COMMISSION DECISION
of
on the financing of a Global Plan for humanitarian operations from the budget of the European Communities in Afghanistan, Iran and Pakistan

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, and in particular Articles 2, 4 and 15(2) thereof,

Whereas:

(1) Prolonged violent conflict and internal struggle in Afghanistan together with five years of drought between 1999 and 2004 and a new drought in 2006 have led to the displacement of millions of people, loss of livelihoods and assets and widespread levels of food insecurity.

(2) Over 5,000,000 people have returned to Afghanistan from Pakistan and Iran since the beginning of 2002, with a further 220,000 projected to return during 2008 and, with more than 128,000 Internally Displaced Persons (IDPs) in Afghanistan, there is immense pressure on resources and opportunities for survival.

(3) There are still an estimated 3,000,000 Afghans who have sought refuge in Pakistan and Iran and who are coming under increasing pressure to return to Afghanistan.

(4) Afghanistan, Iran and Pakistan suffer from localised natural disasters such as floods and landslides affecting populations with very low coping capacities, and disaster response and/or preparedness measures are needed.

(5) The delivery of development, reconstruction and humanitarian assistance is severely hindered by persistent insecurity and by very poor communications infrastructure in Afghanistan.

(6) With ongoing refugee return, climatic hazard and conflict, the scale and complexity of the causes of humanitarian need in Afghanistan seem likely to continue.

(7) In order to maximize the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field.

(8) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months.

(9) It is estimated that an amount of EUR 25,000,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to returnees, refugees, displaced and other vulnerable people, taking into account the available budget, other donors interventions and other factors,

In accordance with Article 17 (3) of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 13 December 2007.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of EUR 25,000,000 for a Global Plan for Humanitarian aid benefiting vulnerable people affected by the consequences of the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan, to be financed from article 23 02 01 of the 2008 general budget of the European Communities.

2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

- To provide protection, relief and assistance to people affected by the consequences of the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan.
- To provide essential support services to humanitarian aid organisations, with a focus on the provision of air transport and security information/advice.
- To maintain a technical assistance capacity in the field, for needs assessment, project proposals appraisal and to coordinate and monitor the implementation of operations.

The amounts allocated to each of these specific objectives are listed in the annex to this decision

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2,000,000.

Article 3

1. The duration of the implementation of this decision shall be for a period of 18 months, starting on 01 January 2008.

2. Expenditure under this decision shall be eligible from 01 January 2008.
3. If the actions envisaged in this decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this decision.

**Article 4**

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.

2. The actions supported by this decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).

3. Taking account the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation.

**Article 5**

1. The amount of EUR 25,000,000 shall be conditional upon the necessary funds being available under the 2008 general budget of the European Communities.

2. This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission
Annex: Breakdown of allocations by specific objectives

<table>
<thead>
<tr>
<th>Specific objectives</th>
<th>Amount per specific objective (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide protection, relief and assistance to people affected by the consequences of the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan.</td>
<td>22,500,000</td>
</tr>
<tr>
<td>To provide essential support services to humanitarian aid organisations, with a focus on the provision of air transport and security information/advice.</td>
<td>1,800,000</td>
</tr>
<tr>
<td>To maintain a technical assistance capacity in the field, for needs assessment, project proposals appraisal and to coordinate and monitor the implementation of operations.</td>
<td>700,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>25,000,000</td>
</tr>
</tbody>
</table>
HUMANITARIAN AID

benefiting vulnerable people affected by the consequences of
the Afghan conflict and natural hazards

In

Afghanistan, Iran and Pakistan

GLOBAL PLAN 2008

Humanitarian Aid Committee
December 2007
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1. EXECUTIVE SUMMARY

