pattern of impunity. This pattern is all the more disquieting as elections are scheduled to take place in Afghanistan in 2009.

Finally, perhaps the greatest factor affecting the humanitarian situation has been the deteriorating security situation, particularly in the South, Southeast, West and East regions.⁷ The armed conflict, funded in large part through illicit cross-border trade, is increasingly characterised by the use of asymmetric tactics creating difficulties for the Afghan government to establish a continuous operational presence. Civilian casualties have also exacerbated matters creating local distrust and fear of international security forces.

Human Rights

Afghanistan continues to face serious deficiencies in the area of human rights. The impact of an escalating conflict on civilians, a pervasive atmosphere of impunity, the absence of official impetus for the transitional justice process, a weak judicial system and wide recourse to traditional dispute resolution mechanisms that do not comply with due process requirements, effectively disenfranchise large sections of the Afghan population. Justice is effectively denied to the vast majority of Afghans.

The exacerbation of the armed conflict during 2008 has resulted in a substantial rise in civilian casualties and further erosion of humanitarian space. Although certain measures have been taken to mitigate the impact of military operations, the limited ability of Afghan and other authorities to address the protection needs of at-risk civilians remains a major concern. Not only does the conflict impact disproportionately those who are vulnerable but the deteriorating situation has undermined the people's confidence in the government and hampered its ability to meet its human rights obligations, such as the provision of basic services including security.

Other long-standing human rights problems in Afghanistan have not been adequately addressed. The deep-rooted discrimination and marginalisation of women and girls, and of certain minorities, appalling levels of poverty, and patterns of social and economic development that do not address inequalities, continue to challenge entitlements to human rights such as health, food, water and sanitation, education, shelter and livelihood.

Abusive power structures, weak governance, discrimination and marginalisation contribute to alarming levels of poverty that impoverish the lives of millions of Afghans. Afghanistan has deep inequities in the distribution of its wealth and income, and productive resources are concentrated in the hands of a few. A human rights analysis is crucial to the success of poverty reduction initiatives, particularly in regard to the factors that affect resource allocation.

The adoption at the June 2008 Paris Conference of Afghanistan's poverty reduction strategy paper, the ANDS, generated renewed momentum, in particular among donors to assist the Government in its endeavours to address some endemic problems, such as poverty and marginalisation. Poverty in Afghanistan affects 42% of the population. Efforts need to be made to duly take human rights into consideration in the implementation phase of the ANDS, particularly regarding economic and social development: the poor will not benefit unless the requisite budgetary allocations are dedicated for essential service delivery to the most vulnerable sectors of society

Natural Hazards

One of the strategic objectives of the HAP is to build resilience and improve response to Afghanistan's natural hazards, enumerated in this section. Afghanistan covers an area of 647,500 square kilometres, is landlocked, and is transacted by the Hindu Kush mountain range. The country has few perennial rivers and water supply is largely determined by snowmelt. The climate is arid to semi-arid with hot summers and cold winters. Nearly half of the country is covered by pasturelands.

⁷ The UN defines eight regions for planning purposes: Central Highlands, Eastern, Southeastern, Southern, Western, Northern, and Northeastern, plus the capital region around Kabul.

Afghanistan is prone to a high frequency of natural disasters resulting in widespread casualties, loss of life and damage to infrastructure. Floods, drought, earthquakes, landslides and avalanches are regular or seasonal occurrences (Table 1).

Table 1: Summarised Table of Natural Disasters in Afghanistan 1954-2007

	# of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage (\$ (000's)
Drought	7	0	0	0	7,383,000	7,383,000	30,200
avg. per event		0	0	0	1,054,714	1,054,714	4,314
Earthquake	26	11,302	10,554	95,855	514,125	620,534	1,684,000
avg. per event		435	406	3,687	19,774	23,867	64,769
Epidemic	19	3,828	0	0	253,217	253,217	0
avg. per event		202	0	0	13,327	13,327	0
Extreme temperature	5	572	0	0	200,200	200,200	0
avg. per event		114	0	0	40,040	40,040	0
Flood	46	3,508	661	37,875	977,399	1,015,935	376,000
avg. per event		76	14	823	21,248	22,086	8,174
Insect infestation	1	0	0	0	0	0	0
avg. per event		0	0	0	0	0	0
Landslides	9	827	64	110	300,400	300,574	0
avg. per event		92	7	12	33,378	33,397	0
Wildfires	1	0	0	0	0	0	0
avg. per event		0	0	0	0	0	0
Windstorm	4	312	0	0	22,656	22,656	0
avg. per event		78	0	0	5,664	5,664	0
TOTAL	118	21,346	11,706	138,362	10,839,142	10,989,211	2,167,457

Hazards in Afghanistan may be categorised in four broad types: geological, hydro-meteorological, technological, and biological. Table 2 organises the common types of hazards into these four categories.

Table 2: Types of Hazards

Geological hazards	Hydro-meteorological hazards	Technological / security hazards	Biological hazards
<ul style="list-style-type: none"> • Earthquakes • Landslides 	<ul style="list-style-type: none"> • Floods • Flood-induced landslides and mudflows • Sandstorms • Extreme heat and cold • Avalanches • Droughts 	<ul style="list-style-type: none"> • Chemical and industrial accidents • Fires • Major building collapse • Air, road accidents • Security-related 	<ul style="list-style-type: none"> • Epidemics • Pest attacks • Avian Flu

With extremes of climate and tough geo-physical conditions, community vulnerability tends to be high due to very low coping capacities and the lack of the basic elements of protection.

Earthquakes

According to the Global Seismic Hazard Assessment Programme (GSHAP), the north-eastern parts of Afghanistan are most vulnerable to earthquakes, occurring in the Hindu Kush Mountains with the southeastern part of the country also located in a high seismic zone. These areas are prone to a high probability of damage during an earthquake. Figure 1 illustrates the seismic activity taking place in Afghanistan over a 10-year period between 1990 and 2000 and Figure 2 is an illustration of the

population distribution, which shows that much of the population is concentrated in the earthquake-prone zones.

Figure 1. Seismicity of Afghanistan⁸

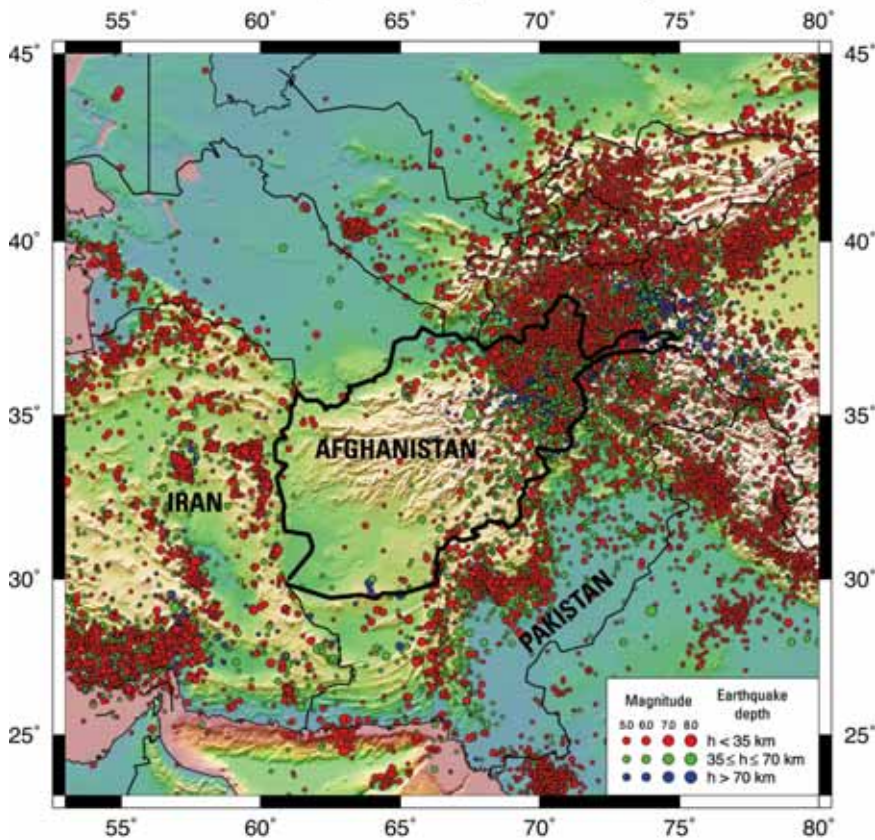
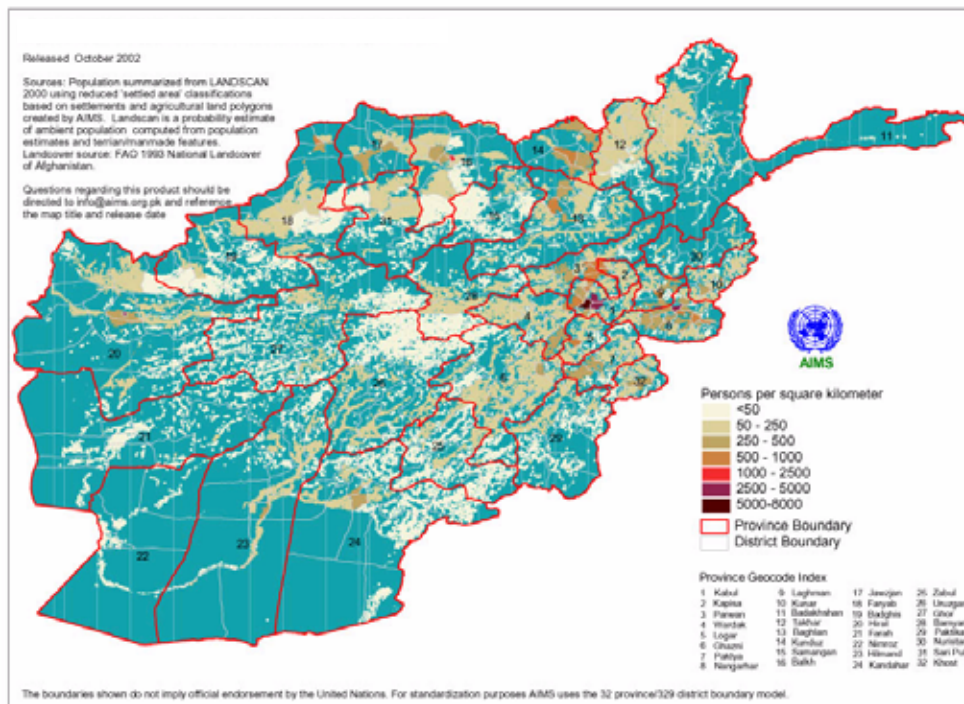


Figure 2. Afghanistan: Population Density 2002



⁸ Source: <http://pubs.usgs.gov/fs/2005/3038/images/fig.1final.jpg>.

Floods and landslides

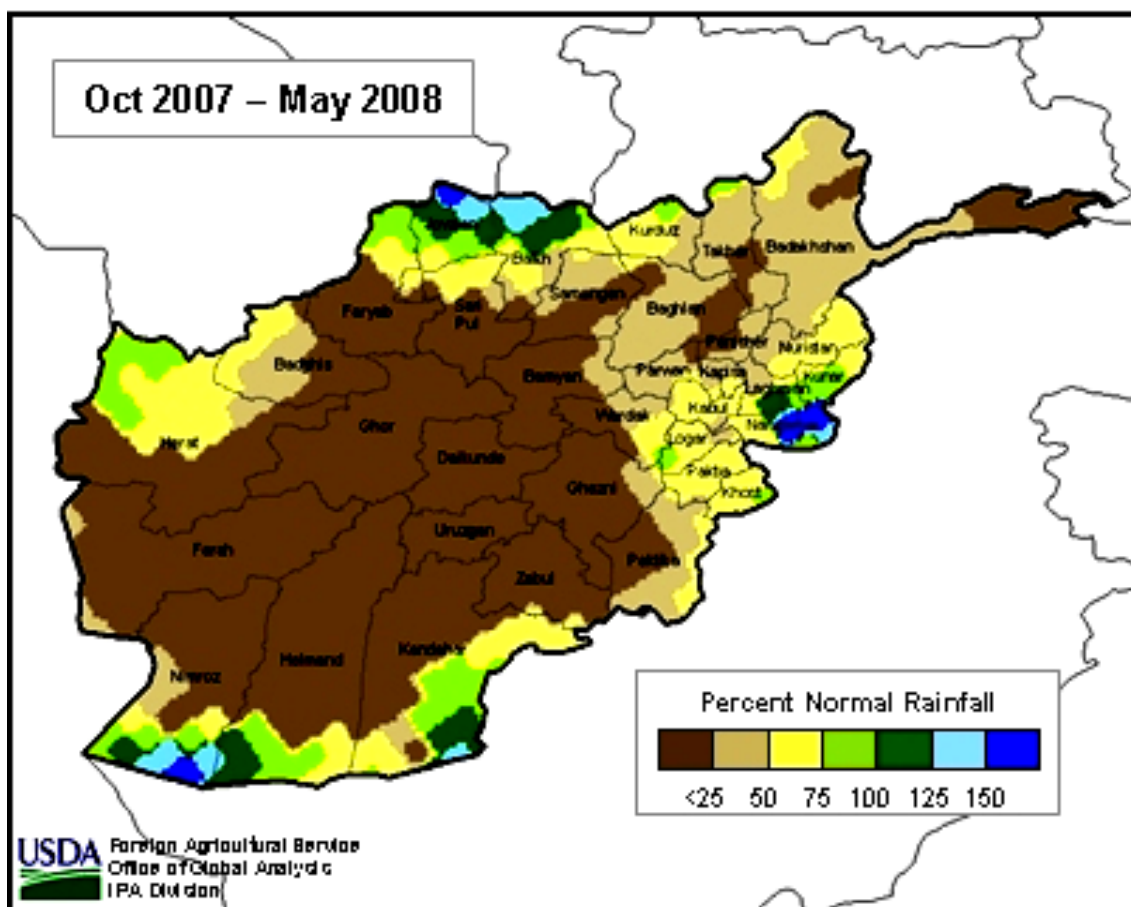
The sources of most rivers lie in the northerly mountains and are fed by snowmelt. The flow is thus highest in spring and early summer. During other seasons the river flow is greatly reduced or may disappear entirely. This seasonal nature of rivers and streams make the areas through which they flow highly vulnerable to flooding, particularly flash floods and landslides, which often destroy bridges and impede road access. (Flooding from heavy rains, as distinct from snowmelt, is rare.)

Drought

Erratic rainfall characterises Afghanistan’s biophysical environment. According to an analysis of climate and drought records by the Asian Development Bank, localised droughts in parts of the country have a return period of three to five years, while drought covering large areas recurs every 9 to 11 years. Drought with a national scope has a return period of about 20-30 years.

2008 was a drought year of national scope. 22 provinces in the West, North, North-East and Central Highlands regions were affected by drought during 2008. The West, North, and North-East regions accounted for 94% of the total rain-fed wheat production in 2007, but rain-fed crops in these areas have effectively failed in 2008. Figure 5 below shows the severity of the rainfall deficit in the 2007-2008 cultivation seasons.

Figure 3. Drought⁹
Afghanistan: Percent of Normal Rainfall



Extreme winter

Extreme winter is another phenomenon which has a large-scale human and livestock impact due to very low coping capacities. Many parts of the country face bitterly cold winters with high snowfalls. The highlands, though sparsely populated, experience high snowfalls for the better part of the year, and short summers with mild temperate conditions. Snowfalls and avalanches regularly block access routes and isolate populations thus also affecting the ability of humanitarian actors to assist those who are affected. These communities have limited access to basic amenities and therefore face high

⁹ Source: AIMS

vulnerability. Recent years have seen high rates of animal deaths during the winter because of poor vegetation growth on pastureland, and the high price of animal feed.

3.1.B Humanitarian Needs Analysis

The current humanitarian needs in Afghanistan stem from the following causes:

- Conflict and insecurity, which cause civilian casualties, loss of and damage to assets, displacement, attenuation of basic social services, loss of livelihoods, and lack of access to government services and aid;
- The extreme poverty and underdevelopment in Afghanistan – 42% of the population live on less than \$1 per day – which makes the population more susceptible during crisis and emergency. This limits coping strategies and contingencies, and exacerbates the impact of small crises;
- Global high food prices (and related phenomena like food export bans in neighbouring countries), which are throwing non-agricultural households into deepened poverty and food insecurity. Related high prices of agricultural inputs like fuel and fertiliser, as well as drought (see next item), are preventing profits from accruing to Afghan farmers. (Rice and other food prices remain high in Afghanistan despite recent falls in global markets – see below);
- Drought, which has decimated production and paralysed agricultural livelihoods (cultivation and animal husbandry) in large stretches of the country, and precluded the gains that farmers could have realised from higher market prices for food;
- Displacement, induced by conflict, drought, poverty, and the forced return of some vulnerable refugee populations and economic migrants.

Apart from these causes of acute humanitarian needs, Afghanistan is a country whose potential for economic growth and development is likely to be realised only slowly at best in the coming years because of ongoing armed conflict and criminality. This generalised poverty and insufficiency of social services causes widespread basic needs which sometimes become acute enough, in the most vulnerable cases, to be considered humanitarian. This HAP will seek to identify and treat those acute cases, even if the causes appear to be more linked to poverty than to natural or man-made disaster. But in general, this plan aims to draw a boundary between needs that are important but chronic (in the sense that they stem from long-term poverty), which should be addressed by the ANDS, and needs that are dynamic and acute, hence requiring an immediate response to save lives or prevent irrevocable harm. This boundary is drawn not so much because the programmatic responses are distinct: they are to a degree, but good practice dictates that humanitarian actions support and lay the foundation for development while saving lives and alleviating human suffering, and that development initiatives in the context of extreme poverty be implemented with a sense of urgency. Rather, it is because most donors maintain a distinction between their humanitarian and developmental funding envelopes, each having its own criteria and methods. The boundary thus reflects the HCT's best judgement about which actions in Afghanistan's complicated mosaic of needs are (or should be) prioritised for humanitarian funding. (The boundary also relates to the need to separate neutral and impartial humanitarian action from developmental actions that could potentially have a political dimension where conflict exists.)

Civilian casualties resulting from ongoing hostilities

During 2007, 1,523 civilians were killed as a direct result of fighting between pro-Government forces and anti-Government elements (AGE) (source: UNAMA). AGEs were attributed with 700 killings, pro-Government forces with 629 and others with 194 (this category covers deaths during cross-fire or where attribution cannot be determined).

In 2008, UNAMA has recorded 1,798 civilian fatalities in the first 10 months. Of deaths in 2008, AGEs killed 1,006 persons, of whom 604 were killed in suicide and improvised explosive device attacks; 224 were executed or targeted for assassination. Pro-government forces killed 695 people (455 by air-strikes); undetermined or other conflict related deaths: (97). The greatest number of casualties in 2008 is in Southern Region (749 dead) and the South East (358). Despite the reduction in the percentage of total civilian casualties attributable to pro-Government forces (from 44% to 39% of the total), the actual number (695) of those allegedly killed by pro-Government forces between January and October 2008 is significantly higher than the 556 reported in the same period in 2007.

Malnutrition

Malnutrition in under-five children, pregnant and lactating women reached emergency proportion in 2008 due to widespread household food insecurity caused by recurrent drought, rising food prices and deteriorating security. Under-five malnutrition admissions to therapeutic feeding units (TFUs)

increased from 2,107 in 2005 to 4,190 cases in 2006 and 5,480 cases in 2007. This evidence of deterioration is echoed by a rapid nutrition assessment (RNA) conducted in 22 of the 34 provinces in May/June 2008, which showed that global acute malnutrition (GAM) is 16% in 6-59 old children and severe acute malnutrition (SAM) in same age group is 4%. 28-50% of the sampled children had diarrhoea and 26-43% had acute respiratory infection/fever in the past two weeks preceding the assessment.

It is anticipated that vulnerability to and risk of malnutrition will remain an emergency in 2009 and beyond because drought and rising food prices have not been addressed adequately and security continues to deteriorate. This is expected to lead to increased household food insecurity, internal displacement of the population and migration from rural to urban centres. Forced repatriation of refugees and a ban on migrant labour in the neighbouring countries (reducing remittances to Afghanistan) are further risk factors for household vulnerability to poverty, food insecurity and malnutrition as the affected population have limited or no coping mechanisms.

Food insecurity and agricultural deterioration

The impact of the unprecedented rise in global food prices in the past year was felt especially in Afghanistan, already facing chronic food insecurity and structural vulnerability. The share of income that the average Afghan family spent on food is today estimated at more than 77%, compared to 56% in 2005. This increase quickly pushed large segments of previously borderline food-insecure people into an inability to obtain enough basic food and having to resort to destructive coping measures. The most recent data collected by joint Government/UN assessments suggests that 35% of Afghan households do not meet their minimum daily caloric intake (2,100 kcal/person), 5% higher than similar findings in 2005. 46% of households are now classified as having very poor dietary diversity and food consumption. High food prices¹⁰ have reduced further the ability of people to buy food and have increased social tensions and instability in several provinces. The price of wheat in the main cities in September 2008 averaged 150% higher than in September 2007. (Because of Afghanistan's landlocked position and remaining food export restrictions by some neighbouring countries, among other factors, the recent easing of food prices on global markets has not reduced prices in Afghanistan commensurately.) Furthermore, agriculture has been severely affected by consecutive years of drought. Due to a lack of rainfall and shortages of irrigation water, a recent survey indicates that the cereal harvest in 2008 was the lowest recorded since 2002 and 30% lower than in 2007, and that the production of wheat in 2008 decreased 85% in rain-fed wheat and 16% in irrigated wheat.

