

Afghanistan



2010

Humanitarian Action Plan



Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GTZ	Medair	Terre des Hommes
ACTED	Handicap International	Mercy Corps	UNAIDS
ADRA	HELP	MERLIN	UNDP
Afghanaid	HelpAge International	MSF	UNDSS
AVSI	Humedica	NPA	UNESCO
CARE	IMC	NRC	UNFPA
CARITAS	INTERSOS	OCHA	UN-HABITAT
CONCERN	IOM	OHCHR	UNHCR
COOPI	IRC	OXFAM	UNICEF
CRS	IRIN	Première Urgence	WFP
CWS	Islamic Relief Worldwide	Save the Children	WHO
DRC	LWF	Solidarités	World Vision International
FAO	MACCA	TEARFUND	
GOAL	Malteser		

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY	1
Table I. Summary of Requirements (grouped by cluster)	4
Table II. Summary of Requirements (grouped by priority)	4
Table III. Summary of Requirements (grouped by appealing organization)	5
Table IV. Summary of Requirements (grouped by location).....	7
2. 2009 IN REVIEW	8
2.1 CHANGES IN THE CONTEXT	8
2.2 HUMANITARIAN ACHIEVEMENTS AND LESSONS LEARNED.....	14
3. NEEDS ANALYSIS	25
3.1 CONTEXT.....	25
3.2 HUMANITARIAN NEEDS ANALYSIS	29
4. THE 2010 COMMON HUMANITARIAN ACTION PLAN	35
4.1 SCENARIOS.....	35
4.2 STRATEGIC OBJECTIVES FOR HUMANITARIAN ACTION IN 2010	37
4.3 STRATEGIC MONITORING PLAN	37
4.4 CRITERIA FOR SELECTION AND PRIORITISATION OF PROJECTS.....	40
4.5 CLUSTER/SECTOR RESPONSE PLANS	41
4.5 A <i>Education</i>	41
4.5 B <i>Emergency Shelter and Non-Food Items (NFI)</i>	44
4.5 C <i>Emergency Telecommunications</i>	47
4.5 D <i>Food Security and Agriculture</i>	47
4.5 E <i>Health</i>	50
4.5 F <i>Nutrition</i>	53
4.5 G <i>Protection</i>	55
4.5 H <i>Water, Sanitation and Hygiene</i>	59
4.5 I <i>Multi-sector</i>	62
4.6 ROLES AND RESPONSIBILITIES.....	64
5. CONCLUSION	65
ANNEX I. LIST OF PROJECTS	66
Table V. Appeal projects grouped by cluster (with hyperlinks to open full project details)	66
Table VI. Summary of requirements (grouped by IASC standard sector)	71
ANNEX II. DONOR RESPONSE TO 2009 APPEAL	72
ANNEX III. ACRONYMS AND ABBREVIATIONS	83

Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>.

Full project details can be viewed, downloaded and printed from www.reliefweb.int/fts.



Legend

- ⊛ National capital
- ⊙ Provincial capital
- Populated place
- International boundary
- - - Provincial boundary

Provinces

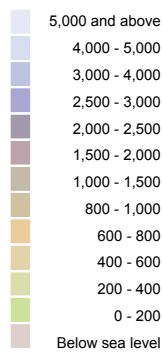
1. Kunduz, 2. Panisher, 3. Nuristan, 4. Kapisa, 5. Laghman,
6. Parwan, 7. Kabul, 8. Khost

Disclaimers: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

*Dotted line represents approximately the Line of Control in Jammu & Kashmir agreed upon by India and Pakistan. The final status of Jammu & Kashmir has not yet been agreed upon by the parties.

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UN OCHA.

Elevation (meters)



1. EXECUTIVE SUMMARY

Decades of war and an escalating conflict, combined with frequent earthquakes and seasonal hazards such as drought, landslides, extreme winters and floods have left the majority of people in Afghanistan extremely vulnerable. The 2010 Humanitarian Action Plan (HAP) aims to improve the coordination of humanitarian programming and activities by identifying, prioritising and addressing the most acute needs in Afghanistan. It is based on a thorough analysis of the social, political and security context, and an in-depth humanitarian needs assessment. Projects and priorities included in the HAP underwent a comprehensive peer-review vetting process in line with detailed criteria, which was led by OCHA at regional, cluster and Humanitarian Country Team (HCT) levels, before final endorsement by the Humanitarian Coordinator. This document represents the HCT's best judgement of the priorities and needs within the complex situation that is Afghanistan today.

The ongoing and escalating conflict, with incident levels rising 30 to 35% from 2008 to 2009, has had an increasingly harmful impact on the population while simultaneously restricting humanitarian space. Less than 40% of the country is categorised as a 'low-risk/permissive environment.' Attacks on humanitarian actors have remained constant despite a reduction in non-essential programmes, and thus in exposure. A deadly, targeted attack on a United Nations guesthouse in Kabul in late October 2009, plus increasingly direct threats against the UN, has forced aid organizations to review security arrangements and to reassess the impact and criticality of their programmes. This review may necessitate adjusting planned activities and budgets in the coming weeks or months and, potentially, a greater dependence on NGOs and other non-UN actors. Consequently, NGO efforts towards meeting humanitarian needs must receive stronger support this year.

Afghanistan Humanitarian Action Plan: Key parameters	
Duration:	12 months (January – December 2010)
Key milestones in 2010:	Planting seasons: <i>Winter: October</i> <i>Spring: March</i> Harvest: June – September
Target beneficiaries:	7,020,000: drought-affected, internally displaced, refugees, and returnees
Total funding request:	Funding request per beneficiary:
\$870,561,261	\$124

Meanwhile, the impact of the deteriorating security situation on already vulnerable populations heightens the urgency for humanitarian action. Civilian casualties between January and August 2009 rose 24% over the same period in 2008, a total of 1,561 deaths. Due to the Presidential elections on 20 August, the months of August and September were the deadliest on record with a combined 642 casualties during these months alone. In 2010, given the U.S. decision to send an additional 30,000 troops to Afghanistan and parliamentary elections mandated by the constitution, the situation is unlikely to improve.

In addition to increasing casualties, the conflict has taken a heavy toll on infrastructure, livelihood opportunities and access to basic services, particularly health. Apart from having some of the most alarming health indicators in the world, Afghanistan is seeing increasing numbers of cases of the pandemic (H1N1) 2009 influenza virus, putting additional pressure on a health system already unable to provide care to over 600,000 people. The most vulnerable – including women, children, and the internally displaced – have been most affected.

The upsurge in violence has also made return and reintegration more challenging for both refugees and the displaced. Based on the latest figures from the Afghanistan National IDP Task Force, there are currently an estimated 275,945 internally displaced people (IDPs) in Afghanistan, new and protracted, in need of assistance. Renewed refugee concerns over security, political stability and the future of reconstruction activities have affected repatriation trends.

Over and above the effects of conflict, natural disasters continue to affect Afghanistan's vulnerable population, requiring emergency humanitarian intervention. In 2009, earthquakes in Nangarhar killed 22 people and destroyed nearly 300 houses. Spring floods in the north, north-east and west affected 22,000 households. In August, flooding in Jalalabad affected a further 4,000 people. Drought and harsh winter conditions regularly intensify the underlying food insecurity in the country, which sees nearly 50% chronic malnutrition rates, with almost 6% acute and 1.6% severely acute.

Although there has been ongoing investment in development in Afghanistan, the regularity of man-made and natural disasters frequently undermines any progress made. While the lines between development and emergency sometimes blur, the 2010 Humanitarian Action Plan aims to draw a boundary between dynamic and acute needs, which require immediate response to save lives or prevent irrevocable harm, and needs that are important but chronic, stemming from long-term poverty.

Finally, shrinking humanitarian space not only impairs the delivery of humanitarian services and the ability of populations to access those services, but also exacerbates an endemic problem in Afghanistan: limited and inaccurate information. Humanitarian response in Afghanistan is severely hampered by the lack of accurate, available data by which to make immediate as well as longer-term planning decisions. One priority for this year's HAP is the collection and analysis of this key input to improve overall humanitarian programming.

Given the situation and needs outlined above, six strategic objectives have been agreed upon to focus and sharpen the humanitarian response in 2010:

- Ensure preparedness for and response to conflict and natural hazards
- Mitigate the effects of conflicts and hazards for the protection of affected populations
- Enhance protection of civilians and advocate for the respect for international law and human rights
- Ensure that humanitarian programming complements and strengthens the link to early recovery and development assistance
- Improve access to and by vulnerable populations and provide targeted safety nets
- Improve data collection and analysis

The 2010 Humanitarian Action Plan, budgeted at US\$ 870.5 million,¹ requires urgent and dedicated support to improve the planning and delivery of humanitarian assistance to Afghanistan. As a complement to the recently launched 2010-13 UN Development Assistance Framework, the HAP outlines the vital, life-saving actions which are needed immediately to enable longer-term development planning and activity to take root.

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 current appeals page.

Some basic facts about Afghanistan

		<i>Most recent data</i>	<i>Previously</i>
Demographics	Total Population	24,960,100 (National Risk and Vulnerability Assessment (NRVA), 2007-2008) ²	14,606,400 (UNFPA 1990)
Health	Under-five mortality (probability of dying between birth and five years of age, expressed per 1,000 live births)	191 per 1,000 (MoPH / (WHO / UNICEF 2008)	260 per 1,000 (UNICEF 1990)
	Maternal mortality	1,600 per 100,000 live births – second-highest in the world (UNICEF 2000 – 2006)	
	Life expectancy	43 years (UNICEF 2006)	41 years (UNICEF 1990)
Nutrition	Global acute malnutrition (GAM)	7% acute malnutrition, 54% chronic malnutrition among 6-to-59-month-old children (National Nutrition Survey, MoPH, 2004)	
Economic status	Gross domestic product per capita	\$964 in 2005 (Afghan Human Development Report 2007)	\$683 in 2002
	Percentage of population living on less than \$1 per day	42% (UNDP)	
WASH	Proportion of population without sustainable access to an improved drinking water source	68% (UNDP)	
Population movements	Internally displaced people (IDPs)	275,945 (UNHCR 2009)	
	Refugee returnees	5.6 million since 2002, increasing Afghanistan's estimated population by some 20%. (UNHCR 2009)	
Protection	Civilian casualties as a result of conflict	⇒ 2008: 2,118 civilians were killed as a result of the armed conflict in 2008 ⇒ Preliminary data indicate that 1,862 civilians were killed from January to September 2009	
	Contamination of mines and explosive remnants of war (ERW)	⇒ Over 600 square kilometres is suspected of landmine and ERW contamination, impacting 2150 communities throughout Afghanistan (as of 18 October 2009) ⇒ Over 40 individuals killed or injured monthly by mines or ERW, almost 60% of whom are children (as of 18 October 2009)	
Other vulnerability indices	ECHO Vulnerability and Crisis Index score (V/C)	3/3 (most severe)	
	2007 UNDP Human Development Index score	Ranked 181 of 182 countries	

² Estimates vary greatly for population figures. WFP uses this estimate to calculate food aid.

Table I: Summary of requirements (grouped by cluster)

Afghanistan Humanitarian Action Plan 2010

as of 12 November 2009

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

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

Cluster	Original Requirements (US\$)
COMMON SERVICES	28,398,296
EDUCATION	27,093,437
EMERGENCY SHELTER	50,275,661
FOOD SECURITY AND AGRICULTURE	372,539,155
HEALTH	10,673,254
MULTI-SECTOR	78,208,770
NUTRITION	8,434,443
PROTECTION	258,356,564
WATER, SANITATION AND HYGIENE	36,581,681
Grand Total	870,561,261

Table II: Summary of requirements (grouped by priority)

Afghanistan Humanitarian Action Plan 2010

as of 12 November 2009

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

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

Priority	Original Requirements (US\$)
A. IMMEDIATE	533,527,589
B. HIGH	57,432,244
C. MEDIUM	266,237,275
D. LOW	1,635,018
E. NOT SPECIFIED	11,729,135
Grand Total	870,561,261

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

Table III: Summary of requirements (grouped by appealing organization)

Afghanistan Humanitarian Action Plan 2010

as of 12 November 2009

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

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

Page 1 of 2

Appealing Organization	Original Requirements (US\$)
ACF	800,000
ACTED	17,950,083
ADA	1,978,205
ADEO [Afghanistan]	1,064,000
Afghanaid	6,293,690
ARAA	340,046
AREA	692,000
AWEC	118,812
AWN	193,000
BERO	727,600
BRAC	2,836,000
CARE International	1,197,262
CHA	92,320
CIC	568,577
CoAR	3,649,208
CRS	7,294,090
DACAAR	500,000
FAO	20,314,060
IBNSINA	550,000
IMC UK	1,662,319
iMMAP	1,437,184
IOM	13,618,465
IRC	1,700,000
MAPA	244,400,000
MDM	118,513
MEDAIR	1,990,000
MERLIN	197,527
MMRCA	203,280
NPO-RRAA	1,374,137
NRC	14,038,600
OCHA	9,928,795
OSDR	1,974,720
OXFAM GB	9,814,100
OXFAM Netherlands (NOVIB)	2,565,275
SC	7,052,896
SHA	1,062,260

Table III: Summary of requirements (grouped by appealing organization)

Afghanistan Humanitarian Action Plan 2010

as of 12 November 2009

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

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

Page 2 of 2

Appealing Organization	Original Requirements (US\$)
SHRDO	118,552
STARS	419,138
TEARFUND	1,115,000
UMCOR	479,211
UNAMA	176,491
UNESCO	110,712
UNFPA	1,438,224
UNHCR	104,751,062
UNICEF	15,595,594
UNOPS	7,622,995
WFP	347,542,420
WHO	7,088,838
ZOA Refugee Care	3,806,000
Grand Total	870,561,261

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

Table IV: Summary of requirements (grouped by location)

Afghanistan Humanitarian Action Plan 2010

as of 12 November 2009

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

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

Location	Original Requirements (US\$)
Badakhshan	5,882,100
Balkh	1,756,000
Bamyan	641,191
Daykundi	5,632,075
Farah	243,960
Faryab	13,584,122
Ghazni	347,386
Ghor	7,077,261
Herat	1,522,284
Jawzjan	1,115,000
Kabul	36,594,726
Kapisa	900,688
Kunar	1,415,319
Kunduz	197,527
Logar	1,520,517
Multiple locations	783,088,589
Nangarhar	1,440,464
Nuristan	412,784
Paktya	506,000
Panjsher	727,600
Samangan	800,000
Takhar	3,021,000
Wardak	2,134,668
Grand Total	870,561,261

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

2. 2009 IN REVIEW

The 2009 Humanitarian Action Plan (HAP) was the first of its kind in Afghanistan since 2001 and resulted from increased recognition of the deteriorating humanitarian situation in the country. This 2010 HAP builds upon the previous HAP. One of the major improvements this year has been the agreement on a common vulnerability framework in Afghanistan. This framework will improve coordination and the overall efficiency of the humanitarian response to the urgent needs of the Afghan population.³ Following recommendations made during the 2009 Mid-Year Review, both the cluster approach and the flow of information from the field have also been strengthened.

In order to improve the quality of the strategic framework, the Office for the Coordination of Humanitarian Affairs (OCHA) and its partners have started preparations for the 2010 HAP earlier in the year. A core group composed of three United Nations (UN) agencies, three non-governmental organizations (NGOs) and OCHA was formed, and tasked with leading the development of the context analysis and overall strategy and priorities. Regional inputs were provided through a series of field-level workshops and consultations, and have subsequently been presented at the national level.

2.1 Changes in the context

Decades of war along with the escalating armed conflict in 2009 have turned Afghanistan into a complex emergency. The armed conflict has intensified significantly since 2001, as reflected by a 40% increase in the death toll during 2008 (2,118 reported civilian casualties during the year) compared to 2007, and a 24% increase in the first six months of 2009 in comparison to the same period in 2008. Of the 1,561 reported civilian deaths between January and August 2009, three times as many (68% of the total) were attributed to armed opposition groups (AOGs) than to pro-government forces (PGFs). August and September 2009 proved to be the deadliest months since August 2008, with 333 and 291 recorded conflict-related civilian deaths respectively, reflecting the trend of increasing insecurity in recent months, as well as election-related violence.⁴

The majority of civilian deaths attributed to AOGs were the result of indiscriminate improved explosive devices (IEDs) and suicide attacks, indicating a shift of tactics towards the use of asymmetric attacks. Although the majority of such attacks were primarily directed against military or government targets, attacks are frequently carried out in civilian areas with apparent disregard for the impact upon civilians.

AOGs have also increasingly targeted people perceived to be supportive of the government or associated with the international forces or community. Teachers, students, doctors, health workers, tribal elders, civilian government employees, and labourers involved in public-interest construction work have all been the target of intimidation.

In addition to the alarming death toll and injuries, as well as the continued violations of international law, the armed conflict is taking an increasingly heavy toll on civilians by the destruction of infrastructure, loss of livelihood opportunities, and deterioration of access to basic services, often disproportionately affecting vulnerable individuals such as women, children and internally displaced. Afghanistan also remains one of the most landmine- and ERW-contaminated countries in the world, with over 2,150 communities directly affected and an average of 42 people killed or injured every month, of whom 60% are children.⁵ Though these figures represent a significant drop compared to the past eight years, the scale of contamination means that progress towards complete clearance requires more resources.

³ As one of the components of the International Red Cross and Red Crescent Movement, the International Committee of the Red Cross (ICRC) is a neutral, impartial and independent humanitarian organisation. The ICRC does not take part in the Consolidated Appeal Process. Nevertheless, the ICRC is committed to coordinating with the UN and NGOs for a strengthened response.

⁴ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

⁵ National Mine Action Coordination Centre of Afghanistan (MACCA) database Information management System for Mine Action (IMSMA) – as of 18 October 2009.

Alongside increasing insecurity due to insurgent attacks and counter-insurgency operations, election-related violence was reported throughout the country. By August 2009, the number of security incidents recorded by the UN Department of Safety and Security (UNDSS) hit a record high;⁶ the average number of incidents per day nearly doubled in advance of the Presidential and Provincial Council Elections on 20 August (from 30 to 50-60), and no fewer than 300 incidents were recorded on election day itself.⁷ An extremely high number of attacks occurred leading up to the elections, especially in the south, south-east, north-east, and east, as well as in the central region, which was previously considered relatively secure.⁸

The intensification of the conflict with both general insecurity and targeting of humanitarian actors has reduced humanitarian space. UNDSS considered by early 2009 that only 37% of the country fell into the “low-risk / permissive environment” category, with the remainder being almost equally categorised as “medium-risk / unstable environment” (20.6%), “high-risk / volatile environment” (20.4%), and “high-risk / hostile environment” (22.2%). Compared to similar data collected in early 2008, this shows a steady increase in security concerns affecting humanitarian operations.

There were expectations that the elections would spark a worsening in the security situation during 2009 along with the use of new strategies⁹ and new records in insecurity levels resulting from the expected surge of international military troops.¹⁰ Although the number of security incidents declined in September compared to the pre-election period, it was still higher than levels recorded during Ramadan in previous years. During Eid al-Fitr, incidents declined by over 40%, but began to increase immediately afterwards. The south and east continued to experience the greatest number of incidents; the influx of insurgents and increased military operations in the north-east also led to increased insecurity.

However, the number of incidents involving aid workers remained constant, as most humanitarian actors limited their movements and suspended non-essential programs during the election period. At the time of writing UNDSS is reassessing security across Afghanistan, in light of the attack on the Bekthar Guesthouse in Kabul on 28 October 2009 and ongoing credible threats. A number of attacks on de-miners and health workers show that the trend of increasing attacks on humanitarian workers continues.¹¹

In general, insecure areas remain inaccessible to humanitarian actors, with few alternate solutions identified to overcome this impasse.¹²

The issue of using schools and clinics as polling stations for elections remains an advocacy issue in anticipation of the 2010 parliamentary elections, despite efforts by the humanitarian community to highlight the risks associated with this practice. The United Nations Children’s Fund (UNICEF) is

⁶ UNDSS Afghanistan Monthly Security Assessment August 2009. UNDSS recorded 1,557 security incidents during August 2009 as compared to 1,192 during July, a 30.6% increase in levels of activity and 57.8% higher than a year earlier in August 2008.

⁷ Polling day was marked by a number of stand-off attacks throughout the country, as well as IED attacks and small-scale armed clashes; 31 civilians were reported killed and 79 injured. Night letters and other threats were also reported countrywide, including the threat to cut off fingers marked with indelible ink.

⁸ Seven civilians were reportedly killed and at least 70 injured in a suicide bomb blast outside International Security Force for Afghanistan (ISAF) Headquarters on 15 August 2009 in Kabul. A further seven died and at least 50 injured in a bombing near Camp Phoenix on 18 August. Two UN staff members died and one injured in a later attack.

⁹ Incidents of complex attacks by anti-government elements (AGEs), especially targeting government buildings have become increasingly common in recent months, including the Justice Ministry in Kabul in February, a municipal building in Kandahar in March and a third in Khost city in May. Much more recently on 7 October, a suicide bomber detonated explosives next to the Indian Embassy in Kabul, reportedly killing 12 people and injuring 80 others. According to military intelligence, Al Qaeda has adapted to the deaths of its leaders by shifting “to conduct decentralised operations under small but well-organised regional groups” within Pakistan and Afghanistan. At the same time, the Taliban continue to recruit cadres to its forces.

¹⁰ Unclassified sections of the ISAF Commander General McChrystal’s Initial Assessment to the U.S. Secretary of Defence, regarding the military situation in Afghanistan, were published in the media. In addition to requesting more troops, McChrystal recommended a strategy based on a population-centric approach and improved analysis of the socio-cultural and tribal landscape of the country. The report has generated debate both nationally and internationally. OCHA Monthly Humanitarian Update, Issue 10: September 2009

¹¹ <http://www.irinnews.org/Report.aspx?ReportId=79396>.

¹² For instance, in two southern provinces (Uruzgan and Nimroz), the government cannot distribute 2,000 metric tons (MT) of wheat to beneficiaries; the food is stocked in the provincial capitals until the security situation improves.

collecting information on security incidents during the election period. On the polling day of Presidential elections, at least 16 schools and a clinic used as polling stations were attacked.¹³ As of 10 October 2009, there were 165 incidents recorded, with the highest numbers reported in Logar, Nangarhar, and Kandahar provinces. Incidents included threats, bombs placed around schools, attacks on security forces posted at schools, and rocket and ground attacks.

Similarly, multiple incidents during the past year highlighted that access to health care is under threat in conflict areas. Dozens of documented incidents affecting health facilities and health staff include facility occupation and closure, looting, and burning, intimidation of health staff and beneficiaries, and kidnapping (eight) or even killing (seven) of the health care providers. For example, two basic health centres (BHCs) in Helmand province in the southern region were occupied by national and international military forces in August.¹⁴ While incidents occur in many provinces, the greatest concentrations are in Kandahar and Helmand. In addition to the direct impact on staff, the public and infrastructure, these incidents cause a deterioration of health-seeking behaviour. Local communities and implementing NGOs requested that clinics be returned so health services can resume, as relocation of the clinics is not a viable alternative. In response the World Health Organisation (WHO) engaged in advocacy with international military forces about guidelines for the military involvement in health relief operations and standard operating procedures for the behaviour of armed forces in health facilities.

Other protection-related issues arose during 2009. Deportation of Afghan illegal migrants from neighbouring countries continued throughout the year. At the time of writing (mid-November), the total figure amounted to 287,724 individuals, with the vast majority deported from Iran and some from Pakistan.¹⁵ The majority (98%) continued to be single males working in those countries, their deportation affecting family income levels during the winter.

As for voluntary returns, over 5.6 million Afghans have returned voluntarily to their homeland since 2002; 4.3 million of them with assistance from the United Nations High Commissioner for Refugees (UNHCR). This figure represents a 20% increase in the estimated population of Afghanistan, a huge challenge for the absorption capacity of such a poor country. The majority of those who returned from 2002-2005 have mostly been able to reintegrate into their local communities with few major difficulties. In many instances, they brought capital, assets, skills and ideas that have contributed to Afghanistan's recovery process.

However, since 2006 the security situation has worsened and eroded confidence in the country's political and economic future. The upsurge in violence has affected repatriation trends and rekindled refugee concerns about security, political stability, and the future of the reconstruction programme. The sustainable return and reintegration is becoming more challenging. Afghans require jobs, improved urban and rural infrastructure, and more cultivable land. Population movements are also becoming more complex. The governments of the neighbouring countries have expressed their concerns over the numbers of undocumented migrants from Afghanistan on their territory. Irregular cross-border movements now far outnumber repatriation flows. Competition for land, water, natural resources, and employment is growing sharper. Conflict and poverty underpin internal displacement, informal settlement in cities, and irregular migration. There are an estimated **275,945**¹⁶ IDPs in Afghanistan for whom solutions still need to be identified.

¹³ Attacks on schools continued in July and explosives were used for school attacks in Sherzad district in Nangarhar province and Marawara district in Kunar province.

¹⁴ In a separate incident on 26 August there was a clinic destroyed in Sar Hawza district of Paktika province in the south-east during a confrontation between AOGs and PGFs. Although the exact circumstances are still unclear, reports suggest that after a Taliban commander sought medical attention, Afghan forces raided the clinic and civilians evacuated before the International Security Assistance Force (ISAF) delivered an airstrike that according to media reports killed 12 AOGs.

¹⁵ UNHCR reported that in 2009 over 7107 IDPs from Zari Dasht and Mukhtar camps in the south voluntarily returned to their places of origin in the north (Faryab and Jawzjan) and received return and reintegration assistance.

¹⁶ Based on the latest figures from the Afghanistan National IDP Task Force.

In terms of repatriation of Afghans from neighbouring countries, while UNHCR's initial planning figures for 2009 stood at 220,000, actual return figures were considerably lower than in 2008. As of mid-November, 54,272 individuals had been assisted in their return to Afghanistan, mainly from Pakistan (48,320), Iran (5,758) and other countries (194).¹⁷ A complex array of factors, including security, political, social and economic ones, have contributed to the decreased number of returns from Pakistan.

The stated destinations of returning Afghans from Pakistan were to the northern region (3%, mainly to the provinces of Kunduz, Jawzjan and Baghlan), the eastern region (29%, mainly to the provinces of Nangarhar, Kunar and Laghman); and the central region (27%, mainly to Kabul province). Afghans destined for the south, south-eastern, western and central highland regions constituted 14% of the return from Pakistan. Insecurity and the lack of employment opportunities in Pakistan were cited as primary push factors.

During the same reporting period, Afghans returning from Iran (essentially from Kerman, Fars, Esfahan, Khorasan, Tehran and Qom) with UNHCR's assistance have chosen the northern region (49%, mainly to the provinces of Sari Pul, Kunduz, Jawzjan and Balkh), the central region (23%, mainly to Kabul province), and the western region, (23%, mainly to Herat province). Afghans destined for the southern, south-eastern and central highland regions constituted 5% of the return from Iran.

Peace and stability are threatened by insurgency and weakened by the modest advances of the reconstruction programme from which too few Afghans in rural areas have benefited to date. The increase in violence in Afghanistan in 2008 and so far in 2009 has rekindled refugee concerns about security, political stability, and the future prospects of reintegration. This is particularly the case among those Afghans who originate from the southern and eastern provinces adjacent to Pakistan. These areas have witnessed the majority of security incidents in 2009 and security concerns are a major factor in the decision-making process on whether to return to Afghanistan.

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. UNHCR anticipates that return patterns will remain unpredictable, with government policies, living costs and conditions, and prevailing security in and outside Afghanistan all likely having an effect. UNHCR is initially arranging to assist some 165,000 returnees from the neighbouring countries in 2010.

An added consequence of the continued deterioration in the security situation within Afghanistan is even more internal displacement, estimated in mid-November 2009 to be 275,945 IDPs (including both new and protracted displacements).¹⁸ This has added new response requirements to the already stretched humanitarian community. There was a limited distribution of emergency assistance to IDPs displaced by conflict in 2008 and this trend continued in 2009.¹⁹ By June, displacements from Pakistan into Nangarhar and Kunar provinces in the eastern region and Paktika province in the south-east, due to conflict in the North West Frontier Province in Pakistan were reported. During August, the security situation also continued to deteriorate in the north-east, limiting the movement of humanitarian actors. There were over 200 families displaced when Afghan forces launched a counter-insurgency operation in Baghlan-i-Markazi district in Baghlan province.²⁰ According to an ongoing assessment by implementing organizations, the Department of Refugees and Returnees, and the Provincial Disaster Management Committee (PDMC), 1,500 families newly displaced by conflict were identified in Helmand province as of 1 October. UN agencies were mobilising resources in Lashkar Gah for

¹⁷ The refugee returnees from Pakistan continue to encounter severe reintegration difficulties, most visibly in Nangarhar and Laghman provinces where several spontaneous settlements of landless and homeless appeared. Since 2002, 5.6 million Afghans have returned home, with 4.3 million assisted by UNHCR.

¹⁸ Following a profile exercise conducted by UNHCR in 2008, under the auspices of the Afghanistan National IDP Task Force, changes in IDP data have occurred and although much of the displacement is in inaccessible areas, estimates indicate 275,945 number of IDPs in Afghanistan (end October 2009).

¹⁹ According to UNHCR, 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.

²⁰ OCHA Monthly Humanitarian Update, Issue 9: August 2009.

distribution to those affected. Verification of further reports of 2,000 families displaced from Arghandab district in Kandahar province is in process by the southern region IDP Task Force.²¹

Afghanistan also continues to be affected by widespread and systemic poverty linked to discrimination and social exclusion, abuse of power by state authorities, and lack of accountability. The longstanding effects of drought (despite a good harvest in 2009), continued impact from recent flooding, lack of storage facilities, widespread corruption, and inaccessibility to food (particularly during winter months) caused food insecurity, especially in remote areas and for the most vulnerable segments of the population.