Afghanistan needs six million metric tonnes (MT) of cereals per year, of which five million is wheat. In 2007, Afghanistan produced 90% of its food needs and therefore had to import about 500,000 MT of wheat, mostly commercially from Pakistan. In 2008, Afghanistan produced about four million MT, only about 67% of its requirement, and will have to import two million MT of food to make up for the deficit. To put the scale of this gap in perspective, WFP distributed about 238,000 MT of mixed food commodities from January to mid-December 2008 – only 12% of the estimated cereal gap in 2009.

In 2009, people in need of relief and early recovery food assistance programmes are spread across all 34 provinces of the country and the needy population includes those identified in the July joint emergency appeal and approximately three million food-insecure people supported by WFP under its regular programmes. The largest concentrations of people in need are located in Kabul city and the provinces of Balkh, Khost, Ghor, Kunduz, Sari-Pul and Faryab. In proportional terms, the food price and drought crisis has had the heaviest impact on the provinces of Samangan, Khost, Sari-Pul, Badghis, Nimroz, Ghor, Logar, Balkh, Wardak and Jawzjan, each with more than a quarter of its population significantly affected. Moreover, forecasted below-normal winter snows could result in another year of poor agricultural production.

Health

Despite progress made since 2001, Afghanistan continues to have some of the most alarming health indicators in the world as a result of years of isolation and conflict. Life expectancy at birth is 43 years¹¹ in Afghanistan, slightly more than half that of the wealthiest countries of the world. The country has some of the highest mortality rates in the world: The infant mortality rate is 129 per 1,000 live births, under-five mortality is 191 per 1000 live births, and the maternal mortality rate is 1600 per 100,000 live births. According to UNDP 65% of the population are under the age of 25 years. Child mortality is caused principally by three preventable diseases: acute respiratory infections (ARI), diarrhoea, and measles. Chronic malnutrition, developed at a young age, translated into

¹⁰ Since end-2007, wheat flour prices have risen by another 80%, on top of the 100% increase in 2007.

¹¹ UNICEF figures, 2006.

extraordinarily high prevalence rates of underweight children (40%) and stunting (54%); while global acute malnutrition (GAM) is 16% and severe acute malnutrition (SAM, also known as wasting) is 4%. The country carries a high burden of communicable diseases such as tuberculosis or TB (annual incidence of 72,000 cases), malaria (28.2/100,00 malaria mortality rate) and polio (10 new cases from January to August 2008 and an average of 200,000 children under five who cannot be reached during the mass vaccination campaign in the conflict-affected provinces).

According to a recent MOPH study, infant mortality rates declined from an estimated 165 per 1,000 live births in 2001 to about 129 per 1,000 in 2006 – approximately 40,000 fewer infant deaths than during Taliban rule. The number of deliveries attended by skilled attendants increased from fewer than 50,000 in 2002 to more than 190,000 (14% birth attended by skilled personnel – WHO estimates). Childhood vaccination coverage has also improved, especially for the most dangerous of vaccine-preventable diseases, measles (64% coverage).

Water, sanitation and hygiene

According to UNICEF's best estimate for 2005, only 23% of the entire Afghan population has access to safe drinking water. Moreover, this is likely to be worsening because of drought: data collected by FAO in 2008 from 86 stations around the country indicate that between 70-100% of springs, *karaizes* (traditional irrigation canals) and rivers have dried up. According to the second emergency appeal for 2008, more than 1,150,000 people in these areas were at high risk from unsafe drinking water. Access to sanitation facilities is as low as 12%.

Emergency shelter

Although there is no accurate figure of the number of houses and buildings destroyed during the 25 years of conflict, it is estimated that more than 500,000 homes were either totally or partially ruined. Immediately after they came back, many returnees had no choice but to live with their relatives or friends, whose resilience is already overstretched. Others live in tents or are accommodated in sub-standard urban public buildings, which often lack basic facilities.

Lack of housing and landlessness in general is a significant obstacle to reintegration. The Afghan Independent Human Rights Committee's (AIHRC) second report from September 2007 on economic and social rights in Afghanistan outlines that the lack of housing is a major obstacle to return and reintegration, affecting 67% of interviewed returnees who chose not to return to their places of origin, 67% (*sic*) who left their places of origin after return, and over a third of interviewed IDPs. Initial results of UNHCR's needs assessments confirm that shelter, potable water and water for agriculture are the main needs. In the overall context of land tenure, incidents of land and property confiscation, disputes over land occupation and ownership will remain significant problems for reintegration of returnees.

Protection

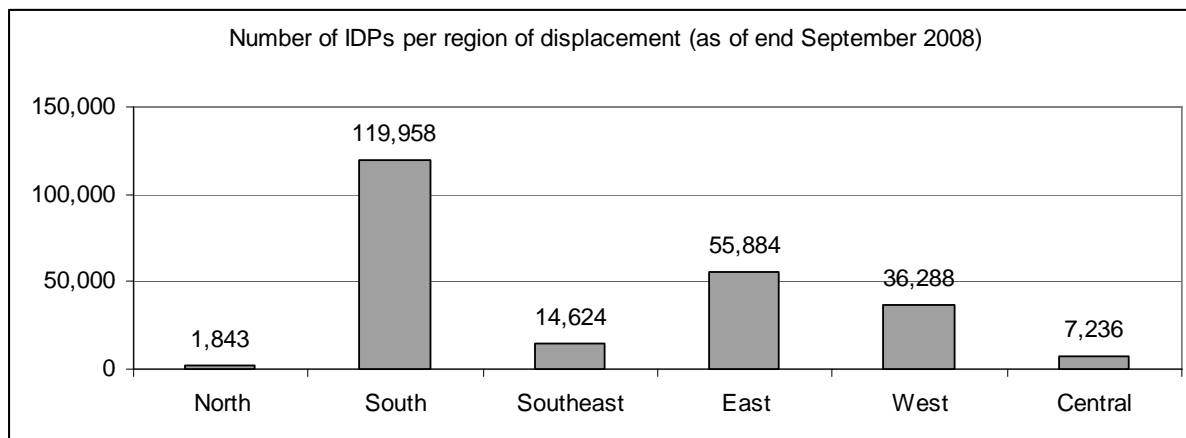
Numerous protection issues need to be addressed in order to enhance the safety and well-being of the Afghan civilian population, including improved access to life-saving assistance. The nature and composition of the humanitarian caseload varies over time given the wide range of shocks and threats to human survival that characterise vulnerability in Afghanistan. Issues that are acute and require urgent attention in 2009 are: (1) protection of conflict -affected civilians, (2) protection of the rights of IDPs, returnees and deportees; (3) child protection; (4) prevention of gender-based violence; (5) land, housing and property rights; and (6) mine clearance and mine awareness education.

Protection, in the sense of enhancing the safety and dignity of at-risk individuals, is a cross-cutting issue of relevance to all aspects of humanitarian action. Dedicated protection activities, such as efforts to facilitate informed decision-making by at-risk individuals, are also required. Within the protection sector, mine action is a multi-dimensional activity, which requires large resources sustained over time. In contrast with mine action, most direct protection work is smaller in scale, sometimes focusing on actions to individual situations. The projects presented by the Afghanistan Protection Cluster represent this spectrum.

Internal displacement and refugee return

There are an estimated 232,000 IDPs in Afghanistan. Precise data and statistics on the situation of IDPs are hard to verify since the majority of IDPs are in areas in the south that are difficult to access. These include the estimated 80,000 affected by conflict in the southern provinces of Helmand, Kandahar, Uruzgan and Zabul. There are smaller numbers of IDPs displaced by fighting in similar circumstances in the Central, Southeastern, and Northwestern regions of the country. Limited distributions of emergency assistance were undertaken in 2008 to IDPs displaced by conflict. The most important priority is improved access to IDPs in conflict zones and in areas presently

inaccessible due to security. This will provide better data for analysis and for the targeting and delivery of resources.



Since 2002 over five million Afghans have returned home voluntarily, 4.3 million of them with assistance from UNHCR. This figure represents a 20% increase in the estimated population of Afghanistan. The majority were able to reintegrate into their local communities with few difficulties, and now face the same challenges as other Afghans. However, since 2006 the security situation has declined, and there are clear indications that Afghanistan's absorption economic and social absorption capacity is stretched. Furthermore, asylum and economic conditions in the neighbouring countries have deteriorated and eroded the voluntary nature of the repatriation process. The large majority (>80%) of registered refugees have been in exile for more than quarter of a century. Indeed, 50% were born in exile and have never lived in Afghanistan. All these factors have combined to produce increasingly sharp challenges to the sustainability of the return and reintegration process.

In 2008 some 277,996 Afghans were assisted to return to Afghanistan, 274,199 from Pakistan and 3,294 from Iran, and the remainder from elsewhere. Repatriation from Pakistan was driven by three main factors – the rise in prices of essential goods and services, the closure of the Jalojai refugee camp in Pakistan, and the sudden deterioration in security. In consequence, the number of returnees encountering severe reintegration difficulties increased, most visibly in Nangahar and Laghman provinces where several spontaneous settlements of landless and homeless appeared. Some evidence of re-migration to the neighbouring countries of former returnees also emerged.

The future pattern, pace and sustainability of returns are likely to be influenced by a range of factors, and in particular by the policies the neighbouring host countries will adopt towards Afghans residing there. In 2009, UNHCR's planning figure for repatriation from the neighbouring countries is 220,000. However, return patterns and figures are likely to prove unpredictable, and government policies, living costs and conditions, and security are all likely to have an effect. As the decision to return is increasingly driven by push factors, the reintegration process in future will likely be characterised by an increased incidence of vulnerability due to insecurity, landlessness, homelessness and limited economic opportunities.

In 2007, the scale of deportations of irregular Afghan migrants by the Iranian authorities increased significantly to over 360,000. This trend continued in 2008 resulting in the deportation of 406,000 Afghans, a 10% increase over the previous year. The vast majority (98%) are single males. To date assistance has been limited to the vulnerable, essentially families and individuals that meet certain criteria. These have accounted for less than 2% of all deportees. However, due to the decision of the Iranian authorities to implement their No Go Area for foreigners in certain provinces in Iran, a possible increase in the deportation and forced return of a significantly higher number of families and individuals, including formerly registered refugees, has become more likely. In addition to the continuing deportation of illegal migrants, the need for humanitarian and reintegration assistance to families and individuals deported or forced to return after long periods in Iran will likely increase significantly.

In order to meet potential emergency humanitarian needs generated by various forms of forced displacement, the same contingency planning exercises that were carried out in 2007 and 2008 will need to be repeated in 2009. The planning process will examine cross-border displacement across

both the Pakistani and Iranian borders and internal displacement in principally the Southern, Southeastern and Central regions of Afghanistan.

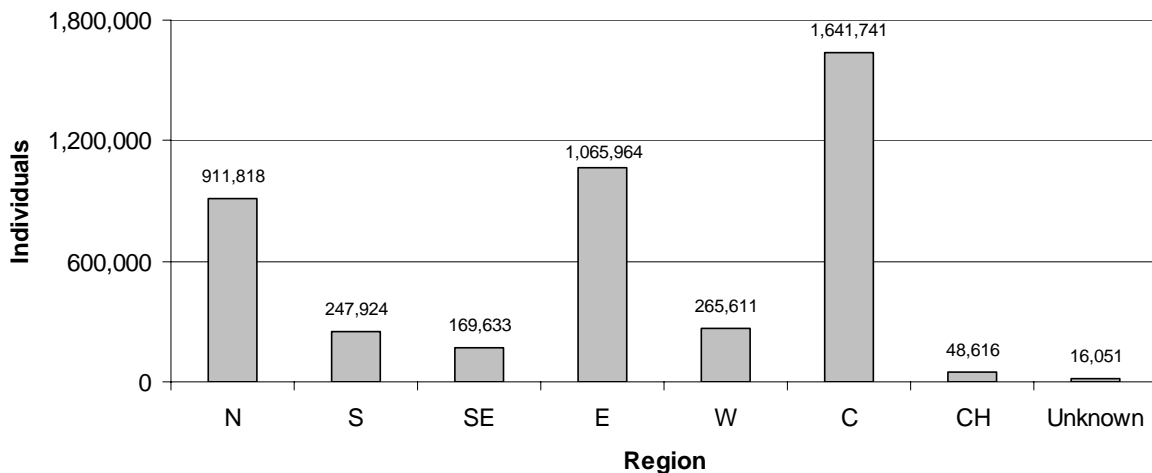
Possible displacement trends in 2009:

- An increase in displacement resulting from conflict, civilians continued to be affected by fighting and the security situation deteriorates further;
- An increase in irregular migration, human trafficking, and deportation if economic opportunities particularly in Western, Southwestern, and Northwestern Afghanistan remain limited;
- An increase in internal displacement especially to cities if drought continues and coping strategies fail;
- An increase in secondary displacement by returnees if their return is not sustainable or secure in their places of origin;
- An increase in cross-border displacement from Pakistan of both Afghans and Pakistanis if insecurity and conflict grows especially in the Federally Administered Tribal Areas (FATA) and North West Frontier Province (NWFP);
- An increase in internal displacement as a result of conflict over land and resources unless these issues can be adequately addressed.

Summary of displacement and return statistics

- **IDPs:** Officially estimated at 232,000. This includes those displaced long-term by conflict, drought and lack of economic opportunities in their place of origin, mostly in the south and west of the country. Unknown numbers temporarily displaced by armed conflicts. A contingency plan exists for 100,000 vulnerable deportees arriving rapidly from Iran; resources exist to support only one third one of this number;
- **Return:** Since 2002, more than 5.3 million Afghans have returned home, some 4.3 million with the assistance of UNHCR and NGOs. In 2008, a total of 277,996 returned, the majority from Pakistan, mostly to the eastern Afghan provinces of Nangahar, Laghman, and Kunar;
- **Deportations from Iran:** The Iranian authorities estimate that there are over one million irregular Afghan migrants in Iran and many thousands enter every day. The deported 363,000 Afghans in 2007 and 406,000 in 2008. The vast majority (98%) are single male migrant workers. Only 1-2% of deportees (families and some individuals) are categorised as extremely vulnerable;
- **Refugees in Iran:** There are approximately one million registered refugees remaining in Iran;
- **Refugees in Pakistan:** There are approximately 1.7 million registered refugees remaining in Pakistan. An average of over 50,000 people cross the borders every day in either direction undocumented. The Government of Pakistan announced in August 2008 that it would review its plan under which it envisaged that all registered Afghans would return by the end of 2009. Only one refugee camp (Jalozai) of the three camps listed was actually closed.

Assisted Return by Province of Destination since 2002 until 31 October 2008



Some relevant statistics on the humanitarian situation

Maternal mortality rate: 1600/100,000 live births – second-highest in the world (UNICEF 2000 – 2006).

Infant Mortality Rate: 129/1,000 live births.

Under-5 Mortality Rate: 191/1,000. Thus, one child out of four does not reach the age of five. Main causes of death are acute respiratory infections, diarrhoea and measles.

Polio Cases: 30 cases have been reported so far this year (of which 25 are in the Southern region), which is a slight increase. (WHO)

Major Infectious Diseases: prevalent food or water-borne diseases: bacterial and protozoan diarrhoea, hepatitis A, typhoid fever and malaria. Prevalent animal contact disease: rabies. (Note: highly pathogenic H5N1 avian influenza has been identified in Afghanistan.)

Water: 77% people lack year-round access to safe drinking water. Safe water was tankered to more than one million people in 17 drought-affected provinces comprising more than 800 villages from June to November 2008.

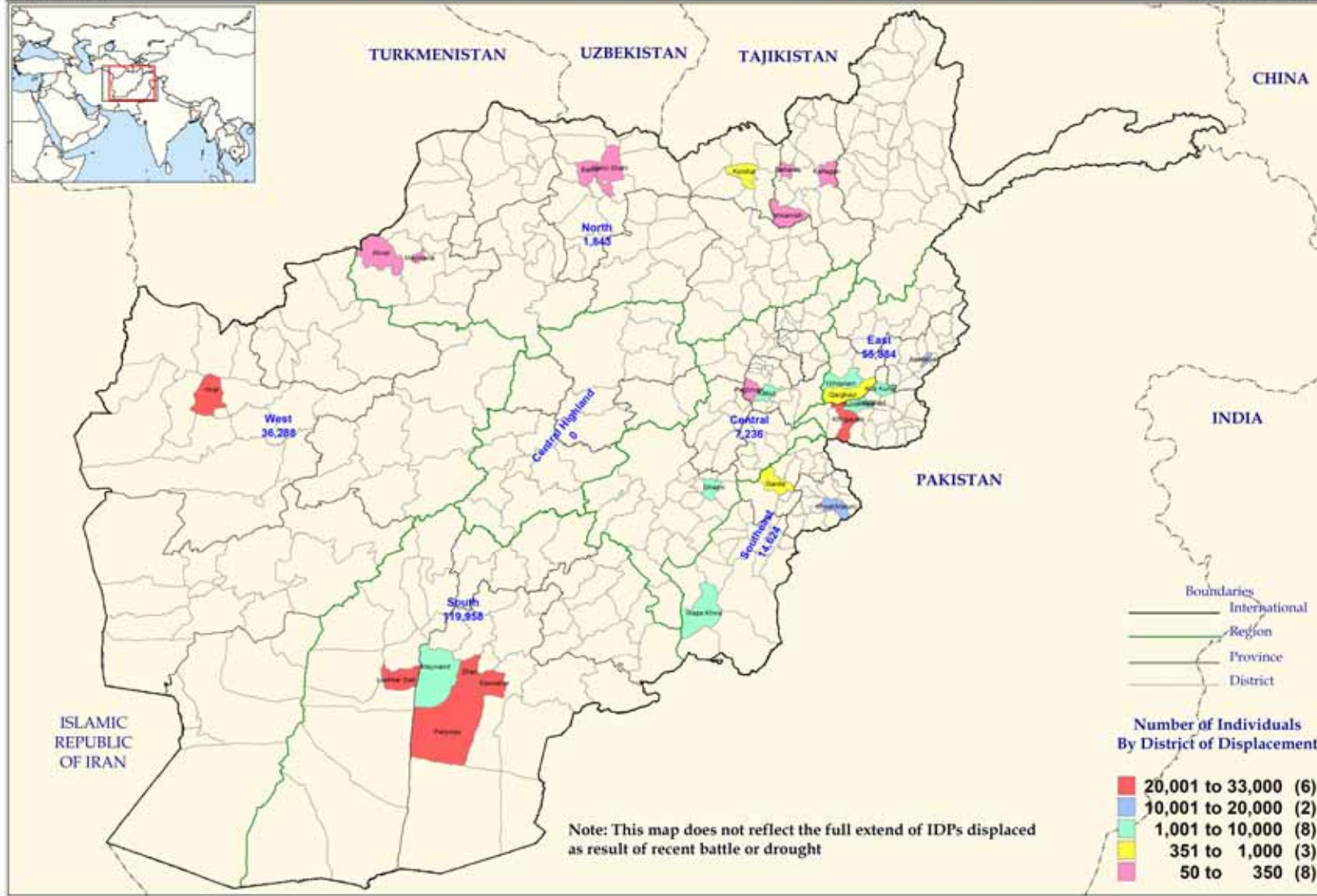
Sanitation: 88% of people do not have access to improved sanitation arrangements.

Education: The average years spent in school in Afghanistan is 11 years among males, and only four years among females. The literacy rate among those aged younger than 15 is 43.1% among male and 12.6% among female, making an average of 28.1%.

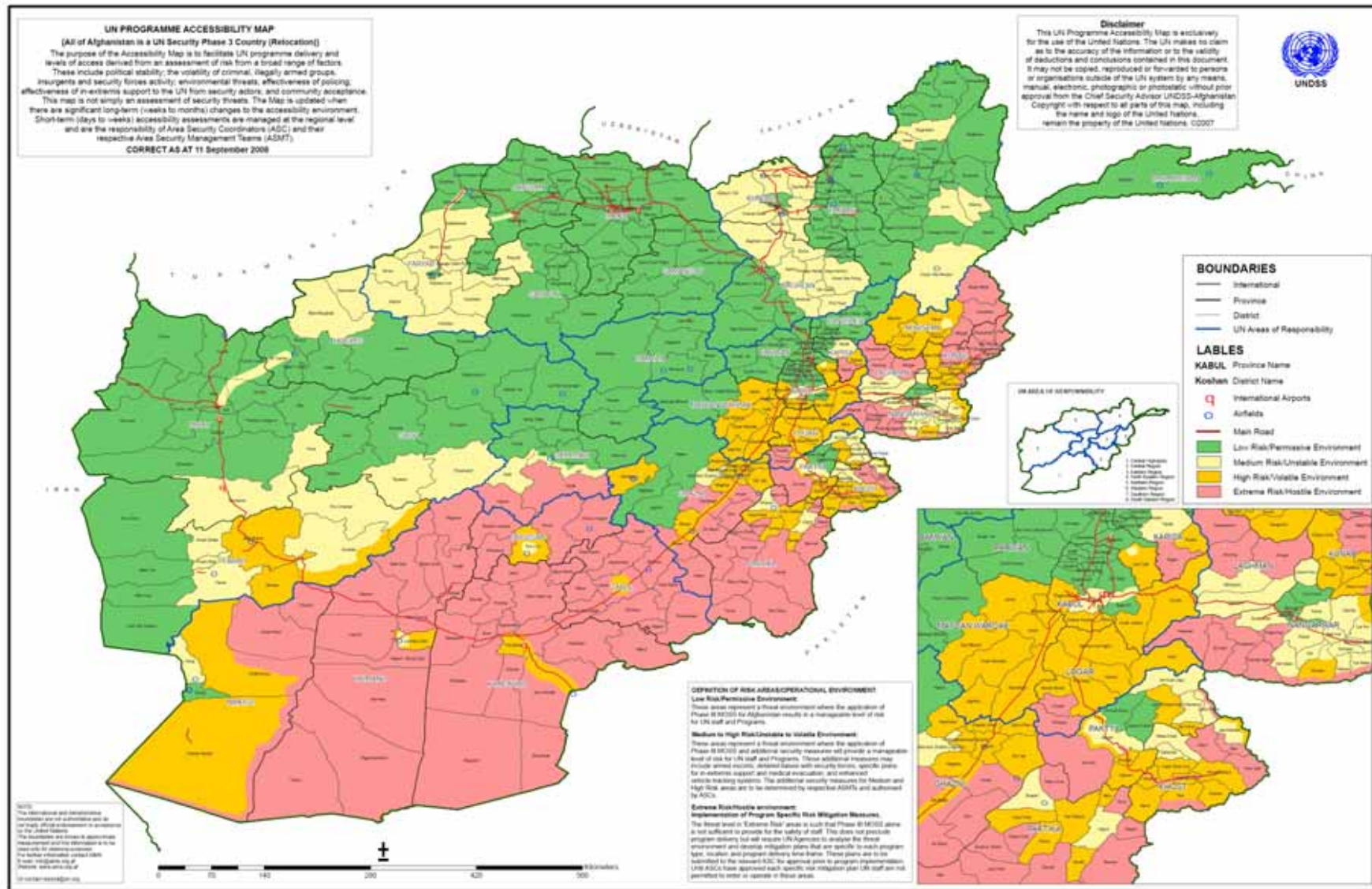


Afghanistan IDPs - Caseload by Region & District - No. of Individuals in Displacement - 10 Aug 08

Branch Office Kabul
Geographic Information and Mapping Unit
Operational Information Section



Security and access for humanitarian organisations in Afghanistan



3.2 SCENARIOS

Planning scenarios for 2009 were developed in consultation with humanitarian agencies through a series of workshops in the regions and Kabul and were subsequently endorsed by the HCT. With elections due to take place in the autumn of 2009, the most likely scenario suggests that the overall security situation will deteriorate, affecting humanitarian access. Preparations for presidential and provincial council elections, including voter registration, will influence the wider political climate with consequences for humanitarian assistance in 2009. The best-case, most likely, and worst-case scenarios are outlined in the following table.