Fears that the harsh winter will see large increases in the pandemic (H1N1) 2009 virus is putting pressure on an already weak health system, which already fails to provide access to health care for over 600,000 Afghans. Increasing numbers of H1N1 cases have been reported at the time of writing, and this is further stretching national and international health services that are already struggling to meet the health needs of millions affected by decades of humanitarian crisis. In a country where maternal mortality levels rank among the world's worst and its fertility rate is the world's highest, it is concerning to note that pregnant women are among the most at-risk groups from the new influenza virus. Other health indicators in Afghanistan already rank among the world's worst, including for infant and under-five mortality, and the impact of the pandemic may serve only as a catalyst for further declines. WHO is assisting with the delivery of vaccines and training of health workers in pandemic preparedness and response, but intensified assistance is needed to further protect public health.

Afghanistan's vulnerability to disasters was demonstrated in April 2009 when two earthquakes struck Nangarhar province in the eastern region,²² killing 22 people, destroying 290 houses and rendering 650 families homeless. (There were no reports of major infrastructure damage.) Humanitarian assistance was provided by a number of agencies and coordinated by local authorities.²³ The earthquakes left a growing sense of insecurity among the local population towards natural hazards and highlighted the need to put in place community-based disaster risk management practices.

A survey of flood-affected areas in the five provinces of the northern region by the United Nations Assistance Mission in Afghanistan (UNAMA) identified four food-insecure districts: Aqcha, Faizabad, Murdyan, and Khamyab, all in Jawzjan province. The Ministry of Agriculture, Irrigation and Livestock (MAIL) has also surveyed provinces in the north-eastern region. Serious flooding took place during the spring in the north (Baghlan and Badakhshan provinces), north-east (Jawzjan and Sari Pul provinces) and west. According to a number of assessments, largely conducted by provincial authorities, there were approximately 22,000 households in 13 provinces of the north, north-east and western regions affected by floods during May. The response was coordinated in the field by PDMCs and at the national level by the Afghanistan Natural Disaster Management Authority (ANDMA).²⁴ In the northern region, 94 people died, 5,000 houses were destroyed, and another 3,500 houses damaged. The humanitarian response was conducted with the use of resources already in the country, depleting the limited resources which humanitarian agencies had in stock.

On 31 August, floods in Jalalabad affected 4,000 people, and according to an assessment led by the Afghanistan Red Crescent Society (ARCS), left four people dead and seven injured. A total of 289 houses were destroyed, 234 damaged, and latrines and water sources were damaged. There were reports of localised flood damage in parts of the north and north-eastern regions, while flooding in the north from the Amu Darya River in Kaldar and Shortepah district of Balkh province and Khamyab and Qarqin districts of Jawzjan province required further mitigation measures, as the affected areas were

²¹ The IDP Task Force was also conducting an investigation into the impact on civilians of clashes between Mughbil and Mangal tribes in Nadir Shah Kot district, Khost province. There was an estimated 230 families displaced with almost 20 people killed and 30 injured. Mediation efforts were underway but clashes continued.

²² On 17 April, two earthquakes at 5.5 and 5.1 magnitude on the Richter scale struck Nangarhar Province in the eastern region of the country.

²³ OCHA Afghanistan Situation Report #4 Flooding, 16 May 2009.

²⁴ ANDMA reported to UNAMA that there were eight districts in Paktya province affected by floods and hailstorms in the first two weeks of September. A series of assessments estimated that there were 1,568 families affected.

remote and difficult to access. Also reported in the north-east was damage to roads, canals and farmland parts of Badakhshan and Baghlan provinces, requiring mitigation and rehabilitation measures (including gabions, sandbags, and excavators).

Vulnerability remains high in Afghanistan. While food prices have eased slightly from last year's peak, the price of wheat flour in October 2009 was still 55% higher than the pre-crisis price (average January-October 2007). The Food and Agriculture Organisation of the United Nations (FAO) estimated the total cereal production for Afghanistan in 2009 to be 6.31 million MT, a result of extraordinary harvests across the country this year following good precipitation.²⁵ With the estimated yield 40 to 50% higher than the previous year,²⁶ this left a projected deficit of 220,000 MT. MAIL was procuring wheat from surplus areas (including the west and the north-east) to meet food deficits in other provinces (primarily in the south, south-east, east and central Highlands). In June 2009 it was estimated that households in the central western area of the country spent more than 75% of their incomes on food, while the average national proportion of income spent on food is 67%,²⁷ as compared with 55% spent in 2005.

A recent survey by Save the Children (SC) in Jawzjan (North Province) provided results similar to those in the last national nutritional survey of 2004 (acute malnutrition rate of 5.9%, severe acute malnutrition or SAM rate of 1.6%, and chronic malnutrition rate of 49.6%). Already in 2004, 54% of the children were suffering from chronic malnutrition (low height-for-age) whereas 7% were suffering from acute malnutrition (low weight-for-height). However, as the overall food security and socio-economic situation deteriorated it is assumed that malnutrition levels in some of the most affected areas increased. Assessments by various humanitarian actors in Shiwa valley in Arghanjkhwa district, Badakhshan province indicated prevalence of acute malnutrition in some parts of the area.²⁸ In general, malnutrition remains chronic among the population and deteriorates into acute malnutrition as a result of shocks such as natural disasters, displacement, conflict or rise in food prices.

²⁵ According to a report released on 2 June by MAIL and FAO, Afghanistan will see its best wheat harvest in 32 years, because of the heavy rainfall in March and April 2009, the use of high-quality seeds and the timely control of pests and diseases. Estimates suggest overall cereal production will rise to 6.3 million tons in 2009, up by 74% from last year. Of this, wheat accounts for a majority of the produce, with yields up by 63% and production estimated at 95% higher when compared to 2008. The area of wheat cultivation has also risen by 20%.

²⁶ According to FAO, in the eastern region (Nangarhar, Lughman, Kunar), the percentage of precipitation is better than last year and the wheat-cultivated area is 10% more than last year, as is the expected yield (2.9 Tons/Hectare). The reasons for increasing cultivation areas of wheat are high price of wheat, good precipitation and eradication of poppy. In the western region (Herat, Ghor, Farah, Badghis), due to timely precipitation and good climatic conditions this year the winter wheat field condition is good and the spring wheat cultivation has already completed in low elevation areas while in high elevations of Ghor and Badghis are either on track or almost completed within the farmers plans. There is an expected increase in the yield especially under rain fed area with significant growth of wheat, chickpea lentil and other crops.

²⁷ Humanitarian Action Plan 2009, Mid-Year Review.

²⁸ Other districts of Badakhshan are also likely to be affected by food insecurity after the winter, but access to affected areas is difficult.

2.2 Humanitarian achievements and lessons learned

Progress in 2009 against strategic priorities

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

As part of the efforts to provide relief to conflict-affected and disaster-affected groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities, agencies have been active on several fronts:

- In the course of this year, the United Nations World Food Programme (WFP) addressed the needs of altogether 4.4 million people affected by conflict and disaster by providing them with 103,000 MT of mixed food commodities. About 1,300 MT of food were distributed to 80,000 IDPs and returnees. These figures include about 12,000 beneficiaries under the UNHCR/WFP agreement.
- UNHCR, in close coordination with Afghan authorities and other agencies (including WFP, UNICEF, WHO, the International Organisation for Migration / IOM and thanks to in-kind donations by the Government of Italy comprising tents, kitchen sets and large communal tents) established temporary accommodation to receive 353 returnee families (1,618 individuals) from Iran in Sozma Qala (Sare Pul province), despite considerable logistical challenges. In view of land and property issues faced by these returnees in their original villages, the group will remain in the temporary accommodation centre throughout the winter months, with expected snowfall of 40-80 centimetres and temperatures that can drop to minus 15-20 degrees Celsius. UNHCR in partnership with the Norwegian Refugee Council (NRC) is winterising the temporary reception centre.
- The Water, Sanitation and Hygiene (WASH) cluster provided tankered water to more than 100,000 people in the north and north-east. Despite that, there was still a funding gap of \$2.6 million that precluded the Ministry of Rural Rehabilitation and Development (MoRRD) and partners from responding fully to drinking water needs in drought- and flood-affected areas in Kunduz, Takhar, Faryab, Balkh, and Jawzjan provinces.²⁹ The WASH cluster has had ongoing discussions with MoRRD regarding its proposal for water tankering for 400,000 people in 12 drought- and flood-affected provinces.
- Of the 275,945 IDPs in Afghanistan as of end October 2009, the majority are concentrated in the south and eastern regions of the country as follows: South (31.4%), east (28.7%), south-east (10.4%). However the western region also has significant numbers of IDPs (25.1%). 49% of the estimated IDPs in Afghanistan comprise the protracted caseload (displaced prior to December 2002). The remaining 22% are refugee returnees from Pakistan still in displacement due to reasons of insecurity or targeted persecution in places of origin.
- In 2009, IDP returns from the south included 1026 families (7107 individuals) mainly returning to the northern provinces of Faryab (43%) and Jawzjan (31%), while others returned to Badghis (13%), Ghazni (7%), Balkh (5%), Sare Pul (3%) among others
- Of 673 closed schools, local communities and the Ministry of Education (MoE) reopened 210 schools in June, leaving an estimated 460 schools closed because of insecurity. The Education Cluster continued to prioritise access to education in insecure areas, as well as education for returnees and IDPs in informal settlements lacking formal or community-based education.

²⁹ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

Direct attacks (including a missile attack in April on a school in Kunar) combined with children staying away due to fear of attacks has led to school closures and continue to affect access to education. In March 2009, there were 81 schools reopened by the MoE, in collaboration with community leaders, leaving an estimated 570 schools closed due to insecurity (including attacks on schools themselves). Schools have also been closed recently due to H1N1 influenza. This will continue into the winter season whereby schools normally close until they reopen the last week of March 2010.

- As part of the long-term solution for water-sanitation issues and drought, the WASH Cluster partners continued to provide assistance through spring protection, piping, the construction of water points and latrines, and hygiene education. Approximately 300,000 people benefited from those inputs provided by NGOs and UN agencies.
- UNHCR “One-Room Shelter”: UNHCR has looked into innovative ways to host families as an emergency response in Kunar province in the eastern area of Afghanistan, and has suggested the introduction of the “One-Room Shelter” as part of the Emergency Shelter Cluster (ESC) initiatives.
- The Protection Cluster has had protection oversight over new displacements, reported by the National and Regional IDP Task Forces. The Housing Land and Property Task Force also reporting to the Protection Cluster is engaged in assessing landlessness and local integration of displaced populations including refugee and IDP returnees, IDPs and others.
- The Mine Action Programme of Afghanistan (MAPA) deployed emergency mine clearance teams to areas where returnees were resettling and where mine contamination was discovered. The programme also provides mine risk education (MRE) to returnees in partnership with UNHCR. In 2009, there were 23,250 returnees provided with MRE at the encashment centres.
- The ESC members implemented various winterisation assistance projects during the past winter. IOM distributed charcoal and warm clothes; the International Rescue Committee (IRC) carried out small-scale distributions in Land Allocation Scheme sites; CARE responded to immediate needs with heating requirements in Barikap and Alice-ghan; the Agency for Technical Cooperation and Development (ACTED) implemented cash-for-work, storages and training programmes for Government; and NRC distributed non-food items (NFIs) in Jalalabad, Herat and other places. UNHCR distributed its winterization NFI assistance packages to nearly 212,000 Afghans throughout the country.
- FAO provided quality wheat seed (1,937 MT) and fertilizer for the autumn 2009 season to support 38,740 vulnerable households affected by the high food price crisis and drought in Uruzgan, Daikundi, Faryab, Jawzjan, Laghman and Nangarhar provinces.
- FAO provided locally-produced animal concentrate feed for the 2009/10 winter to support 4,185 vulnerable livestock holders in drought-affected areas in Uruzgan and Faryab provinces.
- Under emergency control measures for cash-crop protection against plant pests in northern Afghanistan, FAO supported the treatment of approximately 6,000 hectares of potato crops infested by Colorado potato beetle.

Strategic Objective 2: Monitor and advocate the protection of civilians and the respect of international humanitarian, human rights and refugee law

Progress in monitoring and advocating for the protection of civilians, and for respect of international humanitarian, human rights and refugee law included the following:

- In response to the incidents involving occupation of health facilities by military forces, the Agency Coordinating Body for Afghan Relief (ACBAR) worked with OCHA and health actors to develop a code of conduct for entry into health facilities by military forces. This effort was coordinated with the existing civil-military guidelines and with ISAF efforts to draft Standard Operating Procedures for humanitarian activities that will apply to health facilities.³⁰ Meanwhile, the health cluster continued its advocacy for health services to operate unimpeded during the elections and developed a contingency plan for potential mass casualty events during that period.³¹
- As of end October, UNHCR updated the National IDP Task Force members on the IDP situation in Afghanistan, estimating the total IDPs in the country at 275,945 people, which includes both the protracted caseload (displaced prior to 2002) and later displacements. Trapped between increased national and international offensives against AGEs, 7,107 IDPs from the two southern camps of Zare Dasht and Mukhtar sought UNHCR assistance to return home to the north and the east with the majority returning to Faryab and Jawzian in facilitated convoys through June to October 2009.
- The Education Cluster worked with the MoE to refurbish and equip reopened schools, in addition to advocacy for alternatives to the use of schools for voting.³² The Cluster advocated the reopening of closed schools. The Protection, Education and Health Clusters cooperated on the issue of the use of schools and clinics for the elections. Strategy notes on advocacy initiatives regarding condolence payment schemes for civilians and the Cluster's relationship with the Civil-Military Working Group were developed.³³
- Since 2002 the Afghan voluntary repatriation operation resulted in the return of over 5.6 million Afghans to their homeland, including 4.3 million of them with assistance from UNHCR. This includes a number of elements pertaining to processing of the return through the Encashment Centres, e.g. registration, counselling, provision of basic health care, mine awareness training, cash assistance (average \$100 per person) for transportation and initial reintegration purposes, and food in partnership with WFP. Mostly, the majority of those returning from 2002 to 2005 have been able to reintegrate into their local communities with few major difficulties. However, since 2006 the security situation has worsened and eroded confidence in the country's political and economic future. The absorption capacity of many communities started to experience limitations leading to growing competition over essential resources such as land, water and property. The lack of livelihoods, limited economic opportunities coupled with the upsurge in violence in Afghanistan and Pakistan have an impact on repatriation trends and rekindled refugee concerns about security, political stability, and the future of the reconstruction programme. As a result, only 54,272 individuals availed themselves of the facilitated return package from UNHCR by mid-November 2009.

³⁰ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

³¹ OCHA Monthly Humanitarian Update, Issue 8: July 2009.

³² OCHA Monthly Humanitarian Update, Issue 8: July 2009.

³³ OCHA Monthly Humanitarian Update, Issue 7: June 2009.

- The Afghan Independent Human Rights Commission (AIHRC) and an international NGO joined the inter-agency Country Task Force for the Monitoring, Reporting and Response Mechanism on Children and Armed Conflict (CTFMRM) since the drafting of its first report.³⁴
- The ongoing extremely vulnerable individuals (EVIs) assistance project run by UNHCR aims to help the most vulnerable people among returnees and IDPs to develop coping mechanisms and improve their chances of sustainable return and reintegration. The project began in June 2005 and now covers 17 provinces.
- UNAMA Human Rights Unit (HRU) and the Office of the High Commissioner for Human Rights (OHCHR) continued to monitor the impact of the armed conflict upon civilians, including managing a database on conflict-related civilian casualties throughout the year, as well as reporting on key issues through its Protection of Civilians in Armed Conflict, Afghanistan reports. UNAMA's Mid-Year Bulletin highlighted the use of IEDs and suicide attacks carried out by AGEs and airstrikes conducted by PGFs – tactics that together accounted for the largest number of civilian deaths in 2009.

Strategic Objective 3: Mitigate food insecurity and treat malnutrition

Malnutrition remained a critical issue in 2009 among children under five years old and pregnant and lactating women. Winter and security issues are partly the reason for the reduced access to health care services, but exacerbating factors are contributing to escalating armed conflict, long-standing drought, increasing high food prices and the global financial crisis experienced last year. Activities included:

- WFP provided 71 MT of food to 600 families displaced from North Waziristan in Pakistan to Spera district of Khost province, as well as 41 MT of food to 346 families displaced from the Swat valley to six districts of Paktika province. There was food and non-food assistance provided to 107 families displaced by tribal conflicts from Nurgram to Alingar district in Laghman province.³⁵
- UNICEF provided additional support to the nutrition cluster members (Oxfam, IbnSina, Cordaid, *Aide Médicale Internationale* / AMI, *Action Contre la Faim* / ACF, SC, and Coordination of Humanitarian Assistance / CHA) to expand community management of acute malnutrition.³⁶ FAO trained community-based health staff in the use of local foods for complementary feeding.
- In total, 44 therapeutic feeding centres continued to operate in 33 provinces, and community-based management of acute malnutrition was expanded in Bamyān (by SC-US), Jawzān (by SC-UK and Step Health and Development Organisation), and Kandahar and Uruzgan provinces (by CORDAID and Afghan Health and Development Services / AHDS).
- FAO completed training of staff from the Plant Protection and Quarantine Department and farmers to implement emergency control of Colorado potato beetle in northern Afghanistan, through the establishment of pesticide trails and spraying of fields in Bamyān, Badakhshan, Baghlan, Kunuduz, Samangan and Takhar provinces.

³⁴ The CTFMRM was established on 27 July 2008 and is co-chaired by UNICEF and UNAMA. Additional members include UNHCR, the United Nations Office on Drugs and Crime and WHO. The CTFMRM prepared the first Report of the Secretary-General on Children in Armed Conflict in August 2008, which was released on 21 November in New York and reviewed in December 2008 by the Security Council Working Group on Children and Armed Conflict (SCWG CAAC). This report covers the period from 1 July 2007 to 15 August 2008. The SCWG CAAC issued recommendations to the Security Council aimed at exerting pressure upon parties in conflict to halt violations against children and works within the newly adopted Security Council Resolution 1882.

³⁵ OCHA Monthly Humanitarian Update, Issue 9: August 2009

³⁶ OCHA Monthly Humanitarian Update, Issue 7: June 2009

- Clearing agricultural land contaminated with landmines and other ERW is a vital way of reducing food insecurity in rural areas. At the time of writing, MAPA has cleared 49 square kilometre of agricultural land, freeing it for productive use, accounting for 88% of overall clearance in country.
- UNAMA HRU has continued to analyse the human rights dimension of poverty, including the right to food and the relationship between poverty and abuse of power by authorities. Discrimination, social inclusion as well as inaccessibility have also contributed to unequal access to food. Studies indicate that in some households, women receive less food, reflecting a need to provide disaggregated data as a basis for analysis on food insecurity and to improve humanitarian response by addressing such issues.

Under the overall coordination of the Central Statistics Organisation and MoRRD a food security monitoring exercise was conducted in 2007 to 2008, using information from interviews of 1,616 households in 34 provinces, in addition to various secondary sources. The Food Security Monitoring System showed the following:

- On average 35% of households eat less than their daily requirement. This is a 5% increase from the NRVA 2005.
- Overall 43% of the sampled households are characterised by poor food consumption scores.
- 68% of the Afghan households have poor food access, 21% have average food access and 11% have good food access.
- Households in the central western part of the country spent more than 75% of their incomes on food, while the average national proportion of income spent on food is 67%.
- Unusual high food prices and drought were the most commonly reported shocks experienced by sampled households.

Based on the 2007/2008 NRVA's findings, WFP also undertook another cross tabulation using the three food insecurity indicators (food consumption score, kilocalorie intake and food access) to further categorise the total food-insecure population into the following sub-groups:

- Very highly food-insecure: estimated at 2.5 million (11% of the country's population)
- Highly food-insecure: estimated at 1.3 million (5% of the country population)
- Moderately food-insecure: estimated at 3.4 million (15% of the country population)

Badakhshan – where more than 60% of the population is food-insecure – is considered the worst province, followed by Ghor, Daikundi, Bamiyan, Balkh, Logar, Paktya, Khost, Laghman provinces with a proportion of food-insecure populations between 41% and 60%.

Strategic Objective 4: Improve preparedness for disasters and disease outbreaks, and related response

Other activities focusing on the advancement of the strategic priority of **improving preparedness for disasters and disease outbreaks, and related response** included:

- A polio vaccination campaign conducted by WHO and partners in areas with access problems in the west, east, and south between 13 and 15 September.³⁷ This was the best overall round since January 2008, and the campaign has resulted in consistent decreases in both the percentage of children not accessed and the percentage of districts that are consistently inaccessible. Additionally, WHO pre-positioned emergency supplies throughout the country for

³⁷ The round missed 3% of all children targeted, and 4% in the south alone. To create herd immunity, the campaign needs to consistently reach 95% of children. While 4% is considered good, overall there may be districts with a higher rate, which is problematic if they are in the polio belt.

use by Health Cluster Members. ICRC assisted with informing AOG leaders of the humanitarian immunisation effort. There were no reports of problems in Helmand this round. There are two additional national immunisation rounds scheduled for October and December this year.

- A nationwide polio campaign conducted in the second week of January, but insecurity delayed its successful implementation in the south, mainly in Helmand and part of Kandahar. More than 200,000 children were not immunised during the campaign, and as of 21 February 2009, there were two cases confirmed, again in the south. The deterioration in security has worsened the health status of the population, with recrudescence of polio cases since the conflict intensified³⁸ in the south. This outbreak is a latent check that despite continued efforts and different innovative approaches, the polio virus continues to circulate in the region. Security and access remain the major challenge for successful polio vaccination and eradication campaigns.
- By September, agencies in all regions had begun to pre-position and distribute materials to carry out regular activities in areas that are difficult to access in the winter, and OCHA worked with partners in the regions to finalise contingency planning for winter. There were contingency planning efforts finalised by mid-October led by PDMCs, in the four provinces in the West. In the northern region, OCHA and ACBAR supported ANDMA and PDMCs in their efforts to develop, together with UN agencies and NGOs, a joint regional winter preparedness plan. In the central highlands, preparations were underway in both Bamiyan and Dai Kundi and an assessment planned for winter needs. In the North-east, OCHA and UNAMA supported the preparedness efforts led by PDMCs in Badakhshan, Takhar, Baghlan and Kunduz. OCHA-Kandahar also worked with partners to finalise a contingency plan for conflict, natural disaster, and extreme winter conditions in the southern region.³⁹ UNHCR developed a plan to cover the immediate winter needs of some 29,510 beneficiary families (about 177,000 individuals) and to build up a contingency stock of major NFIs (blankets, plastic tarpaulins, jerry cans and 2,500 tents) to respond to emergency requirements of some 67,490 families (about 405,000 individuals) in all regions of Afghanistan.
- OCHA and humanitarian partners discussed contingency plans for a rapid assessment on the humanitarian impact in the Shiwan area of Balabuluk district in the Farah province, as a result of ongoing military operations. A second assessment was planned for displacements from Shahrak district in Ghor province to Chest-e-Sharif district in Herat following tribal conflicts in July.⁴⁰
- Health Cluster members were able to negotiate access to the provincial hospital for patients of a cholera outbreak in Nangarhar and Uruzgan provinces, while also securing access for health teams to the affected area in Uruzgan.⁴¹
- The Health Cluster instituted a framework for members to report attacks against health staff and facilities. The cluster also followed up on a number of reports of disease outbreaks, including measles in Dai Kundi province and cholera among drug addicts in Kabul. Emergency health supplies were dispatched to the affected areas.⁴²
- WHO supported preparations in close collaboration with the Ministry of Public Health (MoPH) of the Emergency Preparedness and Response Plan for the pandemic (H1N1) 2009 outbreak. WHO also supported the MoPH to train Health Cluster partners' key medical staff in case management. By July, there were 15 confirmed cases of influenza A H1N1 in Afghanistan.

³⁸ Along with Nigeria, Pakistan and India, Afghanistan is one of the last four countries in the world where polio still exists. In 1999, 63 polio cases were recorded, with an almost even spread of reported cases between the southern, western, northeastern and eastern regions. In 2004, confirmed polio cases had dropped to a mere four reported cases, all located in the south. In 2005, nine polio cases were confirmed after an outbreak of the most severe type of polio started in the second half of the year, at a time when local levels of violence rose drastically. In 2006, numbers went up to 31 while in 2007, 17 cases were recorded. In 2008, there were 32 confirmed polio cases, 25 in the southern region, while the number of infected districts rose from 11 in 2007 to 13 in 2008. Most of the confirmed cases were reported in Kandahar Province followed by six cases from Helmand, five cases from Uruzgan and one case in Zabul.

³⁹ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

⁴⁰ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

⁴¹ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

⁴² OCHA Monthly Humanitarian Update, Issue 9: August 2009.

WHO provided information and technical support to the MoPH, UN agencies and health-implementing partners and has strengthened the disease surveillance system.

- The Shelter Working Group conducted a survey of shelter needs in all five provinces in the northern region and estimated that 3,217 flood-affected households were in need of emergency shelter before the winter. In addition to supporting the response to returns in Sari Pul province, the cluster also compiled data on shelter and NFI stocks for contingency planning purposes and identified a shortfall of tents.⁴³ The Shelter Technical Working Group developed a rapid shelter assessment tool to provide an overview of populations in immediate need of shelter after an emergency.
- As of 2 November 2009, WFP dispatched 26,708 MT of food of the planned total of 32,844 MT of food for ongoing activities in areas where access may not be possible during the winter.
- A total of 5000 families in Laghman and Nangarhar provinces in the eastern region who returned from Pakistan have been provided with safe drinking water at the rate of 15 litres/person/day through water tankering and storage facilities. Separate and sufficient toilet facilities were provided for women and men. In addition, hygiene practices were promoted and monitored to help preventing outbreak of diseases like diarrhoea or cholera. Emergency preparedness and response planning for the H1N1 flu outbreak took place. By July, there were 15 confirmed cases of influenza A H1N1 in Afghanistan. WHO provided information and technical support to MoPH, UN agencies and health-implementing partners and has strengthened the disease surveillance system.
- MACCA advocated mine action to be considered a non-political and neutral activity and for mine action to be provided free passage by all state and non-state actors.

Strategic Objective 5: Improve overall humanitarian access and response, including through strengthened humanitarian coordination and capacity at national and sub-national level

Significant progress has been achieved on the strategic priority of improving overall humanitarian access and response, including strengthened humanitarian coordination and capacity at national and regional level:

- The Education Cluster improved its data collection to strengthen its understanding of restrictions on access to education resulting from conflict and natural disasters. The Cluster also gathered data on election-related security incidents affecting schools with the goal of developing a common position regarding future advocacy against the use of schools as polling centres.⁴⁴
- The Emergency Telecommunications Cluster (ETC) continued the effort to improve the security telecommunications network in Kabul and around the country. In line with this, two missions were deployed to the country to investigate the radio interference problems faced by the humanitarian community in Kabul, and accordingly proposed a solution that is to be implemented during 2010. The ETC will continue the training of trainers program on security telecommunications with the goal of establishing a sustainable training model for Afghanistan. In addition, the ETC worked to promote regional working groups focused on the coordination of the information and communications technology efforts of the humanitarian community.
- OCHA re-established presence in Afghanistan following the request of humanitarian agencies in 2008, deploying staff and opening offices and sub-offices in Herat, Kunduz, Jalalabad, Mazar-e-Sharif, Kandahar and Bamiyan in early 2009.

⁴³ OCHA Monthly Humanitarian Update, Issue 9: August 2009.

⁴⁴ OCHA Monthly Humanitarian Update, Issue 10: September 2009.

- The Afghanistan Protection Cluster coordinates protection activities, gaps and needs. The National and Regional IDP Task Force coordinates the situation and needs of the internally displaced and is co-chaired by UNHCR and the Ministry of Refugees and Repatriation (MoRR), while the Housing Land and Property Task Force coordinates housing, land and property issues across all regions in collaboration with partners. After discussions between UN and non-UN stakeholders it was agreed to create a gender-based violence (GBV) Prevention and Response Sub-Cluster under the Protection Cluster. The United Nations Population Fund (UNFPA) is to assume the lead role in the interim, and build capacity of the AIHRC to assume the lead role in the long-term. To facilitate national capacity building, UNFPA will provide technical and financial support to AIHRC. A stakeholder workshop was conducted on 4 October to confirm this modality and to develop a strategy and work plan for the Sub-Cluster. The UNICEF-led Child Protection sub-cluster actively co-ordinates child protection and the protection and reporting on children in situations of armed conflict (in accordance with Security Council Resolution 1612) through the Afghanistan Protection Cluster. UNAMA HRU / OHCHR provide information to cluster members on the human rights situation in Afghanistan and the impact of the conflict on civilians.
- The Health Cluster opened a new regional office in the south, increasing the cluster's ability to advocate with parties to the conflict for the protection of health workers and facilities as well as humanitarian principles in the delivery of health care.
- The MACCA coordinates all mine action activities throughout the country, ensuring that the clearance is strategic and according to humanitarian priorities. MACCA worked with all implementing partners in 2008 to produce the 1388 Integrated Operational Work Plan, setting out all the goals and activities for the year roughly covering April 2009 to March 2010.
- Landmines and other ERW can limit humanitarian access. At the time of writing MAPA had cleared 195 communities in a vital step towards improving access. Clearance is urgent because winter snow and floods can cause mines to move, posing an immediate danger to nearby communities.