Best-case Scenario
<p>Core elements</p> <ul style="list-style-type: none"> • Strengthened international resolve leading to increased humanitarian action; • Noticeable improvement in overall human rights situation, including rights of women and children; • Improvement in the security of the operating environment and reduced levels of violence; • Improved relations between Afghanistan and its neighbours; • Strengthened good governance, accountability and transparency and enhanced governmental capacities to deliver assistance; • International food crisis and financial crisis resolved; • Increased economic opportunities alleviate overall vulnerability.
<p>Potential triggers</p> <ul style="list-style-type: none"> • Free, fair and democratic elections bring a strong, credible government to power, leading to political stability and economic growth together with good climatic conditions; • More balanced representation of ethnic groups in government and public institutions/reconciliation between fighting parties and a credible peace process; • Initiation of peace talks between parties to the conflict; • Noticeable/increased operational security with less attacks/violence against civilians and aid workers; • Stabilisation of security around borders.
<p>Humanitarian implications</p> <ul style="list-style-type: none"> • Improved operational environment with enhanced humanitarian access to affected populations; • Increased respect for International Humanitarian and Human Rights Laws by parties to the conflict /armed groups; • Enhanced protection of civilians due to increased safety and reduced human rights abuses; • Significant reduction in numbers of deportees, refugees and IDPs, and improved reintegration or resettlement of displaced persons; • Voluntary repatriation and reintegration of returnees takes place gradually and in safety and dignity; • Well-being and coping mechanisms of vulnerable individuals and families due to improved access to basic social services, strengthening of rule of law and access to justice; • Increased funding for relief aid and improved food security.
Most Likely Scenario
<p>Core elements</p> <ul style="list-style-type: none"> • Severe winter conditions and potential disasters like earthquakes, droughts and floods; • Continued deportation of unregistered Afghans from neighbouring countries; • Reduced access to affected populations and presence of humanitarian actors, with efforts to reinforce humanitarian response capacity and coordination taking time to deploy and roll out; • Security situation continues to deteriorate, with criminality becomes more widespread, and humanitarian actors and civilians are increasingly targeted or subjected to violence; • Weak national institutions undermine rule of law and confidence in government; • Rural to urban migration and internal displacements throughout the country continues, and if conflict intensifies, displacement worsens; • Nutritional status continues to deteriorate with the food and financial crisis, combined with the 2008 poor harvest, reduced access from insecurity and potential displacements, increasing generalised food insecurity; • Mines, ERW and small arms remain a threat and hazard; • Drug trafficking continues; • Health situation remains fragile with potential for acute outbreaks of diseases such as cholera, acute watery diarrhoea and poliomyelitis.
<p>Potential triggers</p> <ul style="list-style-type: none"> • Increased activity by AGEs in previously stable areas targeting NGOs facilitating government-led projects, other humanitarian actors and civilians; • Violence related to elections, political tensions and policy changes; • Increased involvement of military forces in humanitarian activities, contributing to misperceptions of humanitarian aid and loss of trust by affected populations in neutral and impartial humanitarian actors, and thus contributing to a more complicated operational environment; • Dependence on food imports is aggravated by high prices and international food crisis, exacerbating food insecurity;

Best-case Scenario
<ul style="list-style-type: none"> • Limited access to and unequal redistribution of housing, land and property, especially in respect of agriculture, shelter and livelihoods; • Failure of the government to seriously address the issue of landlessness and homelessness, particularly for returnees, IDPs and urban slum dwellers; • An unexpected large-scale disaster, such as an earthquake; • Increased influx of particularly vulnerable deportees from neighbouring countries; • Weakened capacity of MoH and partners and disruption of public health programmes.
<p>Humanitarian implications</p> <ul style="list-style-type: none"> • Loss of access to affected populations; • Reduced capacity to operate in an impartial manner; • Increased incidence of civilian casualties and human rights violations; • Increased number of people with no or limited access to basic social services, especially in rural and conflict-affected areas, and land and property in urban areas; • Increased influx of non-voluntary returnees and unregistered Afghans from neighbouring countries, and increased internal displacements; • Increased numbers of Pakistani refugees crossing into Afghanistan from bordering districts; • Increased mortality and malnutrition rates, especially among children, straining health facilities and supply of medicines.
Worst-case Scenario
<p>Core elements</p> <ul style="list-style-type: none"> • Fighting between international/Afghan military forces and insurgents intensifies, and numbers of civilian casualties increases dramatically; • Intensified armed conflict spreading to areas previously deemed relatively stable; • Government's capacity to maintain law and order deteriorates, criminality spreads further and insecurity increases; • Civil unrest escalates due to failure of valid and transparent electoral process, with increased political fragmentation; • Large-scale deportation of unregistered Afghans from neighbouring countries; • Forced return of Afghan refugees and mass deportations, Afghans flee conflict to neighbouring countries and intensification of conflict in Pakistan sees increased refugee flows to Afghanistan; • Major natural disaster; • Escalation in human rights abuses and failure of rule of law; • Food and financial crisis significantly worsens reducing aid contributions and food inputs.
<p>Potential triggers</p> <ul style="list-style-type: none"> • Breakdown and collapse of government control; • Civil war breaks out; • Widespread violence and attacks targeting civilians, including humanitarian NGOs staff and UN personnel; • Severe winter, drought and flood conditions continue and made more extreme by unexpected disaster such as an earthquake; • Humanitarian agencies withdraw to urban areas or remote control from other countries; • Deteriorating regional relations with Pakistan and Iran; • International financial crisis leads to sharp cut in economic and humanitarian assistance to Afghanistan.
<p>Humanitarian implications</p> <ul style="list-style-type: none"> • Evacuation of all international humanitarian actors or drastic reduction of international humanitarian presence with severe cuts in humanitarian funding; • Humanitarian access drastically reduced, so that assistance to much of the country and the affected population can only be achieved through remote management; • Dramatic increase in civilian casualties, human rights abuses and impunity; • Massive internal displacements and influx of refugees to neighbouring countries; • Seriously aggravated food insecurity and dramatic increase in mortality rates.

3.3 STRATEGIC OBJECTIVES FOR HUMANITARIAN RESPONSE IN 2009

The HC and the HCT have agreed upon the following five strategic objectives for the humanitarian response in 2009. The strategic objectives focus on addressing the most urgent humanitarian needs identified in section 3.1. They also take into account potential developments during 2009 based on the most likely scenario presented in section 3.2.

<p>Strategic Objective 1: Provide relief to conflict-affected and disaster-affected (principally drought-affected) groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities.</p>
<p>Activities: 1) direct temporary provision of shelter, water, food, non-food items, and basic social services such as health care, education, and hygiene and sanitation to vulnerable conflict-affected and disaster-affected groups and individuals; 2) limited rehabilitation and construction of community water points, toilets, health centres, and schools, plus establishment of their operations and maintenance systems, in areas of greatest need; 3) multi-sectoral support for the safe, voluntary, dignified, gradual and sustainable resettlement or reintegration of IDPs and returnees, through the provision of legal assistance, housing, and agricultural and livelihoods support including income-generating activities with host communities.</p>
<p>Strategic Objective 2: Monitor and advocate for the protection of civilians and for the respect of international humanitarian, human rights and refugee law.</p>
<p>Activities: 1) monitoring of and actions on protection concerns and needs, using an age, gender and diversity-sensitive approach; 2) promote respect of international humanitarian, human rights and refugee law, including the Rights of the Child and IDP Guiding Principles, through advocacy, capacity- and confidence-building programmes; 3) monitoring and advocacy for the respect of national and international civil-military guidelines, especially last-resort support to humanitarian operations.</p>
<p>Strategic Objective 3: Mitigate food insecurity and treat malnutrition.</p>
<p>Activities: 1) provision of food aid through targeted general distribution (when and if required), food for work, food for education, food voucher or some limited cash for work, combined with; 2) agricultural support such as farmers' seed enterprises and distribution of agricultural inputs and animal feed; 3) malnutrition treatment programmes and capacity-building for the prevention, detection and management of malnutrition at health facilities and the household level.</p>
<p>Strategic Objective 4: Improve preparedness for disasters and disease outbreaks, and related response.</p>
<p>Activities: Improved disaster preparedness and response mechanisms both at national and regional level through 1) community-based disaster management programmes and trainings; 2) the review and update of the Inter-Agency Contingency Plan (IACP) and national and regional disaster management plans; and, 3) Support to national and selected provincial disease and nutritional surveillance system combined with upgrading of response capacity.</p>
<p>Strategic Objective 5: Improve overall humanitarian access and response, including through strengthened humanitarian coordination and capacity at national and regional level.</p>
<p>Activities: 1) Full and effective implementation of the cluster approach at national and (where appropriate) the regional level, in line with the Inter-Agency Standing committee (IASC) terms of reference; 2) establishment of the Office for the Coordination of Humanitarian Affairs (OCHA) in Afghanistan in 2009 with a particular focus on reinforcing information management, humanitarian coordination, and civil-military liaison; 3) enhanced provision and coordination of humanitarian common services such as emergency telecommunications and humanitarian air and transportation services.</p>

3.4 SECTOR RESPONSE PLANS

3.4.A EDUCATION



(Children on their way to school Bamyan, October 2008, Photo: UNAMA)

Cluster Leads: UNICEF and Save the Children US for the SC/Alliance

Cluster Members/agencies participating: Aschiana, Afghanistan Women Council (AWEC), Bangladesh Rural Advancement Committee Afghanistan (BRAC), CARE International, Coordination of Humanitarian Assistance (CHA), Development and Humanitarian Services for Afghanistan (DHSA), International Rescue Committee (IRC), Ministry of Education (MoE), Save the Children-Sweden and Norway (SC/S-N), SC-UK, SC-US, UNESCO, UNICEF, Norwegian Refugee Council (NRC) and WFP.

Overview of priority needs and response strategy

Afghanistan is prone to natural disasters – annually in some areas – including floods and droughts as well as severe winters. All areas are subject to earthquakes: ongoing tremors as well as the likelihood of large, sudden onset incidents. A recent earthquake in Nahrin, Baghlan and floods in Kunduz and other provinces across the regions, for example, have had recent devastating affects on children by destroying their homes and families' livelihoods as well as their education access. Afghanistan is also experiencing an increasing recurrence of ongoing armed conflict. Together, all of these circumstances highlight the need to enhance emergency preparedness to meet the immediate needs of children, and to reconstruct essential services, including education.

As at the end of October 2008, 256 school-related security incidents, with 30 deaths, have been reported, compared to 232 school-based security incidents in the same period of 2007 and 213 incidents in 2006. In early September 2007, AGE burned more than 100,000 textbooks *en route* from Kabul to Kandahar and Nooristan provinces. It is confirmed that more than 642 schools in five southern provinces and two central provinces are no longer providing education services to students because of AGE threats. As a result of these factors alone, it is estimated that more than 234,272 children have been denied access to education. An additional challenge is the difficult weather/nature in all parts of the country, which continues to inhibit children's consistent access to education.

In the face of these known challenges, coordination for preparedness and the required response for education for children during ongoing emergencies have not gained sufficient attention.

In September 2005, the Inter-Agency Standing Committee (IASC) agreed to designate global cluster lead agencies in nine critical programme and operational areas, and also agreed that the cluster approach should be applied at the country level. Although education was initially not identified as a sector to be included in the cluster approach at the global level, experience with the roll-out of the cluster approach in 2006, and sustained advocacy by partners, led to greater recognition that education is a critical component of basic social service delivery which needs to be integrated within the broader framework of enhanced response, accountability and leadership of the cluster approach. Recognising the importance of consistent, reliable and accountable educational programming in emergencies, the education cluster in Afghanistan was launched in July 2008.

Priority needs

- Preparedness for a sudden onset of a **major** natural disaster (earthquake, flood, drought, landslide, etc) and/or **localised smaller** natural disasters (minor earthquakes, localised floods and/or landslides, etc);
- Response to ongoing chronic emergencies for especially vulnerable children who are entitled to education, e.g., IDPs and returnees, victims of seasonal and situational crises like severe winter, drought, insecurity.

Matrix - priority needs and beneficiaries per area

Area	Provinces	Beneficiaries	Priority Needs
Chronic Conflict	South and Eastern Zones	234,272 children	Provide educational access through alternative means
Winterisation	Uruzgan, Badakhshan, Baghlan, Balkh, Parwan, Takhar, Jawzjan, Khost, Saripul, Ghor, Faryab, Farah, Laghman, Nangahar, Nooristan, Nimroz, Hilmand, Kabul, Kandahar, Kunar	857,467 students	Provide required materials/facilities: heat (bukharis, fuel), straw floor mats, plastic sheeting for windows
IDPs / returnees (in camps)			Provide required materials/facilities: tents, straw floor mats; for buildings: heat (bukharis, fuel), straw floor mats, plastic sheeting for windows, school WASH facilities

Objectives

The objectives identified for the education sector derive directly from the HAP Strategic Objective 1, “To provide relief to conflict-affected and disaster-affected (principally drought-affected) groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities” and Strategic Objective 2, “To monitor and advocate for the protection of civilians and for the respect of international humanitarian, human rights, and refugee law.”

Education sector objectives and indicators are listed below for each prioritised area:

1. Increase the educational access of children in **ongoing, chronic conflicts**, with an emphasis on girls and vulnerable children at least by 25%¹² through the end of 2010;
2. At least 50% of the children living in areas affected by natural disasters are supported to **continue**¹³ their education. [N.B. This is at least half of the children who were already in school when a disaster occurs; not half of all children in the area. This said, some of the latter may actually gain access to school / education in a post-disaster setting, which they did not have or use before the disaster];
3. Strengthen the education sector’s capacity for coordinated emergency preparedness and response.

¹² Funds / personnel permitting, baseline to be established in a cluster mapping and gap analysis in the first half of 2009 as per July 2008 tools and processes testing led by SC/Alliance colleagues.

¹³ *Ibid.*

Indicators

- Coverage, quantity and quality of schools/teachers/children supported for continuing education after natural, ongoing or chronic disasters as outlined in Inter-Agency Network for Education in Emergencies global standards;
- Coverage, quantity and quality of education access ensured to children of IDPs and returning refugees;
- Stakeholders work together in affected locations to implement a plan for education response linked to the most recent needs assessment(s), building on the previous education experience, if any, of the affected children. To be initiated both during and after emergencies;
- Use of transparent and active mechanisms for sharing information among cluster members and other key stakeholders;
- Planning and implementation of educational activities integrated with other emergency response activities;
- Number of school children receiving food assistance (especially girls).

Monitoring

- Required monitoring mechanism will be developed to review cluster's activities' progress and impact;
- Regular reporting will be ensured against cluster indicators of service delivery (quality, quantity, coverage, continuity and cost).

3.4.B EMERGENCY SHELTER

Cluster lead: UNHCR

Cluster members: UNHCR, CARE International, NRC, International Organisation for Migration (IOM), IRC, United Methodist Committee on Relief (UMCOR), Shelter for Life (SFL), Afghanistan Development Association (ADA), Church World Service (CWS), Danish Assistance to Afghan Rehabilitation and Technical Training (DAARTT), Danish Committee for Aid to Afghan Refugees (DACAAR), SC-UK, Afghanistan Children Training Organisation (ACTO), Shafaq Rehabilitation Organisation (SHA). *Observers:* International Federation of Red Cross and Red Crescent Societies (IFRC), Afghanistan Red Crescent Society (ARCS).

Overview of priority needs and response strategy

Since 2002 more than five million refugees have returned to Afghanistan, the vast majority from Pakistan and Iran. This immense movement has increased Afghanistan's estimated 2001 population of 25 million by some 20%. The returnee population is composed of 52% male and 48% female. It is estimated that there are still some 2.78 million registered refugees remaining outside the country.

Although there is no accurate figure of the number of houses and buildings destroyed during the 25 years of conflict, it is estimated that more than 500,000 homes were either totally or partially ruined. Afghanistan's population has approximately doubled since the Soviet occupation. This has generated increased pressure on both available land and housing stock. There is increasing evidence of this in the shape of informal, spontaneous settlements in both urban and rural areas. Increasingly, refugees and IDPs feature in these settlements often in tents, makeshift shelters and sub-standard public buildings. Others have no choice but to live with relatives or friends, adding to the burden of poor overcrowded households.

Lack of housing and landlessness in general is a significant obstacle to reintegration. The AIHRC second report from September 2007 on Economic and Social Rights in Afghanistan outlines that the lack of housing features as a major obstacle to return and reintegration, affecting 67% of interviewed returnees who chose not to return to their places of origin, 67% (*sic*) who left their places of origin after return, and over a third of interviewed IDPs.

The outcomes of the registration exercise in Pakistan confirmed that lack of shelter and land in Afghanistan is one of the main concerns of refugees planning to return. Initial results of UNHCR's needs assessment confirm that shelter, along with water (both safe and agriculture), are the main needs. Also security and livelihood opportunities are mentioned by IDPs and returnees as important challenges. In the overall context of insecure land tenure, arbitrary land and property confiscation, occupation and disputes, still remain significant problems for the reintegration of returnees.

The Terms of Reference (ToR) of the Emergency Shelter Cluster (ESC), adopted in June 2008, emphasise that the “scope of the ESC will be limited to emergency situations only”. Thus the sector *Shelter and Non-Food Items* does not coincide exactly with the scope of the ESC, but the cluster provides a mechanism for humanitarian partners to discuss and plan activities for this sector in 2009 in Afghanistan.

As indicated in the strategy underlying Strategic Objective 1, aside from the provision of relief aid in the form of shelter, water, food, non-food items, and other essential services to IDPs, returnees, deportees, and vulnerable groups in host communities, humanitarian actors will also work on the rehabilitation, construction and establishment of maintenance systems for community water points, health centres, schools and toilets in areas of return or resettlement. Furthermore, the strategy also states that a multi-sector approach should be implemented for the safe, voluntary, dignified and sustainable resettlement or reintegration of IDPs and returnees, through the provision of legal assistance, housing, agricultural and livelihoods support, including income-generating activities with host communities to promote self-sufficiency and participation in market and trade. The ESC members will contribute to the multi-sectoral approach through the implementation of an integrated shelter strategy.

Overview of shelter response per organisation and location

SITE / AREA	ORGANISATIONS
East, Central, North, West, South-East	UNHCR
Country wide	IOM
Nangarhar, Laghman, Takhar and Faryab	ADA
Central, North	CARE International (shelter, NFI, Watsan, economic opportunities)
Kandahar	Save the Children – UK
East, Central, North, West	NRC
Central Region (Khak-e-Jabar district of Kabul Province), Nangahar	UMCOR
Baghlan, Balkh & Jawzjan	SHA
Balkh province and Shulkara district in Northern Afghanistan	ACTO
East (Laghman, Kunar and Nangarhar), West(Farah)	DACAAR
Nangarhar, Laghman, Paktya, Herat	IRC

Objectives:

In line with the overall humanitarian strategy, the Shelter and Non-Food Items sector falls within the Strategic Objective 1 “To provide relief to conflict-affected and disaster-affected (principally drought-affected) groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities.”

Cluster members have agreed that, for the agreed standard shelter assistance package, ESC members will focus their priority on vulnerable returnee families and IDPs who possess land or are allowed to use land but who lack the necessary financial and/or material resources to reconstruct their houses. Beneficiary Selection Committees are, and will be set up, which consist of the village *shura* (the council of the village elders), representatives from the local government and from the shelter sector and its implementing partners. For landless beneficiaries and returnees to urban centres where land is not available, alternative housing support solutions will be sought. For emergency displacement, one-room shelters will be constructed depending on season and location.

Indicators

- numbers of beneficiaries selected;
- numbers of allocated shelters;
- number of shelters completed;
- handover of shelters to beneficiaries.