2009 Funding Overview

The 2009 HAP initially requested a total of \$604 million to meet urgent humanitarian needs through 112 project proposals submitted by 39 NGOs and eight UN organisations. During the Mid-Year Review, the requirements were revised upwards to \$665 million with the inclusion of new projects targeting the conflict-affected population and flood-affected caseloads. Clusters also re-prioritised HAP projects for urgent consideration by the donor community, with a special emphasis on NGO projects, as many of them remained under-funded.

The overall level of funding to date⁴⁵ was \$466 million or 70% of overall needs. The total funding figure includes resources carried over from 2008 (\$210 million, largely by WFP) as well as \$4.16 million in grants from the Central Emergency Response Plan (CERF).

Funding per cluster

A sizeable portion of the total available resources has been used for food aid. The food security and agriculture cluster is 91% funded, having received \$111.6 million in addition to the \$208 million carried over by WFP. (Within this cluster, however, agriculture has only received 27% of its requirements.) The best-funded clusters are Education (159% funded) and Emergency Telecommunications (100%).

The worst-funded cluster is Health (2%). This raises serious questions in a humanitarian context as dire as Afghanistan's, where key health indicators are among the world's worst (infant mortality levels are the world's worst and maternal mortality rates are among the highest). Also, the Common Services cluster is 83% funded overall, but within this there has been no funding for the project for

⁴⁵ All figures are a snapshot from 12 November 2009.

safety and security of staff and operations. It goes without saying that Afghanistan’s volatile security situation poses important threats to the safety of humanitarian workers and their operations.

There is a need to ensure more balanced funding for other clusters (such as Health and Nutrition) that are complementary to the provision of food. In line with the overall vulnerability framework, donors are also encouraged to provide support to clusters complementing basic services and livelihoods for the most vulnerable.

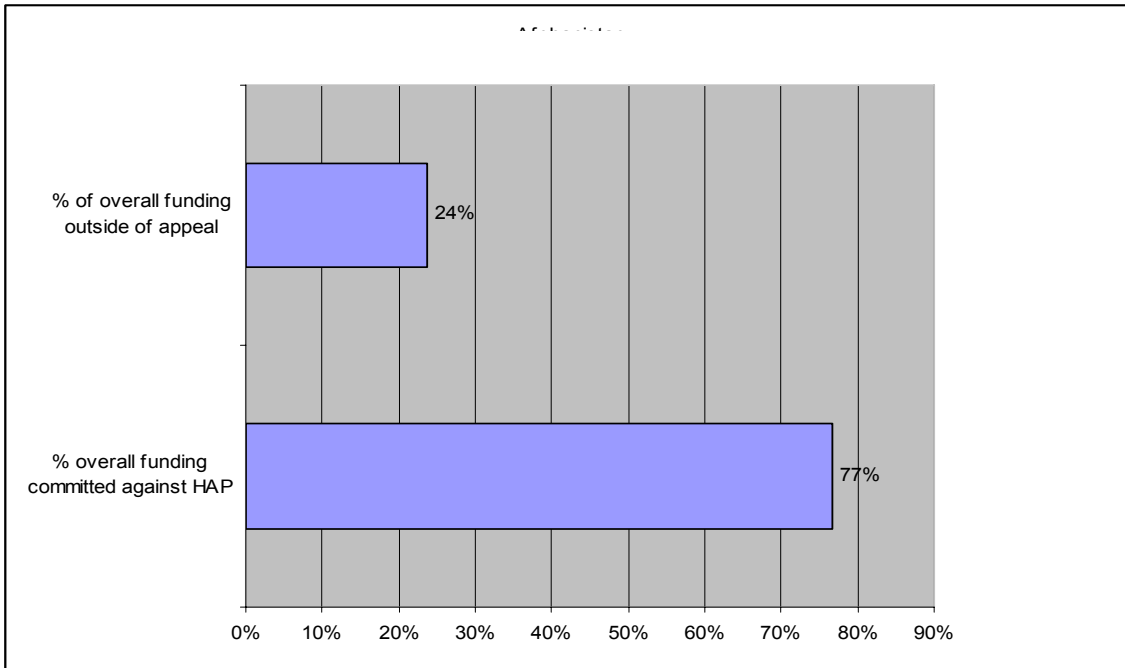
HAP Funding per cluster in 2009

Cluster	Original requirements (\$)	Revised requirements (\$)	Carry-over (\$)	Funding (\$)	Total resources available (\$)	% Covered
Common Services	18,453,738	30,181,446	1,908,860	23,113,442	25,022,302	83%
Education	12,465,490	17,394,371	0	27,715,522	27,715,522	159%
Emergency Shelter	38,476,955	36,141,262	0	23,354,502	23,354,502	65%
Emergency Telecommunications	300,544	330,167	0	330,167	330,167	100%
Food Security and Agriculture	354,827,478	352,502,935	208,099,098	111,583,770	319,682,868	91%
Health	36,247,039	37,176,839	0	580,343	580,343	2%
Multi-Sector	-	42,106,632	0	25,526,108	25,526,108	61%
Not Yet Specified	-	-	0	2,740,800	2,740,800	n/a
Nutrition	7,823,698	6,769,364	0	1,271,380	1,271,380	19%
Protection	116,773,358	119,457,702	0	30,969,499	30,969,499	26%
Water, Sanitation and Hygiene	18,612,853	22,862,337	0	9,305,892	9,305,892	41%
Grand Total:	603,981,153	664,923,055	210,007,958	256,491,425	466,499,383	70%

In order to encourage more balanced funding across all clusters with the HAP, the 2010 funding strategy will attempt to engage traditional donors focused on development activities in Afghanistan as well as non-traditional donors regarding operations. Additionally, there is a commitment to advocate sustained support to NGOs within the HAP. Of the overall funding received in 2009, approximately \$28 million (15% of the requested amount) went to NGOs (which constituted 6% of the total), while some \$438 million was provided to UN agencies. Both national and international NGOs have raised the issue of lack of funding as one of the reasons for not participating in the HAP while cluster leads mentioned the lack of timely funding as a constraint on delivering assistance in 2009.

Donors have been encouraged to pledge assistance through the HAP, yet to date a significant amount of aid has been channelled outside the HAP, amounting to \$145 million, plus \$6.4 million in uncommitted pledges.

Funding against the HAP compared to funding to activities outside the appeal



2009 Funding against priorities

Project selection and prioritisation passed several vetting levels before they could be included in the 2009 HAP. 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 the most likely scenario
- The project addresses needs confirmed by evidence

Projects that met up to three of these criteria were included in the ‘medium’ priority group, those meeting four criteria are in the ‘high’ priority group, and the projects that met five or more criteria, were ranked as being ‘immediate’ priorities. During the Mid-Year Review, unfunded NGO projects were prioritised over UN projects in the HAP.

Priority Designation	Requirements	Funding to Date
A. Immediate	537,042,068	379,469,504
B. High	71,922,647	68,184,120
C. Medium	54,184,881	15,609,870
D. Low	1,773,459	-

Emergency Response Fund (ERF) in 2009

Early in 2009, OCHA set up a committee to establish an ERF for Afghanistan, consisting of two representatives from each NGO and donor organisation as well as UN agencies. The main aim of the ERF is to provide humanitarian actors with an independent, needs-based source of funding in order to respond to emergencies as promptly as possible. On November 17, the guidelines were endorsed by the HCT and signed off by the Humanitarian Coordinator (HC). Funds have already been committed and a fund manager is being recruited. ERF is expected to be fully operational by December 2009. The target figure for the ERF is \$5 million.

Lessons learned from CAP Mid-Year Review

At the launch of the HAP 2009 Mid-Year Review, clusters, donors and the humanitarian community proposed a number of recommendations for improving the HAP, which were taken into consideration during the preparation for the 2010 HAP. As humanitarian space decreases in conflict-affected areas, the HAP is a valuable tool for coordinating activities and identifying vulnerable populations in need of assistance, such as IDPs and deportees from Iran. In order for the HAP to fulfil its purpose as a coordination mechanism, the principles of Good Humanitarian Donorship and humanitarian action planning need to be better implemented and integrated. Donors need to provide more adequate, timely and predictable funding and encourage greater agency participation in an 'inclusive' HAP. Agencies need to strive to improve needs analysis, collect baseline data, identify priorities, report funding, assess impact, show results and implement evaluation findings. By improving communication and enhancing funding, both in terms of quality and quantity, the HAP will be able to achieve its strategic objectives.

Humanitarian coordination

The cluster approach was adopted in April 2008, with eight clusters activated at the national level by August 2008. Current cluster coordination arrangements agreed by the HCT in Afghanistan are as follows:

Cluster	Lead – Co-lead
Education	UNICEF – SC
Emergency Shelter	UNHCR – CARE
Emergency Telecommunications	WFP
Food Security and Agriculture	WFP / FAO – Afghanaid
Health	WHO – Ibn Sina
Nutrition	UNICEF / FAO
Protection	UNHCR – NRC – UNAMA HRU – OHCHR
Water / Sanitation	UNICEF / Danish Committee for Aid to Afghan Refugees (DACAAR)

With OCHA present in the country, a series of other coordination fora are also in place on a more regular basis, either to discuss more general overarching issues or specifics governing implementation of projects within certain clusters. On a monthly basis OCHA organises:

- UN, NGO, donors meetings, as an information-sharing forum
- HCT meetings, which includes UN agencies and NGOs and acts as a decision-making body for issues of humanitarian concern
- Inter-cluster coordination meetings where common issues related to the clusters are agreed

Other coordination mechanisms include a Civil-Military Working Group in place, and a GBV Working Group.

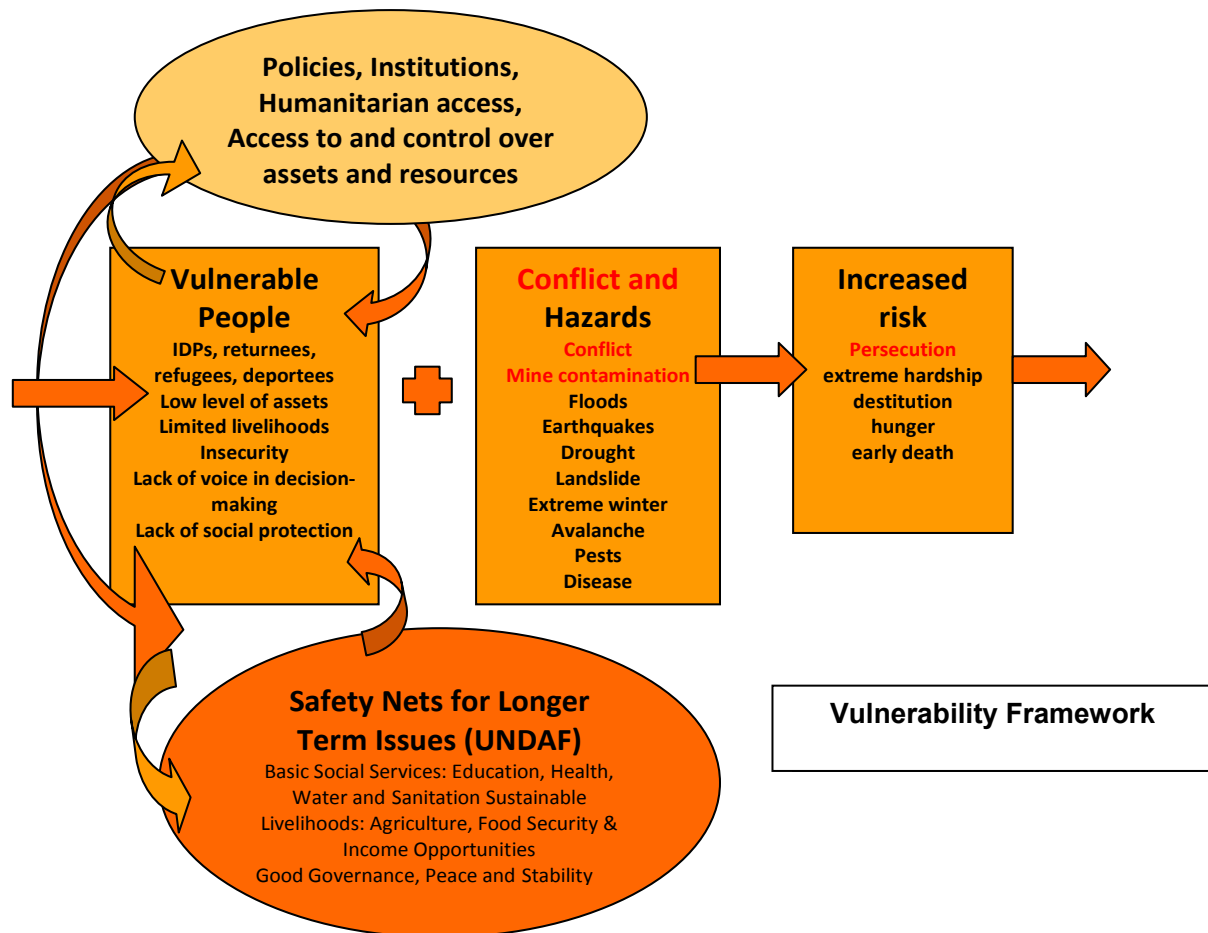
3. NEEDS ANALYSIS

3.1 Context

Overview of the situation in Afghanistan

Despite almost nine years of international investment and support to the Afghan government the country's indicators continue to rank near the bottom of the world list. The majority of the population are vulnerable and increasingly so as the conflict has worsened throughout the course of 2009, creating new waves of displacement and / or suffering for people already living in precarious circumstances.

The focus of the humanitarian framework analysis is on the vulnerability of the population and their exposure to hazard events and conflict that results in increased risks of hardship. A humanitarian strategy supports appropriate services or 'safety nets' that will reduce the impact of the conflict and disasters.



Disasters do not occur in isolation, but are affected by longer-term issues related to physical, social and economic factors. The impact of emergencies and conflict on people also depends crucially on the types of institutions, policies and processes that affect their access to and control of assets and resources. Compounding the challenges facing the Afghan people are ongoing issues of armed conflict and vulnerability to hazards including drought, floods, extreme winters, earthquake, landslides, rising water and locusts alongside the other key development issues.

Vulnerability overview

Human Development Index data, 2009 ⁴⁶

Category	Afghanistan	HDI Ranking
Life expectancy at birth	43.6 years	176 out of 182
Adult literacy rate 1995 to 2005	28%	150 out of 182
Fertility rate 2005 to 2010	6.6 births per woman	One of the world's highest
Under-five mortality rate, 2005	257 per 1,000 live births	Second highest in the world
Infant mortality rate, 2005	165 per 1,000 live births	Worst in the world
Population under age 15, 2005	47%	Only six of the world's poorest countries have (slightly) higher percentages.
Population using a safe water source, 2004	39%	Second worst in world
Population using improved sanitation, 2004	34%	23 countries rank lower

Economy

The Afghan economy has improved significantly since the fall of the Taliban regime in 2001 although it is still recovering from decades of conflict and ongoing warfare. The improved economic situation is largely due to the infusion of international assistance, supported by the bumper harvest in 2009 and service sector growth. Despite the progress of the past few years, Afghanistan remains an extremely poor country, highly dependent on foreign aid, agriculture, and trade with neighbouring countries. The ten largest donors provide more than 85% of assistance with the USA supplying 50% of total assistance. Much of the population suffers from lack of essential services, such as food, housing, clean water, electricity, medical care, access to justice and jobs, while great inequalities remain in distribution of wealth. In addition, discrimination and social exclusion, abuse of power by state authorities, and lack of accountability have caused a poor distribution of resources affecting remote areas and the most vulnerable segments of the population. Overall food insecurity is also exacerbated. High crime rates, insecurity, and the inability to extend rule of law to all parts of the country pose challenges to future economic growth. Afghanistan was ranked 172nd of 180 countries for its degree of corruption by Corruption International, and received a score of 1.8 out of 10 in Transparency International's index.

While the international community remains committed to Afghanistan's development, the Government will need to overcome a number of challenges including a greater effort to eradicate social injustices and discrimination against women and minorities. One of the challenges is poppy cultivation and the opium trade, which generate roughly \$4 billion in illicit economic activity and is the one of the most serious policy concerns.

The economy remains predominantly informal, with a large part (circa 40%) of its estimated \$7 billion gross domestic product generated from narcotics. Its vulnerability to external shocks is underlined by the impact of fluctuating oil and grain prices. While the situation is expected to ease somewhat in 2009 if food prices decrease due to the expected record harvest, fears of drought, poor harvests, and dependence on imports from Pakistan will likely continue. In 2009, the national food price index declined by 32.3%; of this, bread and cereal alone declined 73.1%. (By contrast, the non-food parts of the national consumer price index showed an annual increase of 7.4%.)

During April 2009, the price of wheat flour decreased sharply because of the import of large amounts of wheat flour from Kazakhstan by traders, the government price stabilisation programme, decrease of cereal prices in international markets and continued food aid. The prices of wheat flour in most of the main urban markets indicated the following changes:

- Decline of 5% compared to March 2009
- Decline of 45.3% compared to April 2008
- Increase of 49.7% compared to April 2007 (i.e. still very high compared to a normal year)

⁴⁶ Source: UNDP Human Development Index, 2007-08, published online, and Ministry of Health Afghanistan Health Survey 2006: Estimates of Priority Health Indicators.

The government continues to remain 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. Insecurity and poor legal protection inhibit private sector development and investment. Continuing conflict absorbs nearly 10% of the government budget in defence expenditure, diverting much-needed resources away from social programmes.

Human Rights

Afghanistan continues to witness human rights violations and very weak rule of law. 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 not deemed to be accessible for a vast majority of Afghans.

Continued widespread violence against women in 2009 did not abate and included rape, so-called honour killings, early and forced marriages, the practice of “*baad*” (where a girl child is used as collateral to settle a dispute), domestic violence and sexual abuse in detention. These human rights abuses all exist within a climate of entrenched and widespread impunity for gender-related violence. In addition, discriminatory laws, i.e. certain provisions of Shia law and policies, remain of concern.

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 entitlement to human rights such as health, food, water and sanitation, education, shelter and livelihoods.

Abusive power structures, weak governance, discrimination and marginalisation contribute to alarming levels of poverty that impoverish the lives of millions of Afghans. The country faces challenges to the transitional justice agenda which will most likely be further hindered by the re-empowerment of well-known alleged war criminals, the deteriorating security situation, threats to human rights defenders, lack of accountability, and risk of re-legitimisation of abusive power brokers through restrictive vetting processes, further diminishing the population’s confidence in the government’s commitment to justice.

Deep inequalities in the distribution of wealth, income and access to justice due to discrimination and social marginalisation leave large segments of the population vulnerable. Human rights analysis is crucial to the success of poverty reduction initiatives, particularly in regard to the factors that affect resource allocation.

Natural Hazards

Natural hazards have always been part of Afghanistan’s reality, and the population in hazard-prone areas have adapted coping mechanisms to deal with extreme events using their own capabilities, skills, knowledge and technologies. Natural disasters occur when events triggered by natural hazards overwhelm local response capacity and seriously affect the social and economic development of a region.

Hazards may be natural or man-made or a combination of both. People have little or no control over disasters such as earthquakes but other natural hazards such as floods, landslides, drought, pests, conflict, and diseases may be influenced by human activity and policies. In these cases the hazard is not just an external factor, but is linked to longer-term issues, institutional structures and people’s livelihoods. Weather-related hazards are particularly important in Afghanistan with nearly 80% of Afghans relying on agriculture for their livelihoods.

Summarised Table of Natural Disasters in Afghanistan 1954 – 2008

	Number of Events	Killed	Injured	Homeless	Affected	Total Affected	Damage (\$ (000's))
Drought	7	0	0	0	7,383,000	7,383,000	30,200
average 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
average per event		435	406	3,687	19,774	23,867	64,769
Epidemic	19	3,828	0	0	253,217	253,217	0
average per event		202	0	0	13,327	13,327	0
Extreme temperature	5	572	0	0	200,200	200,200	0
average per event		114	0	0	40,040	40,040	0
Flood	46	3,508	661	37,875	977,399	1,015,935	376,000
average per event		76	14	823	21,248	22,086	8,174
Insect infestation	1	0	0	0	0	0	0
average per event		0	0	0	0	0	0
Landslides	9	827	64	110	300,400	300,574	0
average per event		92	7	12	33,378	33,397	0
Wildfires	1	0	0	0	0	0	0
average per event		0	0	0	0	0	0
Windstorm	4	312	0	0	22,656	22,656	0
average 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

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 and H1N1 influenza

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 fundamentals of protection.

3.2 Humanitarian Needs Analysis

Current humanitarian needs in Afghanistan are as follows:

- Escalating conflict and insecurity, associated civilian casualties, destruction of infrastructure and private property, population displacement, attenuation of basic social services, health and reproductive health services, loss of livelihood opportunities, and lack of access to government basic services and assistance.
- Entrenched and widespread impunity for human rights abuses and criminal activities, as well as a lack of accountability for violations of international humanitarian law.
- 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 crises and emergencies; unequal distribution of wealth and assets; disproportionate effects of poverty on vulnerable segments of the population.
- Against the background of some of the world's worst rates for infant, under-five and maternal mortality the conflict and subsequent displacement and restricted access to essential health services combined with potential natural disasters significantly exacerbate the pre-existing vulnerability. Furthermore the increasing threat posed by the pandemic (H1N1) 2009 will disproportionately affect high-risk groups in the community, including pregnant women and people with pre-existing conditions.
- Global high food prices (and related phenomena like food export bans in neighbouring countries), which are placing non-agricultural households into deepened poverty and food insecurity. Related high prices of agricultural inputs such as fuel and fertiliser, as well as drought, are preventing profits from accruing to Afghan farmers.
- Displacement induced by conflict, drought, poverty, and the forced return of some vulnerable refugee populations and economic migrants.
- The ongoing-armed conflict and criminality compounds the causes of acute humanitarian needs in Afghanistan. This overarching poverty and dearth of social services causes widespread basic needs which sometimes become acute enough, in the most vulnerable cases, to be considered humanitarian.
- The large scale of contamination by mines and ERW continues to block thousands of vulnerable communities throughout the country from access to water, agricultural land, and basic services. In particular, the most vulnerable suffer, with children accounting for the majority of victims and IDPs and returnees also being at particularly high risk.

The 2010 HAP will seek to identify and address those acute cases, even if the causes appear to be more linked to poverty than to natural or man-made disaster.

In general, this HAP 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 Afghanistan National Development Strategy (ANDS), and needs that are dynamic and acute, hence requiring an immediate response to save lives or prevent irrevocable harm. The focus of the HAP is to draw attention to the latter, as doing so is in line with good practices dictating that humanitarian actions for life-saving activities and the alleviation of human suffering provide the foundation for and complement development. Furthermore, most donors maintain a distinction between their humanitarian and development funding budgets with their respective criteria and methods. The boundary thus reflects the HCT's best judgement of the priorities within the complex needs of the situation in Afghanistan. Finally, the distinction also reflects the need to separate neutral and impartial humanitarian action from development actions, which may involve a political dimension.

Malnutrition

Malnutrition of children under five, pregnant and lactating women remains a critical emergency public health problem due to widespread household food insecurity caused by recurrent drought, rising food prices, and deteriorating security. Chronic malnutrition as well as micro-nutrient deficiencies are predominant, while acute malnutrition is on the rise where people's livelihood systems deteriorate due to conflict or other emergencies.

It is anticipated that vulnerability to and risk of malnutrition will remain an emergency in 2010 and beyond. It is estimated that children under five compose 20% (5.2 million) out of the total population of 26 million, while pregnant and lactating women account for another 8% (2.08 million). These are considered as physiological risk groups and require general care and attention. On average, 7% (364,000) of the children under five suffer from acute malnutrition and require special nutritional support. Approximately 20% (416,000) of pregnant and lactating women are estimated to be undernourished, also requiring nutritional support.

Food insecurity and agricultural deterioration

31% of the Afghan population is food-insecure, while 23% of the population is considered borderline food-insecure.⁴⁷ The number of people not meeting their minimum daily kilocalories intake has increased since 2005.⁴⁸ Breaking the numbers down, the food-insecure or borderline insecure are 24% urban, 39% rural, and 46% *Kuchi* (nomads). Among them, the sick, elderly, children pregnant women and lactating mothers are especially vulnerable due to their high dependence and special nutritional needs.

High food prices are still a concern; local wheat prices seem to have stabilised since early 2009, but have remain around 40 to 45% above the pre-high food price crisis.⁴⁹ Reportedly, in June 2009 households in the west-central part of the country spent more than 75% of their incomes on food, while the average national proportion of income spent on food is 67%.⁵⁰

Despite the damages caused by floods, drought, plant pest and disease, earthquakes and other adverse factors, 2009 was still a bumper year for agricultural production. As of September 2009, wheat production was expected to reach 5,064,000 MT, compared to an average of 3,419,000 MT since 2002.⁵¹ The increase was however, unevenly distributed. The west-central, central, south, east and south-west regions have fallen into a wheat deficit of 879,200 MT.

Food security statistics

Category	Indicator
Food-insecure	31% of total population
Borderline food-insecure	23% of the population
Distribution of food-insecure population	Urban: 31% Rural: 32% Kuchi: 28%
Borderline food insecurity distribution	Urban: 24% Rural: 47% Kuchi: 39%

⁴⁷ Afghanistan Country Summary Overview, Vulnerability Overview, OCHA, September 2009.

⁴⁸ Afghanistan Food Security Monitoring Bulletin (AFSMB), WFP, Kabul, May 2008

⁴⁹ Agricultural Commodity Price Bulletin (Year 5: Volume 9, Kabul, 15, September 2009)

⁵⁰ Humanitarian Action Plan 2009, Mid-Year Review

⁵¹ Agriculture Prospects Report (Kabul, 8 September 2009, MAIL)

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. Over 600,000 Afghans are unable to access even basic health care services.

Category	Indicator
Life expectancy at birth	43 years
Infant mortality	129 per 1,000 live births
Under-five mortality	191 per 1,000 live births
Maternal mortality	1,600 per 100,000 live births
Malnutrition in children under five	Underweight: 40% Stunting: 54% GAM: 7% SAM: 4%
Malaria incidence	298.2 cases per 100,000
Tuberculosis incidence	72,000 cases per year
Main causes of morbidity	Diarrhoeal disease: 18.5% Fever: 18.9% Respiratory illness: 12% Gastric illness: 11.9%

According to the United Nations Development Programme (UNDP), 65% of the population are under 25 years of age and an average of 200,000 children under five cannot be reached during the mass vaccination campaign in conflict-affected provinces.

According to a MoPH study, infant mortality rates declined from an estimated 165 per 1,000 live births in 2001 to about 129 per 1,000 live births in 2006 – approximately 40,000 fewer infant deaths than during the Taliban rule. The number of deliveries attended by skilled attendants increased from fewer than 50,000 in 2002 to more than 190,000 (14% births attended by skilled personnel – WHO estimates). Childhood vaccination coverage has also improved, especially for measles (63% coverage) – the most dangerous of vaccine-preventable diseases. These improvements, while encouraging, still make Afghanistan one of the worst-performing countries in the world in health terms. The Afghanistan Household Survey 2006 revealed that only 33% of women have knowledge of at least one contraceptive method. A low contraceptive prevalence rate of 6.6% (WHO, UNICEF, Multiple Indicator Cluster Survey 2003) contributes to a high fertility rate at 7.5 per woman.

Increasing numbers of cases of the pandemic (H1N1) influenza virus are being reported in Afghanistan, threatening to compound the country's already poor set of health indicators.

Attacks of health facilities and health workers in various parts of the country underscore the threats that face health providers, as well as the need to better protect health workers and facilities so they can perform their life-saving duties.

The intensification and spread of armed conflict from southern to western and eastern regions, and involvement of military forces in humanitarian health activities, significantly hampered the capacity of development health actors to deliver health services, and further restricted the humanitarian space. The extremely low funding of the health sector in the 2009 HAP may have been an indication that the donor community believed that the development health partners (via the Basic Package of Health Services or BPHS system) were capable and prepared to respond to the worsening humanitarian crisis.

However implementation of the BPHS is not feasible in the most vulnerable districts: the estimated population denied access to essential medical health services has almost doubled from 360,000 (2008) to 600,000 (2009).⁵² There is now much more understanding in the donor community that efforts must be made to reach all Afghans affected by conflict and other disasters at the local level. The response to the ongoing H1N1 pandemic offers an opportunity for Health Cluster members to

⁵² MoPH Management Information System data.

focus together on a common issue and a harmonised intervention. WHO, through its expanded network of polio vaccination volunteers can provide for the Health Cluster members an entry point to the otherwise inaccessible areas for the expansion of medical services and other social interventions.

Water, Sanitation and Hygiene

Afghans are subjected to severe shortages of drinking water in emergencies, leading to displacement and migration from their home villages. The 2008 drought followed by the 2009 floods caused significant displacement across many provinces in the northern and north-eastern regions of Afghanistan. In such situations the shortage of water compounds the lack of proper sanitation and poor hygiene leading to WASH-related preventable diseases including, *inter alia*, cholera and diarrhoea. UNICEF estimated in 2005 that diarrhoeal diseases account for 30% of all childhood illnesses. This number increases even more in emergency situations. A low WASH coverage of 31% and 12% sanitation was reported by the NRVA in 2005. The practice of hand washing is low, particularly among rural women. Cholera often reaches alarming proportions.

MoRRD reported in 2009 that more than 400,000 people were in immediate need of WASH services in areas where the 2008 drought caused serious shortage of safe drinking water. In 2009 several provinces were affected by floods. Many pipe water systems were damaged and water sources contaminated. At present more than one million people require either immediate solution to water supply or long-term drought and flood mitigation measures.