Monitoring

ESC members are responsible for monitoring their shelter activities through regular field missions in the areas of implementation and the different stages of the project cycle, unless the security situation imposes severe limitations. ESC members report at monthly cluster meetings on the implementation of programmes, and on contributions received from donors. The ESC lead reports on progress towards and obstacles to, achieving sector objectives, as well as on overall funding status for the sector at the regular Inter-Cluster meetings.

The Land Allocation Scheme

The Afghan Government's Land Allocation Scheme (LAS) was formally launched in 2005 under Presidential Decree 104. An Oversight Committee (OC) has been established. It is led by the Ministry of Refugees and Repatriation (MoRR), with participation of other relevant ministries, donors, UN agencies and NGOs operating in the LAS sites. Members of the OC have agreed on the need for transparency in beneficiary selection and topographical, geographical, geophysical, and hydrological surveys as well as site feasibility studies before any work is undertaken, a process that is still underway. They also agreed to examine livelihood concerns and employment opportunities before moving beneficiaries to the sites. The establishment of the Programme Implementation Unit has made identifiable progress in overcoming critical early management issues such as site planning, beneficiary selection, and coordination. It has recruited and mobilised technical personnel providing MoRR with much needed field engineering capacity.

Priority is now being given to 11 selected sites and work is ongoing to varying degrees. Some sites have received government funding for the implementation of 40 water points and 13 kilometres of link roads. These actions will provide improved water supplies to the LAS beneficiaries and enhance livelihood opportunities. More than 32,500 families have received temporary land ownership deeds, of which more than 4,000 (12.3%) have moved to these settlements as of 1 August 2008.

3.4.C EMERGENCY TELECOMMUNICATIONS

Cluster lead: WFP

Cluster members: WFP, UNAMA, UNDSS, UNHCR, UNICEF, UNDP, FAO, World Bank, Asian Development Bank (ADB), WHO, UNOPS, UNDP/ANBP, UN-Habitat, ANSO.

Overview of priority needs and response strategy

The Afghanistan Emergency Telecommunications Cluster (ETC) is different from other clusters, in that it is a service provider to UN agencies, international NGOs (INGOs) and humanitarian partners on the ground, and does not provide aid directly to beneficiaries. The objective of the ETC is to enhance the safety of the Humanitarian Community in Afghanistan through the provision of reliable security telecommunication and common data communication systems that meet UN Minimum Operating Security Standards (MOSS) requirements. Providing dedicated radio training to the humanitarian community and conducting a full assessment of the Kabul VHF radio networks allows for the correct use of VHF & HF radio procedures. Furthermore, it allows the dissemination of security, emergency and administrative messages using telecommunications, and the sharing of information using reliable common data communications systems.

With the numerous UN agencies and INGOs providing various humanitarian relief efforts located throughout many Afghanistan locations, UN agencies are strategically placed with 24/7 radio rooms in 18 Afghanistan locations; one other opened in November 2008 and four others are planned to open in 2009, all capable of providing reliable telecommunications and common data communications services to various humanitarian partners. Through further discussions and a detailed assessment of all emergency telecommunications services available, the pooling of resources between agencies is identified as the best way forward to providing reliable communications systems to the humanitarian community. Complete with radio training and the provision of reliable common data communications, the ETC is committed to meeting the needs of relief aid agencies within Afghanistan.

Objectives

In line with the 2009 humanitarian strategy for Afghanistan, the ETC falls within Strategic Objective 5 - "To improve overall humanitarian access and response, including through strengthened humanitarian coordination and capacity at national and regional levels".

The ETC will:

- Provide to the humanitarian community, reliable and efficient security telecommunication and data communication services;
- Provide dedicated radio training and dependable data communications services allow humanitarian communities to use these services;
- Continue addressing the needs of all humanitarian agencies' telecommunications and data communications requirements with regular communication and meetings identifying shortfalls and gaps, working towards ways to address such concerns;

- Establish Telecommunications Working Groups (TWG) in all required regions to address humanitarian community telecommunication issues.

Indicators

- Number of UN and INGO organisations actively participating in the dedicated radio training;
- Number of UN and INGO organisations accepting advantage of the common data communications services on offer;
- Participation of the humanitarian community in regional TWG meetings.

Monitoring

- Regional TWG issues affecting the operation of security telecommunication or common data communications services within the humanitarian community to be recorded and passed onto the ETC for further discussion / assistance;
- TWG to meet once a month, prior to the ETC meeting;
- ETC will meet once a month and address regional humanitarian community telecommunication and data communication issues tabled;
- The ETC lead will report to the HC all progress and obstacles encountered in meeting sector objectives.

3.4.D FOOD SECURITY AND AGRICULTURE



(Ploughing in Bamyan, October 2008. Photo: UNAMA)

Cluster Leads: WFP and FAO

Cluster Members: World Food Programme (WFP), Food and Agriculture Organization (FAO), UNAMA/HAU, United Nations Children’s Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), International Organization for Migration (IOM), Action Against Hunger, CARE International in Afghanistan (CARE), Afghanistan Vouchers for Increased Productive Agriculture (AVIPA) Program, Mercy Corps, Catholic Relief Services (CRS), TEARFUND, Consultative Group on International Agricultural Research (CGIAR), Norwegian Refugee Council (NRC), ActionAid, DACCAR, BRAC, Agency for Rehabilitation and Energy Conservation in Afghanistan (AREA), International Rescue Committee (IRC), OXFAM-GB, FEWSNET, Afghanistan

National Disaster Management Authority (ANDMA), Ministry of Rural Rehabilitation and Development (MoRRD), Ministry of Agriculture, Irrigation and Livestock (MAIL), European Commission Humanitarian Aid Office (ECHO), US Food for Peace Program, Office of U.S. Foreign Disaster Assistance (OFDA), Canadian International Development Agency (CIDA), U.K. Department for International Development (DFID), European Commission (EC), World Bank, Concern, Afghan Development Association (ADA), Focus Humanitarian Assistance (FOCUS), Agency for Technical Cooperation and Development (ACTED), International Relief and Development (IRD), Aga Khan Development Network (AKDN), Aga Khan Foundation-Afghanistan (AKF), CHA, *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ), Trocaire, the United States Agency for International Development (USAID). Observers: ICRC, IFRC.

Overview of priority needs and response strategy

The impact of the unprecedented rise in global food prices in the past year was especially felt in Afghanistan, which is already facing chronic food insecurity, structural vulnerability and insecurity. As prices escalated and real incomes remained unchanged, the share of the income of the average Afghan family spent on food is today estimated at more than 77% compared to less than 56% in 2005. This quickly pushed large segments of previously borderline food-insecure people into inability to obtain enough basic food and resorting to destructive coping measures. The most recent data collected by joint Government/UN assessments suggests that 35% of Afghan households do not meet their minimum daily caloric intake (2,100 kcal/person), 5% higher than similar findings in 2005. 46% of households are now classified as having very poor dietary diversity and food consumption. Furthermore, agriculture has been severely affected by consecutive droughts. Due to the lack of rainfall and shortages of irrigation water, some data indicate that the cereal harvest in 2008 has been the lowest since 2002 and 30% lower than in 2007, and that the production of wheat in 2008 has decreased 85% in rain-fed wheat and 16% in irrigated wheat. With a domestic requirement of approximately five million MT of wheat and six million MT of all cereals per year, Afghanistan produced over 90% of its own food last year, but this year is forecast to produce only about two-thirds, meaning that it will have to import approximately two million MT of grain, the vast majority through market mechanisms (food aid in 2007 accounted for less than 200,000 MT). The anticipated poor harvest and reduction in rural incomes takes place against a background of stable food prices.

In 2009, people in need of relief and early recovery food assistance programmes are spread across all 34 provinces of the country and the needy population includes those identified in the July joint emergency appeal as well as people supported by WFP under its regular programmes. The largest concentrations of people in need are located in Kabul city and the provinces of Balkh, Khost, Ghor, Kunduz, Sari-Pul and Faryab. In proportional terms, the food price and drought crisis has had the heaviest impact on the provinces of Samangan, Khost, Sari-Pul, Badghis, Nimroz, Ghor, Logar, Balkh, Wardak and Jawzjan, each with more than a quarter of its population significantly affected. This is the context in which the food security situation lies at the beginning of 2009, with below-normal forecasts for winter snows which could result in another year of poor agricultural production.

In 2009, the members of the Food Security and Agriculture Cluster (FSAC) will implement a variety of community-based food security initiatives aimed at enhancing food security and improving the human and productive capital of food-insecure Afghans living in urban and rural areas through a wide array of activities. These initiatives include: emergency food assistance to vulnerable groups; food-for-work (FFW) and food-for-asset creation activities to improve the capacity of vulnerable groups, including IDPs, to manage shocks, meet necessary food needs and protect livelihoods; food assistance to tuberculosis patients, flour fortification and de-worming; food-for-education activities that support the increased enrolment and attendance of primary school children, particularly girls; and food-for-training activities involving functional literacy and vocational training aimed at developing life skills for poor rural adults, especially women.

More specifically, relief and early recovery food-based and agricultural inputs-based actions aim to address the humanitarian situation related to food insecurity which is severely exacerbated by the food price increases, drought and other factors that increase vulnerability, with the aim to provide a temporary safety net to the most vulnerable poor people in urban and rural areas with low purchasing power, by reducing and preventing food insecurity through general free food distribution, food for work and vouchers projects and provision of agriculture inputs (seed, fertilizer, animal feed and hand tools.) Moreover, FSAC recognise that humanitarian inputs are not a long-term solution to a recurrent situation whereby each shock increases the number of destitute people and the level of destitution. In 2009, FSAC expects an important shift in the amounts of resources dedicated for relief towards recovery and targeted actions, as local food and fuel prices begin to decrease following recent decreases at the international level and the level of temporary safety-net measures reduces.

Furthermore, FSAC members will pursue their efforts to align a number of actions which are designed as traditional productive safety net actions in order to ensure that the most appropriate response options are utilised for a given area or beneficiary group. This strategic alignment will consider seasonality, access to markets, security and a number of other factors. Further, FSAC members will continue working with the Government on more permanent solutions, mainly increasing domestic food production and enhancing incomes, including looking into the possible creation of a form of strategic grain reserve that would have an element of price support for farmers.

Matrix of priority needs, beneficiaries and programmes per areas

Areas	Affected population	Beneficiaries	Response	Organisation
34 provinces (country-wide)	Food-insecure people affected by high food prices and drought (excluding malnourished people)	4,422,600	112,100 tonnes of food	WFP (July 2008 Joint Appeal)
	Food-insecure people requiring improved capacities to manage shocks and meet necessary food needs in rural areas	630,000	38,500 tonnes of food	WFP (FFW – 2009 regular programme)
	Food-insecure people affected by localised emergencies	120,000	3,900 tonnes of food	WFP (2009 regular programme)
	Food-insecure people requiring marketable skills and meet necessary food needs	747,000	23,690 tonnes of food	WFP (FFT – 2009 regular programme)
	School children in food-insecure areas	1,950,000	92,070 tonnes of food	WFP (2009 regular programme)
	TB-affected people	300,000	21,750 tonnes of food	WFP (2009 regular programme)
	Malnourished mothers and children under five	512,146	25,351 tonnes of food	WFP (July 2008 Joint Appeal)
	Malnourished children under two	37,000	333 tonnes of food	WFP (July 2008 Joint Appeal)
Sub-Total		8,718,746	317,694	
Affected / gapped provinces	Vulnerable farming families affected by high food prices and drought	280,000	2,000 tonnes of wheat seed and fertilizer	FAO & MAIL
	Vulnerable farming families affected by high food prices and drought	10,000	2,000 tonnes of animal feed	FAO & MAIL
	Vulnerable farming families affected by natural disasters		hand tools	FAO & MAIL

Objectives

- Save lives in emergencies caused by high food prices and drought, as well as other shocks;
- Increase productivity of smallholders farmers through agriculture input provision, promotion of improved soil, water and crop management practices with linkage of local farming expertise;
- Assist vulnerable households to enhance and protect livestock assets;
- Reinforce linkages between agricultural actions and food aid relief to enhance sustainable livelihoods for vulnerable households;
- Protect livelihoods and support and strengthen resiliency of communities to shocks through safety net and asset creation;
- Prevent a decline in nutritional status among targeted women and children under five;
- Increase primary school children's enrolment and attendance in WFP assisted schools;
- Improve the literacy and functional life skills of poor rural adults, especially women;
- Contribute to substantial reduction in the number of TB-affected population;
- Strengthen national capacities to reduce hunger.

Indicators

- Quantity/type of food delivered through food for work, general food distribution, food distributed to TB patients, Food For Education, Maternal and Child Health and Nutrition (MCH/N) and other food voucher programmes;
- Number of poor and vulnerable households assisted and quantity of agriculture inputs distributed;

- Area planted, yields and production obtained from distributed agriculture inputs;
- Number of tonnes of certified wheat seed produced and sold;
- Number of beneficiaries reached through FFW, general food distribution TB, FFE, MCH/N and food voucher programmes;
- Number of food-insecure households reduced as measured by number of meals, dietary diversity and coping strategies;
- Number and types of community assets created, rehabilitated or repaired;
- Proportion of household expenditures devoted to food;
- Absolute enrolment: average number of girls and boys enrolled in WFP-assisted schools increased by 6% from the last year;
- Attendance rate: number of school days on which boys and girls attend schools as percentage of total school days;
- Ratio of girls to boys enrolled in WFP-assisted schools;
- TB treatment completion rate among targeted people registered for treatment.

Monitoring

- Distribution monitoring to ensure that food assistance reaches the targeted beneficiaries;
- Market price monitoring;
- Post-cropping harvest survey data collection;
- Number and type of physical assets produced through food for assets;
- Impact of assets on the community and particular benefit to women and children;
- Monitoring of school children enrolment and attendance through physical head counting;
- Monitoring of TB patients discharge rate;
- Monitoring of nutrition status of mothers and children under the supplementary feeding programme.

WFP programmes and beneficiaries in 2008*

Type of Programme	Beneficiaries
Appeal (GFD, FFW)	4,400,000
Regular Food for Work	630,000
Regular Emergency General Food Distribution	120,000
Food for Training	124,000
School Feeding	2,200,000
TB Patients	38,000
Malnourished Mothers and Children < 5	512,000
Malnourished Children <2	37,000
Grand Total	8,061,000

**shown as indicative, as the programmes and beneficiary types and numbers are expected to be similar going into 2009.*

3.4.E HEALTH



(Vaccination, April 2007. Photo: WHO)

Cluster Lead: WHO

Cluster members: Aga Khan Health Services, *Aide Médicale Internationale* (AMI), CORDAID, CRS, EHBA, MEDAIR, MoPH, SC-UK, SC-US, WHO, Merlin, BDN, IBNiSNa. Observer: IFRC.

Overview of priority needs and response strategy

Despite gains made in the health sector in Afghanistan since 2003, it is becoming more difficult for health actors to provide health services due to increasing insecurity, decreasing humanitarian space and natural disasters, including drought. This challenging environment limits the availability of quality health services for vulnerable communities in insecure and underserved areas, and impacts negatively upon their ability to access available services. This situation has the ability to reverse the substantial gains made in the sector over the recent period (widely recognised as having the most tangible impact on the Afghan vulnerable population, jeopardising the success of the overall humanitarian action) especially with the impact of climate change, drought, and the financial global crisis.

The country continues to have some of the most alarming health indicators in the world as a result of years of isolation and conflict. The Health and Nutrition Strategy (2008) of the Government of Afghanistan states: "Afghanistan has taken a devastating toll during more than the past two decades with the human and socio-economic indicators still hovering near the bottom of international indices. Human resources in health have been decimated, leaving behind scarce qualified health professionals, who are mostly male."

Life expectancy at birth is 43 years in Afghanistan, slightly more than half that of the wealthiest countries of the world. The country has some of the highest mortality rates in the world: infant mortality rate is 129 per 1,000 live births¹⁴, under-five mortality is 191¹⁵ per 1,000 live births and the maternal mortality rate is 1,600 per 100,000 live births. 52% of the population are under the age of 18 years. The main causes of maternal death are: haemorrhage, convulsions, obstructed labour and

¹⁴ MOPH/WHO/UNICEF survey, 2008.

¹⁵ MOPH/WHO/UNICEF survey, 2008

unsafe abortions – all of which are preventable through provision of emergency obstetric care. Similarly, over one-third of infant mortality could be addressed through provision of emergency obstetric care. Child mortality is caused principally by three preventable diseases: acute respiratory infections (ARI) diarrhoea, and measles. Chronic malnutrition, developed at a young age, translated into extraordinarily high prevalence rates of underweight children (40%) and of stunting (54%), while wasting is 7%. The country carries a high burden of communicable diseases such as TB and malaria. HIV/AIDS, while still at a low level, is a growing threat, the extent of which is not yet known. In addition, as a direct consequence of the years of conflict, Afghanistan has a large number of people living with disabilities and with mental health problems for whom treatment and rehabilitation services need to be developed. Over 2008, health indicators have been compounded by high malnutrition rates due to a severe food shortage arising from drought, and sudden and drastic increases in food prices, making food unaffordable for most low income households.

International and national funds allocated for health are largely targeted at recovery and development initiatives and do not sufficiently address either primary health care or emergency response. The health and nutrition sector receives only a small portion of government resources, accounting for only 3% of the overall operating budget and 5% of the development budget (Health and Nutrition Sector Strategy 2008-2013). The vast majority of the health sector is financed by international donors either bilaterally or multilaterally to support the recovery and development of the health sector. The implementation of the basic package of health services (BPHS), which is considered the cornerstone of the Afghan health system, is financed based on a costing done in 2003 which has yet to be adjusted to reflect the changing needs of the health sector and operational costs for service delivery. In 2008, the health situation in Afghanistan remains fragile despite a substantial amount of investment in the health sector through external assistance since 2003, and humanitarian needs still persist.

Although health care is free under the terms of the Constitution, a recently conducted survey suggests that substantial household expenditure is borne by families for transport to health facilities and for the purchase of drugs and other medical supplies. In some instances, in the case of serious or catastrophic illnesses, families may be forced to use an exceedingly high proportion of their disposable income. Social barriers remain an obstacle for female access to basic health care services, with related high maternal mortality rate.

NGOs are the main delivery points for primary health care accounting for most of all service delivery. Using donor funds, the MoPH has contracted NGOs, both national and international, to deliver the BPHS via different mechanisms. A prominent feature of many of the agreements are performance-based partnership contracts, measured against established benchmarks and indicators. By contracting out health care services to NGOs, proponents of the strategy believe that it will result in increased transparency and reduced overall health care costs, including significantly reduced costs to the poor. Although the BPHS programme has increased the number of health facilities, reaching 85% of geographical areas, access to health care remains a problem for much of the population due to lack of health care staff, cultural barriers and financial constraints

Response strategy

Health Cluster members have identified the following priorities for 2009:

- Maternal and child care at the community and health facility level, including basic emergency obstetric care at community health centres and comprehensive emergency obstetric care at district hospital;
- Emergency preparedness and response capacity to communicable disease outbreaks, and natural disasters;
- Access to emergency hospital care services;
- Access to primary health care in underserved areas (including services for persons living with disabilities);
- Ensure availability of female-friendly health services, including family planning, medical response to gender-based violence, and community sensitization of reproductive health needs;
- Advocacy for the equitable distribution of health services, including reproductive health services;
- Strengthen capacity of local stakeholders in health emergency management;
- Monitor quality of drinking water at health facility level;
- Waste product management and vector control at health facilities;
- Increase health-seeking behaviours.

Implementation strategy

- Improving local capacity to prepare for and respond to health crises at the community level;
- Outreach activities through multivalent medical initiatives teams;
- Coverage of vulnerable people through early warning systems for communicable disease outbreaks;
- Roll-out of health cluster on national and selected sub-national levels to ensure coordinated response at the peripheral level by deploying human resources and ensuring a functional medical\supply system;
- Strengthen humanitarian health information systems by ensuring a functional communication network and data analysis capacity at the regional and central levels;
- NGOs are the main delivery points for primary health care accounting for most of all service delivery. This plan will work with existing BPHS partners in those areas where they exist.

Objectives

General objective: To reduce avoidable morbidity and mortality among the vulnerable population and ensure the dignity of beneficiaries through equal access to basic health services.

Specific objectives

- To contribute to improve the access to quality integrated health services for vulnerable populations in underserved areas;
- Strengthen health sector capacity for coordinated emergency preparedness and response to health emergencies including communicable disease outbreak response;
- Contribute to the reduction in morbidity and related mortality within the vulnerable populations with a focus on maternal and child health.

Indicators

- Health facility utilization rate.(to measure generic access)
- % of female, under 5 consultation per HF
- % of PHC applying IMCI program (could be an indicator to measure the availability of service)
- % of deliveries attended by trained medical staff
- Proportion of Community Health Centers (CHCs) providing Basic EmOC
- Proportion of District Health Centers (DHs) providing Comprehensive EmOC
- UN Process Indicators for obstetric care (attached in a separate document for easy reference)
- Number of provinces with adequate buffer stock and contingency plans in place.
- Number of outbreaks detected and responded to within 48 hours.
- Number of facilities, by level, reporting stock out of any drugs in any quarter (or other reporting period).

Monitoring

The objectives identified in this plan will be monitored through the existing health and nutrition management information system and disease early warning surveillance. Joint rapid assessments, surveys and field visits will be conducted to determine improvements in access to health care for vulnerable and underserved populations. These existing monitoring and surveillance systems will be strengthened and streamlined to reflect the above indicators.

3.4.F NUTRITION

Cluster Lead: UNICEF, Deputy lead FAO

Cluster members: UNICEF, FAO, WHO, WFP, CHA, IBNiSNa, Step Health and Development Organisation (STEP), Care of Afghan Families (CAF), ACF, AMI, MOPH, OXFAM, SCUL, SCUSA, MicroNutrient Initiative (MI), Sanayee Development Organisation (SDO), AREA, CORDAID, Afghan Health & Development Services (AHDS) and BPHS NGOs.

Background

Afghanistan's conflict over three decades has destroyed institutions, infrastructure and most importantly, human and social capital, leaving behind scarce qualified health professionals. As a consequence, it is one of the poorest countries in the world, with a Human Development Index ranking of 174 out of 178 countries in 2007. The estimated under-five mortality rate is 191 per 1,000 live births and the infant mortality rate is 129 per 1,000 live births (MOPH/WHO/UNICEF 2008). However, national estimates differ substantially and show a 25.7% decline in child mortality since 2000 (Afghan

Health Survey (AHS), 2006¹⁶ and corroborating UNICEF & GoA Central Statistics Office best estimates¹⁷). The maternal mortality rate of 1,600 per 100,000 live births¹⁸ (second-highest in the world); the gender difference in literacy (18% female: 50% male¹⁹); and the continuing gender gap in school enrolment (35% of students are females²⁰), highlight the social status of women and the development of the society in general. Women of child-bearing age (15-45 years) constitute 21.3% of Afghanistan's population (AHS 2006) and children under five constitute 18% (SOWC, 2008).

Through its members, the nutrition cluster has the capacity to implement and coordinate nutrition emergency preparedness and response in all the targeted provinces and targeted population groups. The nutrition cluster closely coordinates planning and implementation with related sectors, namely the health and food security cluster. The nutrition cluster membership includes relevant government ministries and departments, NGOs (both BPHS-implementing and otherwise), and UN agencies (see above). Health facilities being the implementation hubs, the Ministry of Public Health and its BPHS-implementing NGOs will play a major role in the implementation and scaling up the services to the remote and hard to reach population. Community health workers will play a major role in mobilising communities for nutrition education, counselling and screening and referral of under-five children, pregnant and lactating women. Strong linkage will be maintained with food security, WASH and health clusters to ensure coordinated targeting and implementation and avoid gaps and overlap in implementation and flow of resources.

Situation of Malnutrition

Malnutrition is highly prevalent in under-five children, pregnant and lactating women. Countrywide, it is estimated that 54% of under-five children suffer from chronic malnutrition, 38% are underweight, and 7% suffer from acute malnutrition. The prevalence of chronic energy deficiency was found to be high (21%) among women of childbearing age. These levels signify a serious public health problem (National Nutrition Survey 2004). Micronutrient deficiencies are very high: 72% and 75% of school-age children and women of reproductive age are urinary iodine deficient, respectively; 72% and 48% of 6-59 month old children and 48% of reproductive age are anaemic from iron deficiency; vitamins A and C deficiencies are common, peaking in winter in most of the provinces (ibid). MOPH TFU records show admission of severely malnourished children increased from 2,107 in 2005 to 4,190 cases in 2006 and 5,480 cases in 2007. Although this might be attributed to improved access to services due to scaling up of TFUs from 17 in 2005 to 27 in 2006 and 37 in 2007, however the fact that individual inpatient facilities have experienced an increase in admissions over the past four years suggests deterioration of nutrition status in under-five children.

The results of a nutrition rapid assessment conducted in 22 of the 34 provinces in May/June 2008 show that GAM is 16% in children aged six to 59 months and SAM in the same age group is 4%. The results also show that 24% of lactating women had <18.5 Body Mass Index and 19% of pregnant women had <21 cm mid-upper-arm circumference. These numbers show that the nutritional situation worsened significantly over the recent years. Infectious nutrition-related diseases were identified as the major reasons for the precarious situation. 40.6% of the sampled children had diarrhoea and 30.2% had acute respiratory infection or fever in the past two weeks preceding the assessment. Night blindness, a symptom of advanced Vitamin A deficiency, was reported in 1%, 4% and 5% of the six-to-59-month-old children, lactating, and pregnant women, respectively.

Causes of Malnutrition

The immediate causes of malnutrition in Afghanistan are frequent infections and inadequate dietary intake occurring against a background of deteriorating security and household food insecurity largely caused by drought and high food prices. Diarrhoea, acute respiratory infections and measles are highly prevalent in Afghanistan and contribute 19%, 22% and 6%, respectively, to child deaths (Lawn JE, Cousens SN for CHERG, November 2006). Infection leads to malnutrition in infants and children due to difficulty in breastfeeding or lack of adequate feeding practices, loss of appetite and loss of nutrients due to infectious diseases. Poor infant and young child feeding and care practices also contribute to the high prevalence of malnutrition in Afghanistan. Less than a quarter of infants are exclusively breastfed, prelacteal feeding is common and colostrums are widely discarded. Only 30%

¹⁶ Afghanistan Health Survey (AHS) 2006, Johns Hopkins Bloomberg School of Public Health and Indian Institute of Health Management Research

¹⁷ UNICEF & Central Statistics Office. 2006. "Best Estimates of social indicators for children in Afghanistan 1990-2005. pp. 44-46.

¹⁸ Bartlett et al, Lancet 2005: 365-864-70. This study is a retrospective cohort study of women of reproductive age, defined as 15-49 years, who died between March 21, 1999, and March 21, 2002, in four districts of Afghanistan

¹⁹ Millennium Development Goals Islamic Republic of Afghanistan Country Report 2006

²⁰ 1386 School Survey Summary Report, Ministry of Education, Afghanistan, 2007

of the children received complementary food at the recommended time and at adequate quality (Afghanistan Multi-Indicators Cluster Survey [MICS] 2003). These are major reasons for the extremely high rate of children admitted to therapeutic feeding even before reaching the age of six months (MOPH TFU records). Use of infant formulae and ordinary powdered milk, inappropriate in nutrient density, is very common; liquid and semi-solid foods are introduced within the first three months of delivery; and tea and bread are the commonest complementary food (Afghanistan MICS 2003).

It is anticipated that vulnerability and risk to malnutrition will remain an emergency in 2009 and beyond because the consequences of drought and high food prices and the security will continue to lead to deterioration. In addition, difficult access to basic health and nutritional services will continue to contribute to the precarious situation. This is expected to result in increase in increased nutritional vulnerability and household food insecurity, internal displacement of population and migration from rural to urban centres. Forced repatriation of refugees and a ban on migrant labour in the neighbouring countries are further risk factors to household vulnerability to poverty, food insecurity and malnutrition, as the affected population have limited or no coping mechanisms.

This nutrition sector humanitarian action plan seeks to secure funds to mitigate the impact of drought, rising food prices, deteriorating security and limited household coping mechanisms. Based on the 2005 National Risk and Vulnerability Assessment (NRVA), it is estimated that 1.2 million under-five children, 550,000 lactating and pregnant women from 22 provinces affected by drought and high food prices including returnee and IDP households, are at high risk of malnutrition. The nutrition sector HAP aims to mobilise resources to mitigate vulnerability to malnutrition in under-five children, pregnant and lactating women in the affected provinces as outlined in the matrix.

Matrix of priority needs, beneficiaries and programmes per areas -Nutrition Sector*

Site/Areas	Affected Target Population	Total Beneficiary Population**		Organisations/ Programmes
		Under-Five Children	Pregnant and Lactating Women	
Badakhshan	282,692	56,538	25,442	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Badghis	172,291	34,458	15,506	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Balkh	387,762	77,552	34,899	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Bamyan	118,643	23,729	10,678	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Ghor	219,179	43,836	19,726	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Jawzjan	147,311	29,462	13,258	UNICEF/FAO/WFP/MOPH/(STEP/SCUK-funded elsewhere)
Kabul	836,648	167,330	75,298	UNICEF/FAO/WFP/MOPH/MI/STEP/IbnSina
Kandahar	330,330	66,066	29,730	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Khost	220,403	44,081	19,836	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Laghman	131,887	26,377	11,870	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Nangarhar	463,167	92,633	41,685	UNICEF/FAO/WFP/MOPH/MI and BPHS NGOs
Kapisa	45,183	9,037	4,066	UNICEF/FAO/WFP/MOPH and BPHS NGOs
Paktika	279,218	55,844	25,130	UNICEF/FAO/WFP/MOPH and BPHS NGOs
Paktya	177,612	35,522	15,985	UNICEF/FAO/WFP/MOPH/IbnSina/OXFAM
Samangan	108,058	21,612	9,725	UNICEF/FAO/WFP/MOPH/AMI
Sar-I-Poul	152,580	30,516	13,732	UNICEF/FAO/WFP/MOPH/OXFAM/IbnSina
Takhar	286,460	57,292	25,781	UNICEF/FAO/WFP/MOPH and BPHS NGOs
Zabul	84,490	16,898	7,604	UNICEF/FAO/WFP/MOPH/IbnSina
Helmand	497,410	99,482	44,767	UNICEF/FAO/WFP/MOPH and BPHS NGOs
Herat	607,944	121,589	54,715	UNICEF/FAO/WFP/MOPH/CHA/OXFAM
Diakundi	164,753	32,951	14,828	UNICEF/FAO/WFP/MOPH/SCUSA and BPHS NGOs
Faryab	287,635	57,527	25,887	UNICEF/FAO/WFP/MOPH/OXFAM, CHA, SCUSA
TOTAL	6,001,656	1,200,332	540,148	

* Adapted from Afghanistan NRVA 2005 results on Kilo Caloric Intake

** See the one-page summary proposals (available on www.reliefweb.int/fts) for actual estimated beneficiaries for each organisation and their programmes.

Objectives

The overall objective of the nutrition sector is to prevent and reduce mortality and morbidity of malnourished children, vulnerable and at risk groups because of rising food prices, drought and deteriorating security. Specific objectives are to:

- Prevent, detect and treat and prevent malnutrition at community level;
- increase availability and access to nutritional services;
- improve knowledge and skills of health workers and partners in nutrition in emergencies;
- protection, support and promotion of exclusive breast-feeding and improved child feeding, care-giving and care-seeking practices at facility, community and family level and increase community awareness;
- Improve the production and access to local foods;
- Strengthen monitoring and surveillance system.

Indicators

- Rates of morbidity and mortality in children aged between six and 59 months;
- Percentage of acute malnourished children (GAM, six and 59 months);
- Percentage of malnourished children aged between six and 59 months benefiting from supplementary feeding programmes;
- Percentage of children receiving micro-nutrient supplements;
- Percentage of pregnant and lactating mothers receiving nutritional support (supplementary feeding and micronutrient supplementation);
- Number health workers trained on management of severe acute malnutrition;
- Number of community-based acute malnutrition management sites established and strengthened;
- Number of children admitted to outpatients and inpatients on therapeutic feeding programmes;
- Percentage of children suffering from severe acute malnutrition benefiting from outpatient and inpatient therapeutic feeding programmes;
- Percentage of children below six months of age exclusively breastfed;
- Percentage of children between six and 24 months receiving adequate and appropriate complementary food;
- Proportion of children suffering from diarrhoea considering seasonality and other environmental issues;
- Number of women admitted with malnourished children received support for backyard gardening (i.e. through therapeutic feeding sites or community health workers);
- Number of therapeutic sites that established vegetable demonstration gardens.

Monitoring

The objectives identified in this plan will be monitored through the existing health and nutrition management information system and disease early warning surveillance. Joint rapid assessments, nutrition household surveys and field visits will be conducted to determine improvements in the nutrition status and delivery of the project. A MICS supported by UNICEF is planned for 2009, and the results would support the tracking of the situation. These existing monitoring and surveillance systems will be strengthened and streamlined to reflect the above indicators.

3.4.G PROTECTION

Cluster Lead: UNHCR

Cluster Members: *UN Agencies* -- UNHCR, UNAMA, UNICEF, WHO, UNFPA, IOM, WFP, UNMACA; *International and National NGOs* – NRC, IRC, OXFAM, ACTED, International Development Law Organisation (IDLO), CARE, CORDAID, ACBAR, ADA, Serve Afghanistan, SC-UK, SC-Norway/Sweden, Children in Crisis, Tearfund, CRS, Civic, Welfare Association for the Development of Afghanistan (WADAN), Afghanistan Humanitarian Assistance Organisation (AHAO), Education and Handicraft Bureau for Afghanistan (EHBA), Civil Rights Organisation for Afghanistan (COA), Human Rights Research and Advocacy Consortium (HRRAC), Tribal Liaison Office (TLO), Afghanistan NGO Safety Office (ANSO); *Independent Governmental:* AIHRC. *Observers:* ICRC, IFRC, ARCS.



Photo: UNAMA / Takhar Province / 2008

Overview of priority needs and response strategy

The TOR of the Afghanistan Protection Cluster (APC) established in April 2008, emphasise the “numerous protection issues that need to be addressed in order to enhance the safety and well-being of Afghans in need of humanitarian action, including the question of humanitarian access to reach those in need.” The TOR also notes that “the nature and composition of the humanitarian caseload varies over time given the wide range of shocks and threats to human survival that characterise vulnerability in Afghanistan.” Consequently, the APC decided to prioritise and focus **on those issues that are acute and require urgent attention**, with the following areas of concentration for 2009²¹: (1) Protection of civilians, (2) Protection of the rights of IDPs, returnees and deportees; (3) Child protection; (4) Prevention of gender-based violence (GBV); (5) Land, housing and property rights (LHP); and (6) Mine clearance and mine risk education (MRE).

²¹ The first four areas are mentioned in the TOR. The fifth was subsequently added when a sub-group was established to address LHP rights and the sixth when the UN Mine Action Centre for Afghanistan joined the APC.

Matrix of Beneficiaries and Organisations/Mechanisms per area

Category of Affected Population	Number of Individuals	Region (Provinces) of the country	Organisations/Mechanisms involved
IDPs	Protracted caseload of 210,733: South 119,958, West 29,690, Southeast 12,341; and 44,580 in the East. Estimates of returnees in secondary displacement (52,422), although not properly profiled; indeterminate number but many thousands of battle-displaced; several thousands of drought displaced.	South, West, East and Southeast (protracted caseload); East (returnees unable to go back to places of origin); primarily in the South, new battle-displaced; primarily in West and North, new drought displaced	UNHCR, IOM, UNAMA HAU & HR, NRC, ICRC, IFRC, WFP, ARCS. National IDP Task Force and Regional Task Forces in South, West, East and Central regions.
Returnees	Since 2002, 5 million Afghans have returned home, over 273,000 from 1 Jan-30 Oct 2008. There are still 2.63 million registered refugees outside Afghanistan. The expectation for 2009 is that a few hundred thousand may return contingent on security and be in need assistance, especially land, basic services and livelihoods.	Primarily East, West and North	UNHCR, IOM, NRC, IFRC and ARCS, CARE International, IRC, ACTED, AREA, DACAAR, Save the Children Alliance, WFP, TDH and others as well as MoRR (DoRRs).
Deportees	Between 1 January and 28 October 2008, there were over 318,000 deportees from Iran. Of these, some are EVIs who received UNHCR assistance. It is expected that similar numbers will need assistance in 2009.	Primarily West and North West	UNHCR, IOM, NRC, InterSOS, WFP, AIHRC etc.
Children (under 18)	Especially those affected by armed conflict	South, Southeast, West, East as primary target areas; North, Northeast, Central and Central Highlands as secondary	UNICEF, CPAN (at national level and 28 provincial networks), Children in Crisis, SC-Sweden/Norway, SC-UK, ICRC, ARCS
Women affected by GBV		Nationwide	Sub-Cluster Mechanism on GBV; UNHCR Special Trust Fund for Protection of Women at Risk; WFP protection and gender equality programming and training, especially on SGBV, and NRC work with GBV in the West of the country, ICRC, ARCS
Civilians affected by armed conflict		South, Southeast, East, West, as primary areas; North, Northeast, half of Central and Central Highlands as secondary	UNAMA HR; Advocacy – NRC, ACBAR, AIHRC, ICRC, ARCS, etc.
Population affected by land disputes	It is estimated that almost 50% of Afghans do not have access to land, 90% of those returning from Pakistan claim to have no access to housing, land and property – without access to land, access to other benefits such as housing, basic services and livelihoods is challenged.	Nationwide	NRC ICLA Programme, CARE International; Land and Property Working Groups in Kabul, in North and Northeast
Human Rights		Nationwide. Protection Clusters or Human Rights Working Groups function in all regions; AIHRC has offices in all provinces	UNAMA HR, AIHRC, UNHCR, NRC, and many other UN agencies, NGOs and government departments participate

Category of Affected Population	Number of Individuals	Region (Provinces) of the country	Organisations/Mechanisms involved
Dispute Resolution/ Conflict Mediation	Communities affected by inter- or intra-tribal conflict	In the South, Southeast and East	TLO
Safe Access to Education, including for working and street children	FFW and FFE will benefit children throughout the country; the programme for street/working children to benefit 2,500 children	10 resource centres for street/working children in Jalalabad, Mazar, Jawzjan and Sar-e-Pul	WFP FFW, FFT and FFE; UNICEF, SC-S/N Community-based schools
Population affected by mines	362,000 people at risk, including, 195,000 returnees and 2,300 impacted communities	147,097 families from 484 high priority affected communities and 2,300 impacted communities;	UNMACA (including the ARCS)

Objectives

Protection sector objectives derive directly from Strategic Objective 1 “To provide relief to conflict-affected and disaster-affected (principally drought-affected) groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities”, and Strategic Objective 2 “To monitor and advocate for the protection of civilians and for the respect of international humanitarian, human rights, and refugee law”.

PRIORITY AREA	OBJECTIVES	INDICATORS
Protection of Civilians	<ul style="list-style-type: none"> Enhance respect for international human rights, humanitarian and refugee law, through advocacy with all parties to the armed conflict, government officials, national security forces, NGOs, IDPs, returnees and host communities ; Ensure that an harmonised system is set up for providing assistance to affected individuals or families. 	<ul style="list-style-type: none"> Level of civilian casualties/trends; Number of persons trained in basic principles of international humanitarian law; Improved capacity to monitor/document & analyse direct impact of conflict on civilians; Number of investigations carried out and actions taken to resolve/rectify situations.
Protection of the Rights of IDPs, Returnees, and Deportees	<ul style="list-style-type: none"> Enhance respect of the rights of those in displacement, by building the capacity of national authorities and the humanitarian community to monitor, report and respond to abuses and violations; Provide legal counselling and assistance to IDPs and returnees in obtaining civil documentation; Build capacity at community level to facilitate the sustainable resettlement or reintegration of IDPs and returnees, including widows and women-headed households; Advocate respect for the principle of <i>non-refoulement</i> by countries of asylum. 	<ul style="list-style-type: none"> Number of returnees and deportees monitored at borders and vulnerability reduced; Number of IDPs and returnees who receive legal assistance for civil documentation with a successful resolution; Number of CDCs/<i>shuras</i> (with female representation) established or strengthened to support sustainable resettlement or reintegration of IDPs and returnees and successful programme interactions; Improved profiling of IDPs and returnees by humanitarian community leading to better targeted response.
Child Protection	<ul style="list-style-type: none"> Develop monitoring, reporting and response mechanisms for the grave child violations in armed conflict (as per Security Council Resolution 1612). 	<ul style="list-style-type: none"> Number of cases of UNSCR 1612 violations followed up by the country/regional task forces; An advocacy strategy on children in armed conflict is formulated; Number of street/working children receiving education.

PRIORITY AREA	OBJECTIVES	INDICATORS
Prevention of GBV	<ul style="list-style-type: none"> Facilitate and support awareness-raising initiatives targeting government bodies and community structures for the prevention of GBV; Develop monitoring and reporting mechanisms on GBV, by providing technical support to national authorities for the set up of referral systems and by building national capacity through trainings; Support through “safe houses” or other safe alternative temporary accommodation for women and children victims of SGBV; Build capacity through training; Address the need for medical response to GBV survivors, including provision of emergency contraception. 	<ul style="list-style-type: none"> Monitoring and reporting mechanisms that exist are enhanced or established where they do not exist (this is an activity); A referral system is established and utilised, cases are solved; 20 officials are trained Number of women and children assisted through support provided in “safe houses”; Number of humanitarian staff trained on GBV programming; Medical response to GBV survivors included in GBV programme monitor and reporting mechanisms.
Land, Housing and Property Rights (LHP)	<ul style="list-style-type: none"> Tangible improvements are made to the government’s land allocation programme for IDPs and returnees facilitating access to land and property; Support the government to develop a LHP strategy to address both the rural landless, including the Kuchi, and the urban homeless, using a gender-sensitive approach; Provide legal support to IDPs and returnees for land disputes, including for widows and women-headed households. 	<ul style="list-style-type: none"> Number of families or EVIs settled successfully in land allocation sites; Number of IDPs/returnees assisted with land dispute cases with positive solution; Progress on development national strategies to address rural landlessness and urban homelessness.
Mine Clearance and MRE	<ul style="list-style-type: none"> Pursue mine clearance targets set by the Ottawa Convention and the Afghan Compact, particularly in high return areas and returnee settlements; Implement MRE programmes among high-risk communities in order to reduce casualties; Pursue the transition of mine action responsibility to a national authority (Department of Mine Clearance); Continue conducting MRE for returning refugees from Pakistan and Iran at encashment centres at Puli-charki (Kabul), Daman (Kandahar), Mohmandara (Nangarhar) and in Herat when requested. 	<ul style="list-style-type: none"> Number of 'hazards' cleared, square kilometres cleared and communities impacted, using the Afghanistan Compact and the Ottawa Convention benchmarks; Number of individuals to receive MRE.

Monitoring

The APC meets monthly and receives reports – on critical situations that need to be addressed, on the activities and concerns of Cluster members, on obstacles encountered or progress being made – from Cluster members, regional Protection Clusters or Working Groups, and sub-groups of the Cluster, including the IDP Task Force, the Child Protection Action Network (CPAN), the sub-group on Gender-based Violence, the sub-group on Land, Housing and Property Rights, and Mine Action.