Emergency Shelter

Persistent chronic vulnerability results in displacement when shocks occur. Displaced people require immediate assistance with emergency shelter, water, sanitation and food. Many of their immediate needs are met by emergency assistance, but medium-term assistance, especially with shelter, is usually not available. In addition, shelter needs of returnees and the displaced unable to return to their places of origin, due to conflict or other causes, require longer-term assistance with shelter.

Lack of housing and landlessness in general is a significant obstacle to reintegration and remain a major barrier to a sustainable return for a substantial number of returning refugees and IDPs. Access to land is also a crucial component in terms of food security. Indeed, these are on such a scale that Government initiative and regulation are required. Shelter continues to be a critical component of reintegration efforts. Nonetheless, there is emerging evidence that in a number of areas shelter/housing alone is insufficient to underpin durable return without accompanying investments. Shelter, coordination, and advocacy would be the key contributions from the ESC, but they should be supplemented by livelihoods initiatives with the aim of leveraging other contributions from the Afghan Government, UN and NGO partners.

The outcome 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 needs assessment confirm that land and shelter, along with water (both potable and agriculture), are the main needs. Security and livelihood opportunities are also mentioned by IDPs and returnees as important challenges. In an overall context of insecurity of land tenure, cases of land and property confiscation, occupation and property disputes will remain significant problems for reintegration of returnees.

Protection

Protection, in the sense of enhancing the safety and dignity of at-risk individuals and communities, is a cross-cutting issue of relevance to all aspects of humanitarian action. Numerous protection issues need to be addressed in order to enhance the safety and well-being of at-risk Afghans including advocacy on respect for human rights and humanitarian law, protection of vulnerable segments of the population, addressing GBV, and improved access to life-saving assistance. The nature and composition of the humanitarian caseload and vulnerable caseloads varies over time given the impact of the conflict and disasters in Afghanistan.

Prevailing protection issues in 2010 will include:

- Increasing insecurity due to insurgent attacks and counter-insurgency operations, marked by rising levels of armed clashes, asymmetric attacks, and civilian casualties, as well as population displacements and destruction of infrastructure and property
- Further violations of international law by parties to the conflict, including the use of indiscriminate force
- Continued intimidation, harassment, and attacks on individuals perceived to be pro-government or associated with international forces, as well as journalists and women in the public sphere
- Risk of increased tensions associated with the 2009 election process and 2010 parliamentary elections
- Continued internal displacement including refugee returnees and IDPs unable to return to places of origin due to conflict / persecution related issues
- Lack of adequate recognition and implementation for human rights standards for GBV. Continued widespread violence against women. Sex discrimination through discriminatory laws (i.e. certain provisions of the Shia law) and policies.
- Child protection issues including the rights of children, sexual violence against children, children who have been affected by mines, access to essential services including health and the impact of armed conflict on children
- Challenges to the implementation of land, housing and property rights of the internally displaced, refugee and IDP returnees and other populations, thereby negatively affecting possibilities of local integration
- Land mines and ERW
- The continued need for protection of the population in Afghanistan from escalating conflict
- Overall climate of impunity with increased attacks against civilians, limiting already stretched access of civilians to resources and services, including absence of critical protection services
- Diminished access to basic services, disproportionately affecting vulnerable populations

Education

The ongoing instability from conflict suffered by Afghanistan over the past 30 years has left access to education a serious issue for children and youth in the country. This has been more recently compounded by insecurity because of threats and attacks on schools, students and teachers causing a decrease in school attendance. Using schools as polling booths during the August 2009 elections further exacerbated the trends of attacks and threats on schools.

Of the 275,945 IDPs in Afghanistan,⁵³ 134,830 are children with reduced access to education. The latest available MoE survey available in 2007 indicated that 6.2 million children are enrolled in school, of whom 35.8% (a little over a third) are girls. This is significant progress in comparison to 2004 when only just over one million children were enrolled, with almost no girls attending school. MoE estimates that there are four million children of school-going age not attending school with significant gender and provincial disparities.

Education Summary

	Rate for females	Rate for males
Literacy rates	18%	49%
School attendance -- Primary	35.8%	64.2%
School attendance – Secondary	6%	18%
Teachers	28%	72%

⁵³ Estimate based on the latest figures from the Afghanistan National IDP Task Force.

Multi-sector

A major component of this sector are multi-sectoral interventions to address the needs of Afghan returnees from the neighbouring countries of Pakistan and Iran and IDPs in Afghanistan.

Achieving sustainable return and reintegration is becoming more challenging in the current context. Voluntary repatriation has consequently slowed down. A more gradual return at this juncture supports a more sustainable return as the capacity of Afghanistan to absorb more returnees is stretched. In 2010 some reintegration progress is anticipated but it will be insufficient at this point to radically reverse current patterns. Return movements may be substantial in absolute terms, but marginal to overall solutions and to much larger migratory flows.

The management of migration has already superseded refugees and IDPs as the pre-eminent population movement challenge in Afghanistan, although the Government has yet to adapt its policies accordingly.

The return of more than 5.6 million refugees since 2002 has increased the estimated population of Afghanistan by over 20%. In the areas of highest return, as many as one in three people is a returnee. This level of return has put a strain on receiving communities struggling to cope with already limited resources. While reconstruction and development efforts have advanced, security has become more problematic, and Afghanistan's capacity to absorb more returns is limited, without further targeted support.

The overwhelming needs articulated by returnees are for shelter, water and livelihoods support. Countrywide assessments of needs, such as an annual field survey, participatory assessments within applying an age, gender and diversity mainstreaming approach and regular field monitoring of protection and human rights inform the return and reintegration strategy for refugee refugees and IDPs.

The cash grant for refugee returnees addresses important needs in the first months of return, such as transport and food. However, it is not enough to sustain return. The 2010 HAP therefore has a strengthened shelter, water and livelihoods component in order to more effectively sustain returnee reintegration in these challenging circumstances. Furthermore, a community-based approach supports receiving communities and mitigates the potential for conflict over resources, particularly in ethnically mixed areas. Community-based interventions include health and education support in addition to water and livelihoods, as prioritised by communities.

For IDPs, the operational response is focused on the protracted caseload as well as those recently displaced by conflict. IDPs often live with family members or people from their place of origin in areas of displacement. To date, return has been the preferred durable solution. However, for small residual populations, local integration is also pursued. There is a need to continue to build alliances with development partners to make IDP returns sustainable and improve contingency planning to respond to new displacement scenarios.

4. THE 2010 COMMON HUMANITARIAN ACTION PLAN

4.1 Scenarios

Following the disputed and controversial Presidential and Provincial Council elections in August 2009, the country awaits the parliamentary elections scheduled for 2010. Political uncertainty and potential instability remain the likely situation for most of 2010. In addition, the most likely scenario is that the overall security situation will continue to deteriorate, likely constraining safe humanitarian access. 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 Afghan 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 essential services • International food crisis and financial crisis resolved • Increased economic opportunities alleviate overall vulnerability <p>Potential triggers</p> <ul style="list-style-type: none"> • Free and fair parliamentary elections in 2010 bring more credibility to the government and political institutions, 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 of 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 people • 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"> • Intensified armed conflict also spreading into areas previously deemed relatively stable. Security situation continues to deteriorate, with criminality becoming more widespread, and humanitarian actors and civilians becoming increasingly targeted or subjected to violence. • Reduced access to affected populations and presence of humanitarian actors respectively, with efforts to reinforce humanitarian response capacity and coordination taking time to deploy and roll out • Weak national institutions undermine rule of law and confidence in government • Rural to urban migration and internal displacements throughout the country continue due to increased conflict and competition for resources. If conflict intensifies, displacement worsens, creating further demand and competition for resources • Nutritional status of population remains weak despite the good 2009 harvest, hampered by reduced access from insecurity and potential displacements, maintaining the generalised food insecurity • Mines and small arms remain a threat and hazard • Severe winter conditions and potential disasters like earthquakes or floods • Health situation remains fragile with potential for acute outbreaks of diseases such as cholera, acute watery diarrhoea and poliomyelitis. Latent potential of a pandemic (H1N1) 2009 outbreak during the winter. <p>Potential triggers</p> <ul style="list-style-type: none"> • Increased incidence of warfare in previously stable areas affecting civilians and humanitarian actors • Violence related to elections, political tensions and policy changes, with short term civil unrest resulting from

Most Likely Scenario

the 2009 Presidential elections process

- 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 continues, exacerbating food insecurity
- 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 lack of resources, landlessness and homelessness, particularly for returnees, IDPs and urban slum dwellers
- An unexpected large-scale disaster, such as an earthquake or major flooding
- Increased influx of particularly vulnerable deportees from neighbouring countries
- Weakened capacity of the health system and partners and disruption of public health programmes

Humanitarian implications

- 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 possibility of cross-border displacement following natural seasonal patterns crossing into Afghanistan from bordering districts, exacerbating coping mechanisms
- Increased mortality and malnutrition rates especially among children, straining health facilities and the supply of medicines

Worst-case Scenario

Core elements

- Fighting between international/Afghan military forces and insurgents intensifies, and civilian casualties increase dramatically
- Government's capacity to maintain law and order deteriorates, criminality spreads further and insecurity increases
- Civil unrest escalates due to post-election results, 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
- Continued lack of donor support for humanitarian programmes
- Major outbreak of epidemics such as the H1N1 flu

Potential triggers

- Breakdown and collapse of government control
- Civil war breaks out
- Widespread violence and attacks affecting civilians, as well as humanitarian actors
- Severe winter, drought and flood conditions persist and are made more extreme by unexpected disasters such as an earthquake
- Humanitarian agencies withdraw to urban areas or control remotely from other countries
- Deteriorating regional relations with Pakistan and Iran
- Continuation of the international financial crisis leads to sharp cuts in economic and humanitarian assistance to Afghanistan

Humanitarian implications

- Dramatic increase in civilian casualties, human rights abuses and impunity
- Evacuation of all international humanitarian actors or drastic reduction of international humanitarian presence with severe reduction in humanitarian funding
- Humanitarian access drastically reduced, resulting in the provision of assistance to much of the country and the affected population limited to remote management
- Massive internal displacements and influx of refugees to neighbouring countries
- Seriously aggravated food insecurity and dramatic increase in mortality rates
- Severely compromised and reduced ability to deliver health care to Afghans

4.2 Strategic objectives for humanitarian action in 2010

The HC and the HCT have agreed upon the following six strategic objectives for humanitarian response in 2010. The strategic objectives focus on addressing the most urgent humanitarian needs identified in section 3.1. They also take into account potential developments during 2010 based on the most likely scenario presented in section 4.1.

- **Strategic Objective 1: Preparedness for and response to conflict and natural hazards**
- **Strategic Objective 2: Mitigate the effects of conflicts and hazards for the protection of affected populations**
- **Strategic Objective 3: Improve access to and by vulnerable populations and provide targeted safety nets**
- **Strategic Objective 4: Enhance protection of civilians and advocate for the respect of international law and human rights**
- **Strategic Objective 5: Ensure humanitarian programming complements and strengthens the link to recovery and development assistance by gap-filling**
- **Strategic Objective 6: Data collection and analysis**

The strategic objectives focus on addressing the most urgent humanitarian needs but also reflect the link to early recovery and longer-term issues, based on the overall vulnerability framework.

4.3 Strategic monitoring plan

The HCT in Afghanistan is chaired by the Humanitarian Coordinator / Deputy Special Representative of the Secretary-General 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 international NGOs) and Agency for Rehabilitation and Energy Conservation in Afghanistan (AREA - elected as the national NGO representative). The five NGO representatives on the HCT rotate every six months.⁵⁴ ICRC, ARCS and the International Federation of Red Cross and Red Crescent Societies (IFRC) participate as observers. There are non-members invited to the HCT meetings *ad hoc* for the purpose of assisting in discussions and taking action on humanitarian issues. This body, which meets monthly to make policy decisions and coordinate strategic issues, will monitor the overall implementation of the 2010 HAP. Any changes in the strategic priorities or overall objectives of the HAP 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.

⁵⁴ ACBAR organised the election of new NGO representatives beginning in July; they are Oxfam, CARE, NRC, AREA, and Merlin. The previous NGO representatives were ACBAR, IRC, CARE, ACTED, and NRC.

Logical Framework for Humanitarian Action

Strategic Objective	Corresponding Sector Response Plan Objectives	
1: Preparedness for and response to conflicts and hazard events	Education	Strengthen the education sector's emergency preparedness and immediate response levels in areas vulnerable to natural disaster and chronic insecurity, with an emphasis on gender equality
	Emergency Shelter	Improve the coordination of humanitarian responses in the shelter sector in order to address the consequences of rapid onset emergencies whether natural or man made.
	Health	Effectively coordinate health sector response to the humanitarian and emergency situation in Afghanistan and provide guidance on means to improve preparedness systems for the health sector
	Protection	<ul style="list-style-type: none"> • Strengthen protection oversight and coordination mechanisms in Kabul and in the field through the various sub-clusters on GBV, child protection and housing, land and property. • Internal displacement task force adapts to coordinate all forms of displacement through regional and national IDP task forces. • Enhanced cross-cluster support to and integration of protection. • Conflict-related contingency planning.
	WASH	Regular updating with training, exercising and validation of national WASH Cluster Inter-Agency Contingency Plan (IACP) and Preparedness Plan and development of regional contingency plans
	Nutrition	Propositioning of emergency supply stocks for therapeutic feeding particularly as part of the winterisation (facility and community-based)
2: Mitigate the effects of conflicts and hazards for the protection of affected populations	Education	Strengthen school health and hygiene to respond to outbreaks and raise awareness to prevent communicable diseases during emergency situations with an emphasis on gender equality
	Food Security and Agriculture	Facilitate provision of the required amount of food rations and cash/vouchers to procure required basic food rations to vulnerable populations affected by natural disasters and/or conflict
	Nutrition	Strengthen monitoring and surveillance system, including capacity development support, improved data collection systems, monitoring and surveillance, surveys and data analysis and interpretation
	Protection	Strengthen protection outreach in the regions and enhance engagement with communities of concern. Safety networks provided through Child Protection Action Network (CPAN), Country Task Force on Monitoring, Reporting and Response Mechanism (CTFMRM, relating to Security Council Resolutions 1612 and 1882), EVIs Project, Elimination of Violence against Women (EVAW), Human Rights Field Monitoring (HRFM) and others.
	Multi-sector	Implementation of the Refugee Returnee and IDP (RRI) sector of ANDS.
	Health	Strengthen the health sector capacity for coordinated response and recovery to health emergencies (including communicable disease outbreaks) and the health impacts of the natural disasters and current humanitarian crises in Afghanistan
WASH		Develop water sources and systems such as strategic water points and sustainable community water systems to mitigate the effects of hazards such as drought and floods
3: Improve access to and by vulnerable populations and provide targeted safety nets	Education	Increase access to and retention of education by children and youth affected by natural disasters and conflict, including support of psycho-social needs for children and youth in vulnerable communities, with an emphasis on groups vulnerable to marginalisation and gender equality
	Education	Provide complementary non-formal education, basic life skills and alternative opportunities for out-of-school children, youth and adults, with an emphasis on marginalised groups and gender equality
	Food Security and Agriculture	Create a sustainable safety net mechanism at grassroots level
	Protection	Strengthen protection outreach in the regions and enhanced engagement with communities of concern. Safety networks provided through CPAN, Monitoring and Reporting Mechanism, Security Council Resolution 1612, EVI, EVAW, HRFM and others.
	Multi-sector	Implementation of the RRI sector strategy of ANDS.
	Nutrition	<p>Detect, treat and prevent malnutrition at community level. Focus on facility and community-based actions, including promotion of locally available and affordable products.</p> <p>Increase availability and access to nutritional services of adequate quality</p>

Strategic Objective	Corresponding Sector Response Plan Objectives	
		Improve knowledge and skills of health workers and partners in nutrition in emergencies
		Improve the production, access and use of local foods
	WASH	Deliver of integrated, sustainable and gender-sensitive WASH activities to vulnerable communities in urgent need of WASH assistance ⁵⁵
	Health	Improve access to quality integrated health services (including reproductive health) for vulnerable populations in insecure and underserved areas
4: Enhance protection of civilians and advocate for the respect of international law and human rights	Education	Provide quality of teaching, including training for teachers and education personnel, to address the needs of children and youth during emergencies, with an emphasis on marginalised groups and gender equality
	Health	Promote humanitarian principles including the neutrality and impartiality of health facilities and workers through evidence-based advocacy and outreach to all parties and local communities
	Protection	Support advocacy efforts aimed at parties to the conflict. Monitor impact of the armed conflict on civilians particularly children and advocate for respect of human rights and international humanitarian law. Advocate for humanitarian access.
	Nutrition	Increase community awareness of infant and young child feeding in emergencies. Promote the use of local food products for healthy child feeding.
	WASH	Prioritise community-based approach, as much as possible in emergency environment, throughout all initiatives and particularly during WASH-related policy and advocacy work. Strategic alignment with the ANDS' objectives and provincial development plans.
5: Ensure humanitarian programming complements and strengthens the link to early recovery and development assistance by gap-filling	Education	Empower local communities and strengthen the capacity of education authorities in central and local target areas to plan, manage and sustain education in emergencies, with an emphasis on gender equality
	Food Security and Agriculture	Increased agricultural productivity through the timely rehabilitation and restoration of technical and productive capacities
		Consolidate the results of the bumper harvest and prevent a fall back to food insecurity or borderline food insecurity for those who benefited from increased yields
	WASH	Link WASH Cluster activities with Government and other partners' developmental programme through sharing of information and plans and active participation in the Supreme Council of Water Management (SCWAM), the Water and Sanitation Sectoral Group (WSG) led by MoRRD and its related technical working groups
	Protection	Coordinate response to protection gaps and needs through joint needs assessments by agencies on the ground across clusters thereby mainstreaming protection. Support medium-term protection oversight while intervening in the short-term and enable integration of the early recovery component in all protection activities.
	Shelter	Ensure humanitarian programming complements and strengthens the link to early recovery and development assistance by gap-filling
	Multi-sector	Implementation of the RRI sector strategy of the ANDS
6: Data Collection and Analysis		As data collection and analysis is such an intrinsic part of the strategic plan, it was necessary to include it as a separate strategic point. Data collection and analysis is poor within Afghanistan and its inclusion will help emphasise its crosscutting importance and relevance.
	Protection	Gather / collate information and data on relevant protection concerns with special emphasis on vulnerable populations including internally displaced returnees and other at-risk groups (women, children, disabled and the elderly). Coordinate with other clusters in this regard. Facilitate legal research aimed at improving the legal protection basis of IDPs.

⁵⁵ Water provision includes the construction of strategic water points in areas with no shallow or semi-deep groundwater, or none with satisfactory quality. Construction of community hand pump water supplies (in places where groundwater can be extracted up to a depth of 70 meters and where a community-based operations and management is ensured). Construction of spring-fed piped water supply schemes and other piped water systems with due consideration to water right issues and water quality. Solar pumps, improved traditional water storage techniques (*kandas*, etc.), and water tankering with consideration of water quality and cost effectiveness. Select latrine designs that are safe, affordable and user-friendly with due consideration to excreta disposal in the area.

4.4 Criteria for selection and prioritisation of projects

A. Selection

Project selection and prioritisation passed several vetting levels before they could be included in the 2010 HAP for Afghanistan. A committee headed by the regional OCHA Humanitarian Affairs Officer considered projects submitted from the regions. These regional projects, plus projects from Kabul-based organisations and national projects were 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 2010 HAP.

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

- The project is consistent with the overall humanitarian strategy
- The project contributes to the achievement of one or more objectives of the relevant cluster
- The project directly benefits vulnerable and/or affected groups
- The project must not intensify tensions and must adhere to the “Do No Harm” approach
- Project objectives and activities are realistic and 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
- The project is feasible⁵⁶ and activities delivered within the project period (not to exceed one year)
- Project summaries are in line with the CAP 2010 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 were excluded. Where projects were not selected, respective organisations had the opportunity to revise and re-submit their proposals.

B. Prioritisation

Prioritisation

Donors expect prioritisation of projects listed in the HAP, enabling them to ensure coverage of the most important needs and projects, given the limited funds available. The cluster lead worked with the entire cluster to complete the task within the HAP. The HC was responsible for ensuring that the HCT and the clusters agree upon a clear prioritisation scheme. Projects were ranked with a points system using 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 and could not be implemented (or implemented as efficiently)
- 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 in averting or mitigating harm and restoring 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 the most likely scenario
- The project addresses needs confirmed by evidence

⁵⁶ Note that it was agreed at the inter-cluster meeting that feasibility of activities and not capacity of the implementing organisation should be used as criteria.

All projects included in the HAP for Afghanistan were thus marked according to their priority, ranging from 'low', 'medium' and 'high' to 'immediate'.

- Projects that met up to 2 of these criteria - Low priority
- Projects that met up to 4 of these criteria - Medium priority
- Projects that met up to 6 of these criteria - High priority
- Projects that met up to 8 of these criteria - Immediate priority

Clusters also considered gender when ranking projects. The following criteria regarding gender equality were included in each cluster's ranking of projects:

- Project targets a specific population group (women, girls, boys or men), based on gender analysis
- Project equally benefits women, girls, boys and men
- Project includes a component preventing or reducing the impact of GBV
- Project socially and economically empowers deprived groups or vulnerable groups (women, girls, adolescents, widows)

Projects reflecting gender equality

- Any of the above-mentioned projects that target a specific population group (women, girls, boys or men), based on gender analysis - Immediate priority
- Any of the above-mentioned projects that equally benefit women, girls, boys and men - High priority
- Any of the above-mentioned projects that include a component preventing or reducing the impact of GBV - High priority
- Any of the above-mentioned projects that socially and economically empower deprived groups or vulnerable groups (women, girls, adolescents, widows, etc) - High priority

4.5 Cluster/sector response plans

NOTE: At the time of writing UNDSS is reassessing security across Afghanistan in light of the October 28 attack on a UN guesthouse. Hundreds of UN staff are being temporarily relocated as an immediate security measure. Therefore, this appeal document does not contain a section on security, but this information will be provided at a later stage as an addendum to this appeal.

4.5 A EDUCATION

Cluster / Sector Lead Agency	UNICEF and SC
Number of Projects	19
Cluster / Sector Objectives	Ensure that vulnerable populations have access to quality education in conflict and disaster-affected areas
Beneficiaries	382,749
Funds requested	\$27,093,437
Funds requested per priority level	Immediate: (\$22,983,229) High: (\$3,503,214) Medium: (\$0) Low: (\$499,994)
Contact information	Dr. Faziul Haque (UNICEF), fhaque@unicef.org Mr David Skinner (SC) dskinner@savethechildren.com

Overview of needs

Afghanistan currently faces immense challenges in terms of access for children and youth to quality education. This situation is compounded by the increasing insecurity in many areas of the country especially in the south some parts of eastern, western, central and northern provinces) and disasters such as floods, earthquakes, drought, and severe winters. The continuing conflict and insecurity are affecting access through attacks and threats on schools, students and teachers, thereby causing a decrease in school attendance, especially for girls. The use of schools as polling centres during the August 2009 elections also exacerbated the trends of attacks and threats on schools.

Obtaining reliable data remains a challenge for the sector, and only limited data and estimates on emergency educational needs are available. As of August 2009, UNHCR estimates that 256,481 people remain internally displaced within Afghanistan, of which 134,830 are children and whose access to education is affected. There are no data available on the number of people affected by various natural disasters. There is an urgent necessity to assess educational needs in emergency prone areas.

Latest MoE 2007 enrolment figures indicate that there are 6.2 million children enrolled in school, of which 35.8% are girls. This is significant progress compared to 2004 when there was just over one million children, mostly male, enrolled. There are approximately 4 million school-age children estimated to be out of school with significant gender and provincial disparities (MoE estimates). In addition, 6% of children are living with some form of disability and less than 10% of them are in school. Furthermore, 14% of children experience learning difficulties and less than 30% are in school (or complete school).

The National Education Strategic Plan for Afghanistan reports that 15% (2007) of teachers meet the minimum Grade 14 qualifications. Of these, only 28.8% are female and mostly located in urban areas, which further inhibit girls' participation in school.

There are 3,704 existing school buildings in Afghanistan; however, the majority of schools have no buildings / facilities (4,956). Schools also lack clean water and only about 40% have latrines, a serious handicap to girls' participation in school. Thousands of communities have no easy access to schools within their vicinity.

The Afghan CTFMRM reported 321 incidents related to education (for example, attacks against schools, teachers, students) in the context of armed conflict between January and August 2009. There is strong suspicion that the use of schools as polling-centres resulted in 165 election-related incidents, according to UNICEF.^{57&58}

A significant number of students and teachers suffer from psycho-social challenges including fear and anxiety, and are in need of psycho-social support. Unfortunately, these students and teachers have limited access to such support.

According to MoE about 80,000 students graduate from high school every year; only one quarter of them are admitted to universities with the remaining entering the workforce and potentially joining the pool of unemployed.

Priority areas for 2010: most critical educational concerns

- Low school attendance and high drop out rates – with girls increasingly falling behind
- Children and youth with special needs and those vulnerable to exclusion from/within the school system in insecure areas have limited access to educational and recreational activities
- Limited availability of educational and vocational opportunities for youth in insecure areas
- Inadequate alternative education opportunities for out of school children
- Increased need of psycho-social support for children, youth and teachers in insecure areas
- Inadequate child-friendly skills for teachers to practice participatory teaching/learning methodologies and classroom management, especially needed for the conflict-affected areas
- Lack of advocacy and awareness at the community level on the value of education, especially for girls
- Low skill levels of parents and school communities to engage proactively in education

Sector objectives

Education is not only a right, but in situations of emergencies, chronic crises and early recovery, it provides physical, psycho-social and cognitive protection that can be both life-saving and life-sustaining by giving a sense of normality and stability to children and their families.

⁵⁷ Beginning from the voter registration process to 29 September 2009.

⁵⁸ These allegations are still being documented.

- **Objective 1:** Increase access to and retention of education for children and youth affected by natural disasters and conflict, including support of psycho-social needs for children and youth in vulnerable communities, with an emphasis on groups vulnerable to marginalisation and gender equality
- **Objective 2:** Improve quality of teaching, including training for teachers and education personnel, to address the needs of children and youth during emergencies, with an emphasis on marginalised groups and gender equality
- **Objective 3:** Provide complementary non-formal education, basic / life skills and alternative opportunities for out-of-school children, youth and adults, with an emphasis on marginalised groups and gender equality
- **Objective 4:** Strengthen the education sector's emergency preparedness and immediate response levels in areas vulnerable to natural disaster and chronic insecurity, with an emphasis on gender equality
- **Objective 5:** Strengthen school health and hygiene to respond to outbreaks and raise awareness to prevent communicable diseases during emergencies with an emphasis on gender equality
- **Objective 6:** Empower local communities and strengthen the capacity of education authorities in central and local target areas to plan, manage and sustain education in emergencies, with an emphasis on gender equality

Response strategies

- Improve access to education by re-opening and rehabilitating schools, and community-based or child-friendly spaces; providing tents, extra classrooms, minor school repairs; providing school water and improving or providing sanitation facilities; reintegrating teachers/students and providing teaching and learning materials in conflict and disaster-affected areas
- Support students' psycho-social / life-skills needs by training teachers, thereby ensuring relevant help to those in urgent need. Activities to include organising/designing recreational activities, providing required supplies and programmes such as school feeding
- Provide non-formal education and basic skills training opportunities through rapid teacher training courses and the delivery of appropriate teaching and learning materials, for students in "catch-up" classes
- Support teacher recruitment/incentives for community-based education and IDP areas
- Strengthen national/regional/local preparedness and rapid response levels to ensure relevant support to students and teachers in urgent need, including building capacities of emergency educational actors in rapid assessments, Inter-Agency Network for Education in Emergencies (INEE) standards, advocacy, contingency planning, and their stock supplies
- Undertake health and hygiene promotion campaigns in schools (including provision of hygiene, health promotion and life skills manuals and teacher training)
- Enhance the capacity of community members in crisis response management in disaster-affected communities
- Advocacy

Key indicators

- 1.1 Number of schools supported with essential teaching and learning materials
- 1.2 Number of classrooms repaired/rehabilitated/newly established
- 1.3 Number and percentage of children enrolled in formal education in targeted areas
- 2.1 Number and percentage of teachers/other education personnel trained on providing psycho-social support in the classroom
- 2.2 Number of teachers recruited for community-based education and IDP/refugee camp classrooms
- 2.3 Percentage of schools (students/teachers) trained on the principles and features of child-friendly schools approach
- 3.1 Number of children enrolled in alternative education activities
- 4.1 Number of education stakeholders trained in INEE standards
- 4.2 Number of rapid assessments conducted for identifying and quantifying emergency needs

- 4.3 Number of contingency and preparedness plans in place applicable to a particular disaster
- 4.4 Number of identified regional and national cluster coordinators
- 5.1 Number and percentage of targeted schools provided with adequate water and sanitation facilities in conflict/disaster-affected areas
- 5.2 Number of awareness raising sessions on prevention and response to diseases in schools in conflict/disaster-affected areas
- 6.1 Number of education planners/community members trained in crisis response management

Monitoring

To ensure the monitoring and progress of sector goals, the Education Cluster members and leads will monitor progress on the above indicators through data collection, baselines and field reports from responsible agencies. The cluster will establish baselines through existing data and reports from rapid assessments. UN and NGO project staff will monitor results in areas where they have offices. All HAP educational sector implementation partners will submit reports to the cluster leads for compilation, monitoring, and progress evaluation.