UNAMA provides monthly reports on civilian casualties as a result of armed conflict. UNHCR provides monthly statistics on refugees voluntarily returning to Afghanistan, on people being deported back to Pakistan, and on new displacements within the country. The IDP Task Force produces a monthly update on critical IDP situations or flashpoints. The AIHRC provides regular reports of its monitoring activities. UNMACA produces monthly fact sheets documenting its progress as well as case studies. In addition, the APC receives bimonthly reports from the Monitoring, Reporting and Response Mechanism for Children Associated with Armed Conflict which is systematically gathering information through regional task forces on prioritised grave violations and abuses committed against children in armed conflict.

According to its TOR, the APC may also conduct common needs assessments and gap analyses and may liaise with national/local authorities, state institutions, local civil society and other relevant actors and, where necessary, advocate with them, encouraging all concerned parties to be fully engaged and assume their protection responsibilities. All these coordination, assessment and reporting mechanisms provide the APC with substantial information to continuously monitor country-wide protection needs and the implementation of the protection sector response plan. The APC should also have a cross-cluster monitoring function, to ensure protection is properly integrated into the other clusters.

3.4.H WATER, SANITATION AND HYGIENE



(Getting water in Bamyan, October 2008. Photo UNAMA)

Cluster Leads: UNICEF and DACAAR

Overview of priority needs and response strategy

Afghanistan had been in a state of complex emergency for over the past twenty years. The country's infrastructure and systems have been largely destroyed. An estimated 22 million Afghans live in poverty and substandard conditions. Data shows that Afghanistan's progress towards increasing water supply coverage was encouraging but achieving the millennium development targets may not be attainable. Despite encouraging results in the area of water supply, there has been very little progress in the area of hygiene and environmental sanitation in the country. Based on UNICEF best estimates for 2005, only 23% of the entire population has access to safe drinking water. Access to sanitation facilities is as low as 12%. This country is currently suffering from effects of drought and rising food prices. Data collected by FAO in 2008 from 86 stations positioned around the country indicates that between 70-100% of springs, *karaizes* and rivers have dried up. According to the second emergency appeal for 2008 more than 1,150,000 people, in these areas were at high risk from unsafe drinking water.

It is statistically most likely that drought continues for the coming years and will remain as a serious problem for the WASH cluster in 2009. The ongoing drought every year causes population movements in many parts of Afghanistan. This displacement is accompanied with other challenges (disease, the need for shelter, and resettlement) that can go out of the control of the Government and

the aid agencies. Overuse of groundwater resources by the agricultural sector will affect the availability of safe drinking water.

The overall planning, management, supervision and monitoring will be undertaken in close coordination, consultation and collaboration with MoRRD, the communities with the support of Provincial Rural Rehabilitation and Development officers, the provincial emergency response committees and WASH cluster members. The activities in each village will be verified by the Community Development Council (CDC), local *Shura* and other community organisations to facilitate the payment process. A monthly MoRRD reporting format is used to report the progress of the activities. The WASH cluster has identified the following priority areas for 2009:

- Provision of safe drinking water, sanitation and hygiene education, using a community-based approach, with a particular focus on the drought-affected areas (depending on continuation of the drought);
- Contribution to reduction and prevention of communicable diseases such as cholera and diarrhoeal diseases, polio, skin and eye infections, etc;
- Capacity-building of the partners and NGOs as well as communities through community development councils and *shuras*;
- Strategic alignment with the ANDS' objectives and provincial development plans;
- Sustainability of WASH activities – in collaboration with the Government – with particular focus on handpump water supplies, spring-fed pipe schemes and other types of gravity flow schemes;
- WASH cluster will give priority to projects that include Operation & Management (O&M) systems;
- Educational programmes over extraction of groundwater and other environmental issues;
- Mapping exercise of all partners, activities, and stockpiles for WASH initiatives;
- Lessons-learned exercise to capture experience from pilot project on sanitation and hygiene, and use it for the implementation of other projects and for scaling up of suitable latrine designs and behavioural change communications;
- Reinforce synergies among the partners to avoid duplication; pool their own organisational resources to meet the emerging challenges of safe clean drinking water; and build a strong coordination body in line with ANDS in the country.

Objectives

Ensure that vulnerable people²² have access to safe drinking water and adequate sanitation within reasonable reach, along with an intensive education programme on sanitation and hygiene promotion through:

- Construction of strategic water points in areas where shallow and semi-deep groundwater is not available or this groundwater does not have satisfactory physical, chemical and bacteriological quality;
- The water point can be used as source of water for the surrounding communities and water can be transported safely and economically to nearby affected villages;
- Construction of community handpump water supplies in places where groundwater can be extracted up to a depth of 80 metres and where the O&M of the pumps is ensured through a community-based system;
- Construction of spring-fed pipe water supply schemes with due consideration to water right issues and water quality;
- Support to other types of pipe water supply schemes if the operation and maintenance is ensured by the concerned communities.

Indicators:

- Percentage of families / population receiving a minimum of 15 litres per day per person of safe water for human consumption and domestic use along with adequate means of excreta disposal. They will use the existing water sources (not suitable for drinking) for other purposes;
- % of population supported / supplied with drinking water through well maintained water points;
- % of households exclusively using household improved latrines;
- Number of water points repaired and maintained through a community-based O&M system;
- Percentage of wells chlorinated in the cholera outbreak areas;
- A realistic WASH capacity map made available;

²² Vulnerability is defined for these purpose as the susceptibility to physical or emotional injury or attack; in relation to hazards and disasters, vulnerability is a concept that links the relationship that people have with their environment to social forces and institutions and the cultural values that sustain and contest them; in global warming, vulnerability is the degree to which a system is susceptible to, or unable to cope with, adverse effects of climate change, including climate variability and extremes.

- Vulnerable household (female-headed, single households, returnees etc) households targeted;
- Number of strategic water points constructed. A strategic water point is a deep well (over 200 metres) equipped with power pump, overhead tank, generator and minimum of 3km of distribution pipe, basically a system that is not prone to dry. The system is also being used as a source for water tankering during extreme drought.

Monitoring

Reviews and regular meetings will be held with the partners to track progress. Meanwhile, agencies will collect all the information and data from their field offices and prepare reports. Their reports will be sent to WASH Cluster lead for compilation. The Cluster lead will prepare monthly reports and submit these to the HAU for the preparation of the monthly report for the Emergency Relief Coordinator. MoRRD forms will be used for field reporting to ensure consistency. Data from Cluster members will also be shared with MoRRD for the Water and Sanitation Group database.

4. CRITERIA FOR SELECTION AND PRIORITISATION OF PROJECTS

Selection

Project selection and prioritisation passed several vetting levels before they could be included in the 2009 HAP for Afghanistan. Projects submitted from the regions were considered for inclusion by a committee headed by the regional UNAMA Humanitarian Affairs Officer. These regional projects, plus projects from Kabul-based organisations and national projects, were all subsequently vetted at the cluster level. The cluster members peer-reviewed the projects and provided comments, and the cluster review committees decided whether to include or exclude the projects according to the priority criteria established by each cluster. The HC retained the right to act as final arbiter for the inclusion of all project proposals in the 2009 HAP.

Specific criteria were developed to guide cluster members, cluster leads, and the HC in their decision-making:

- The project is consistent with the overall humanitarian strategy/strategic objectives;
- The project contributes to the achievement of one or several of the objectives in accordance with the sector to whom the project summary is submitted;
- All project activities directly or indirectly benefit affected groups;
- The project must not intensify tensions and must adhere to the "Do No Harm" approach;
- The appealing agency/organisation has the capacity to deliver all planned activities in 2009;
- Project objectives and activities are realistic, relevant, and the impact can be monitored;
- The project is cost-effective (vis-à-vis number of beneficiaries and needs);
- The majority of funds requested are directly or indirectly benefiting affected populations;
- Project summaries are in line with the CAP 2009 guidelines in terms of contents and format.

This process ensured that projects that do not fall within the humanitarian context set by the strategic priorities, or that are of low priority, are excluded. In most cases, organisations whose submitted projects were not selected had the opportunity to revise and re-submit their proposals.

Prioritisation

Donors expect projects listed in the HAP to be prioritised, enabling them to ensure that the most important needs and projects are covered, given limited funds. The cluster lead was responsible for ensuring completion of this task within the HAP; they were expected to work with the entire cluster in completing this task. The HC has the responsibility of ensuring that the HCT and the clusters agree upon a clear prioritisation scheme. All projects included in the HAP for Afghanistan are thus marked according to their priority, ranging from 'medium' to 'high' to 'immediate'. Projects were ranked using a points system with the following criteria:

- The project addresses the needs of affected populations/groups prioritised in the strategy (IDPs, returnees, deportees, vulnerable groups such as children, women, etc.);
- The project includes crucial support services without which humanitarian activities in the identified sector could not (or not as efficiently) be implemented;
- The project requires funding early in the year because of time-bound natural factors such as the winter season, the humid or dry season, etc;
- The project remedies, mitigates or averts direct and imminent physical harm or threats to affected people within a short time span;

- The project builds vulnerable people's resilience to averting or mitigating harm and to restore their livelihoods;
- The project builds institutional capacity to remedy, mitigate, or avert direct and imminent physical harm or threats to affected people within a short time span;
- The project is definitely feasible according to the most likely scenario;
- The project addresses needs confirmed by evidence.

Projects that met up to three of these criteria are included in the 'medium' priority group, those meeting four criteria are in the 'high' priority group, and the projects which met five and six criteria or above are ranked as being 'immediate' priorities.

5. MONITORING PLAN

The HCT in Afghanistan is chaired by the HC/DSRSG and is composed of FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO, IOM, OHCHR, OCHA, CARE International, IRC, Oxfam, NRC (the latter four elected as representatives for the INGOs) and AREA (elected as the NNGO representative). The ICRC, ARCS and IFRC participate as observers. Non-members in the HCT are invited on an *ad hoc* basis for the purpose of assisting in discussions and taking action on humanitarian issues. This body, which meets on a monthly basis to make policy decisions and coordinate strategic issues, will monitor the overall implementation of the 2009 HAP. Any changes in the strategic priorities or overall objectives of the Action Plan will be made through the Mid-Year Review, or as the need arises. OCHA will continue to facilitate this process under the guidance of the HC.

Monitoring of strategic priorities

Strategic Priority	Key indicators	Corresponding Response Plan Objectives	
<p>1. Provide relief to conflict-affected and disaster-affected (principally drought-affected) groups and individuals in accessible areas, including reintegration or resettlement support for IDPs, returnees, deportees and host communities.</p>	<p>1) direct temporary provision of shelter, water, food, non-food items, and basic social services such as health care, education, and hygiene and sanitation to vulnerable conflict-affected and disaster-affected groups and individuals; 2) limited rehabilitation and construction of community water points, toilets, health centres, and schools, plus establishment of their maintenance systems, in areas of greatest need; 3) multi-sectoral support for the safe, voluntary, dignified, gradual and sustainable resettlement or reintegration of IDPs and returnees, through the provision of legal assistance, housing, and agricultural and livelihoods support including income-generating activities</p>	Education	<p>Increase educational access of children in ongoing, chronic conflict, with emphasis on girls and vulnerable children at least by 25% through the end of 2010; At least 50% of the children living in the areas affected by natural disasters are supported to continue their education; Strengthen education sector capacity for coordinated emergency preparedness and response.</p>
		Emergency Shelter	<p>Provision of shelter assistance to vulnerable returnee families and IDPs who possess land or are allowed to use land but who lack the necessary financial and/or material resources to reconstruct their house; Beneficiary Selection Committees are and will be set up (village <i>shura</i> i.e. the council of the village elders, representatives from the local government and from the shelter actor and its implementing partners); For landless beneficiaries and returnees to urban centres where land is not available, alternative housing support solutions will be sought.</p>
		Food Security and Agriculture	<p>Save lives in emergencies caused by high food prices and drought, as well as other shocks; Increase productivity of smallholder farmers through agriculture input provision, promotion of improved soil, water and crop management practices with linkage of local farming expertise; Assist vulnerable households to enhance and protect livestock assets; Reinforce linkages between agricultural actions and food aid relief to enhance sustainable livelihoods for vulnerable households; Protect livelihoods and support and strengthen resiliency of communities to shocks through safety net and asset creation; Prevent a decline in nutritional status among targeted women and children under-five; Increase primary school children's enrolment and attendance in WFP assisted schools; Improve the literacy and functional life skills of poor rural adults, especially women; Contribute to substantial reduction in the number of TB-affected population; Strengthen national capacities to reduce hunger.</p>
		Health	<p>To contribute to improve the access to quality integrated health services for vulnerable populations in underserved areas; Strengthen health sector capacity for coordinated emergency preparedness and response to health emergencies including communicable disease outbreak response; Contribute to the reduction in morbidity and related mortality within the vulnerable populations with a focus on maternal and child health.</p>
		Nutrition	<p>Detect, treat and prevent malnutrition at community level; Increase availability and access to nutritional services; Improve knowledge and skills of health workers and partners in nutrition in emergencies; Increase community awareness on infant and young child feeding in emergencies; Improve the production and access to local foods; Strengthen monitoring and surveillance system.</p>
		Protection	<p>Enhance respect of the rights of those in displacement, by building the capacity of national authorities and the humanitarian community to monitor report and respond to abuses and violations; Provide legal counselling and assistance to IDPs and returnees in obtaining civil documentation; Build capacity at community level to facilitate the sustainable resettlement or reintegration of IDPs and returnees, including widows and women-headed households; Advocate respect for the principle of <i>non-refoulement</i> by countries of asylum.</p>

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Strategic Priority	Key indicators	Corresponding Response Plan Objectives	
	with host communities.	Water, Sanitation and Hygiene	<p>Ensure that vulnerable people have access to safe drinking water and adequate sanitation within reasonable reach, along with intensive education programme on sanitation and hygiene promotion through;</p> <p>Construction of strategic water points in areas where shallow and semi-deep groundwater is not available or this groundwater does not have satisfactory physical, chemical and bacteriological quality;</p> <p>The water point can be used as source of water for the surrounding communities and water can be transported safely and economically to nearby affected villages;</p> <p>Construction of community hand-pump water supplies in places where groundwater can be extracted up to a depth of 80 metres and where the O&M of the pumps is ensured through a community-based system;</p> <p>Spring-fed pipe water supply schemes with due consideration to water right issues and water quality;</p> <p>Other types of pipe water supply schemes if the operation and maintenance is ensured by the concerned communities.</p>
2. Monitor and advocate for the protection of civilians and for the respect of international human rights, humanitarian and refugee law.	<p>1) monitoring of and initiatives on protection concerns and needs, using an age, gender and diversity-sensitive approach;</p> <p>2) promote respect of international humanitarian, human rights and refugee law, including the Rights of the Child and IDP Guiding Principles, through advocacy, capacity- and confidence-building programmes;</p> <p>3) monitoring and advocacy for the respect of national and international civil-military guidelines, especially last-resort support to humanitarian operations.</p>	Protection	<p>Enhance respect for international human rights, humanitarian and refugee law, through advocacy with all parties to the armed conflict, government officials, national security forces, NGOs, IDPs, returnees and host communities;</p> <p>Ensure that a harmonised system is set up for providing assistance to affected individuals or families;</p> <p>Develop monitoring, reporting and response mechanisms for the grave child violations in armed conflict (as defined in Security Council Resolution 1612);</p> <p>Facilitate and support awareness-raising initiatives targeting government bodies and community structures for the prevention of GBV;</p> <p>Develop monitoring and reporting mechanisms on GBV, by providing technical support to national authorities for the set up of referral systems and by building national capacity through trainings;</p> <p>Support through “safe houses” or other safe alternative temporary accommodation for women and children victims of SGBV;</p> <p>Build capacity through training;</p> <p>Pursue mine clearance targets set by the Ottawa Convention and the Afghan;</p> <p>Compact, particularly in high return areas and returnee settlements;</p> <p>Implement MRE programmes among high-risk communities in order to reduce casualties;</p> <p>Pursue the transition of mine action responsibility to a national authority (Department of Mine Clearance);</p> <p>Continue conducting MRE for returning refugees from Pakistan at encashment centre at Torkham border;</p> <p>Tangible improvements are made to the government’s land allocation programme for IDPs and returnees facilitating access to land and property;</p> <p>Support the government to develop a LHP strategy to address both the rural landless, including the Kuchi, and the urban homeless, using a gender-sensitive approach;</p> <p>Provide legal support to IDPs and returnees for land disputes, including for widows and women-headed households.</p>

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Strategic Priority	Key indicators	Corresponding Response Plan Objectives	
3. Mitigate food insecurity and treat malnutrition.	1) provision of food aid through targeted general distribution, food voucher or cash assistance; 2) agricultural support such as farmers' seed enterprises and distribution of agricultural inputs and animal feed; 3) malnutrition treatment programmes and capacity-building for the prevention, detection and management of malnutrition at health facilities and the household level.	Food Security and Agriculture	Save lives in emergencies caused by high food prices and drought, as well as other shocks; Increase productivity of smallholder's farmers through agriculture input provision, promotion of improved soil, water and crop management practices with linkage of local farming expertise; Assist vulnerable households to enhance and protect livestock assets; Reinforce linkages between agricultural actions and food aid relief to enhance sustainable livelihoods for vulnerable households; Protect livelihoods and support and strengthen resiliency of communities to shocks through safety net and asset creation; Prevent a decline in nutritional status among targeted women and children under-five; Increase primary school children's enrolment and attendance in WFP assisted schools; Improve the literacy and functional life skills of poor rural adults, especially women; Contribute to substantial reduction in the number of TB-affected population; Strengthen national capacities to reduce hunger.
		Health	To contribute to improve the access to quality integrated health services for vulnerable populations in underserved areas; Strengthen health sector capacity for coordinated emergency preparedness and response to health emergencies including surveillance and communicable disease outbreak response; Contribute to the reduction in morbidity and related mortality within the vulnerable populations with a focus on maternal and child health.
		Nutrition	Detect, treat and prevent malnutrition at community level; Increase availability and access to nutritional services; Improve knowledge and skills of health workers and partners in nutrition in emergencies; Increase community awareness on infant and young child feeding in emergencies; Improve the production and access to local foods; Strengthen monitoring and surveillance system.
		Protection	Pursue mine clearance targets set by the Ottawa Convention and the Afghan Compact, particularly in high return areas and returnee settlements; Implement MRE programmes among high-risk communities in order to reduce casualties; Pursue the transition of mine action responsibility to a national authority (Department of Mine Clearance); Continue conducting MRE for returning refugees from Pakistan and Iran at encashment centres at Puli-charki (Kabul), Daman (Kandahar), Mohmandara (Nangarhar) and in Herat when requested; Tangible improvements are made to the government's land allocation programme for IDPs and returnees facilitating access to land and property; Support the government to develop a LHP strategy to address both the rural landless, including the Kuchi, and the urban homeless, using a gender-sensitive approach; Provide legal support to IDPs and returnees for land disputes, including for widows and women-headed households.
4. Improve preparedness for disasters and disease outbreaks, and related response.	1. Improvised disaster preparedness and response mechanisms both at national and regional level through community-based disaster management programmes and	Food Security and Agriculture	Distribution monitoring to ensure that food assistance reaches the targeted beneficiaries; Market price monitoring; Post-cropping harvest survey data collection; Number and type of physical assets produced through food for assets; Impact of assets on the community and particular benefit to women and children; Monitoring of school children enrolment and attendance through physical head counting; Monitoring of TB patients discharge rate; Monitoring of nutrition status of mothers and children under the supplementary feeding programme.
		Health	Strengthen health sector capacity for coordinated emergency preparedness and response to health emergencies including communicable disease outbreak response.

Strategic Priority	Key indicators	Corresponding Response Plan Objectives	
	trainings and review and update of the Inter-Agency Contingency Plan (IACP), national and regional disaster management plans.	Nutrition	Increase availability and access to nutritional services; Improve knowledge and skills of health workers and partners in nutrition in emergencies; Increase community awareness on infant and young child feeding in emergencies; Strengthen monitoring and surveillance system.
		Water, Hygiene and Sanitation	Ensure that vulnerable people have access to safe drinking water and adequate sanitation within reasonable reach, along with intensive education programme on sanitation and hygiene promotion through; Construction of strategic water points in areas where shallow and semi-deep groundwater is not available or this groundwater does not have satisfactory physical, chemical and bacteriological quality; The water point can be used as source of water for the surrounding communities and water can be transported safely and economically to nearby affected villages; Construction of community hand-pump water supplies in places where groundwater can be extracted up to a depth of 80 metres and where the O&M of the pumps is ensured through a community-based system; Spring-fed pipe water supply schemes with due consideration to water right issues and water quality; Other types of pipe water supply schemes if the operation and maintenance is ensured by the concerned communities.
5. Improve overall humanitarian access and response through strengthened humanitarian coordination and capacity at national and regional level.	1) Full and effective implementation of the cluster approach at national and (where appropriate) the regional level, in line with the IASC terms of reference; 2) establishment of the OCHA in Afghanistan in 2009 with a particular focus on reinforcing information management, humanitarian coordination, and civil-military liaison; 3) enhanced humanitarian common services such as emergency telecommunications and humanitarian air services.	Emergency telecommunication	AFG ETC will provide to the humanitarian community, reliable and efficient security telecommunication and data communication services; Provision of dedicated radio training and dependable data communications services allow humanitarian communities to utilise these services; Continue addressing the needs of all humanitarian agencies telecommunications and data communications requirements with regular communication and meetings identifying shortfalls and gaps, working towards ways to address such concerns; Establish TWG in all required regions to address humanitarian community telecommunication issues.
		Health	Strengthen health sector capacity for coordinated emergency preparedness and response to health emergencies including communicable disease outbreak response.