The implications of non-implementation of the response plan

- Continued low enrolment, and lack of quality education for children and youth in emergency-prone areas
- Continued dropouts especially for girls and other marginalised groups
- Increased number of children and youth with serious distress, resulting from conflict/violence, loss of family members, and lack of access to organised education activities
- Continued health risks for children and youth in emergency-affected areas
- Increased number of children and youth involved in violence and/or recruitment to participate in conflicts
- Potential increase in number of children and youth involved in violence and/or recruitment to participate in conflict

4.5 B EMERGENCY SHELTER AND NON-FOOD ITEMS (NFI)

Cluster / Sector Lead Agency	UNHCR
Implementing Agencies	UNHCR, CARE, NRC, IOM, IRC, United Methodist Committee on Relief (UMCOR), Shelter for Life (SFL), Afghanistan Development Association (ADA), Church World Service – Pakistan/Afghanistan (CWS – P/A), Danish Assistance to Afghan Rehabilitation and Technical Training (DAARTT), DACAAR, SC-UK, Afghanistan Children Training Organisation (ACTO), Shafaq Rehabilitation Organisation (SHA), IFRC, ARCS, OCHA, ACTED, United Nations Human Settlements Programme (UN-HABITAT), <i>Solidarités</i> , Singapore International Foundation's Humanitarian Relief Programme (HRP), Afghan Earth Work, UNDP. <i>Observers</i> : US Bureau of Population, Refugees and Migration (BPRM) and European Commission Humanitarian Aid Office (ECHO).
Number of Projects	15
Cluster/sector Objectives	Strategic Objective 1: "Preparedness for and response to conflicts, hazards, disasters and diseases" (see "Objectives" below).
Beneficiaries	444,711
Funds Requested	\$50,275,661
Funds requested per priority level	Immediate: \$50,032,506 High: \$243,155
Contact Information	poujai@unhcr.org ; moller@unhcr.org

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs	135,213	140,732	275,945 ⁵⁹	135,213	140,732	275,945
Returnees	80,850	84,150	165,000	80,850	84,150	165,000
Flood affected	1,873	1,893	3,766	1,873	1,893	3,766
Totals	217,936	226,775	444,711	217,936	226,775	444,711

⁵⁹ The gender division is based on the overall gender division in Afghanistan.

Overview of priority needs

The main beneficiaries of this project will be Afghan returnees from the neighbouring countries of Pakistan and Iran and IDPs in Afghanistan. They will likely be in the main provinces and districts of return, which have absorbed the majority of repatriating Afghans and IDPs to date.

Lack of housing and landlessness in general is a significant obstacle to return and successful returnee reintegration. It is estimated that there are still some 2.63 million registered refugees remaining outside the country (approximately 1.7 million in Pakistan and approximately 0.93 million in Iran). 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 have no choice but to live with their relatives or friends, whose resilience is already overstretched. Others may live under tents or be accommodated in sub-standard public buildings, in urban areas, which often lack basic facilities.

Landlessness and lack of housing remain major barriers to sustainable return for a substantial number of returning refugees and IDPs. Indeed, these are on such a scale that Government intervention and regulation are required. Shelter continues to be a critical component of reintegration efforts. Nonetheless, there is emerging evidence that in a number of areas, shelter/housing alone is insufficient to underpin durable return without accompanying investments. Shelter, coordination, and advocacy would be the key contributions from the ESC. However, they will be supplemented by livelihoods interventions with the aim of leveraging other contributions from the Afghan Government, UN and NGO partners.

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 needs assessment confirm that land and shelter, along with water (both potable and agriculture), are the main needs. Also security and livelihood opportunities are mentioned by IDPs and returnees as important challenges. In an overall context of insecurity of land tenure, cases of land and property confiscation, occupation and property disputes will remain significant problems for reintegration of returnees.

To date, the MoRR has been unable to deliver quality outcomes for the Government's Land Allocation Scheme (LAS) for returning refugees and IDPs. It has set ambitious quantitative targets which it has not been able to meet. The reasons include bad site selection and appraisal, poor and hasty planning, and flawed beneficiary selection processes. These have damaged the reputation of the programme and eroded donor confidence in the scheme.

The number of returnees arriving directly or indirectly to urban areas is noticeable. There is some evidence that returnees are migrating from the countryside to the city in search of employment opportunities. There are also signs of growth in informal and slum settlements as a consequence of rural migration. Initially, a first conduct on site appraisals and discussions with those agencies working on urban shelter/community development programmes is envisaged. The aim will be to identify potential entry points both sectoral and locational, to examine possible implementing arrangements, and to develop technical and financial options for engagement.

Sector Response strategy

The Terms of Reference of the 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 2010 in Afghanistan.

The ESC is in line with the overall objectives of the five strategies for the humanitarian response in 2010. Particular Strategic Objective 1: "*Preparedness for and response to conflicts, hazards, disasters and diseases*" reflect the link to the ESC. The ESC is mainly focussed on humanitarian needs, but will, when possible include longer-term solutions and will contribute to the multi-sectoral

approach through the implementation of an integrated shelter strategy in line with Strategic Objective 5: “Ensure humanitarian programming complements and strengthens the link to early recovery and development assistance by gap-filling”.

Needs Analysis⁶⁰

The main beneficiaries of this project will be Afghan returnees from the neighbouring countries of Pakistan and Iran and IDPs in Afghanistan. They will likely be in the main provinces and districts of return, which have absorbed the majority of repatriating Afghans and IDPs to date.

Objectives

In line with the overall humanitarian strategy, the Shelter and Non Food Items sector falls within the Strategic Objective 1: “Preparedness for and response to conflicts, hazards, disasters and diseases”. Cluster members have identified and agreed upon the following sector objectives:

- For standard shelter assistance, 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 house. Beneficiary Selection Committees are and will be set up, and consist of the village ‘shura’ (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.
- Basic NFIs such as for example blankets, plastic tarpaulins and jerry cans, tents and winter clothes to meet the immediate needs of vulnerable returnee and IDPs families

Indicators:

- Beneficiaries selected
- Allocated shelters
- 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 regular inter-cluster meetings as well as in the monthly ESC report.

Table of proposed coverage per site⁶¹

SITE / AREA	ORGANISATIONS
Western region	UNHCR, NRC
Central region	UNHCR, NRC, UMCOR, CARE
Northern region	UNHCR, NRC
Eastern region	UNHCR, NRC
South-eastern region	UNHCR, CARE

⁶⁰ See the above section “Overview of priority needs”.

⁶¹ The ESC is currently in the process of collecting data on who is doing what and where then, now and in 2010.

4.5 C EMERGENCY TELECOMMUNICATIONS

Cluster / Sector Lead Agency	UNITED NATIONS WORLD FOOD PROGRAMME (WFP)
Implementing Agencies	United Nations World Food Programme (WFP)
Number of Projects	No Project
Cluster/sector Objectives	The ETC will continue the effort to improve the security telecommunications network in Kabul and around the country. In line with this, two missions were deployed in 2009 to the country to investigate the radio interference problems faced by the humanitarian community in Kabul, and accordingly proposed a solution that is to be implemented during 2010. The ETC will continue the training of trainers program on telecommunications with the goal establishing a sustainable training model for Afghanistan. In addition the ETC worked to promote regional working groups focused on the coordination of the information-and-communication-technology efforts of the humanitarian community.
Beneficiaries	All UN Agencies, NGOs
Funds Requested	Nil
Contact Information	Mirwais.Shinwary@wfp.org

4.5 D FOOD SECURITY AND AGRICULTURE

Cluster / Sector Lead Agencies	FOOD AND AGRICULTURAL ORGANISATION OF THE UNITED NATIONS (FAO), UNITED NATIONS WORLD FOOD PROGRAMME (WFP) (co-lead), Afghanaid (deputy lead)
Implementing Agencies	FAO, WFP, ACTED, Norwegian Project Office (NPO) / Rural Rehabilitation Association for Afghanistan (RRAA), Ansari Rehabilitation Association for Afghanistan, Afghanaid, Coordination of Afghan Relief, Ofam-GB, AREA, Medair, <i>Nederlandse Organisatie voor Internationale Bijstand</i> (Oxfam NOVIB).
Number of Projects	17
Cluster/sector Objectives	<ul style="list-style-type: none"> • To facilitate provision of the required amount of food through food assistance or cash/ food vouchers for the food-insecure population • Increase agricultural productivity through the timely rehabilitation and restoration of technical and productive agriculture capacity for increased agricultural productivity; and • To create sustainable safety net mechanism at grassroots level • Consolidate the results of the bumper harvest and prevent a fall back to food insecurity or borderline food insecurity for those who benefited from increased yields.
Beneficiaries	Total 9,100,000 of which 3,500,000 are women and 4,900,000 children with the remainder male farmers
Funds Requested	\$372,539,155
Funds requested per priority level	Immediate (\$336,744,119), High (\$15,201,131), Medium (\$17,884,093), Low (\$1,016,472) Not specified (\$1,693,340)
Contact Information	Stefano.porretti@wfp.org , tekeste.tekie@fao.org , hc@afghanaid.org.uk , belayderza.gaga@fao.org

Setting the context – needs analysis

Food security continued to be a critical priority need in 2009 and will remain critical in 2010. A sizeable portion, 31%, of the Afghan population is food-insecure, while 23% of the population is borderline food-insecure.⁶² The number of people not meeting their minimum daily kilocalorie intake has increased since 2005.⁶³ The food-insecure or borderline insecure populations are 24% urban, 39% rural, and 46% *Kuchi* (nomads). Among them, the sick, elderly, children, pregnant women and lactating mothers are especially vulnerable due to their high dependence and special nutritional needs.

Regional and national workshops conducted as part of the HAP process have identified a range of key risks and constraints affecting food security. These include: (i) the increasing frequency and intensity of natural disasters (e.g. droughts, floods, earthquakes); (ii) increasing plant and animal pests and diseases; (iii) poor access to water; (iv) limited access to crucial production inputs – most notably, quality-declared

⁶² Afghanistan Country Summary Overview, Vulnerability Overview, OCHA, September 2009.

⁶³ Afghanistan Food Security Monitoring Bulletin (AFSMB), WFP, Kabul, May 2008.

seed – and agriculture-related services, such as veterinary services, extension services and rural financial services; and (v) continuing insecurity. The 2009 HAP Mid-Term Review, for example, estimates that 400,000 Afghans are affected by natural disasters each year. In the southern regions, animal and plant diseases are cited as a growing issue of concern, while the northern parts of the country are increasingly prone to floods caused by higher-than-average snow-melt. In addition, drought is a continuous threat in a number of key food production areas. Man-made crises, such as the global food price crisis, have also had a significant impact, given that 67% of household expenditure is on food items, rising to over 75% in west-central areas of the country.⁶⁴ Wheat prices have stabilised since early 2009, but remain 40 to 45% above the previous highs before the current food price crisis.⁶⁵

These crises have resulted in a steady increase in food insecurity and the adoption of increasingly unsustainable coping mechanisms, including widespread distress selling of livestock (and other) assets in rural areas. Furthermore, a lack of adequate information, and inadequate coordination with non-humanitarian actors, hamper the targeting of aid and food assistance. Security is a major overall concern, also in areas that have been previously stable.

Notwithstanding the natural and human-made hazards and risks, it is expected that 2009 will be a bumper year for agricultural production. The production of wheat is expected to reach 5,064,000 MT (at September 2009), compared to an average of 3,419,000 MT since 2002.⁶⁶ The increase, however, is unevenly distributed. The west-central, central, south, east and south-west regions fall into a wheat balance deficit of 879,200 MT. In general, cereal production and agricultural production fluctuate according to global climate, rainfall and natural disasters. In addition, the political and security situations are highly unstable, making agricultural production and the projection of harvests extremely difficult.

Sectoral objectives for 2010

Considering the above analysis, the Food Security and Agriculture Cluster (FSAC) Strategy for 2010 aims to attain the following four key objectives:

- i. Provide the required amount of food rations to vulnerable populations through cash/vouchers schemes
- ii. Increase agricultural productivity through the timely rehabilitation and restoration of technical and productive capacities
- iii. Create sustainable safety net mechanism at grassroots level, and
- iv. Consolidate the results of the bumper harvest and prevent a fall back to food insecurity or borderline food insecurity for those who benefited from increased yields

FSAC priority initiative areas for 2010:

Discussions at the regional level identified the following project priorities in addition to increased access to food:

- Improvement of agricultural production
- Contingency planning
- Capacity building of beneficiaries, local and national authorities

FSAC will implement a variety of community-driven activities to address immediate and time-critical relief and early recovery requirements and will focus on ensuring a smooth and sustainable transition from humanitarian to development support. FSAC will help ensure a dynamic shift from relief interventions (such as general food distribution) to medium-term and longer-term interventions that will lead to sustainable solutions to address food insecurity. Transition work would imply the establishment of a framework to address preparedness, mitigation, response and disaster risk management in order to provide a better link to development programmes.

⁶⁴ Humanitarian Action Plan 2009, Mid-Term Review.

⁶⁵ Agricultural Commodity Price Bulletin (Year 5: Volume 9, Kabul, 15 September 2009).

⁶⁶ Agriculture Prospects Report (Kabul, 8 September 2009, MAIL).

Immediate Life-Saving and Time-Critical Emergency Interventions:

- i. Pre-positioning of food stocks at the district levels in the areas known to be prone to natural disasters
- ii. Relief assistance, including free food distributions, to those affected by natural disasters and/or conflict and to extremely poor households according to Sphere standards
- iii. Food gap of insecure populations to be covered by targeted interventions under food-/cash-for-work according to Sphere standards over the food deficiency period
- iv. Vouchers/cash transfers aimed at extremely vulnerable households that for various reasons are not able to benefit from the above initiatives, often women-headed and/or -managed households or those considered *diwalch* (those without family/clan support and are unable to work)
- v. Restocking and provision of livestock and fodder coupled with provision of vaccination
- vi. Distribution of agricultural inputs coupled with the provision of agricultural extension services, livelihood diversification and income-generating activities
- vii. Finding mechanisms to assist humanitarian and development actors who are working in insecure areas

Early Recovery:

- i. Rehabilitation and recovery of productive community infrastructure aimed at strengthening yields, which include, but are not limited to, irrigation canals, water reservoirs, flood protection walls, food storage facilities, as well as expansion of irrigation systems to support returnees in host communities
- ii. Institutionalisation of safety-net mechanisms in close consultation with relevant line ministries (MAIL, MoRRD, Ministry of Labour, Social Affairs, Martyrs and Disabled / MoLSAMD) targeting primarily the extremely vulnerable households

Transition Work:

- i. Improving and strengthening of traditional coping strategies through the institutionalisation of systematic response to human-made or natural hazards, including establishment of Community Disaster Management Committees in order to assess potential hazards and associated vulnerability, and develop a system to mitigate and reduce vulnerability
- ii. Improving and strengthening the seed sector and building capacity of relevant actors in business planning and market analysis
- iii. Capacity building of ANDMA, communities and line ministries in disaster risk management in order to develop systems for hazard and conflict mitigation

Objectively verifiable indicators of achievement

- i. The period of food deficiency of targeted beneficiaries reduced by end of 2010; Percentage of targeted disaster-affected households/people who meet their daily food needs
- ii. Percentage of the targeted population meet their daily food requirements by end of 2010
- iii. Percentage of very highly food-insecure who have access to sustainable emergency food supplies through establishment of grain banks in targeted areas
- iv. Percentage of targeted beneficiaries who have access to certified and/or quality declared wheat seeds through establishment of seed banks by end of 2010
- v. Productive community infrastructure (irrigation and rehabilitation of land, irrigation canals and water sheds) aimed at improving agriculture production (hectare under cultivation) is improved in targeted communities by end of 2010
- vi. Percentage of targeted very highly food-insecure households who have increased their income through involvement in implementation of micro-enterprises, income-generating initiatives and self-employment by end of 2010
- vii. Fewer people resort to negative coping mechanisms
- viii. Number of people who receive food assistance
- ix. Hectares of land under cultivation in targeted areas
- x. Total yield of wheat and cereals in targeted areas
- xi. Total deficiency of wheat and cereals in targeted areas

It seems reasonable to assume that program impact will also feed into overall national indicators, while it is impossible to isolate the humanitarian component from other factors. The programs still aim to contribute to improvement national indicators for total areas under cultivation, total wheat and cereal yields, and total deficiency of agricultural projects.

Sectoral monitoring and evaluation system

FSAC will review the progress of initiatives at the regular monthly meetings with partners. When possible the joint clusters will visit the project sites for progress and evaluation. The FSAC focal points from UN agencies and NGOs will develop joint monthly reports documenting the factors facilitating or impeding the progress vis-à-vis cluster’s objectives and priorities stated above, and submitted to the UN Humanitarian Coordinator and humanitarian donor community through OCHA on monthly basis.

4.5 E HEALTH

Cluster / Sector Lead Agencies	WHO
Implementing Agencies	ACF, Actionaid, AHDS, Afghan Help and Training Program (AHTP), Afghan Institute of Learning, ARCS, Bakhtar Development Network, Coordination of Humanitarian Assistance (CHA), Catholic Organisation for Relief & Development Aid (CordAid), DAACAR, Embassy of Canada, Education and Handicraft Bureau for Afghanistan (EHBA), Grants and Contract Management Unit (GCMU, part of MoPH), Health Net, Hewad Reconstruction, Health and Humanitarian Assistance Committee (HEWAD), Help Handicap International (HHI), Health Services Support Project, Ibn Sina, IFRC, International Medical Corps (IMC), International Relief and Development (IRD), Kabul Medical University, Management Sciences for Health (MSH) – Tech Serve, <i>Médecins du Monde</i> (MDM), Medair, Medical Emergency Relief International, MoPH, The Netherlands Embassy, RRAA, Organisation for Technical and Community Development, Solidarity for Afghan Families, SC, Serving Emergency Relief and Vocational Enterprise (SERVE)-Afghanistan, Shuhada Organisation, UNAMA, UNDP, UNICEF, UNFPA, UNHCR, WHO, Serve Health Relief and Development Organisation (SHRDO)
Number of Projects	12
Cluster/sector Objectives	To reduce avoidable morbidity and mortality among the populations made vulnerable by the continuing emergency humanitarian situation through equitable access to life-saving health services
Beneficiaries	Women: 3,051,532 Children up to under five: 2,852,167 Others: 389,499
Funds Requested	\$10,673,254
Funds requested per priority level	Immediate (\$4,681,036) High (\$4,909,615) Medium (\$964,051) Low (\$118,552)
Contact Information	galer@afg.emro.who.int

On 1 November, the Government of Afghanistan declared the state of emergency in order to prevent the rapid spread of H1N1 epidemic. Schools and Universities were closed for three weeks and the MoPH requested the population to limit public gatherings. As of writing, more than 793 H1N1 cases (14 deaths) have been reported from six provinces, and consistent community transmission confirmed amongst the civilian population, rather than the military forces (national and international) as was the case before October. The HAP proposal preceded the onset of the H1N1 epidemic, additional proposals specific to the H1N1 outbreak response will be submitted by Cluster members in the near future.

Overview of priority needs and response strategy

Despite some progress in the health sector, Afghanistan still suffers from some of the worst health indicators in the world. The country has one of the highest maternal and infant (0 to 12 months) mortality rates in the world. Every hour at least two Afghan women die from obstetric complications

due in part to the lack of health services. Of every 1,000 live births, at least 125 infants die, and one in five children die from mostly preventable diseases before their fifth birthday (UNICEF).

Insecurity continues to hinder access to health care in the most conflict-affected areas of the country (primarily the south and the east). According to the MoPH, over 600,000 Afghans lack basic healthcare services due to attacks on healthcare facilities and health workers - a figure that has doubled since 2007.⁶⁷ There is continuous use of health facilities by parties to the conflict putting staff and patients at risk, despite pleas by the MoPH and humanitarian actors to preserve the neutrality of the health sector.

There is a clear correlation between increasing conflict and a worsening health situation. Decreasing accessibility to basic healthcare, especially for women and children, has led to an increase in preventable diseases like polio (with confirmed cases rising from 17 in 2007 to 31 in 2008). Diarrhoea and acute respiratory infections increased by 25% and 16% respectively in the two years ending in March 2009. It has become exceedingly difficult to provide essential and timely reproductive health services to the affected populations. Emergency medical teams often have difficulty obtaining security guarantees to access insecure areas, while patients struggle to manage transport to the nearest health facility.

Insecurity also has a direct impact on the availability of qualified health workers who are willing and able to work in remote and rural areas. There is a chronic shortage of health workers coming from the southern region, where approximately 80% of health workers are recruited from other regions in Afghanistan or abroad. Insecurity and other factors, such as a perceived low level of salary and benefits for working in remote and insecure areas, contribute to a low health worker retention rate. The staff shortage of health workers is particularly acute for female health workers, especially for midwives and traditional birth attendants. This directly contributes to the alarming level of obstetric care and infant and child mortality, morbidity and nutrition indicators across the region.

Although insecurity remains the biggest threat to the delivery of basic health services, severe weather conditions, widespread poverty and the threat of newly emerging diseases (including H1N1 influenza) place additional pressure on the healthcare system of Afghanistan. All health partners require additional support to plan for and respond to emergency and humanitarian health responses.

Implementation strategy

The Health Cluster intends to implement the following activities under the HAP:

- Assessment of health needs and indicators, utilising health cluster tools and guidance in order to ensure appropriate evidence-based decisions and advocacy
- Establishment of mobile health units, sub-centres and mobilisation of the private sector where the establishment or reactivation of health centres by the government and NGOs is difficult or impossible
- Improvement of the level of emergency preparedness and response capacity of health partners to communicable disease outbreaks, and natural disasters
- In order to improve coordination for emergency response the Health Cluster mechanism in the southern region needs strengthening. An extension of basic health care in under-served areas is necessary as well as advocacy on behalf of health partners for the respect of neutrality of health facilities by all parties

The strategy targets:

- Vulnerable populations, including women and children (especially those living in conflict-affected or remote areas), IDPs, and other marginalised groups, including drug users.
- Under-served districts due to difficulties of access and insecurity. Health Cluster members assess ten of the 50 southern districts (Dishu, Naw Zad, Reg, and Washer in Hilmand; Arghistan, Khakrez, and Maywand in Kandahar; and Arghandab, Daychopan and Shinkay in

⁶⁷ According to MoPH reports, 32 health centres were torched, destroyed and/or closed down due to insecurity in 2007, while 28 health facilities were shut down or attacked in 2008.

Zabul), as 'substantially challenging' to service delivery and three (Ghorak and Miya Nishin in Kandahar and Gizab in Day Kundi) as 'extremely inaccessible'

- Under-resourced BPHS and Essential Package of Hospital Services facilities with low operational capacity

Overall objective

To reduce avoidable morbidity and mortality among the populations made vulnerable by the continuing emergency humanitarian situation through equitable access to life-saving health services, which will contribute to the ongoing development process.

Specific objectives:

- To improve access to quality integrated health services, including reproductive health, for vulnerable populations in insecure and underserved areas including access to primary health care and vaccination services and access to priority reproductive health services per Minimum Initial Service Package and referral structure for life threatening conditions
- Strengthen the health sector capacity for coordinated response and recovery to health emergencies (including communicable disease outbreaks) and the health impacts of the natural disasters and current humanitarian crises in Afghanistan
- Effectively coordinate the health sector response to the humanitarian and emergency situation in Afghanistan
- Promote humanitarian principles including the neutrality and impartiality of health facilities and workers through evidence based advocacy and outreach to all parties and local communities

Indicators

- Availability of services:
 - number of BHCs, comprehensive health centre and district hospital per population per district (see Ministry of Health (MOH) standards)
 - Number of basic and comprehensive emergency obstetric care services respectively per 500,000 population per administrative unit
- Humanitarian access to services:
 - Percentage of health facilities operational compared versus total number of health facilities planned in the region, where the gap is caused by the security situation or refusal of access by parties to the conflict for that health facility
 - Percentage of children under 5 having access to basic health care, nutrition services and immunisation services
 - Percentage of total population having access to BHCs or equivalent mobile care within 2 hours travel
 - Percentage of those who report sexual violence who access appropriate health services
- Communicable diseases' outbreak prevention and control
 - Case fatality rates within international standards for health emergencies (WHO, Sphere)
 - Average number of hours between the first notification of a disease outbreak to the Disease Early Warning System (DEWS) to investigation
 - Percentage of outbreak detected which are investigated
- Availability of emergency health supplies and kits

Monitoring

The objectives are subject to monitoring using the following mechanisms and tools:

- Health Management Information System (HMIS)
- DEWS
- District health officer networks
- Joint supervision and monitoring
- Quality improvement tools
- Provincial public health coordination mechanism
- Client interviews

4.5 F NUTRITION

Cluster / Sector Lead Agencies	UNICEF and FAO (Co-Chairing), Ibn Sina (Deputy Chair)
Number of Projects	10
Cluster / Sector Objective	Mitigate the impact of natural and man-made disasters and socio-economic shocks on the nutrition status of under-five children, pregnant and lactating women
Beneficiaries	Total: 5.2 million children and 2.08 million pregnant and lactating women Special care: 364,000 under-nourished children and 416,000 undernourished pregnant and lactating women
Funds requested	\$8,434,443
Funds requested per priority level	Immediate: (\$8,065,379) Medium: (\$369,064)
Contact information	Henry Mdebwe (UNICEF) hmdebwe@unicef.org Silvia Kaufmann (FAO) Silvia.Kaufmann@fao.org

Overview of priority needs and sector strategy

Under-nutrition in children under five years of age, pregnant and lactating women remains a critical public health problem due to widespread household food insecurity caused by recurrent drought, rising food prices in recent years and deteriorating security and displacement as a result. Already in 2004, in Afghanistan, 54% of the children were suffering from chronic malnutrition (low height-for-age) whereas 39% were underweight (low weight-for-age) and 7% suffered from acute malnutrition (low height-for-age). About one quarter of the women (21%) of reproductive age were under-nourished based on low body mass index (BMI <18.5).⁶⁸ National rates of acute malnutrition in 2004 seemed at a moderate level. A survey conducted in Jawszan Province in early 2009 confirmed those national figures measured in 2004 (5.9% acute malnutrition, 1.9% SAM, 49.6% chronic malnutrition). However, as the overall food security and socio-economic situation deteriorated it is assumed that malnutrition levels in some most-affected provinces increased. Increased rates of acute malnutrition were reported in Shewa District in Badakhshan Province. Annual admissions of children to Therapeutic Feeding Units (TFUs) have shown rising trends.⁶⁹ In 2008, 30% of the admissions to the TFUs were children under six months of age indicating problems in exclusive breastfeeding.

Afghanistan has one of the highest infant, under-five and maternal mortality rates in the world.⁷⁰ The main causes of these deaths are diarrhoea (19%), pneumonia (22%), neonatal causes (26%) in children and sepsis, haemorrhage, etc. in women, compounded by malnutrition in both groups. Micronutrient deficiencies, in particular Iron, Iodine, Vitamin A are widespread among children and women and considered a serious public health problem in Afghanistan (National Nutrition Survey, MoPH, 2004).

The recovery from the shocks of 2008 drought and high food prices has been slow because of further deterioration of security in most parts of the southern, eastern, western and northern provinces. As a result, humanitarian space is increasingly shrinking and it is estimated that more than 40% of the country is not accessible for the delivery of humanitarian services. Internal population displacement from intensified armed conflicts in border districts of Pakistan and Afghanistan combined with returning refugees from neighbouring countries have severe resource implications for humanitarian response. The Human Development report (2009) ranks Afghanistan 181 out of 182 countries.

Priority initiatives:

Given the situation presented above, the priority is to help the most vulnerable and malnourished children and their families in an immediate manner. However, root causes of malnutrition in Afghanistan are often the prolonged conflict, crisis, and lack of knowledge. Short-term and immediate solutions need to be linked to longer-term support and solutions that help families to ensure better nutrition in a sustainable way. Therefore, the package of priority initiatives includes an assessment of the situation, the identification of children and families in acute need, and provision of immediate support to cure malnutrition, micronutrient supplementation and nutrition support for pregnant and

⁶⁸ National Nutrition Assessment 2004.

⁶⁹ 2005: 2,107 cases; 2006: 4,190 cases; 2007: 5,480 cases and 2008: 7,178 cases.

⁷⁰ Infant mortality rate 129/1,000 live births; under-five mortality rate 191/1,000 live births, maternal mortality rate 1,600/100,000 live births.

lactating women. Nutrition education and promotion, including infant and young child feeding practices, and use of local foods for complementary feeding aim to provide sustainable solutions. The establishment of fruit and vegetable gardens at the facilities as well as children's homes is another priority and part of the support linking relief to rehabilitation of people livelihoods.

The priority initiatives under the minimum package of nutrition in emergencies are the following:

- Rapid Nutrition Assessments and nutrition surveillance/monitoring
- Clinic-based management of SAM (TFUs)
- Community-based management of acute malnutrition (CMAM) for severely and moderately malnourished children 6-59 months of age
- Provision of supplementary food for pregnant and lactating women
- Breastfeeding counselling and protection of breast feeding in emergencies
- Complementary feeding counselling, participatory food preparation and cooking sessions
- Micronutrient supplementation and promotion of access to fortified food
- Nutrition education and promotion
- Establishment of a demonstration vegetable gardens in TFUs and CMAM sites
- Provision of vegetable seeds and extension services to women admitted to TFUs and CMAM programme with malnourished children
- Capacity-building of service providers on nutrition

Objective

To mitigate the impact of natural and man-made disasters and socio-economic shocks on the nutrition status of under-five children, pregnant and lactating women in line with emergency likely potential triggers and humanitarian implications prevailing at any point in time in Afghanistan.