ANNEXES

ANNEX I. LISTS OF PROJECTS

Click on any project code to open the full project sheet. (For a constantly-updated on-line version of this table, click here: http://ocha.unog.ch/fts/reports/daily/ocha_R32_A853_0901140205.pdf.)

Project code	Project title	Appealing agency	Requirements (\$)	Priority
(click on code to open full project sheet)				
COMMON SERVICES				
AFG-09/CSS/23700/561	United Nations Humanitarian Air Service (UNHAS) Afghanistan	WFP	7,457,900	Medium
AFG-09/CSS/23729/119	Coordinating Effective and Rapid Response to Humanitarian Needs	OCHA	10,995,838	Immediate
Subtotal for COMMON SERVICES			18,453,738	
EDUCATION				
AFG-09/E/23705/5645	Community-Based Education (CBE) Project	CARE International	2,257,855	Medium
AFG-09/E/23708/5645	Capacity Building Initiative for Rolling-out Minimum Standards for Education in Emergencies	CARE International	291,700	Medium
AFG-09/E/23710/5834	Increase of Educational Capacity, Peace Education	NRC	960,000	Medium
AFG-09/E/23777/5834	Literacy, numeracy and skills training	NRC	1,380,000	Medium
AFG-09/E/23780/109	Supporting children with disabilities toward inclusion in education and social life.	SC - UK	385,200	Medium
AFG-09/E/23791/109	Supporting working and street children	SC - UK	450,000	Medium
AFG-09/E/23796/109	Quality Primary Education Project	SC - UK	461,016	Medium
AFG-09/E/23798/6042	Girls' Urgent Early Steps for Teaching Success (GUESTS): accelerated education to increase female teachers numbers	SC - US	1,232,000	Medium
AFG-09/E/23835/12672	Assistance to street working children and their families	ASCHIANA	366,582	Medium
AFG-09/E/23837/12672	Assistance to IDPs and returnee children and their families in camps in Kabul, Mazar, Kandahar, Herat by provision am emergency education package: basic education and health education, access to basic services like safe drinking water, food, non-food items' plus child rights, peace and gender awareness	ASCHIANA	254,232	Medium
AFG-09/E/23840/124	Winter Emergency Preparedness for 2009	UNICEF	2,164,500	Immediate
AFG-09/E/23840/5485	Winter Emergency Preparedness for 2009	SC - US	2,164,500	Immediate
AFG-09/E/23841/12654	Temporary learning facilities project in 6 districts of Baghlan, Takhar and Jawzjan province	ADPO	97,905	Immediate
Subtotal for EDUCATION			12,465,490	
EMERGENCY SHELTER				
AFG-09/S-NF/23750/298	Shelter Assistance Project (SAP)	IOM	1,941,000	Not specified
AFG-09/S-NF/23751/298	Comprehensive Humanitarian Assistance Project (CHAP)	IOM	3,287,000	Not specified
AFG-09/S-NF/23752/120	Shelter assistance support to voluntary repatriation and reintegration of Afghan returnees	UNHCR	11,769,417	Immediate
AFG-09/S-NF/23753/109	Emergency project (Severe Winter Season)	SC - UK	160,500	Immediate
AFG-09/S-NF/23754/5834	Emergency Shelter Response to Return and IDP Population Movements	NRC	7,700,000	Immediate
AFG-09/S-NF/23755/5645	Emergency Shelter Response to Returnee and IDP Movements	CARE International	7,858,453	Immediate
AFG-09/S-NF/23756/5286	Shelter	AREA	1,481,000	Immediate
AFG-09/S-NF/23759/6004	Shelter Construction	ADA	1,924,705	Immediate
AFG-09/S-NF/23858/12661	Shelters and Basic Facilities for Returnees and IDPs	ACTO	1,037,900	Immediate
AFG-09/S-NF/23860/12660	Shelters and Basic Facilities for Returnees and IDPs in Balkh and Jawzjan Provinces	SHA	531,290	Immediate
AFG-09/S-NF/23860/12679	Shelters and Basic Facilities for Returnees and IDPs in Balkh and Jawzjan Provinces	AHDRO	425,290	Immediate
AFG-09/S-NF/23861/12660	Construction of Shelters and Shallow Wells for IDPs and Returnees in Baghlan Province.	SHA	360,400	Immediate
Subtotal for EMERGENCY SHELTER			38,476,955	
EMERGENCY TELECOMMUNICATIONS				
AFG-09/CSS/23749/561	Provision of Telecommunications Training to the Humanitarian Community, and Security Telecommunications Systems upgrade.	WFP	300,544	High
Subtotal for EMERGENCY TELECOMMUNICATIONS			300,544	
FOOD SECURITY AND AGRICULTURE				
AFG-09/A/23707/5120	Emergency response for agriculture recovery in drought-affected villages of Afghanistan	OXFAM GB	2,731,000	High

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Project code	Project title	Appealing agency	Requirements (\$)	Priority
AFG-09/A/23711/5120	Emergency response to drought and food price crisis in Afghanistan	OXFAM GB	4,834,000	Immediate
AFG-09/A/23713/5252	Immediate agricultural support to vulnerable households	DACAAR	1,000,000	High
AFG-09/A/23714/5290	Food security	CoAR	657,000	High
AFG-09/A/23741/123	Emergency control measures against outbreaks of insect pests in northern and western Afghanistan	FAO	1,177,000	Immediate
AFG-09/A/23746/123	Emergency support to vulnerable food-insecure farming families through provision of animal feed for the 2009 feeding seasons	FAO	2,233,000	Immediate
AFG-09/A/23748/123	Support to vulnerable populations in drought-affected areas of Afghanistan through the provision of quality wheat seed and fertiliser for spring and autumn 2009 and spring 2010 seasons	FAO	9,896,000	Immediate
AFG-09/A/23863/123	Jawzjan Food Aid and Drought Mitigation	FAO	535,000	High
AFG-09/ER/23704/109	Improved food security by cash transfers to vulnerable families	SC - UK	266,430	High
AFG-09/ER/23839/5146	Afghanistan Drought/Food Crisis Response	CRS	11,048,048	High
AFG-09/F/23740/561	Food Assistance Programmes for Food-Insecure People in Afghanistan	WFP	320,450,000	Immediate
Subtotal for FOOD SECURITY AND AGRICULTURE			354,827,478	
MINE ACTION				
AFG-09/A/23723/5195	Pulse Campaign: Outreach vaccination services in remote areas of Badakshan Province	MERLIN	110,000	Immediate
AFG-09/H/23716/7990	Improving Maternal, neonatal and child survival in Thaker, Badakshan, Kunduz, Baghlan, Samagan, Balkh, Jawjan, Saripul and Faryab provinces.	BRAC FOUNDATION	1,650,000	Immediate
AFG-09/H/23717/6042	Increasing access of mothers and newborns to maternal & newborn care services (MNC) in hard to reach un-served areas	SC - US	850,000	Immediate
AFG-09/H/23718/5256	Improvement of access to emergency hospital care services	HealthNet TPO	155,715	Not specified
AFG-09/H/23719/5160	Midwifery training for Kunar and Nooristan provinces	IMC	909,087	Immediate
AFG-09/H/23725/5195	Emergency health care in remote areas of Kunduz Province	MERLIN	350,000	Immediate
AFG-09/H/23731/109	Child-Focused Health Education (CFHE) in Kabul, Balkh and Kandahar	SC - UK	449,462	High
AFG-09/H/23732/6398	Health Services Support Project (HSSP)	JHPIEGO	16,000,000	Immediate
AFG-09/H/23735/6457	Provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan	UNODC	591,103	Immediate
AFG-09/H/23737/122	Gender Mainstreaming in Health during a Humanitarian crisis	WHO	211,500	Immediate
AFG-09/H/23738/122	Ensuring national and provincial preparedness and response to the health crisis in Afghanistan	WHO	6,600,000	Immediate
AFG-09/H/23739/122	Strengthening the coordination and advocacy capacity of the Health Cluster at national and regional levels	WHO	1,950,000	Immediate
AFG-09/H/23742/122	Leishmaniasis control in Kabul	WHO	450,000	Immediate
AFG-09/H/23744/122	TB Control Activities in Refugee Camps	WHO	223,630	Immediate
AFG-09/H/23762/122	Improve access of women and children to comprehensive Maternal and Child Health Care Services in areas of high refugee returns and internally displaced people (IDPs)	WHO	2,412,850	Immediate
AFG-09/H/23764/8502	Emergency Responses to Combat Winter Diseases	WVI	535,000	Immediate
AFG-09/H/23766/5160	HIV/AIDS and STI target intervention and surveillance in the high-risk groups (long-distance truckers, prisoners, street children and IDUs)	IMC	1,728,500	High
AFG-09/H/23772/109	Child-Focused Health Education (CFHE) in Kabul, Balkh and Kandahar	SC - UK	442,922	High
AFG-09/H/23802/12657	Providing psychological support to newly and/or isolated persons with disabilities	ALSO	74,729	High
AFG-09/H/23804/12658	Media support to help reduce Psycho-Social Traumatic Stress in Afghanistan	MSPA	226,000	High
AFG-09/H/23807/12659	Provision of training for women of childbearing age and private health professionals (doctors, nurses, midwives, and traditional healers) on family planning, ORS, and chlorine use	M-HDR	240,000	High
AFG-09/H/23828/12654	Advocacy, training and monitoring for Emergency Obstetric Care	ADPO	86,541	Immediate
Subtotal for HEALTH			36,247,039	
NUTRITION				
AFG-09/H/23774/123	Alleviation of malnutrition through the promotion of local food products	FAO	162,720	Immediate

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Project code	Project title	Appealing agency	Requirements (\$)	Priority
AFG-09/H/23778/5362	Treatment of acute malnutrition in Paktia, Saripul, Fariyab and Herat.	OXFAM Netherlands (NOVIB)	477,500	Immediate
AFG-09/H/23783/5362	Treatment of severe malnutrition via Outpatient Therapeutic Programme (OTP) of children 6-59 months in Herat, Fariyab, Paktia and Saripul	OXFAM Netherlands (NOVIB)	102,500	Immediate
AFG-09/H/23786/6042	CMAM: Entire Faryab & Bamyan provinces over a period of 2 years	SC - US	702,750	Immediate
AFG-09/H/23789/122	Building capacity in emergency nutrition response	WHO	476,685	Immediate
AFG-09/H/23793/124	Nutrition emergency preparedness and response action plan	UNICEF	4,713,303	Immediate
AFG-09/H/23821/12665	Supplementary and Therapeutic feeding	IBNSINA	428,000	Immediate
AFG-09/H/23822/12666	Provision of life-saving micronutrients during emergencies	MI	481,360	Immediate
AFG-09/H/23823/12667	Treatment of malnutrition in under-five at community level through CMAM strategy in ten districts of Kabul province	STEP HDO	278,880	Immediate
Subtotal for NUTRITION			7,823,698	
PROTECTION				
AFG-09/MA/23758/5116	Landmine and Explosive Remnants of War Surveys and Clearance	UNMAS	90,015,000	Immediate
AFG-09/MA/23765/5116	Mine Risk Education in Afghanistan	UNMAS	2,694,000	Immediate
AFG-09/MA/23817/5116	Mine Action Coordination and Capacity Development	UNMAS	11,319,000	Medium
AFG-09/P-HR-RL/23724/5645	Humanitarian Assistance for Widows of Kabul (KHAWA)	CARE International	499,400	Immediate
AFG-09/P-HR-RL/23736/5660	Social assistance to and support in the reintegration process of Extremely Vulnerable Individuals among returnees and residents in Herat province	INTERSOS	591,175	Immediate
AFG-09/P-HR-RL/23747/109	Supporting working and street children	SC - UK	450,000	Immediate
AFG-09/P-HR-RL/23757/120	Assistance to Extremely Vulnerable Individuals (EVIs)	UNHCR	295,000	Immediate
AFG-09/P-HR-RL/23769/7595	Expanding Afghanistan's Legal Aid Capacity for Increased Access to Justice for Women and Children	IDLO	342,400	High
AFG-09/P-HR-RL/23771/7595	Legal Assistance in the Prevention of Violence Against Women	IDLO	304,950	High
AFG-09/P-HR-RL/23775/12658	Emergency Response Radio Programming (ERRP)	MSPA	150,040	High
AFG-09/P-HR-RL/23779/5834	Information, Counselling and Legal Assistance to IDPs and Returnees	NRC	5,860,000	High
AFG-09/P-HR-RL/23781/5834	Promoting access to durable reintegration solutions, including housing, land and property for returning Afghan refugees	NRC	790,000	High
AFG-09/P-HR-RL/23784/120	Human Rights Field Monitoring Partnership Agreement	UNHCR	450,000	High
AFG-09/P-HR-RL/23788/120	Trust Fund for "Protection of Women At Risk and Prevention of SGBV"	UNHCR	200,000	High
AFG-09/P-HR-RL/23792/124	Strengthening and expanding the monitoring and reporting system on children's rights violations in armed conflict	UNICEF	805,175	High
AFG-09/P-HR-RL/23794/5645	Building Afghan Widows' Self-Sufficiency	CARE International	488,400	High
AFG-09/P-HR-RL/23799/5645	OMID (Opportunities for Mother and Infant Development)	CARE International	444,015	Medium
AFG-09/P-HR-RL/23810/7595	Supporting Juvenile Justice in Afghanistan	IDLO	434,420	Medium
AFG-09/P-HR-RL/23812/120	Mass information via BBC to increase awareness of IDP, refugee and returnee issues	UNHCR	200,000	Medium
AFG-09/P-HR-RL/23824/12663	Child Rights Awareness Raising	CIC	184,012	High
AFG-09/P-HR-RL/23825/12664	Legal Awareness training	OHRD	166,171	Medium
AFG-09/P-HR-RL/23827/12662	Assessment and Safe House for Victims of Trafficking	HAGAR Afghanistan	90,200	Immediate
Subtotal for PROTECTION			116,773,358	
WATER AND SANITATION				
AFG-09/WS/23760/5286	Water sanitation and hygiene education	AREA	506,000	Immediate
AFG-09/WS/23763/5754	Pure Drinking Water Supply to the Community People and Public and Private Level Sanitation Installation	SCA	453,529	Immediate
AFG-09/WS/23768/12654	Community water supply and sanitation project in 5 districts of Baghlan	ADPO	75,075	Low
AFG-09/WS/23770/12654	Community water supply and sanitation project in 3 districts of Jawzjan	ADPO	75,075	Low
AFG-09/WS/23773/12654	Community water supply and sanitation project in 5 districts of Takhar	ADPO	75,075	Low
AFG-09/WS/23776/5120	Emergency Watsan and Hygiene Promotion Project	OXFAM GB	763,000	Immediate
AFG-09/WS/23782/6686	Improving Access to Water and Sanitation in Remote Areas of Northern Afghanistan	PIN	760,000	Medium
AFG-09/WS/23785/109	Safe drinking water supply and	SC - UK	474,400	Immediate

A F G H A N I S T A N

Project code	Project title	Appealing agency	Requirements (\$)	Priority
	hygiene/sanitation education in Kabul, Balkh, Jawzjan, Samangan and Urozgan provinces			
AFG-09/WS/23787/12660	Installation of a Borehole in Aybak, Samangan Province	SHA	368,880	Medium
AFG-09/WS/23790/536	Water, Sanitation, and Hygiene Promotion in the Villages around Chaghcharan City of Ghor Province (Ahengaran, Badgah, Barakhana, Maidan, and Banderghonak)	WVI	856,000	Immediate
AFG-09/WS/23801/8502	Promoting Food Security through Water-Supply and Irrigation-System Improvements in the Ab Kamery District (Gulkhana and Koocha Sectors)	WVI	749,000	Medium
AFG-09/WS/23806/5252	Provision of relief and assistance to returnees and vulnerable host communities in Afghanistan	DACAAR	1,641,565	Immediate
AFG-09/WS/23809/5252	Enhanced Safe Water in Faryab Province	DACAAR	1,680,000	Immediate
AFG-09/WS/23811/5252	Provincial Integrated Rural Water Supply Sanitation and Hygiene Education Projects in Rostaq District, Takhar Province	DACAAR	320,000	Immediate
AFG-09/WS/23813/5252	Provision of Safe Drinking Water, Sanitation and Hygiene Education in Balkh, Dawlatabad, Charbulak, and Khulm Districts of Balkh Province	DACAAR	581,000	High
AFG-09/WS/23815/7990	Pure Drinking Water Supply to the Community People and Public and Private level Sanitation Installation Project	BRAC FOUNDATION	237,000	Medium
AFG-09/WS/23819/7990	Drought preparedness by the availability of water for homestead and irrigation purposes	BRAC FOUNDATION	190,000	Medium
AFG-09/WS/23831/12670	Digging of 80 Water Reservoirs (Kandas) in the Roi Do Ab district of Samangan province	SOH	633,654	Medium
AFG-09/WS/23834/12671	Construction of 55 Water Reservoirs (kanda) in the provinces of Samangan and Jawzjan	TBCRO	288,500	Low
AFG-09/WS/23836/12669	Construction of 50 Water Reservoirs (Kanda) in the district of Khuram Sarbagh of Samangan Province	SRP	394,000	Medium
AFG-09/WS/23838/12668	Digging of 30 Kandas in lower Dara Suf district, Samangan province	KDOA	147,100	Medium
AFG-09/WS/23843/124	Provision of Safe Drinking Water, Sanitation and Hygiene	UNICEF	7,344,000	Immediate
Subtotal for WATER AND SANITATION			18,612,853	
Grand Total: USD			603,981,153	

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Project Code	Sector	Project Title	Original Requirements (US\$)
ACTO			
AFG-09/S-NF/23858/12661	Emergency Shelter	Shelters and Basic Facilities for Returnees and IDPs	1,037,900
Subtotal for ACTO			1,037,900
ADA			
AFG-09/S-NF/23759/6004	Emergency Shelter	Shelter Construction	1,924,705
Subtotal for ADA			1,924,705
ADPO			
AFG-09/E/23841/12654	Education	Temporary learning facilities project in 6 districts of Baghlan, Takhar and Jawzjan province	97,905
AFG-09/H/23828/12654	Health	Advocacy, training and monitoring for Emergency Obstetric Care	86,541
AFG-09/WS/23768/12654	Water, Sanitation and Hygiene	Community water supply and sanitation project in 5 districts of Baghlan	75,075
AFG-09/WS/23770/12654	Water, Sanitation and Hygiene	Community water supply and sanitation project in 3 districts of Jawzjan	75,075
AFG-09/WS/23773/12654	Water, Sanitation and Hygiene	Community water supply and sanitation project in 5 districts of Takhar	75,075
Subtotal for ADPO			409,671
AHDRO			
AFG-09/S-NF/23860/12679	Emergency Shelter	Shelters and Basic Facilities for Returnees and IDPs in Balkh and Jawzjan Provinces	425,290
Subtotal for AHDRO			425,290
ALSO			
AFG-09/H/23802/12657	Health	Providing psychological support to newly and/or isolated persons with disabilities	74,729
Subtotal for ALSO			74,729
AREA			
AFG-09/S-NF/23756/5286	Emergency Shelter	Shelter	1,481,000
AFG-09/WS/23760/5286	Water, Sanitation and Hygiene	Water sanitation and hygiene education	506,000
Subtotal for AREA			1,987,000

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Project Code	Sector	Project Title	Original Requirements (US\$)
ASCHIANA			
AFG-09/E/23835/12672	Education	Assistance to street working children and their families	366,582
AFG-09/E/23837/12672	Education	Assistance to IDPs and returnee children and their families in camps in Kabul, Mazar, Kandahar, Herat by provision an emergency education package: basic education and health education, access to basic services like safe drinking water, food, non-food items' plus child rights, peace and gender awareness	254,232
Subtotal for ASCHIANA			620,814
BRAC FOUNDATION			
AFG-09/H/23716/7990	Health	Improving Maternal, neonatal and child survival in Thaker, Badakshan, Kunduz, Baghlan, Samagan, Balkh, Jawjan, Saripul and Faryab provinces.	1,650,000
AFG-09/WS/23815/7990	Water, Sanitation and Hygiene	Pure Drinking Water Supply to the Community People and Public and Private level Sanitation Installation Project	237,000
AFG-09/WS/23819/7990	Water, Sanitation and Hygiene	Drought preparedness by the availability of water for homestead and irrigation purposes	190,000
Subtotal for BRAC FOUNDATION			2,077,000
CARE International			
AFG-09/E/23705/5645	Education	Community-Based Education (CBE) Project	2,257,855
AFG-09/E/23708/5645	Education	Capacity Building Initiative for Rolling-out Minimum Standards for Education in Emergencies	291,700
AFG-09/P-HR-RL/23724/5645	Protection	Humanitarian Assistance for Widows of Kabul (KHAWA)	499,400
AFG-09/P-HR-RL/23794/5645	Protection	Building Afghan Widows' Self-Sufficiency	488,400
AFG-09/P-HR-RL/23799/5645	Protection	OMID (Opportunities for Mother and Infant Development)	444,015
AFG-09/S-NF/23755/5645	Emergency Shelter	Emergency Shelter Response to Returnee and IDP Movements	7,858,453
Subtotal for CARE International			11,839,823
CIC			
AFG-09/P-HR-RL/23824/12663	Protection	Child Rights Awareness Raising	184,012
Subtotal for CIC			184,012
CoAR			
AFG-09/A/23714/5290	Food Security and Agriculture	Food security	657,000
Subtotal for CoAR			657,000