Specific objectives

- Detect, treat and prevent malnutrition
- 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, including breastfeeding
- Improve the production, access and use of locally available and affordable nutritious foods
- Strengthen monitoring and surveillance system

Monitoring indicators

- Percentage of GAM and SAM and among children (6 to 59 months)
- Number of moderately malnourished children (6 to 59 months) and malnourished pregnant and lactating women benefiting from supplementary feeding programmes
- Coverage of micronutrient supplementation to pregnant and lactating women
- Number of health workers trained on the management of severe malnutrition and supplementary feeding programme
- Number of health workers trained in complementary feeding using local resources
- Number of CMAM sites established and strengthened
- Number of children suffering from SAM admitted to programmes managing acute malnutrition
- Rates of exclusive breastfeeding in 0 to 6 month old infants
- Percentage of children 6 to 24 months receiving adequate complementary food
- Percentage of children 6 to 59 months old receiving micro-nutrients
- Number of women trained in adequate complementary feeding using local products
- Number of women admitted with malnourished children received vegetable seeds
- Number of TFUs and CMAM sites that established demonstration gardens

Monitoring

The objectives identified in this HAP will be monitored through the existing HMIS and DEWS. A close linkage to the monitoring of the food security situation will be ensured (food security cluster). Joint rapid assessments, nutrition surveys and field visits will be conducted to determine the delivery of the

project and the nutritional status. Existing monitoring and surveillance systems will be strengthened and streamlined to reflect the above indicators.

Implementation and Coordination Linkages

Implementation of nutrition emergency response initiatives will be carried out by nutrition cluster members operating at national level through their representatives at provincial and district emergency teams in localities affected by natural and human-made disasters and social economic shocks. The initiative activities will be implemented at community level with support provided through nearby health facilities such as district hospitals, health centres and health posts. Operational linkages will be established with WASH and the Health and Food Security clusters to ensure coordinated response of initiatives that impact on nutrition. At community level, communities and households/families will be mobilised to participate and utilise the nutrition initiatives through linkages with existing community leadership and groups such as health and nutrition support groups, village development councils and community volunteers.

4.5 G PROTECTION

Cluster / Sector Lead Agencies	UNHCR, UNAMA HRU, OHCHR, and Norwegian Refugee Council (NRC) (deputy co-chairs)
Implementing Agencies	NPO/PRAA, SC – Sweden/Norway, UNAMA HRU, OCHA, Afghan Women’s Network, Children in Crisis (CIC), Organisation for Sustainable Development and Research (OSDR), Oxfam Novib, ADA, IOM, CHA, Voluntary Association of Rehabilitation of Afghanistan, Legal Aid Organisation of Afghanistan, SC, War Child UK, Fund Afghanistan, AIHRC, Ministry of Labour and Social Affairs, BBC Afghan Education Project, MoRR, MoLSAMD, United Nations Development Fund for Women (UNIFEM), MAPA/UN Mine Action Service, UNFPA
Number of Projects	16
Cluster/sector Objectives	To enhance the protection of civilian and vulnerable populations in Afghanistan
Beneficiaries	Civilian and vulnerable population in Afghanistan
Funds Requested	\$258,356,564
Funds requested per priority level	Immediate (\$15,768,664), High (\$242,587,900).
Contact Information	Email: Sumbul Rizvi (UNHCR; rizvi@unhcr.org), Norah Niland (UNAMA HR/OHCHR; niland@un.org); Inger Svendsen (NRC; rpaa@nrcafpk.org)

Background

The continued instability in 2009 was marked with limitations on access of humanitarian actors to large parts of Afghanistan including in particular, to areas where communities are heavily impacted by warfare. Ongoing displacement due to the conflict, natural disasters and overall deteriorated human security has affected most communities including refugee returnees, and serves to further compound the situation. The resulting wide-ranging protection issues encompass an increase in violations of international human rights and humanitarian law. These issues include; the use of indiscriminate force; increase in civilian casualties; lack of access to land; resolution mechanisms for property disputes; violation of the rights of girls, boys and women; access to education, healthcare and other essential services; redress / restitution needs arising from armed offensives; and reduced humanitarian space.

The armed conflict in Afghanistan has intensified significantly since 2001 with a 40% increase in the death toll during 2008 where there were 2,118 reported civilian casualties during the year. There was a 24% increase the first six months of 2009 in comparison to the same period in 2008. Of the 1,862 civilian deaths between January and September 2009, three times as many (69%) were attributed to AGEs than to PGFs (22% of the total). The majority of civilian deaths attributed to AGEs were the result of indiscriminate IEDs and suicide attacks, indicating a shift of tactics towards the use of asymmetric attacks. Insurgents have also targeted people perceived to be supportive of the government or associated with the international forces or community.

The majority of these incidents have occurred in the south, south-east, and east, and now also include areas previously less affected by the conflict, such as the central, north-western, and western regions. In addition to the alarming death toll and injuries, the armed conflict is taking an increasingly heavy toll on civilians by the destruction of infrastructure, loss of livelihood opportunities, and deterioration of access to basic services. This often disproportionately affects vulnerable individuals, such as women, children, and internally displaced. Afghanistan remains one of the most landmine and ERW-contaminated countries in the world, with over 2,150 communities directly impacted and an average of approximately 42 individuals killed or injured every month, of which 60% are children.

Humanitarian funding in recent years has been largely geared towards economic and social development leaving limited scope for comprehensive humanitarian protection responses. This has been noted as an outstanding gap in need of urgent redress.

Assumptions for 2010

Planning assumptions for 2010 on protection issues outlined below indicate deteriorated security for most of Afghanistan, which impacts on civilians and humanitarian response capacity:

1. The security situation will continue to deteriorate with increased violation of international human rights and humanitarian law, directly and indirectly affecting civilians and rendering vulnerable larger numbers of women and children.
2. Seasonal disasters (floods, landslides, droughts) and earthquakes will have an aggravated impact on affected populations.
3. Due to insecurity, humanitarian space will continue to shrink with the result of a reduced response capacity to speedily assess needs, deliver humanitarian aid and monitor populations of concern.
4. Early recovery initiatives will need to blend in with emergency relief activities and ongoing development activities.
5. In order to cope with the insecurity, conflict and/or disasters, flight of communities in search of protection, will continue, likely leading to increased displacement.
6. The return of refugees from neighbouring countries will reduce to a spontaneous flow with limited reintegration possibilities in places of origin.
7. IDP returns will be limited; however secondary displacements are not ruled out.
8. Programming challenges with government authorities may at times create conflicts of interest.
9. The continued role of ISAF Provincial Reconstruction Teams (PRTs) in relief efforts will negatively influence humanitarian space threatening the independence and neutrality of humanitarian actors.
10. Increase in cross-border movements / flight due to the deteriorating security situation across the border may occur, leading to further competition for limited resources and protection needs.

Objectives

- **Protection sector objectives derive directly from Strategic Objective 1:**
- Provide relief to extremely vulnerable conflict-induced and disaster-affected groups and individuals, including reintegration or resettlement support for IDPs, returnees, deportees and host communities

- **Strategic Objective 2:**
- Enhance protection of the civilian population, and monitor and advocate for the respect of international humanitarian, human rights and refugee law

- **Strategic Objective 5:**
- Improve overall humanitarian access and response, including through strengthened humanitarian coordination and capacity at national and regional level
- Enhance the protection of the civilian population by advocating the respect of human rights and international humanitarian law

- Monitor and raise awareness of impact of armed conflict on civilians
- Increase access to services due to the worsened security situation and an intensification of the conflict, ensuring emergency initiatives address the most vulnerable
- Ensure that protection concerns and approaches are effectively mainstreamed into all humanitarian action

Protection Action Mechanisms

In order to identify and address the protection needs of those most at risk, the sub-cluster groups will support the Afghan Protection Cluster (APC) addressing the themes mentioned below. These sub groups will enable effective co-ordination with the field and support strengthening of local protection coordination mechanisms. Mainstreaming of protection across clusters will be undertaken by the APC. Inter-cluster coordination in this regard will be facilitated by OCHA in Kabul and in the field.

i.) Internal Displacement: The National IDP Task Force, (co-chaired by UNHCR, as the lead agency on IDPs in Afghanistan) and MoRR will continue addressing issues relating to the internally displaced through 2010. This also includes refugee returnees still in displacement due to inability to return to their places of origin for conflict- or persecution-related reasons. In addition to identifying and providing redress to the emergency humanitarian needs generated by forced displacements, the IDP Task Force will continue supporting the national/local authorities in assessing and facilitating durable solutions, especially for IDPs in protracted displacement. In coordination with local authorities and other agencies, the IDP Task Force will continue supporting responses to internal displacement caused by natural disasters. The IDP Task Force will continue to facilitate training of key governmental actors. UN and NGO representation on the UN Guiding Principles on IDPs will take place at national / regional / provincial level as well as facilitating legal research aimed at improving the legal protection basis of IDPs.

ii.) GBV: It is envisaged that active coordination of the GBV Prevention and Response sub-cluster under the leadership of UNFPA in 2010 will require close engagement of the AIHRC. Violence against women, girls and boys marks most conflict situations and visibly so in Afghanistan where overall human rights standards lack adequate recognition and implementation and further compound the situation. Issues under this sub-cluster include domestic violence; rape and other forms of sexual abuse within and outside the home including the sexual abuse of boys; special risks faced by women and girls without effective male / community support including unaccompanied and separated children at risk; and trafficking of women, girls and boys. These will continue throughout 2010 through integration of GBV prevention and care into existing systems and services through active mapping of caseloads, as well as designing new responses in health care, survivor assistance services, community awareness campaigns and legal responses.

iii.) Child protection: Overall child protection issues under the APC is coordinated by UNICEF and fall within two broad sub-groups, CPAN and the CTFMRM:

Children continue to be victims of the deteriorating security situation in Afghanistan, with a great number of deaths and injuries caused by conflict related operations and mines (two-thirds of mine victims are under 18 years). Impunity continues for all violations including acts of sexual violence against boys and girls. Reports of child recruitment by armed groups and continued detention of children associated with such groups abound. Armed groups specifically target schools, teachers, students, health facilities and their staff exacerbating the lack of access to essential services. In addition, children are affected through displacement, land disputes, separation from families, loss of family members and increased economic hardship.

Redress and capacity-building measures will continue through 2010. The provincial CPAN formed by governmental and non-governmental actors in 28 provinces will continue to address child protection concerns through a systematic approach to humanitarian response including capacity building of stakeholders. The immediate focus for the CTFMRM in 2010 will strengthen systematic monitoring, gathering and sharing of information on the impact of the armed conflict on children in accordance with

Security Council Resolution 1612 and 1882. This evidence will ensure more targeted advocacy on all levels; including the national and international military forces and non-state actors. .

iv.) Land, Housing and Property Task Force (HLP TF): The HLP TF jointly led by UNHCR and NRC will play an active role through 2010, largely due to the absence of clear ownership / occupancy rights, particularly for those who were / are displaced, risking the creation of a class of landless and squatters. Their inability to return home and integrate, destruction of agricultural land, eviction due to squatting on land all emanate from difficulties in securing housing, land and property rights which contribute to increase in conflicts over land. The continued illegal land and property usurpation will continue to affect economic development, rule of law and human rights of the affected besides creating problems of governance. The increasing trend towards urbanisation has also created untoward pressure on housing, land and property in urban areas and remains a challenge. The HLP TF will continue to intervene to address protection challenges emanating from these critical gaps. It will do so by creating a national depository of laws and regulations on this specific legal area including mapping of laws and regulations with regard to the LAS. It will also map governmental, donors and agencies on policies and practices on LAS; map the existing researches conducted on landlessness in Afghanistan and identify the main actors dedicated to landlessness issues, with a focus on the LAS.

v.) Land mines and ERW – Mines and ERW have had and will continue to have a severe impact on the lives and livelihoods of millions of Afghans. Beyond loss of life and serious injury, mine contamination has prevented livelihood activities including access to agricultural land, water, health and education. MAPA refers to the collection of mine action implementers throughout Afghanistan, coordinated by MACCA. MACCA manages the national database of hazard and all mine action activity, known as IMSMA. This enables planning of mine action in the country to be clearly linked to humanitarian priorities (e.g. minefields and victims). All implementing partners of the MAPA work in a coordinated fashion facilitated by the MACCA, publishing each year on the website an integrated operational work plan outlining specific goals and planned activities. The planning and monitoring based on tracking of hazardous areas, victim data, clearance and MRE activities for the support of all humanitarian actors in Afghanistan will continue through 2010.

Issues related to the protection of civilians are addressed by the APC as a whole.

Addressing protection needs

The focus for the APC under HAP 2010 will be the prioritisation of the humanitarian caseload in the country with acute protection needs - particularly civilians affected by conflict and disasters, the internally displaced and returnees. The HAP will focus on identification of and service delivery to such groups in a coordinated manner with other clusters in Kabul and the field. Outstanding initiatives will link up to redress **immediate vulnerabilities** where lives are at risk due to the conflict or disasters in need of emergency relief initiative and HAP is a key tool to coordinate and fund this category. **Medium-term vulnerability**, where the affected population can slip back into life-threatening situations if no assistance is provided quickly, also remains of concern and requires funding under HAP 2010. Protection oversight of potential **long-term vulnerabilities** will fall within the purview of the APC for situations where the safety and integrity of civilian populations may need redress and support and may fall within early recovery plans and in need of donor support.

Expected impact and challenges

Targeted protective measures coupled with advocacy on protection issues and coordination of initiatives will serve to enhance the safety and dignity of populations of concern in Afghanistan. Support to the field will enhance the protection of those who are most at risk. At the national level this more effective and efficient policy, advocacy and programme initiatives will materialise.

Challenges will remain with regard to limited access to populations of concern and increased risks for humanitarian workers from the heightened security situation anticipated. Underlying these remains the challenge of long standing absence of development and access to resources by the Afghan

population. There is hope that HAP 2010 will bring in the necessary funding to support activities for addressing the critical protection in need of humanitarian action in Afghanistan.

4.5 H WATER, SANITATION AND HYGIENE

Cluster / Sector Lead Agencies	UNICEF (Lead), DACAAR (Deputy Lead)
Number of Projects	16
Cluster / Sector Objectives	Ensure that vulnerable populations have access to safe drinking water and adequate sanitation within reasonable reach, along with effective hygiene education/promotion
Beneficiaries	2,062,752 (including women, children, IDPs returnees and rough/flood affected population. Disaggregated data is available under each project.
Funds requested	\$36,581,681
Funds requested per priority level	Immediate: (\$18,355,157) High: (16,727,175) Medium: (\$1,499,349)
Contact information	Samay Saquib (UNICEF), ssaquib@unicef.org Gerry Garvey (DACAAR), cowsp@dacaar.org



Overview of priority needs and response strategy

Severe shortages of drinking water in emergencies leading to displacement and migration from home villages is common in Afghanistan. The 2008 drought and this year's floods caused significant displacement across many provinces in the north and north-east of Afghanistan. In such situations the shortage of water compounds the lack of proper sanitation and poor hygiene leading to WASH-related diseases like cholera, diarrhoea and other preventable infections. According to UNICEF best estimates in 2005, diarrhoea accounts for 30% of childhood illnesses, which increases in emergencies. NRVA 2005 reports very low WASH coverage (31% water and 12% sanitation). The practice of hand washing is very low, particularly among rural women.

It is most likely that drought and floods continue in the coming years and their consequences will remain a serious problem for the WASH Cluster in 2010. In 2009, MoRRD reported more than 400,000 people in immediate need of WASH services in areas where 2008 drought caused serious shortage of safe drinking water. The 2009 floods either washed away or contaminated water sources, resulting in more people requiring safe drinking water. At present more than one million people require either immediate solution to water supply or long-term drought and flood mitigation measures.

Sustainable cost-effective solutions to combat poverty and the extremely difficult terrain of Afghanistan require a high premium. Emergency response programmes must therefore ensure that responses that require high cost support and solutions be kept to a minimum.

Priority areas for 2010

Taking into consideration the ongoing emergencies the WASH cluster has identified the following priority areas for 2010:

- Contribution to the reduction and prevention of water-borne diseases such as cholera, diarrhoea and other preventable infections
- Provision of safe drinking water, sanitation and hygiene education with a particular focus on the hazard affected population and areas
- Capacity building of WASH partners (Governmental-NGOs) as well as communities
- Ensuring that the WASH initiatives equally meet the needs and benefit all segments of the population (women, girls, boys and men)
- Ensure sustainability of WASH activities – in collaboration with the Government and communities through a community-based operation and maintenance programme
- Increased utilisation of renewable energy water sources (solar and wind driven pumps) and traditional improved water sources
- Prioritising projects to include hygiene education for all social groups. Special hygiene needs of women and girls are to be taken into consideration.
- Promotion of water treatment through disinfection using purification tablets and chlorine, and other affordable treatment methods
- Educational programmes on environmental issues (groundwater extraction, etc.)
- Documenting and sharing experiences from emergency projects on WASH and encourage replication
- Reinforcing synergies among partners to avoid duplication and pooling of own organisational resources to meet the emerging challenges of WASH

Objectives / Strategies

- Delivery of integrated, sustainable and gender-sensitive water, sanitation and hygiene activities to vulnerable communities in urgent need of WASH assistance⁷¹
- Regular updating with training, exercising and validation of national WASH IACP and preparedness plan and the development of regional contingency plans
- The development of water sources as well as systems such as strategic water points and sustainable community water systems to mitigate the effects of hazards such as drought and floods
- The prioritisation of a community-based approach through all initiatives in an emergency environment, and in particular during WASH-related policy and advocacy work. Strategic alignment with the ANDS' objectives and provincial development plans.
- Link WASH Cluster activities with Government and other partners' developmental programme through sharing of information and plans and active participation in the SCWAM, WSG led by MoRRD and its related technical working groups

Indicators:

- The number of beneficiaries provided with access to potable water including households with access to a minimum of 15 litres per person per day of safe water for human consumption and domestic use through repair of existing water points / water supply systems or construction of new water points/systems, including strategic water points⁷²
- Enhanced livelihoods and productivity of households due to reduced time spent accessing potable water

⁷¹ Water provision includes the construction of strategic water points in areas with no shallow or semi-deep groundwater, or none with satisfactory quality. Construction of community hand pump water supplies (in places where groundwater can be extracted up to a depth of 70 meters and where a community-based operations and management is ensured). Construction of spring-fed piped water supply schemes and other piped water systems with due consideration to water right issues and water quality. Solar pumps, improved traditional water storage techniques (*kandas*, etc.), and water tankering with consideration of water quality and cost effectiveness. Select latrine designs that are safe, affordable and user-friendly with due consideration to excreta disposal in the area.

⁷² A strategic water point is a well with sufficient yield, equipped with power pump, elevated tank, and generator (or other adequate power to sustain it) and minimum of three kilometres of distribution pipe. It can be used as a source for water tankering during drought conditions.

- The number of households with access to appropriate sanitation means, including the number of families exclusively using household improved latrines
- The number of households covered by hygiene awareness programs, including (number of) women reached by tailored hygiene promotion activities
- The number of wells chlorinated, particularly in cholera outbreak areas, and (number of) households provided with water treatment mechanisms
- Women, men, boys and girls have equal and safe access to WASH services and women while men are equally and meaningfully involved in decision-making in programme design, technology selection, implementation and monitoring

Proposed coverage

Province(s)	Organisations/ Projects
Faryab	ACTED, AFG-10/WS/26667-26671
Takhar	ACTED-26676
Diakundi	NPO/RRAA-26795
Herat	NPO/RRAA-26873
Nangrahar	DACAAR-28086
Ghore	Afghanaid-28198
Kabul, Logar and Kandahar	Cooperation for Afghan Relief (COAR) -28331, 28332, 28333
20 drought and flood-affected provinces (see the project sheet)	UNICEF-28341
Panjshair	Bureau of Environment and Rehabilitation Organisation (BERO) - 28371
Badakhshan, Diakundi, Kandahar	Oxfam-GB-28404
Samangan	ACF-28469
Kunduz	IMC-UK-28757
Jawzjan	The Evangelical Alliance Relief Fund (Tearfund)

Since the WASH Cluster was rolled out in 2008, it has expanded its partnership with local and international NGOs in all the 34 provinces and has built the capacity of partners as well as the community-based organisations such as community development councils. Hence it has the increased capacity to carry out humanitarian action in 2010 and to absorb more resources (\$18,612,853) compared to HAP 2009.

Monitoring

Progress tracked through reviews and regular meetings with the partners. Organisation of the joint WASH Cluster monitoring team visits to the field. Meanwhile, agencies will collect all the information and data from their field offices and prepare reports, disseminated to WASH Cluster Lead for compilation. The Cluster Lead will prepare monthly reports and submit these to OCHA for the preparation of the monthly report for the Emergency Relief Coordinator. Joint WASH Cluster / MoRRD forms used for field reporting to ensure consistency. Shared data from cluster members and MoRRD for the WSG database.

4.5 I MULTI-SECTOR

Cluster / Sector Lead Agency	UNHCR
Implementing agencies	<p>Governmental: MoLSAMD; MoPH; MoRR; MoRRD; Ministry of Women's Affairs</p> <p>Non-governmental: Afghan Bureau for Reconstruction, Afghan General Help Coordination Office, Afghan Planning Agency, Afghan Public Welfare Organisation, Ansari Rehabilitation Association for Afghanistan, Child Fund Afghanistan, CHA, Coordination of Rehabilitation and Development Services for Afghanistan, Engineering and Rehabilitation Service for Afghanistan, INTERSOS, NRC, Reconstruction and Employment Unit for Afghan Refugees, Voluntary Association for the Rehabilitation of Afghanistan, Watan's Social and Technical Services Association, Afghan Agency for Integrated Development, Sanayee Development Organization, Relief International, Cooperation Centre for Afghanistan, National Consultancy and Relief Association, Development and Humanitarian Services for Afghanistan</p> <p>Others: Afghanistan Independent Human Rights Commission, Afghanistan Research and Evaluation Unit, British Broadcasting Corporation, <i>Deutsche Gesellschaft für Technische Zusammenarbeit</i>, ILO, IOM</p>
Number of Projects	8
Cluster / Sector Objectives	<p>Implementation of the Goals of the RRI sector strategy of ANDS:</p> <ol style="list-style-type: none"> 1) facilitate the voluntary return of Afghans, 2) strengthen the government capacity to plan, manage and assist reintegration processes, 3) build official capabilities to respond to internal displacement 4) improve terms of stay and condition of Afghans in neighbouring countries 5) advance progress towards bilateral agreement on labour migration.
Beneficiaries	Refugee returnees and IDPs
Funds requested	\$78,208,770
Contact information	poujai@unhcr.org

Overview of priority needs and response strategy

A major component of this sector are multi-sectoral interventions to address the needs of Afghan returnees from the neighbouring countries of Pakistan and Iran and IDPs in Afghanistan, implemented by UNHCR and operational and implementing partners.

Interventions to support returnee reintegration and IDPs are aligned with the goals of the RRI sector strategy of the Government's five-year ANDS. The return of over 5.6 million refugees since 2002 has increased the estimated population of Afghanistan by over 20%. This level of return has put a strain on receiving communities struggling to cope with already limited resources. While reconstruction and development efforts have advanced, security has become more problematic and Afghanistan's capacity to absorb more returns in limited without further targeted support.

Achieving sustainable return and reintegration is becoming more challenging in the current context. Finding solutions for the remaining 2.7 million registered Afghans in the Islamic Republic of Iran and Pakistan represents a complex challenge that humanitarian agencies alone cannot address. The refugees' long stay in exile, poverty, and difficult conditions in many parts of Afghanistan pose formidable obstacles. Increased political engagement, improved management and coordination, and more substantial investments to enhance reintegration are required from both national and international actors.

In this context, for 2010 a more balanced emphasis between solutions and protection is foreseen. The focus will be on influencing allocations by governments and donors for key provinces, sectors and programmes to enhance reintegration for refugee and IDP returnees. There will also be a focus on field monitoring, evaluation, and analysis of the durability of return, refugee and migratory movements, and related human rights issues.

Voluntary repatriation will remain the preferred solution for many Afghans. The multi-sectoral approach supporting return anticipates different modes of return, advocacy on behalf of national programmes affecting reintegration, and institutional development to support broader government engagement. A key responsibility will be to ensure that the principle of voluntary return is respected.

2010 will see an emphasis on the return and reintegration of protracted IDP groups, and local settlement for a considerably reduced population. A greater role by the Government in the management of IDP issues will be encouraged.

Given the unpredictability of the operational environment, agencies will work incrementally towards the goals established by the ANDS while improving responses to forced displacement affecting returnees and IDPs.

The voluntary repatriation of Afghan refugees will continue, but at greatly reduced levels compared with the pre-2006 era. Since that time, only 15,000 Afghans have returned from the Islamic Republic of Iran and returns from Pakistan have also declined markedly. Rising insecurity, political instability and economic and social problems in Afghanistan have constrained voluntary repatriation. The number of conflict-induced IDPs is likely to grow as a consequence of intensified military operations.

Progress towards solutions of land disputes between IDPs and local populations should be possible through an integrated, area-based approach benefiting all parties.

Main Objectives

- Facilitate the voluntary return of Afghans from Pakistan, the Islamic Republic of Iran and other host countries, and support their initial reintegration
- Address the longer-term reintegration needs of refugee and IDP returnees in the framework of ANDS through advocacy and enhanced cooperation with government ministries and donors
- Support refugee returnee and IDP returnee reintegration to better sustain return through an integrated community-based approach that includes shelter, water and livelihoods activities
- Strengthen the Government's capacity to manage and assist reintegration processes
- Ensure the operation has the flexibility, capability and resources to address sudden and unexpected inflows of refugee returnees with specific needs
- Strengthen the ability of the Afghan authorities to respond to displacement within, to and from Afghanistan
- Maintain an emergency response capacity to address the basic needs of newly displaced people and support solutions for IDPs in protracted situations by providing community-based reintegration support
- Strengthen partnerships to mobilise support for people of concern

Key Targets

- Transport and reintegration cash grants enable 165,000 returnees to meet their initial basic needs upon return; a transport grant is also provided to IDP returnees
- Community-based livelihood and income-generating activities are implemented in 360 refugee returnee and IDP returnee receiving communities to support sustainable reintegration
- Water supplies are ensured for 3,800 communities receiving refugee returnees and 135 communities receiving IDP returnees
- Sufficient supplies critical to the shelter programme are received on time to ensure construction is completed before winter
- Partnerships with key stakeholders contribute to wider coverage of the reintegration needs of returnees and build linkages to development activities
- Returnees and IDPs with specific vulnerabilities are identified and provided with additional targeted support

4.6 Roles and responsibilities

Cluster/sector name	Relevant governmental institution	Cluster /sector lead	Cluster/sector members and other humanitarian stakeholders
Education	MoE	UNICEF	Aga Khan Foundation, Aschiana, Afghans Women Education Center (AWEC), Bangladesh Rural Advancement Committee (BRAC), CARE, CHA, CiC, Coordination of Afghan Relief, Handicap International, CWS – P/A, Information Management and Mine Action Programs, IRC, NRC, SC Sweden/Norway, SC UK, War Child Holland, World Vision, OCHA, United Nations Educational, Scientific and Cultural Organisation (UNESCO), UNICEF, WFP, UNHCR, UN Office for Project Services UNOPS, UNAMA, Canadian International Development Agency, US Agency for International Development.
Emergency Shelter and NFI	MoRR, MoRRD	UNHCR	UNHCR, CARE, NRC, IOM, IRC, UMCOR, SFL, ADA, CWS – P/A, DAARTT, DACAAR, SC-UK, ACTO, SHA, IFRC, ARCS, OCHA, ACTED, UN-HABITAT, <i>Solidarités</i> , HRP, Afghan Earth Work, UNDP. <i>Observers</i> : BPRM and ECHO.
Emergency Telecommunications	Ministry of Telecommunications, Afghanistan Telecom Regulatory Authority	WFP	All UN, NGOs
Food Security and Agriculture	ANDMA, MAIL/ Central Statistics Organisation/, MoRRD	WFP and FAO Deputy Lead Afghanaid	FAO, WFP, UNAMA/Humanitarian Affairs Unit, WHO, UNICEF, UNHCR, IOM, ACF, Mercy Corps, ARCS, CARE, Tearfund, Catholic Relief Services, Trócaire, Consultative Group on International Agricultural Research, NRC, Action Aid, DACCAR, BRAC, AREA, IRC, Concern, Oxfam, FEWS Network, ECHO, US Agency for International Development, Canadian International Development Agency, EC Delegation. <i>Observers</i> : ICRC, ARCS
Health	MoPH	WHO	ACF, ActionAid, AHDS, AHTP, Afghan Institute of Learning, ACRS, Bakhtar Development Network, Coordination of Humanitarian Assistance, CordAid, DAACAR, Embassy of Canada EHBA, GCMU, MoPH, Health Net, HEWAD, Help Handicap International, Health Services Support Project, Ibn Sina, IFRC, IMC, IRD, Kabul Medical University, MSH – Tech Serve, MDM, Medair, Medical Emergency Relief International, MoPH, MSC, Netherlands Embassy, RRAA, Organisation for Technical and Community Development, Solidarity for Afghan Families, SC, SERVE Afghanistan, Shuhada Organisation, UNAMA, UNDP, UNICEF, UNFPA, UNHCR, WHO, SHRDO
Nutrition	MoPH	UNICEF and FAO	Medair, Ibn Sina, CHA, US Agency for International Development, FAO, NGO Consort, SC-UK, ADA, Afghanaid, Micronutrient Initiative, WFP, Médecins Sans Frontières, SC - US, NPO/RRAA
Protection	MORR, MoLSAMD Government of Afghanistan Steering Group on Children Affected by the Armed Conflict	UNHCR	UNHCR, UNICEF, WFP, UNAMA HRU, OHCHR, SC-Sweden/Norway, Afghan Women's Network, NPO/RRAA, OSDR, Oxfam Novib, ADA, CHA, Voluntary Association of Rehabilitation of Afghanistan, Children In Crisis, Legal Aid Organisation of Afghanistan, SC - UK, War Child UK, Fund Afghanistan, BBC Afghan Education Project, MoLSAMD, AIHRC, UNIFEM, INTERSOS, IFRC, Medair, Trócaire, Tearfund, United Nations Mine Action Center for Afghanistan (UNMACA), Development Assistance Database, AMI-FRANCE, CARE, IOM, Hagar International, Human Rights Watch, Concern, CordAid, UNFPA, ACTED
Multi-sector	MoRR; MoLSMD; MoPH; MoRRD; Ministry of Women's Affairs	UNHCR	Afghan Bureau for Reconstruction, Afghan General Help Coordination Office, Afghan Planning Agency, Afghan Public Welfare Organisation, Ansari Rehabilitation Association for Afghanistan, Child Fund Afghanistan, CHA, Coordination of Rehabilitation and Development Services for Afghanistan, Engineering and Rehabilitation Service for Afghanistan, INTERSOS, NRC, Reconstruction and Employment Unit for Afghan Refugees, Voluntary Association for the Rehabilitation of Afghanistan, Watan's Social and Technical Services Association, Afghan Agency for Integrated Development, Sanayee Development Organization, Relief International, Cooperation Centre for Afghanistan, National Consultancy and Relief Association, Development and Humanitarian Services for Afghanistan, Afghanistan Independent Human Rights Commission, Afghanistan Research and Evaluation Unit, British Broadcasting Corporation, GTZ, ILO, IOM
Water, Sanitation and Hygiene	MoRRD, MOE and MoPH	UNICEF and DACAAR	OXFAM, MoRRD, <i>Solidarités</i> , IRC, ACF, DACAAR, Japan Emergency NGOs, ZOA Refugee Care, ACTED, OCHA, Swedish Committee for Afghanistan, SC-UK, Helvetas, Adventist Development and Relief gency, Caritas Germany, Tearfund, Micronutrient Initiative, AfghanAid, CHF, BRAC, UNAMA, UNDP

5. CONCLUSION

1. All available indicators suggest that the majority of the people of Afghanistan are vulnerable after 30 years of war and natural disasters, while conflict has been escalating resulting in extensive human rights abuses and violations of international law. They may be at the tipping point into a spiral of poverty, which could put so much, including the success of the whole international enterprise here, at risk. What does matter is that the humanitarian community carry out their mandated task to address the needs of the most vulnerable and to meet their needs in a more urgent manner.
2. Humanitarian action, including prevention and response to the population's needs, must be better planned, programmed and managed to ensure that vulnerable people do not fall into destitution. The activities in this document are expected to go some way to addressing the humanitarian needs of the population.
3. Much is currently being done in the field of development with the government. This cannot be ignored or discounted. In addition to the activities identified herein, what needs to happen is:
 - a. A more robust examination of the needs of the vulnerable
 - b. An identification of the gaps between what is being done and what is required
 - c. An identification of the areas where the humanitarian actors cannot work due to security constraints with a view to ensuring that all Afghans receive the assistance they require
4. One major result of examining the needs of the vulnerable more rigorously for HAP 2010 is that data are weak and need urgent improvement for effective activities to be developed. This is urgent because it is a matter of the lives and well-being of vulnerable people. Surveys, analysis and improving data should form the core of many activities in the HAP 2010 – this is not self-serving for the humanitarian actors, but is essential to improve humanitarian action.
5. This HAP is the second step after HAP 2009 in improving the planning and delivery of humanitarian assistance to Afghanistan. It is part of an overall series of steps of constant review and improvement in the delivery of appropriate and effective humanitarian assistance and should not be seen in isolation. If it is not perfect this time, it is perfectible.

ANNEX I. LIST OF PROJECTS

Table V. Appeal projects grouped by cluster (with hyperlinks to open full project details)

Project code	Project title	Appealing agency	Requirements (\$)	Location	Priority
(click on code to open full project sheet)					
COMMON SERVICES					
AFG-10/CSS/28781/561	United Nations Humanitarian Air services Afghanistan (UNHAS) - (SO 105140)	WFP	18,469,501	multiple locations	A. IMMEDIATE
AFG-10/CSS/29099/119	Humanitarian Coordination and Advocacy in Afghanistan	OCHA	9,928,795	multiple locations	E. NOT SPECIFIED
Sub total for COMMON SERVICES			28,398,296		
EDUCATION					
AFG-10/E/26821/6347	Support to Women in Skills, Entrepreneurship and Literacy in Nangarhar, Kunar & Laghman Province	NPO-RRAA	499,994	multiple locations	D. LOW
AFG-10/E/27241/5263	Disaster Management Training in Kishindi, Sholgar, Charbolak, Charkent, Chintal and Khulm	CHA	92,320	multiple locations	B. HIGH
AFG-10/E/28036/13089	Providing education facilities to the children (both girls and boys) in Bareekab e Qarabagh and Naseryan (Guldara) near Kabul.	AWEC	118,812	Kabul	A. IMMEDIATE
AFG-10/E/28207/6079	Community-based School Project (CBSP)	SC	322,391	Nangarhar	A. IMMEDIATE
AFG-10/E/28242/5290	Quality Primary Education in Bagrami and Charasyab Districts of Kabul Province.	CoAR	1,368,316	Kabul	A. IMMEDIATE
AFG-10/E/28360/6422	Ensuring continued access to quality education for the flood and drought affected school children.	BRAC	853,000	multiple locations	A. IMMEDIATE
AFG-10/E/28406/6422	Community/ Home based Education for out of school children in conflict areas.	BRAC	871,000	multiple locations	B. HIGH
AFG-10/E/28411/6422	"Community-based Education for the Internally displaced and deported children"	BRAC	1,112,000	multiple locations	B. HIGH
AFG-10/E/28435/6079	Supporting and protecting working and street children	SC	481,260	multiple locations	A. IMMEDIATE
AFG-10/E/28467/13115	Rapid Information for Emergency Response in the Education Cluster	iMMAP	357,894	multiple locations	B. HIGH
AFG-10/E/28481/5834	Youth Education Pack	NRC	1,070,000	multiple locations	B. HIGH
AFG-10/E/28516/298	Emergency Repairs for Conflict-Affected Schools	IOM	7,622,992	Kabul	A. IMMEDIATE
AFG-10/E/28516/5767	Emergency Repairs for Conflict-Affected Schools	UNOPS	7,622,995	Kabul	A. IMMEDIATE
AFG-10/E/28548/6079	Capacity building for Disaster Risk Reduction (DRR) in Schools and Communities in Balkh, Bamyān, Nangarhar, Kandahar, Faryab and Kabul provinces	SC	856,587	multiple locations	A. IMMEDIATE
AFG-10/E/28659/124	Coordinated emergency response and preparedness for education	UNICEF	53,500	multiple locations	E. NOT SPECIFIED
AFG-10/E/28659/6079	Coordinated emergency response and preparedness for education	SC	53,500	multiple locations	E. NOT SPECIFIED
AFG-10/E/28784/5645	Capacity Building Initiative for Rolling-Out Minimum Standards for Education in Emergencies	CARE International	296,574	multiple locations	A. IMMEDIATE
AFG-10/E/28957/6079	Improved Access to Quality Primary Education	SC	1,872,500	multiple locations	A. IMMEDIATE
AFG-10/E/29206/5179	Social Inclusion of Children with Disabilities in Rural, Conflict-Affected Areas through Integration into Mainstream Schools and Education	IRC	530,000	Herat	A. IMMEDIATE
AFG-10/E/29465/5103	INEE Training on Inclusive Education for Key Government Education Staff	UNESCO	110,712	multiple locations	A. IMMEDIATE
AFG-10/E/29515/124	Psychosocial support for children and teachers affected by crisis in the most affected areas.	UNICEF	927,090	Kabul	A. IMMEDIATE
Sub total for EDUCATION			27,093,437		
EMERGENCY SHELTER					
AFG-10/S-NF/26686/6458	Urgent Winterisation Assistance for the IDP population in Faryab Province	ACTED	783,354	Faryab	A. IMMEDIATE
AFG-10/S-NF/26696/6458	Shelter Assistance to Flood Affected Households in Faryab Province, Afghanistan	ACTED	955,788	Faryab	A. IMMEDIATE
AFG-10/S-NF/26727/12660	Emergency Shelter Assistance to flood-affected people in Samangan, Balkh and Jawzjan Provinces	SHA	1,062,260	multiple locations	A. IMMEDIATE

A F G H A N I S T A N

Project code	Project title	Appealing agency	Requirements (\$)	Location	Priority
AFG-10/S-NF/26958/12912	Shelter for flood-affected families in Balkh province	ADEO [Afghanistan]	704,000	Balkh	A. IMMEDIATE
AFG-10/S-NF/27030/12912	Pre-positioning of Non Food Items for Flood-Affected Families	ADEO [Afghanistan]	65,000	Balkh	B. HIGH
AFG-10/S-NF/27275/5834	Emergency Shelter Assistance to Returnees and IDPs	NRC	6,864,100	multiple locations	A. IMMEDIATE
AFG-10/S-NF/27370/5150	Emergency Shelter for Returnees and IDPs in northern Afghanistan	ZOA Refugee Care	3,806,000	multiple locations	A. IMMEDIATE
AFG-10/S-NF/28395/5220	Supporting Sustainable Return to Kabul Province	UMCOR	479,211	Kabul	A. IMMEDIATE
AFG-10/S-NF/28436/5645	Integrated Shelter assistance to flood affected population of Koh-Band and Hesa-e-Awal Kohistan district of Kapisa Province.	CARE International	900,688	Kapisa	A. IMMEDIATE
AFG-10/S-NF/28475/5834	Emergency shelter and NFI response to victims of natural disasters, seasonal emergencies and ongoing hostilities	NRC	1,824,500	multiple locations	A. IMMEDIATE
AFG-10/S-NF/28622/5179	Emergency Response (Non-Food Items, Winterization, Emergency Shelter and WASH) for crisis-affected, returnee and internally displaced families in Herat Province, Western Afghanistan	IRC	664,000	Herat	A. IMMEDIATE
AFG-10/S-NF/28627/5179	Emergency Response (Non-Food Items, Winterization, Emergency Shelter and Environmental Health/WASH) for crisis-affected, returnee and internally displaced families in Paktya Province, South-eastern Afghanistan	IRC	506,000	Paktya	A. IMMEDIATE
AFG-10/S-NF/28700/5362	Urgent winterization project in Ghor, Balkh and Herat provinces.	OXFAM Netherlands (NOVIB)	178,155	Ghor	B. HIGH
AFG-10/S-NF/28889/120	Shelter Assistance Support to Voluntary Repatriation and Reintegration of Afghan Returnees and IDPs	UNHCR	29,504,400	multiple locations	A. IMMEDIATE
AFG-10/S-NF/30016/6004	Shelter Construction (1000 Shelters) in Nangarhar, Laghman, Takhar and Faryab	ADA	1,978,205	multiple locations	A. IMMEDIATE
Sub total for EMERGENCY SHELTER			50,275,661		
FOOD SECURITY AND AGRICULTURE					
AFG-10/A/26687/6458	Emergency Response to Winter Hunger Gap Induced by Spring and Summer Flooding in Northern Afghanistan in 2009	ACTED	3,222,751	multiple locations	B. HIGH
AFG-10/A/26868/6347	Support to the most Vulnerable Families Through Animal Husbandry in the villages of Kushk Rabat Sangi and Kushk-e-Kohna districts of Herat Province	NPO-RRAA	224,972	Herat	C. MEDIUM
AFG-10/A/26968/12942	Provision of Improved Agricultural Inputs to Extremely Vulnerable Farmers of Ghor Province	ARAA	340,046	Ghor	C. MEDIUM
AFG-10/A/28045/5255	Early recovery assistance to disaster affected villages of Ghor through food security & rehabilitation of household and community-based productive assets base and capital	Afghanaid	3,100,750	Ghor	B. HIGH
AFG-10/A/28245/5290	Animal feed distribution and vaccination campaign	CoAR	324,472	Logar	D. LOW
AFG-10/A/28329/5290	Food Security in Maidan and Sayed Abad Districts of Wardak Province	CoAR	610,275	Wardak	C. MEDIUM
AFG-10/A/28439/5120	Emergency response and agriculture recovery in drought-affected villages of Afghanistan	OXFAM GB	5,502,000	Daykundi	A. IMMEDIATE
AFG-10/A/28498/5286	Livelihood and Food Security	AREA	692,000	Balkh	D. LOW
AFG-10/A/28554/123	Emergency support to vulnerable, food-insecure farming families in Afghanistan through the provision of quality wheat seed and fertilizer, and through diversification of agricultural livelihoods and income-generating activities	FAO	13,777,500	multiple locations	C. MEDIUM
AFG-10/A/28556/123	Strengthening the agriculture-based livelihoods and food security of vulnerable, food-insecure farming families through the emergency provision of animal feed	FAO	2,511,300	multiple locations	C. MEDIUM
AFG-10/A/28557/123	Emergency control measures against outbreaks of plant pests and diseases in Afghanistan	FAO	1,454,200	multiple locations	A. IMMEDIATE
AFG-10/A/30643/123	Emergency control measures against outbreaks of animal diseases in Afghanistan	FAO	1,693,340	multiple locations	E. NOT SPECIFIED
AFG-10/CSS/29208/123	Strengthening cluster coordination, strategic planning and information management in Afghanistan	FAO	715,000	multiple locations	A. IMMEDIATE

A F G H A N I S T A N

Project code	Project title	Appealing agency	Requirements (\$)	Location	Priority
AFG-10/ER/28366/5146	Response to Drought, Floods and Severe Winter: Emergency & Early Recovery Phase	CRS	7,294,090	multiple locations	B. HIGH
AFG-10/F/28032/5095	Food security and nutrition education in Waras District (Bamiyan province)	MEDAIR	420,000	Bamiyan	C. MEDIUM
AFG-10/F/28698/5362	Alleviation of food insecurity in four districts of Herat and Faryab provinces through cash for work programming.	OXFAM Netherlands (NOVIB)	1,583,540	Faryab	B. HIGH
AFG-10/F/28766/561	Enhancing Resilience & Food Security in Afghanistan (PRROs 104270/200063)	WFP	329,072,919	multiple locations	A. IMMEDIATE
Sub total for FOOD SECURITY AND AGRICULTURE			372,539,155		
HEALTH					
AFG-10/H/27065/1171	Reproductive health services to the un- and under-served populations across Badakhshan, Bamiyan and Faryab provinces, and in Kunduz province	UNFPA	1,280,702	multiple locations	B. HIGH
AFG-10/H/28117/6079	Reaching mothers and newborns living in hard to reach under served areas in Bamiyan, Faryab and Kabul (Paghman) with life-saving health services	SC	1,991,000	multiple locations	B. HIGH
AFG-10/H/28161/1171	Community health care focused on mothers and children in the Wakhan	UNFPA	157,522	multiple locations	C. MEDIUM
AFG-10/H/28562/5195	Health Service to vulnerable older people in Kunduz Province	MERLIN	197,527	Kunduz	C. MEDIUM
AFG-10/H/28645/5076	Ensuring access to life-saving health services for vulnerable drug users in Kabul, Afghanistan	MDM	118,513	Kabul	B. HIGH
AFG-10/H/28717/122	Strengthening the Routine Immunization Program in the Eastern Region	WHO	362,002	multiple locations	C. MEDIUM
AFG-10/H/28755/13107	Community Emergency Preparedness and Response in Nuristan Province	IMC UK	247,000	Nuristan	C. MEDIUM
AFG-10/H/28890/122	Equipping Influenza Intensive Care Units in 32 provincial hospitals and 8 Kabul hospitals	WHO	2,487,536	Kabul	A. IMMEDIATE
AFG-10/H/28894/12659	Provision of training for women of child-bearing age and private health professionals on family planning, ORS, and chlorine aimed to prevent communicable and outbreak of diseases	M-HDR	-	Paktika	D. LOW
AFG-10/H/28923/13073	Provision of health care service for returnees living in Alsgnan camps of Qarabagh district, Kabul province.	SHRDO	118,552	Kabul	D. LOW
AFG-10/H/28927/122	Afghanistan Health Cluster Southern Region – Increased access to emergency basic health, with a focus on maternal and child health, increased health emergency response and coordination for the vulnerable population in underserved areas in the Southern Region	WHO	1,519,400	multiple locations	B. HIGH
AFG-10/H/28944/122	Enabling the Health Cluster to prepare for and respond to health emergencies nationwide.	WHO	2,193,500	multiple locations	A. IMMEDIATE
Sub total for HEALTH			10,673,254		
MULTI-SECTOR					
AFG-10/CSS/28477/13115	Emergency Response Monitoring	iMMAP	1,079,290	multiple locations	B. HIGH
AFG-10/MS/26798/12912	Community-based Disaster Risk Management - CBDRM	ADEO [Afghanistan]	295,000	Bakh	C. MEDIUM
AFG-10/MS/28334/13112	Emergency Preparedness Program (EPP)	OSDR	666,990	Kabul	C. MEDIUM
AFG-10/MS/28356/13112	Emergency Preparedness program (EPP)	OSDR	651,190	Logar	C. MEDIUM
AFG-10/MS/28363/13111	Emergency Preparedness Project (EPP)	STARS	419,138	Wardak	C. MEDIUM
AFG-10/MS/28697/5362	Community-based disaster risk reduction: Provision of emergency stocks and training on the community level.	OXFAM Netherlands (NOVIB)	243,960	Farah	C. MEDIUM
AFG-10/MS/28970/120	Voluntary Repatriation and Reintegration of Afghan Returnees and IDPs	UNHCR	74,196,662	multiple locations	A. IMMEDIATE
AFG-10/P-HR-RL/28347/13112	Emergency Preparedness program (EPP)	OSDR	656,540	Wardak	C. MEDIUM
Sub total for MULTI-SECTOR			78,208,770		
NUTRITION					
AFG-10/H/26826/6347	Reducing Childhood Malnutrition in Noorgram and Duab Districts, Nuristan Province	NPO-RRAA	165,784	Nuristan	C. MEDIUM
AFG-10/H/28037/5095	Community-based Nutrition, Food Aid and Land Based Disaster Risk Reduction (DRR), Badakhshan	MEDAIR	1,570,000	Badakhshan	A. IMMEDIATE

A F G H A N I S T A N

Project code	Project title	Appealing agency	Requirements (\$)	Location	Priority
AFG-10/H/28115/6079	Community Management of Acute Malnutrition in selected districts of Faryab, Bamyan, Sare Pul, Jalalabad, Kabul and Balkh provinces	SC	1,300,585	multiple locations	A. IMMEDIATE
AFG-10/H/28222/5362	Community-based management of acute malnutrition (CMAM)	OXFAM Netherlands (NOVIB)	265,370	Ghor	A. IMMEDIATE
AFG-10/H/28624/124	Nutrition emergency preparedness and response action plan	UNICEF	3,690,304	Kabul	A. IMMEDIATE
AFG-10/H/28845/123	Promotion of local food products to fight malnutrition	FAO	162,720	multiple locations	A. IMMEDIATE
AFG-10/H/29188/122	Emergency nutrition response	WHO	526,400	multiple locations	A. IMMEDIATE
AFG-10/H/29883/13161	Alleviation of malnutrition through behaviour change public awareness Programs	MMRCA	96,140	Logar	C. MEDIUM
AFG-10/H/29891/13161	Encouraging kids to make friendship with vegetables and Fruits	MMRCA	107,140	multiple locations	C. MEDIUM
AFG-10/H/30023/12665	Community-based Management of Acute Malnutrition (CMAM), and Training of health providers on CMAM	IBNSINA	550,000	multiple locations	A. IMMEDIATE
Sub total for NUTRITION			8,434,443		
PROTECTION					
AFG-10/ER/26830/6347	Eliminate violence against women in Nangarhar Province	NPO-RRAA	250,000	Nangarhar	C. MEDIUM
AFG-10/MA/28355/6056	Mine Action Coordination, Transition and Capacity Development	MAPA	11,900,000	multiple locations	C. MEDIUM
AFG-10/MA/28359/6056	Survey and Clearance of Mines and Other Explosive Remnants of War in Afghanistan	MAPA	229,000,000	multiple locations	C. MEDIUM
AFG-10/MA/28361/6056	Mine Risk Education in Afghanistan	MAPA	3,500,000	multiple locations	B. HIGH
AFG-10/MS/28479/298	Immediate Humanitarian and Reintegration Assistance to Afghan Vulnerable Deportees, Returnees and IDPs	IOM	5,995,473	multiple locations	B. HIGH
AFG-10/P-HR-RL/28148/6379	Protection of Civilians Advocacy Advisor	UNAMA	176,491	multiple locations	B. HIGH
AFG-10/P-HR-RL/28197/6079	VFSP (Violence Free School Project) / Positive discipline	SC	175,073	Nangarhar	C. MEDIUM
AFG-10/P-HR-RL/28200/6390	Response to and Prevention of Gender-based Violence through Intervention, Mediation and Referral	AWN	193,000	Nangarhar	B. HIGH
AFG-10/P-HR-RL/28352/5362	Conflict resolution and peace-building between communities, returnees/IDPs and local government in two districts of Takhar Province.	OXFAM Netherlands (NOVIB)	294,250	Takhar	C. MEDIUM
AFG-10/P-HR-RL/28471/5834	Information, Counselling and Legal Assistance	NRC	4,280,000	multiple locations	B. HIGH
AFG-10/P-HR-RL/28483/124	Implementation of the Monitoring, Reporting and Response Mechanism (MRM) on Child Rights Violations in the Context of Armed Conflict (Child Protection)	UNICEF	973,700	Kabul	B. HIGH
AFG-10/P-HR-RL/28724/120	Mass information via BBC to increase awareness of IDP, refugee and returnee issues	UNHCR	250,000	multiple locations	B. HIGH
AFG-10/P-HR-RL/28727/120	Assistance to Extremely Vulnerable Individuals (EVIs)	UNHCR	400,000	multiple locations	B. HIGH
AFG-10/P-HR-RL/28728/120	Trust Fund for "Protection of Women At Risk and Prevention of SGBV"	UNHCR	400,000	multiple locations	C. MEDIUM
AFG-10/P-HR-RL/28767/12663	Mitigating violence against girls within state-run institutions in Afghanistan	CIC	221,191	Bamyan	C. MEDIUM
AFG-10/P-HR-RL/28769/12663	Child Protection Emergency Preparedness Programme for Social Workers in Ghazni, Paktiya, Bamyan and Kabul	CIC	347,386	Ghazni	C. MEDIUM
Sub total for PROTECTION			258,356,564		
WATER, SANITATION AND HYGIENE					
AFG-10/WS/26667/6458	Addressing urgent water and sanitation needs in Almar, Qaisar and Pashunkot districts, Faryab province	ACTED	8,892,166	Faryab	B. HIGH
AFG-10/WS/26671/6458	Addressing urgent water and sanitation needs in Ghormach district, Faryab province	ACTED	1,369,274	Faryab	C. MEDIUM
AFG-10/WS/26676/6458	Addressing Urgent WASH Needs in Vulnerable Communities of Darqat and Bangi districts of Takhar Province	ACTED	2,726,750	Takhar	B. HIGH

A F G H A N I S T A N

Project code	Project title	Appealing agency	Requirements (\$)	Location	Priority
AFG-10/WS/26795/6347	Women, Water & Healthin Dai Kondi province	NPO-RRAA	130,075	Daykundi	C. MEDIUM
AFG-10/WS/26873/6347	Water Sanitation and Hygiene Education Project in the villages of Kushk-e-Rabat Sangi district of Herat Province	NPO-RRAA	103,312	Herat	A. IMMEDIATE
AFG-10/WS/28086/5252	Integrated RuWatSan Project for Dhari-i-Nur District in Nangarhar Province	DACAAR	500,000	Nangarhar	B. HIGH
AFG-10/WS/28198/5255	Public Health Assistance to the Most Vulnerable Communities Affected by Disasters in Ghor Province (Hygiene, Sanitation and Drinking Water Supply)	Afghanaid	3,192,940	Ghor	B. HIGH
AFG-10/WS/28331/5290	Water Supply Sanitation and Hygiene Education project	CoAR	448,715	Kabul	A. IMMEDIATE
AFG-10/WS/28332/5290	Water Supply Sanitation and Hygiene Education project	CoAR	448,715	Wardak	A. IMMEDIATE
AFG-10/WS/28333/5290	Water Supply Sanitation and Hygiene Education project	CoAR	448,715	Logar	A. IMMEDIATE
AFG-10/WS/28341/124	Provision of Safe and sustainable Drinking Water, Sanitation and Hygiene Education and Promotion	UNICEF	9,951,000	Kabul	A. IMMEDIATE
AFG-10/WS/28371/12859	Improving access to safe drinking water and sanitation along with hygiene education in Panjshair province - Afghanistan (see below for exact locations	BERO	727,600	Panjsher	A. IMMEDIATE
AFG-10/WS/28404/5120	Emergency Water, Sanitation and Hygiene Promotion	OXFAM GB	4,312,100	Badakhshan	A. IMMEDIATE
AFG-10/WS/28469/5186	Addressing emergency WASH Needs in Vulnerable Communities of Dara-I-Sufi Pain and Feroz Nakhchir districts of Samangan Province	ACF	800,000	Samangan	A. IMMEDIATE
AFG-10/WS/28757/13107	Improving hygiene and sanitation in Sagai and Sholtan Valley communities in Kunar Province	IMC UK	1,415,319	Kunar	B. HIGH
AFG-10/WS/29033/5157	Water, Sanitation, and Hygiene Development in Jawzjan Province	TEARFUND	1,115,000	Jawzjan	A. IMMEDIATE
Sub total for WATER, SANITATION AND HYGIENE			36,581,681		
Grand Total			870,561,261		

Table VI: Summary of requirements (grouped by IASC standard sector)
 Afghanistan Humanitarian Action Plan 2010
 as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Sector Name	Original Requirements (US\$)
AGRICULTURE	33,453,606
COORDINATION AND SUPPORT SERVICES	30,192,586
ECONOMIC RECOVERY AND INFRASTRUCTURE	7,544,090
EDUCATION	27,093,437
FOOD	331,076,459
HEALTH	19,107,697
MINE ACTION	244,400,000
MULTI-SECTOR	82,468,413
PROTECTION/HUMAN RIGHTS/RULE OF LAW	8,367,631
SHELTER AND NON-FOOD ITEMS	50,275,661
WATER AND SANITATION	36,581,681
Grand Total	870,561,261

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

ANNEX II. DONOR RESPONSE TO 2009 APPEAL

Table I: Summary of requirements, commitments/contributions and pledges (grouped by cluster)

Afghanistan Humanitarian Action Plan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Cluster	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
Common Services	18,453,738	30,181,446	25,022,302	83%	5,159,144	191,816
Education	12,465,490	17,394,371	27,715,522	159%	(10,321,151)	-
Emergency Shelter	38,476,955	36,141,262	23,354,502	65%	12,786,760	-
Emergency Telecommunications	300,544	330,167	330,167	100%	-	-
Food Security and Agriculture	354,827,478	352,502,935	319,682,868	91%	32,820,067	-
Health	36,247,039	37,176,839	580,343	2%	36,596,496	-
Multi-Sector	-	42,106,632	25,526,108	61%	16,580,524	-
Not Yet Specified	-	-	2,740,800	0%	(2,740,800)	371,840
Nutrition	7,823,698	6,769,364	1,271,380	19%	5,497,984	-
Protection	116,773,358	119,457,702	30,969,499	26%	88,488,203	1,111,691
Water, Sanitation and Hygiene	18,612,853	22,862,337	9,305,892	41%	13,556,445	-
Grand Total	603,981,153	664,923,055	466,499,383	70%	198,423,672	1,675,347

Table II: Summary of requirements, commitments/contributions and pledges (grouped by priority)

Afghanistan Humanitarian Action Plan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Priority	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
A. Immediate	533,978,809	537,042,068	379,469,504	71%	157,572,564	1,303,507
B. High	34,305,592	71,922,647	68,184,120	95%	3,738,527	-
C. Medium	35,183,027	54,184,881	15,609,870	29%	38,575,011	-
D. Low	513,725	1,773,459	-	0%	1,773,459	-
E. Not specified	-	-	3,235,889	0%	-3,235,889	371,840
GRAND TOTAL	603,981,153	664,923,055	466,499,383	70%	198,423,672	1,675,347

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.