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CRS			
AFG-09/ER/23839/5146	Food Security and Agriculture	Afghanistan Drought/Food Crisis Response	11,048,048
Subtotal for CRS			11,048,048
DACAAR			
AFG-09/A/23713/5252	Food Security and Agriculture	Immediate agricultural support to vulnerable households	1,000,000
AFG-09/WS/23806/5252	Water, Sanitation and Hygiene	Provision of relief and assistance to returnees and vulnerable host communities in Afghanistan	1,641,565
AFG-09/WS/23809/5252	Water, Sanitation and Hygiene	Enhanced Safe Water in Faryab Province	1,680,000
AFG-09/WS/23811/5252	Water, Sanitation and Hygiene	Provincial Integrated Rural Water Supply Sanitation and Hygiene Education Projects in Rostaq District, Takhar Province	320,000
AFG-09/WS/23813/5252	Water, Sanitation and Hygiene	Provision of Safe Drinking Water, Sanitation and Hygiene Education in Balkh, Dawlatabad, Charbulak, and Khulm Districts of Balkh Province	581,000
Subtotal for DACAAR			5,222,565
FAO			
AFG-09/A/23741/123	Food Security and Agriculture	Emergency control measures against outbreaks of insect pests in northern and western Afghanistan	1,177,000
AFG-09/A/23746/123	Food Security and Agriculture	Emergency support to vulnerable food-insecure farming families through provision of animal feed for the 2009 feeding seasons	2,233,000
AFG-09/A/23748/123	Food Security and Agriculture	Support to vulnerable populations in drought-affected areas of Afghanistan through the provision of quality wheat seed and fertiliser for spring and autumn 2009 and spring 2010 seasons	9,896,000
AFG-09/A/23863/123	Food Security and Agriculture	Jawzjan Food Aid and Drought Mitigation	535,000
AFG-09/H/23774/123	Nutrition	Alleviation of malnutrition through the promotion of local food products	162,720
Subtotal for FAO			14,003,720
HAGAR Afghanistan			
AFG-09/P-HR-RL/23827/12662	Protection	Assessment and Safe House for Victims of Trafficking	90,200
Subtotal for HAGAR Afghanistan			90,200
HealthNet TPO			
AFG-09/H/23718/5256	Health	Improvement of access to emergency hospital care services	155,715
Subtotal for HealthNet TPO			155,715

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Project Code	Sector	Project Title	Original Requirements (US\$)
IBNSINA			
AFG-09/H/23821/12665	Nutrition	Supplementary and Therapeutic feeding	428,000
Subtotal for IBNSINA			428,000
IDLO			
AFG-09/P-HR-RL/23769/7595	Protection	Expanding Afghanistan's Legal Aid Capacity for Increased Access to Justice for Women and Children	342,400
AFG-09/P-HR-RL/23771/7595	Protection	Legal Assistance in the Prevention of Violence Against Women	304,950
AFG-09/P-HR-RL/23810/7595	Protection	Supporting Juvenile Justice in Afghanistan	434,420
Subtotal for IDLO			1,081,770
IMC			
AFG-09/H/23719/5160	Health	Midwifery training for Kunar and Nooristan provinces	909,087
AFG-09/H/23766/5160	Health	HIV/AIDS and STI target intervention and surveillance in the high-risk groups (long-distance truckers, prisoners, street children and IDUs)	1,728,500
Subtotal for IMC			2,637,587
INTERSOS			
AFG-09/P-HR-RL/23736/5660	Protection	Social assistance to and support in the reintegration process of Extremely Vulnerable Individuals among returnees and residents in Herat province	591,175
Subtotal for INTERSOS			591,175
IOM			
AFG-09/S-NF/23750/298	Emergency Shelter	Shelter Assistance Project (SAP)	1,941,000
AFG-09/S-NF/23751/298	Emergency Shelter	Comprehensive Humanitarian Assistance Project (CHAP)	3,287,000
Subtotal for IOM			5,228,000
JHPIEGO			
AFG-09/H/23732/6398	Health	Health Services Support Project (HSSP)	16,000,000
Subtotal for JHPIEGO			16,000,000

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Project Code	Sector	Project Title	Original Requirements (US\$)
KDOA			
AFG-09/WS/23838/12668	Water, Sanitation and Hygiene	Digging of 30 Kandas in lower Dara Suf district, Samangan province	147,100
Subtotal for KDOA			147,100
MERLIN			
AFG-09/A/23723/5195	Health	Pulse Campaign: Outreach vaccination services in remote areas of Badakshan Province	110,000
AFG-09/H/23725/5195	Health	Emergency health care in remote areas of Kunduz Province	350,000
Subtotal for MERLIN			460,000
M-HDR			
AFG-09/H/23807/12659	Health	Provision of training for women of childbearing age and private health professionals (doctors, nurses, midwives, and traditional healers) on family planning, ORS, and chlorine use	240,000
Subtotal for M-HDR			240,000
MI			
AFG-09/H/23822/12666	Nutrition	Provision of life-saving micronutrients during emergencies	481,360
Subtotal for MI			481,360
MSPA			
AFG-09/H/23804/12658	Health	Media support to help reduce Psycho-Social Traumatic Stress in Afghanistan	226,000
AFG-09/P-HR-RL/23775/12658	Protection	Emergency Response Radio Programming (ERRP)	150,040
Subtotal for MSPA			376,040
NRC			
AFG-09/E/23710/5834	Education	Increase of Educational Capacity, Peace Education	960,000
AFG-09/E/23777/5834	Education	Literacy, numeracy and skills training	1,380,000
AFG-09/P-HR-RL/23779/5834	Protection	Information, Counselling and Legal Assistance to IDPs and Returnees	5,860,000
AFG-09/P-HR-RL/23781/5834	Protection	Promoting access to durable reintegration solutions, including housing, land and property for returning Afghan refugees	790,000
AFG-09/S-NF/23754/5834	Emergency Shelter	Emergency Shelter Response to Return and IDP Population Movements	7,700,000
Subtotal for NRC			16,690,000

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Project Code	Sector	Project Title	Original Requirements (US\$)
OCHA			
AFG-09/CSS/23729/119	Common Services	Coordinating Effective and Rapid Response to Humanitarian Needs	10,995,838
Subtotal for OCHA			10,995,838
OHRD			
AFG-09/P-HR-RL/23825/12664	Protection	Legal Awareness training	166,171
Subtotal for OHRD			166,171
OXFAM GB			
AFG-09/A/23707/5120	Food Security and Agriculture	Emergency response for agriculture recovery in drought-affected villages of Afghanistan	2,731,000
AFG-09/A/23711/5120	Food Security and Agriculture	Emergency response to drought and food price crisis in Afghanistan	4,834,000
AFG-09/WS/23776/5120	Water, Sanitation and Hygiene	Emergency Watsan and Hygiene Promotion Project	763,000
Subtotal for OXFAM GB			8,328,000
OXFAM Netherlands (NOVIB)			
AFG-09/H/23778/5362	Nutrition	Treatment of acute malnutrition in Paktia, Saripul, Fariyab and Herat.	477,500
AFG-09/H/23783/5362	Nutrition	Treatment of severe malnutrition via Outpatient Therapeutic Programme (OTP) of children 6-59 months in Herat, Fariyab, Paktia and Saripul	102,500
Subtotal for OXFAM Netherlands (NOVIB)			580,000
PIN			
AFG-09/WS/23782/6686	Water, Sanitation and Hygiene	Improving Access to Water and Sanitation in Remote Areas of Northern Afghanistan	760,000
Subtotal for PIN			760,000

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Project Code	Sector	Project Title	Original Requirements (US\$)
SC - UK			
AFG-09/E/23780/109	Education	Supporting children with disabilities toward inclusion in education and social life.	385,200
AFG-09/E/23791/109	Education	Supporting working and street children	450,000
AFG-09/E/23796/109	Education	Quality Primary Education Project	461,016
AFG-09/ER/23704/109	Food Security and Agriculture	Improved food security by cash transfers to vulnerable families	266,430
AFG-09/H/23731/109	Health	Child-Focused Health Education (CFHE) in Kabul, Balkh and Kandahar	449,462
AFG-09/H/23772/109	Health	Child-Focused Health Education (CFHE) in Kabul, Balkh and Kandahar	442,922
AFG-09/P-HR-RL/23747/109	Protection	Supporting working and street children	450,000
AFG-09/S-NF/23753/109	Emergency Shelter	Emergency project (Severe Winter Season)	160,500
AFG-09/WS/23785/109	Water, Sanitation and Hygiene	Safe drinking water supply and hygiene/sanitation education in Kabul, Balkh, Jawzjan, Samangan and Urozgan provinces	474,400
Subtotal for SC - UK			3,539,930
SC - US			
AFG-09/E/23798/6042	Education	Girls' Urgent Early Steps for Teaching Success (GUESTS): accelerated education to increase female teachers numbers	1,232,000
AFG-09/E/23840/5485	Education	Winter Emergency Preparedness for 2009	2,164,500
AFG-09/H/23717/6042	Health	Increasing access of mothers and newborns to maternal & newborn care services (MNC) in hard to reach un-served areas	850,000
AFG-09/H/23786/6042	Nutrition	CMAM: Entire Faryab & Bamyan provinces over a period of 2 years	702,750
Subtotal for SC - US			4,949,250
SCA			
AFG-09/WS/23763/5754	Water, Sanitation and Hygiene	Pure Drinking Water Supply to the Community People and Public and Private Level Sanitation Installation	453,529
Subtotal for SCA			453,529
SHA			
AFG-09/S-NF/23860/12660	Emergency Shelter	Shelters and Basic Facilities for Returnees and IDPs in Balkh and Jawzjan Provinces	531,290
AFG-09/S-NF/23861/12660	Emergency Shelter	Construction of Shelters and Shallow Wells for IDPs and Returnees in Baghlan Province.	360,400
AFG-09/WS/23787/12660	Water, Sanitation and Hygiene	Installation of a Borehole in Aybak, Samangan Province	368,880
Subtotal for SHA			1,260,570

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Project Code	Sector	Project Title	Original Requirements (US\$)
SOH			
AFG-09/WS/23831/12670	Water, Sanitation and Hygiene	Digging of 80 Water Reservoirs (Kandas) in the Roi Do Ab district of Samangan province	633,654
Subtotal for SOH			633,654
SRP			
AFG-09/WS/23836/12669	Water, Sanitation and Hygiene	Construction of 50 Water Reservoirs (Kanda) in the district of Khuram Sarbagh of Samangan Province	394,000
Subtotal for SRP			394,000
STEP HDO			
AFG-09/H/23823/12667	Nutrition	Treatment of malnutrition in under-five at community level through CMAM strategy in ten districts of Kabul province	278,880
Subtotal for STEP HDO			278,880
TBCRO			
AFG-09/WS/23834/12671	Water, Sanitation and Hygiene	Construction of 55 Water Reservoirs (kanda) in the provinces of Samangan and Jawzjan	288,500
Subtotal for TBCRO			288,500
UNHCR			
AFG-09/P-HR-RL/23757/120	Protection	Assistance to Extremely Vulnerable Individuals (EVIs)	295,000
AFG-09/P-HR-RL/23784/120	Protection	Human Rights Field Monitoring Partnership Agreement	450,000
AFG-09/P-HR-RL/23788/120	Protection	Trust Fund for "Protection of Women At Risk and Prevention of SGBV"	200,000
AFG-09/P-HR-RL/23812/120	Protection	Mass information via BBC to increase awareness of IDP, refugee and returnee issues	200,000
AFG-09/S-NF/23752/120	Emergency Shelter	Shelter assistance support to voluntary repatriation and reintegration of Afghan returnees	11,769,417
Subtotal for UNHCR			12,914,417

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Project Code	Sector	Project Title	Original Requirements (US\$)
UNICEF			
AFG-09/E/23840/124	Education	Winter Emergency Preparedness for 2009	2,164,500
AFG-09/H/23793/124	Nutrition	Nutrition emergency preparedness and response action plan	4,713,303
AFG-09/P-HR-RL/23792/124	Protection	Strengthening and expanding the monitoring and reporting system on children's rights violations in armed conflict	805,175
AFG-09/WS/23843/124	Water, Sanitation and Hygiene	Provision of Safe Drinking Water, Sanitation and Hygiene	7,344,000
Subtotal for UNICEF			15,026,978
UNMAS			
AFG-09/MA/23758/5116	Protection	Landmine and Explosive Remnants of War Surveys and Clearance	90,015,000
AFG-09/MA/23765/5116	Protection	Mine Risk Education in Afghanistan	2,694,000
AFG-09/MA/23817/5116	Protection	Mine Action Coordination and Capacity Development	11,319,000
Subtotal for UNMAS			104,028,000
UNODC			
AFG-09/H/23735/6457	Health	Provision of comprehensive HIV prevention and care services to Afghan refugee drug users in Iran and Pakistan and returnees in Afghanistan	591,103
Subtotal for UNODC			591,103
WFP			
AFG-09/CSS/23700/561	Common Services	United Nations Humanitarian Air Service (UNHAS) Afghanistan	7,457,900
AFG-09/CSS/23749/561	Emergency Telecommunications	Provision of Telecommunications Training to the Humanitarian Community, and Security Telecommunications Systems upgrade.	300,544
AFG-09/F/23740/561	Food Security and Agriculture	Food Assistance Programmes for Food-Insecure People in Afghanistan	320,450,000
Subtotal for WFP			328,208,444

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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Sector	Project Title	Original Requirements (US\$)
WHO			
AFG-09/H/23737/122	Health	Gender Mainstreaming in Health during a Humanitarian crisis	211,500
AFG-09/H/23738/122	Health	Ensuring national and provincial preparedness and response to the health crisis in Afghanistan	6,600,000
AFG-09/H/23739/122	Health	Strengthening the coordination and advocacy capacity of the Health Cluster at national and regional levels	1,950,000
AFG-09/H/23742/122	Health	Leishmaniasis control in Kabul	450,000
AFG-09/H/23744/122	Health	TB Control Activities in Refugee Camps	223,630
AFG-09/H/23762/122	Health	Improve access of women and children to comprehensive Maternal and Child Health Care Services in areas of high refugee returns and internally displaced people (IDPs)	2,412,850
AFG-09/H/23789/122	Nutrition	Building capacity in emergency nutrition response	476,685
Subtotal for WHO			12,324,665
WV			
AFG-09/WS/23790/536	Water, Sanitation and Hygiene	Water, Sanitation, and Hygiene Promotion in the Villages around Chaghcharan City of Ghor Province (Ahengaran, Badgah, Barakhana, Maidan, and Banderghonak)	856,000
Subtotal for WV			856,000
WVI			
AFG-09/H/23764/8502	Health	Emergency Responses to Combat Winter Diseases	535,000
AFG-09/WS/23801/8502	Water, Sanitation and Hygiene	Promoting Food Security through Water-Supply and Irrigation-System Improvements in the Ab Kamery District (Gulkhana and Koocha Sectors)	749,000
Subtotal for WVI			1,284,000
Grand Total			603,981,153

The list of projects and the figures for their funding requirements in this document are a snapshot as of 13 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table V: Afghanistan Humanitarian Action Plan 2009

Summary of Requirements (grouped by IASC standard sector)

as of 13 January 2009

<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector Name	Original Requirements (US\$)
AGRICULTURE	23,173,000
COORDINATION AND SUPPORT SERVICES	18,754,282
ECONOMIC RECOVERY AND INFRASTRUCTURE	11,314,478
EDUCATION	12,465,490
FOOD	320,450,000
HEALTH	43,960,737
MINE ACTION	104,028,000
PROTECTION/HUMAN RIGHTS/RULE OF LAW	12,745,358
SHELTER AND NON-FOOD ITEMS	38,476,955
WATER AND SANITATION	18,612,853
Grand Total	603,981,153

The list of projects and the figures for their funding requirements in this document are a snapshot as of 13 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX II. 2008 FUNDING

Table I: Afghanistan 2008

Total Humanitarian Assistance per Donor (Appeal plus other*)
as of 12 January 2009
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
United States	156,551,508	29.6 %	1,500,000
Japan	86,000,000	16.3 %	4,400,000
European Commission (ECHO)	48,465,446	9.2 %	1,162,204
Germany	40,005,658	7.6 %	1,555,210
United Kingdom	25,328,703	4.8 %	-
Afghanistan	24,000,000	4.5 %	-
Canada	23,851,784	4.5 %	-
Norway	23,741,364	4.5 %	-
Central Emergency Response Fund (CERF)	18,220,644	3.4 %	-
Denmark	16,224,772	3.1 %	-
Netherlands	14,621,524	2.8 %	-
Australia	13,143,948	2.5 %	10,586,525
Italy	9,098,973	1.7 %	-
France	6,173,370	1.2 %	2,345,939
Sweden	5,725,655	1.1 %	1,392,623
Finland	4,168,957	0.8 %	-
Ireland	3,619,567	0.7 %	-
Belgium	3,444,424	0.7 %	-
Luxembourg	3,071,431	0.6 %	-
Switzerland	2,071,598	0.4 %	-
Czech Republic	450,705	0.1 %	-
Greece	311,526	0.1 %	-
Allocations of unearmarked funds by UN agencies	244,122	0.0 %	-
Estonia	20,161	0.0 %	-
United Nations	-	0.0 %	500,000
Grand Total	528,555,840	100 %	23,442,501

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 January 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX III. ACRONYMS AND ABBREVIATIONS

ACBAR	Agency Coordinating Body for Afghan Relief
ACF	<i>Action Contre la Faim</i>
ACTED	Agency for Technical Cooperation and Development
ACTO	Afghanistan Children Training Organisation
ADA	Afghanistan Development Association
ADB	Asian Development Bank
AFK	Aga Khan Foundation
AGE	anti-government elements
AHAO	Afghanistan Humanitarian Assistance Organisation
AHDS	Afghan Health & Development Services
AHS	Afghan Health Survey
AIHRC	Afghan Independent Human Rights Committee
AKDN	Aga Khan Development Network
AMI	<i>Aide Médicale Internationale</i>
ANA	Afghan National Army
ANDMA	Afghanistan Natural Disaster Management Authority
ANDS	Afghanistan National Development Strategy
ANSO	Afghanistan NGO Safety Office
APC	Afghan Protection Cluster
AREA	Agency for Rehabilitation and Energy Conservation in Afghanistan
ARCS	Afghanistan Red Crescent Society
ARI	acute respiratory infection
AVIPA	Afghanistan Vouchers for Increased Productive Agriculture Program
AWEC	Afghanistan Women Council
BPHS	Basic Package of Health Services
BRAC	Bangladesh Rural Advancement Committee Afghanistan
CAF	Care of Afghan Families
CDC	Community Development Council
CIDA	Canadian International Development Agency
CHA	Coordination of Humanitarian Assistance
COA	Civil Rights Organisation for Afghanistan
CPAN	Child Protection Action Network
CRS	Church World Service
DAARTT	Danish Assistance to Afghan Rehabilitation and Technical Training
DACAAR	Danish Committee for Aid to Afghan Refugees
DFID	(United Kingdom) Department for International Development
DHSA	Development and Humanitarian Services for Afghanistan
DSRSG	Deputy Special Representative of the Secretary-General
ECHO	European Commission Humanitarian Aid Office
EHBA	Education and Handicraft Bureau for Afghanistan
ERW	explosive remnants of war
ESC	Emergency Shelter Cluster
ETC	Emergency Telecommunications Cluster
FATA	Federally Administered Tribal Areas
FFE	Food-for-education
FFP	
FFW	Food-for-work
FSAC	Food Security and Agriculture Cluster
FSMS	Food Security Monitoring System
GBV	gender-based violence
GAM	global acute malnutrition
GDP	gross domestic product
GSHAP	Global Seismic Hazard Assessment Programme
GTZ	<i>Deutsche Gesellschaft für Technische Zusammenarbeit</i>
HAP	Humanitarian Action Plan
HAU	Humanitarian Affairs Unit
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRRAC	Human Rights Research and Advocacy Consortium
IACP	Inter-Agency Contingency Plan
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross

A F G H A N I S T A N

IDLO	International Development Law Organisation
IDP	internally displaced person
IED	improvised explosive devices
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organisation for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
ISAF	International Security Force for Afghanistan
LAS	Land Allocation Scheme
LHP	Land, housing and property rights
MAIL	Ministry of Agriculture, Irrigation and Livestock
MCH/N	maternal and child health and nutrition
MI	MicroNutrient Initiative
MoE	Ministry of Education
MoH	Ministry of Health
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MOSS	Minimum Operating Security Standards
MoU	Memorandum of Understanding
MRRD	Ministry of Rural Rehabilitation and Development
MRE	mine risk education
MT	metric tonnes
NGO	non-governmental organisation
NRC	Norwegian Refugee Council
NRVA	National Risk and Vulnerability Assessment
NWFP	North West Frontier Province
OC	Oversight Committee
OFDA	Office for (U.S.) Foreign Disaster Assistance
O&M	Operations and management
PIU	Programme Implementation Unit
PRT	Provincial Reconstruction Team
RNA	rapid nutrition assessment
SAM	severe acute malnutrition
SC	Save the Children
SDO	Sanayee Development Organisation
SFL	Shelter for Life
SGBV	sexual and gender-based violence
SHA	Shafaq Rehabilitation Organisation
SRSG	Special Representative of the Secretary-General
STEP	Step Health & Development Organisation
TDH	<i>Terre des Hommes</i>
TFU	therapeutic feeding units
TOR	terms of reference
TLO	Tribal Liaison Office
TWG	Telecommunications Working Groups
UMCOR	United Methodist Committee on Relief
UNAMA	United Nations Assistance Mission to Afghanistan
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNSCR	United Nations Security Council Resolution
UNHCR	United Nations High Commissioner for Human Rights
UNICEF	United Nations Children's Fund
UNMACA	United Nations Mine Action Centre for Afghanistan
USAID	United States Agency for International Development
WADAN	Welfare Association for the Development of Afghanistan
WFP	World Food Programme
WHO	World Health Organization

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