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

Table III: Summary of requirements, commitments/contributions and pledges (grouped by appealing organization)

Afghanistan Humanitarian Action Plan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Page 1 of 2

Appealing Organization	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
ACTED	-	1,321,400	1,096,569	83%	224,831	-
ACTO	1,037,900	2,075,800	-	0%	2,075,800	-
ADA	1,924,705	1,924,705	-	0%	1,924,705	-
ADPO	409,671	409,671	-	0%	409,671	-
Afghanaid	-	3,300,000	-	0%	3,300,000	-
AHDRO	425,290	425,290	-	0%	425,290	-
ALSO	74,729	74,729	80,118	100%	(5,389)	-
AREA	1,987,000	1,987,000	-	0%	1,987,000	-
ASCHIANA	620,814	543,825	-	0%	543,825	-
BERO	-	738,300	-	0%	738,300	-
BRAC FOUNDATION	2,077,000	3,144,860	-	0%	3,144,860	-
CARE International	11,839,823	4,909,247	102,881	2%	4,806,366	763,016
Caritas Germany	-	465,000	465,000	100%	-	-
CCA	-	141,340	-	0%	141,340	-
CHA	-	92,754	-	0%	92,754	-
CIC	184,012	92,327	-	0%	92,327	-
CoAR	657,000	352,461	-	0%	352,461	-
CRS	11,048,048	5,645,953	12,074,402	100%	(6,428,449)	-
DACAAR	5,222,565	5,722,565	5,528,191	97%	194,374	-
FAO	13,468,720	13,468,720	6,147,277	46%	7,321,443	-
HAGAR Afghanistan	90,200	591,175	-	0%	591,175	-
HealthNet TPO	155,715	155,715	-	0%	155,715	-
IBNSINA	428,000	440,000	-	0%	440,000	-
IDLO	1,081,770	1,081,770	-	0%	1,081,770	-
IMC	2,637,587	2,637,587	-	0%	2,637,587	-
INTERSOS	591,175	450,000	-	0%	450,000	-
IOM	5,228,000	7,136,000	3,679,613	52%	3,456,387	-
IRC	-	4,711,182	1,254,584	27%	3,456,598	-
JHPIEGO	16,000,000	16,000,000	-	0%	16,000,000	-
KDOA	147,100	147,100	-	0%	147,100	-
MERLIN	460,000	460,000	-	0%	460,000	-
M-HDR	240,000	592,000	-	0%	592,000	-
MI	481,360	481,360	-	0%	481,360	-
MSPA	376,040	299,810	-	0%	299,810	-
NRC	16,690,000	16,870,629	5,886,613	35%	10,984,016	-
OCHA	10,995,838	9,218,842	12,161,933	100%	(2,943,091)	191,816
OHRD	166,171	166,000	-	0%	166,000	-
OXFAM GB	8,328,000	8,328,000	-	0%	8,328,000	-
OXFAM Netherlands (NOVIB)	580,000	580,000	-	0%	580,000	-
PIN	760,000	1,385,000	1,506,273	100%	(121,273)	-

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Table III: Summary of requirements, commitments/contributions and pledges (grouped by appealing organization)

Afghanistan Humanitarian Action Plan 2009

as of 12 November 2009

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

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

Page 2 of 2

Appealing Organization	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
SC - UK	3,539,930	4,193,634	-	0%	4,193,634	-
SC - US	4,949,250	3,118,590	-	0%	3,118,590	-
SCA	453,529	453,529	-	0%	453,529	-
SCS-N	-	1,938,500	-	0%	1,938,500	-
SHA	1,260,570	1,260,570	-	0%	1,260,570	-
SOH	633,654	633,654	-	0%	633,654	-
SRP	394,000	394,000	-	0%	394,000	-
STEP HDO	278,880	278,880	-	0%	278,880	-
TBCRO	288,500	288,500	-	0%	288,500	-
TEARFUND	535,000	1,650,000	-	0%	1,650,000	-
UNAMA	-	223,040	-	0%	223,040	-
UNDSS	-	783,700	-	0%	783,700	-
UNFPA	-	577,800	-	0%	577,800	-
UNHCR	12,914,417	54,596,417	42,194,699	77%	12,401,718	371,840
UNICEF	15,026,978	16,730,449	33,848,130	100%	(17,117,681)	-
UNMAS	104,028,000	104,028,000	26,417,719	25%	77,610,281	348,675
UNODC	591,103	591,103	-	0%	591,103	-
WFP	328,208,444	340,193,242	313,555,156	92%	26,638,086	-
WHO	12,324,665	12,281,330	500,225	4%	11,781,105	-
WVI	2,140,000	2,140,000	-	0%	2,140,000	-
GRAND TOTAL	603,981,153	664,923,055	466,499,383	70%	198,423,672	1,675,347

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.

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

Table IV: Total funding per donor (to projects listed in the Appeal)

Afghanistan Humanitarian Action Plan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Donor <small>Values in US\$</small>	Funding	% of Grand Total	Uncommitted Pledges
Carry-over (donors not specified)	210,007,958	45.0 %	-
Japan	85,163,865	18.3 %	-
European Commission (ECHO)	21,608,003	4.6 %	-
Canada	20,847,430	4.5 %	763,016
Netherlands	19,225,432	4.1 %	-
United States	16,233,977	3.5 %	-
Germany	12,380,842	2.7 %	-
Allocations of unearmarked funds by UN agencies	10,367,721	2.2 %	-
India	10,352,197	2.2 %	-
United Kingdom	10,012,154	2.1 %	-
Norway	9,077,858	1.9 %	-
Belgium	6,938,523	1.5 %	-
Australia	5,502,612	1.2 %	-
Sweden	5,373,824	1.2 %	-
Russian Federation	5,000,000	1.1 %	-
Central Emergency Response Fund (CERF)	4,165,567	0.9 %	-
Finland	3,256,793	0.7 %	191,816
France	2,625,283	0.6 %	-
Denmark	2,563,638	0.5 %	-
Private (individuals & organisations)	2,294,483	0.5 %	-
Spain	706,970	0.2 %	-
Luxembourg	656,168	0.1 %	-
Switzerland	652,742	0.1 %	-
Italy	527,009	0.1 %	371,840
Greece	511,509	0.1 %	-
Others	446,825	0.1 %	348,675
Grand Total	466,499,383	100.0 %	1,675,347

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.

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

Table V: List of commitments/contributions and pledges to projects not listed in the Appeal
 Other humanitarian funding to Afghanistan 2009
 as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Page 1 of 5

Donor	Appealing Organization	Description	Funding	Uncommitted Pledges
Values in US\$				
Austria	HT	To contribute to the overall HALO work plan 2009 which aims to clear over 900 hectares of suspected mined areas (manual clearance and explosive ordinance disposal)	331,565	-
Belgium	ICRC	Activities of CIRC in Afghanistan	1,404,494	-
Canada	ICRC	ICRC Emergency Appeals 2009	5,026,930	-
Czech Republic	Bilateral (to affected government)	Rehabilitation and recovery (102584/2009-ORS)	131,752	-
Czech Republic	HT	Mine clearing (107760/2009-ORS)	223,152	-
Denmark	DDG	Demining (46.H.1.)	1,760,119	-
Denmark	DRC	To promote sustainable solutions for IDP's and refugees in Sri Lanka (46.H.7-3-153.c.1.)	705,858	-
Denmark	ICRC	Post-conflict reconstruction (46.H.1.)	880,080	-
Denmark	ME	Health and Medical (46.H.1.)	1,936,133	-
Denmark	ME	To contribute to health and welfare improvements (46.H.7-11-114.)	8,500,000	-
Denmark	ME	To contribute to sustainable improvements of health and welfare amongst the population of the north eastern provinces of Takhar and Badakshan (46.H.7-11-114.)	565,409	-
European Commission Humanitarian Aid Office	ACF-France	Humanitarian support to vulnerable population groups in water scarce regions of Afghanistan (ECHO/-AS/BUD/2009/01019)	702,247	-
European Commission Humanitarian Aid Office	ACF-France	Urgent humanitarian support to vulnerable population groups in most food insecure regions of Afghanistan (ECHO/-AS/BUD/2009/01004)	941,000	-
European Commission Humanitarian Aid Office	ACF-France	WAT/SAN - Provision of assistance to cover essential needs of vulnerable groups in Kabul Province, Afghanistan (ECHO/-AS/BUD/2009/01018)	744,803	-
European Commission Humanitarian Aid Office	ACTED	Emergency shelter response to Flooding in North-Eastern Afghanistan (ECHO/-AS/BUD/2009/01023)	400,461	-
European Commission Humanitarian Aid Office	ActionAid	Food security support to the drought-prone areas of Afghanistan (ECHO/-AS/BUD/2009/01007)	1,317,549	-
European Commission Humanitarian Aid Office	ActionAid	Strengthening community resilience to natural disasters in Kaldar and Khwajado Kho districts in Northern Afghanistan (ECHO/DIP/BUD/2009/02024)	518,692	-
European Commission Humanitarian Aid Office	Caritas Germany	Drought relief (food) for remote populations in the Central Highlands of Afghanistan (ECHO/-AS/BUD/2009/01005)	371,314	-
European Commission Humanitarian Aid Office	DRC	Provision of relief, assistance and livelihoods to returnees and vulnerable host communities in Afghanistan (ECHO/-AS/BUD/2009/01030)	2,162,647	-
European Commission Humanitarian Aid Office	DWHH	The Afghanistan NGO Safety Office (ANSO) (ECHO/-AS/BUD/2009/01017)	1,207,865	-
European Commission Humanitarian Aid Office	EMDH	Emergency protection for vulnerable children at risk in Kabul (ECHO/-AS/BUD/2009/01012)	332,899	-
European Commission Humanitarian Aid Office	ICRC	ICRC economic security activities in Afghanistan (Food Aid) [ECHO/-AS/BUD/2009/01014]	4,219,409	-
European Commission Humanitarian Aid Office	ICRC	ICRC water/sanitation, protection of detainees and detainee family-link activities in Afghanistan (ECHO/-AS/BUD/2009/01015)	4,353,933	-
European Commission Humanitarian Aid Office	IFRC	Building Safer Communities in South Asia - Afghanistan: A regional initiative (phase 2) (ECHO/DIP/BUD/2009/02025)	570,646	-
European Commission Humanitarian Aid Office	MADERA	Food Aid to highly vulnerable populations in Ghor province (ECHO/-AS/BUD/2009/01002)	1,234,434	-
European Commission Humanitarian Aid Office	MADERA	Food aid to highly vulnerable populations in Wardak province, Afghanistan (ECHO/-AS/BUD/2009/01001)	624,324	-
European Commission Humanitarian Aid Office	MADERA	Provision of safe water, sanitation and hygiene education to remote communities of the Central Highlands (ECHO/-AS/BUD/2009/01008)	535,541	-

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Table V: List of commitments/contributions and pledges to projects not listed in the Appeal

Other humanitarian funding to Afghanistan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Page 2 of 5

Donor	Appealing Organization	Description	Funding	Uncommitted Pledges
Values in US\$				
European Commission Humanitarian Aid Office	MAF	Flight Operations for Humanitarian Assistance in Afghanistan (FLOFA 9) [ECHO/-AS/BUD/2009/01021]	983,820	-
European Commission Humanitarian Aid Office	MEDAIR	SHELTER - Emergency Disaster Response Project - Responding to the Heavy Rains, Floods and Landslides in Badakhshan Province, Afghanistan (ECHO/-AS/BUD/2009/01024)	329,360	-
European Commission Humanitarian Aid Office	MEDAIR	Strengthening the resilience of rural communities of Afghanistan through Rural Water Supply, Sanitation Improvement and Hygiene Education interventions (Phase II) [ECHO/-AS/BUD/2009/01027]	1,387,135	-
European Commission Humanitarian Aid Office	Mission Ost - DNK	WAT/SAN - Improving the living conditions of the people of the remote Hindu-Kush Himalayan mountainous regions of Badakhshan, Afghanistan (ECHO/-AS/BUD/2009/01025)	632,022	-
European Commission Humanitarian Aid Office	Solidarités	WAT/SAN - Improvement of living conditions for vulnerable Kabul city outskirts (ECHO/-AS/BUD/2009/01011)	1,576,011	-
European Commission Humanitarian Aid Office	Solidarités	WAT/SAN - Improvement of the living conditions of the most vulnerable rural population in Northern Afghanistan (ECHO/-AS/BUD/2009/01020)	661,041	-
European Commission Humanitarian Aid Office	UN Agencies, NGOs and Red Cross	Humanitarian aid for vulnerable people affected by the consequences of the conflicts and natural disasters in Afghanistan [ECHO/-AS/BUD/2009/01000-unallocated balance of orig pledge of Euro 33.5 mn]	-	3,495,310
European Commission Humanitarian Aid Office	UN Agencies, NGOs and Red Cross	primarily be used for food assistance	-	2,906,977
Finland	Finland RC	Protection, aid to victims of armed conflicts in Afghanistan	1,235,465	-
Finland	HT	Humanitarian mine action in Afghanistan	1,406,650	-
France	ACF	Food aid	1,035,503	-
France	ACF	Food for work and seeds distribution for vulnerable families	704,724	-
France	ICRC	Food aid to IPD's	1,093,176	-
France	MADERA	Food for work and food distribution for the most vulnerable families	656,168	-
France	Solidarités	Food for work and food distributions to the most vulnerable groups	170,604	-

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Table V: List of commitments/contributions and pledges to projects not listed in the Appeal

Other humanitarian funding to Afghanistan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Page 3 of 5

Donor	Appealing Organization	Description	Funding	Uncommitted Pledges
Values in US\$				
Germany	AGEF	Communitybased training and equipment for local committees (VN05 385.28/3 29/09)	356,991	-
Germany	Bilateral (to affected government)	Supply of fuel, wear, shoes, food, hygiene articles (VN05 321.50 AFG 02/09)	71,531	-
Germany	CARITAS Allemagne (DCV)	Improvement of health facilities and general infrastructure (BMZ-No.: 2009.1836.7)	265,252	-
Germany	CARITAS Allemagne (DCV)	Support of 7 existing emergency health posts and provision of food items (VN05 321.50 AFG 08/09)	144,357	-
Germany	DDG	Humanitarian demining in order to support resettlement of refugees, free mine areas and support of the national demining program (VN05 440.70 AFG 03/09)	767,266	-
Germany	DWHH	Agricultural Development Jowzjan (Northern Afghanistan) II (BMZ-No.: 2009.1823.5)	1,193,634	-
Germany	DWHH	Cash for work, road rehabilitation (VN05 321.50 AFG 04/09)	379,272	-
Germany	DWHH	Construction of Drinking Water supply facilities and sanitation in selected districts of the Takhar Province (BMZ-No.: 2009.1875.5)	983,146	-
Germany	DWHH	Protection of water provision, road clearance and provision of tents for affected (VN05 321.50 AFG 11/09)	75,597	-
Germany	DWHH	Provision and distribution of tents, blankets and mosquito nets (VN05 321.50 AFG 14/09)	69,735	-
Germany	DWHH	Rehabilitation and stabilisation of livelihoods in the district of Balkh, North-Afghanistan (BMZ-No.: 2009.1818.5)	2,733,813	-
Germany	GTZ	Emergency Aid after Flood Disaster in North Afghanistan (BMZ-No.: 2009.1870.6)	1,404,494	-
Germany	GTZ	Fonds for little aid-projects in AFG (BMZ-No.: 2009.1840.9)	1,394,700	-
Germany	GTZ	Provision of 18 tons of emergency fooder, provision of 10.000 l diesel, provision and distribution of blankets, plastics and family tents (VN05 321.50 AFG 12/09)	66,313	-
Germany	GTZ	Repatriation of Refugees from Iran and Pakistan to Afghanistan in Cooperation with the UNHCR (BMZ-No.: 2009.1801.1)	483,376	-
Germany	HELP	Reintegration of afghan returnees and displaced persons (BMZ-No.: 2009.1832.6)	663,130	-
Germany	HT	Humanitarian demining (VN05 440.70 AFG 01/09)	1,457,042	-
Germany	ICRC	Assistance and protection activities (VN05 321.50 AFG 06/09)	1,312,336	-
Germany	Johanniter Unfallhilfe e.V.	Supply of food, medical aid (VN05 321.50 AFG 03/09)	194,200	-
Germany	Katachel e.V	Provision of tents, blankets, road clearance and improvement equipment (VN05 321.50 AFG 13/09)	66,313	-
Germany	KI E.v.	Indemnification of medical aid for refugees and school advancement for children in Province of Kabul, Logar and Parwan (VN05 321.50 AFG 09/09)	273,657	-
Germany	Medico Intl.	Humanitarian demining, raising and training of dogs for humanitarian demining missions (VN05 440.70 AFG 02/09)	4,219,949	-
Germany	SAC	Implementation of land release (VN05 440.70 ALL 06/09)	101,744	-
Germany	WV	Community based disaster preparedness measures (VN05 385.28/3-07/09)	274,434	-
Ireland	CONCERN	To meet the immediate needs of food-insecure households through cash for work initiatives that enable families to purchase food and other essential provisions to secure food production for vulnerable households through coordinating access to drought resistant wheat seed in order to replenish seed stocks lost in drought (CON 09 06)	511,509	-
Ireland	HT	Mineclearance (HALO 09 03)	1,061,008	-
Ireland	UNDP	Support to Elections (UNDP 09 01)	71,531	-
Ireland	World Bank	To contribute to ongoing reconstruction and development (ARTF 09 01)	2,652,520	-

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Table V: List of commitments/contributions and pledges to projects not listed in the Appeal

Other humanitarian funding to Afghanistan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Page 4 of 5

Donor <small>Values in US\$</small>	Appealing Organization	Description	Funding	Uncommitted Pledges
Italy	ICRC	Humanitarian Emergency - ICRC Emergency Appeal 2009 (AID 9295/01/6)	1,265,823	-
Italy	ICRC	Support prevention activities and physical rehabilitation of landmine victims, in response to the Special Appeal Mine Action 2009	323,834	-
Italy	ICRC	The activities, carried out in consultation with the Afghan Red Cross, will provide supply of food and essential items to IDPs and vulnerable populations affected by armed conflict and drought and will be used for activities aimed at protecting detainees in order to monitor the health and respect for human rights in Herat province	712,435	-
Italy	IFRC	To assist affected population (AID 9301/01/4)	843,882	-
Italy	UNOPS	Disaster Preparedness to natural disasters (AID 9096/01/0)	2,616,279	-
Khalifa Bin Zayed Al Nahayan Foundation	GAIN	To provide nutrition for small children in Afghanistan (REF: 1/5/15-1128)	15,011,444	-
Khalifa Bin Zayed Al Nahayan Foundation	OXFAM	To provide water, food security and public health requirements (REF: 1/5/15-1128)	2,902,452	-
Khalifa Bin Zayed Al Nahayan Foundation	SC	To strengthen the means of hygiene and nutrition of infants in Afghanistan (REF: 1/5/15-1128)	14,410,899	-
Khalifa Bin Zayed Al Nahayan Foundation	UNESCO	To provide the requirements of the students and teachers of the primary schools in Afghanistan (REF: 1/5/15-1128)	5,003,815	-
Luxembourg	CARITAS	Food aid and medical support for pregnant and lactating women	129,117	-
Luxembourg	ICRC	IHL, assistance and protection	656,168	-
Norway	AIHRC	AFG-09/052/Support for Human Rights agenda in Afghanistan	466,708	-
Norway	AIHRC	Support for Human Rights agenda (AFG-09/052)	305,425	-
Norway	CARE	CARE - NGO advocacy and training (AFG-09/017)	296,611	-
Norway	DWHH	Security for NGOs in Afghanistan (AFG-09/047)	305,425	-
Norway	HT	HALO Integrated mine clearance (AFG-09/016)	1,975,384	-
Norway	Norsk PEN	AFG-09/038/Human rights - Support Writers House in Kabul	113,566	-
Norway	Norway RC	Humanitarian assistance (AFG-09/013)	6,078,104	-
Norway	Right to Play	AFG-09/015/Teacher training - sport and play program for Afgh refugees in Pakistan	258,163	-
Norway	TCMD	Mine and war victim assistance (AFG-09/054)	454,786	-
Sweden	ACF-France	To bridge the hunger gap a couple of months and provide agricultural inputs for the 2009/10 cropping season in the Samangan province. The Swedish contribute will mainly be used for cereals and vegetables seeds and fertilizer distribution and kitchen garden training	479,199	-
Switzerland	SDC/SHA	Small Actions Credit Line	172,265	-

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Table V: List of commitments/contributions and pledges to projects not listed in the Appeal

Other humanitarian funding to Afghanistan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Page 5 of 5

Donor	Appealing Organization	Description	Funding	Uncommitted Pledges
Values in US\$				
United States of America	ACTED	Logistics and Relief Commodities, Natural and Technological Risks, Economic Recovery and Market Systems (DFD-G-00-09-00265-00)	2,448,271	-
United States of America	CHF International	Water, Sanitation and Hygiene, Economic Recovery and Market Systems, Shelter and Settlements (DFD-G-00-09-00266-00)	4,910,729	-
United States of America	CRS	Agriculture-Food Security (DFD-G-00-09-00297-00)	255,282	-
United States of America	FOCUS Humanitarian Aid	Humanitarian coordination and information management, natural and technological risks (DFD-G-00-09-00095-01)	1,697,112	-
United States of America	GOAL	Agriculture-Food Security (DFD-G-00-09-00296-00)	309,807	-
United States of America	Mercy Corps	Agriculture-Food Security (DFD-G-00-09-00309-00)	500,448	-
United States of America	NGOs	Health, Livelihood Recovery, WASH, Shelter and Settlements, and Assistance to Conflict-Affected Populations, Returnees, and IDPs	2,002,922	-
United States of America	SFL	Risk Reduction (DFD-G-00-09-00013-00)	291,084	-
United States of America	UMCOR	Logistics and Relief Commodities (DFD-G-00-09-00039-00)	203,898	-
United States of America	USAID	Administrative Support, Travel, Staff Enhancement	44,000	-
Grand Total			144,269,122	6,402,287

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.

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

Table VI: Total humanitarian assistance per donor (Appeal plus other*)

Afghanistan 2009
as of 12 November 2009
<http://www.reliefweb.int/fts>

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

Donor <small>Values in US\$</small>	Funding	% of Grand Total	Uncommitted Pledges
Carry-over (donors not specified)	210,007,958	34.4 %	-
Japan	85,163,865	13.9 %	-
European Commission (ECHO)	47,415,156	7.8 %	6,402,287
Private (individuals & organisations)	39,623,093	6.5 %	-
Germany	31,333,124	5.1 %	-
United States	28,897,530	4.7 %	-
Canada	25,874,360	4.2 %	763,016
Norway	19,332,030	3.2 %	-
Netherlands	19,225,432	3.1 %	-
Denmark	16,911,237	2.8 %	-
Allocations of unearmarked funds by UN agencies	10,367,721	1.7 %	-
India	10,352,197	1.7 %	-
United Kingdom	10,012,154	1.6 %	-
Belgium	8,343,017	1.4 %	-
Italy	6,289,262	1.0 %	371,840
France	6,285,458	1.0 %	-
Finland	5,898,908	1.0 %	191,816
Sweden	5,853,023	1.0 %	-
Australia	5,502,612	0.9 %	-
Russian Federation	5,000,000	0.8 %	-
Ireland	4,693,393	0.8 %	-
Central Emergency Response Fund (CERF)	4,165,567	0.7 %	-
Luxembourg	1,441,453	0.2 %	-
Switzerland	825,007	0.1 %	-
Spain	706,970	0.1 %	-
Others	1,247,978	0.2 %	348,675
Grand Total	610,768,505	100 %	8,077,634

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 November 2009. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VII: Summary of requirements, commitments/contributions and pledges (grouped by IASC standard sector)

Afghanistan Humanitarian Action Plan 2009

as of 12 November 2009

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

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

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	23,173,000	26,996,461	7,243,846	27%	19,752,615	-
COORDINATION AND SUPPORT SERVICES	18,754,282	29,727,913	25,352,469	85%	4,375,444	191,816
ECONOMIC RECOVERY AND INFRASTRUCTURE	11,314,478	5,932,303	12,074,402	204%	(6,142,099)	-
EDUCATION	12,465,490	17,394,371	27,715,522	159%	(10,321,151)	-
FOOD	320,450,000	319,684,171	300,364,620	94%	19,319,551	-
HEALTH	43,960,737	43,836,203	1,851,723	4%	41,984,480	-
MINE ACTION	104,028,000	104,028,000	26,417,719	25%	77,610,281	348,675
MULTI-SECTOR	-	42,106,632	25,526,108	61%	16,580,524	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	12,745,358	15,429,702	4,551,780	30%	10,877,922	763,016
SAFETY AND SECURITY OF STAFF AND OPERATIONS	-	783,700	-	0%	783,700	-
SECTOR NOT YET SPECIFIED	-	-	2,740,800	0%	(2,740,800)	371,840
SHELTER AND NON-FOOD ITEMS	38,476,955	36,141,262	23,354,502	65%	12,786,760	-
WATER AND SANITATION	18,612,853	22,862,337	9,305,892	41%	13,556,445	-
GRAND TOTAL	603,981,153	664,923,055	466,499,383	70%	198,423,672	1,675,347

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.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 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
AGEs	anti-government elements
AHDS	Afghan Health and Development Services
AHTP	Afghan Help and Training Program
AIHRC	Afghan Independent Human Rights Committee
AMI	<i>Aide Médicale Internationale</i>
ANDMA	Afghanistan Natural Disaster Management Authority
ANDS	Afghanistan National Development Strategy
AOG(s)	armed opposition group(s)
APC	Afghan Protection Cluster
ARCS	Afghanistan Red Crescent Society
AREA	Agency for Rehabilitation and Energy Conservation in Afghanistan
BHCs	basic health centres
BMI	body mass index
BPHS	Basic Package of Health Services
BRAC	Bangladesh Rural Advancement Committee
CARE	Cooperative for Assistance and Relief Everywhere
CERF	Central Emergency Response Fund
CHA	Coordination of Humanitarian Assistance
CHAP	Common Humanitarian Action Plan
CMAM	community-based management of acute malnutrition
COAR	Cooperation for Afghan Relief
CordAid	Catholic Organisation for Relief & Development Aid
CPAN	Child Protection Action Network
CTFMRM	Country Task Force for the Monitoring, Reporting and Response Mechanism on Children and Armed Conflicts
CWS – P/A	Church World Services – Pakistan/Afghanistan
DACAAR	Danish Committee for Aid to Afghan Refugees
DAARTT	Danish Assistance to Afghan Rehabilitation and Technical Training
DEWS	disease early warning system
ECHO	European Commission Humanitarian Aid Office
e.g.	<i>exempli gratia</i> (for example)
EHBA	Education and Handicraft Bureau for Afghanistan
ERF	Emergency Response Fund
ERW	explosive remnants of war
ESC	Emergency Shelter Cluster
ETC	Emergency Telecommunications Cluster
EVAW	Elimination of Violence Against Women
EVIs	extremely vulnerable individuals
FAO	Food and Agriculture Organisation of the United Nations
FSAC	Food Security and Agriculture Cluster
GAM	global acute malnutrition
GB	Great Britain
GBV	gender-based violence
GCMU	Grants and Contract Management Unit (Ministry of Public Health)
HAP	Humanitarian Action Plan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HEWAD	Hewad Reconstruction, Health and Humanitarian Assistance Committee
HLP TF	Land, Housing and Property Task Force
HMIS	Health Management Information System
HRFM	Human Rights Field Monitoring

HRP	Singapore International Foundation's Humanitarian Relief Programme
IACP	Inter-Agency Contingency Plan
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDP	internally displaced person
IEDs	improvised explosive devices
IFRC	International Federation of Red Cross and Red Crescent Societies
IMC	International Medical Corps
INEE	Inter-Agency Network for Education in Emergencies
IMSMA	Information Management System for Mine Action
IOM	International Organisation for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
ISAF	International Security Force for Afghanistan
LAS	Land Allocation Scheme
MACCA	National Mine Action Coordination Centre of Afghanistan
MAIL	Ministry of Agriculture, Irrigation and Livestock
MAPA	Mine Action Programme of Afghanistan
MDM	<i>Médecins du Monde</i>
MMR (p. 60/86)	maternal mortality rate
MoE	Ministry of Education
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disabled
MoPH	Ministry of Public Health
MoRR	Ministry of Refugees and Repatriation
MoRRD	Ministry of Rural Rehabilitation and Development
MRE	mine risk education
MSH	Management Sciences for Health
MT	metric ton
NFIs	non-food Items
NGO(s)	non-governmental organisation(s)
NPO	Norwegian Project Office
NRC	Norwegian Refugee Council
NRVA	National Risk and Vulnerability Assessment
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OSDR	Organisation for Sustainable Development and Research
Oxfam Novib	<i>Nederlandse Organisatie voor Internationale Bijstand</i>
PDMC(s)	Provincial Disaster Management Committee(s)
PGFs	pro-government forces
PRTs	Provincial Reconstruction Teams
RRAA	Rural Rehabilitation Association for Afghanistan
RRI	Refugee Returnee and IDP
SAM	severe acute malnutrition
SC	Save the Children
SCWAM	Supreme Council of Water Management
SERVE	Serving Emergency Relief and Vocational Enterprise
SFL	Shelter for Life
SHA	Shafaq Rehabilitation Organisation
SHRDO	Serve Health Relief and Development Organization
SCWG-CAAC	Security Council Working Group on Children and Armed Conflict
Tearfund	The Evangelical Alliance Relief Fund
TFUs	therapeutic feeding units
UMCOR	United Methodist Committee on Relief
UNAMA	United Nations Assistance Mission in Afghanistan
UNAMA HRU	UNAMA Human Rights Unit
UNDAF	United Nations Development Assistance Framework

UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Human Settlements Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USA	The United States of America
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organisation
WSG	Water and Sanitation Sectoral Group

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organizations (NGOs), the International Red Cross and Red Crescent Movement, IOM and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilization leading to a Consolidated Appeal or a Flash Appeal;
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary;
- reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by HCT. This team includes IASC members and standing invitees (UN agencies, IOM, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal document. The document is launched globally near the end of each year to enhance advocacy and resource mobilization. An update, known as the Mid-Year Review, is presented to donors the following July.

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on www.reliefweb.int/fts.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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