Following the fall of the Taliban in November 2001 the international community made a huge commitment to Afghanistan. Donors pledged considerable amounts for reconstruction at international conferences in Tokyo (2002), Berlin (2004) and at the London conference in January 2006. With the increasing impact of this post-emergency aid DG ECHO\(^4\) progressively scaled down the amount and range of its funding, from 73,000,000 EUR in 2002 to 22,500,000 EUR in 2006. However, the progressive deterioration in the security situation has made it increasingly difficult to carry out development and reconstruction projects in many parts of the country. This, coupled with many years of drought, has generated a greatly increased level of humanitarian need and has left large numbers of returnees, Internally Displaced Persons (IDPs) and their host communities highly vulnerable. Consequently it was necessary to increase DG ECHO's humanitarian aid budget in 2007 to 27,000,000 EUR (including 6,000,000 EUR for food aid) and this trend will continue in 2008 with a Global Plan of 25,000,000 EUR. That will be complemented by a separate financial allocation for food aid whose programming is underway.

Coming after 23 years of war, and affected by years of drought, the scale of needs being addressed by these resources remains immense and coping mechanisms of many to provide for their own livelihood have been severely affected. Renewed and intensified fighting in several areas in Afghanistan has compounded the difficulty of achieving a minimum standard of living and has created new humanitarian needs in battle affected areas. In addition to this, the major rehabilitation effort now underway is also offset by the scale of refugee return, over 20% of the present in-country population of over 24,500,000 having returned in the past five years\(^5\), making it the largest repatriation operation in the world. A further 3,000,000 live in neighbouring Pakistan (2,050,000) and Iran (900,000)\(^6\). Both countries have expressed the intention that all Afghans should return to their home country in the near future, and pressure to achieve this goal is mounting. Consequently, and despite the relative improvement, the absolute level of needs remains very high and requires a continued and increased humanitarian engagement. This is well illustrated through DG ECHO’s global needs assessment index (GNA), which ranks Afghanistan in the highest category of needing for 2007, and also by the fact that one out of every five Afghan children dies before his/her fifth birthday\(^7\).

The main need identified for DG ECHO’s assistance is for the return and sustainable reintegration of 220,000 of the most vulnerable refugees and 128,000 IDPs, with the main sectors identified as water and sanitation, shelter and protection. Victims of armed conflict and small scale disasters will also be assisted where needed. Other needs relate to support for the most vulnerable in host communities, many of whom have only recently returned, and the most vulnerable amongst remaining refugees. The main risks and assumptions relate to access which is often constrained by security problems or by the logistical challenges of the mountain and desert terrain.

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\(^4\) Directorate-General for humanitarian aid - ECHO

\(^5\) In August 2007, the Central Statistics Office of Afghanistan put the population at 24,500,000. UNHCR estimates that to date over 5,000,000 refugees have returned.

\(^6\) source UNHCR, Afghanistan Operational update, April 2007

\(^7\) 257/1000 compared to 93/1000 live births in South Asia (source: 2005 Millennium Goal development report).

\(^8\) Source: UNHCR, August 2007
2. CONTEXT AND SITUATION

2.1. General Context

Since the fall of the Taliban in 2001, Afghanistan has come a long way. Politically and administratively, the presidential, parliamentary and provincial elections in marked the completion of the Bonn process. This has been supported by substantial rehabilitation and development support to the government of Afghanistan, with the London conference at the end of January 2006 which led to the 'Afghan compact' pledging another USD 10,000,000,000 from 2006 for the 'Afghan National Development Strategy' (ANDS) which provides a framework for the partnership between the Afghan Government and the international community in achieving lasting security, governance, rule of law, human rights and social and economic development. Together with this process, the international support for security in Afghanistan has evolved. In October 2006, NATO-ISAF took command of the international military forces in eastern Afghanistan from the US-led Coalition. The expansion of NATO to the whole of Afghanistan brought a further expansion of the mixed military/civilian Provincial Reconstruction Teams (PRTs) established to help governmental authority to reach out beyond Kabul. With 35,000 Afghan soldiers in June 2007, the Afghan National Army is planned to reach a full strength of 70,000. 9

Addressing security issues remains a major challenge, however, with the highest level of attacks against Afghani and international forces since the overthrow of the Taliban regime occurring in 2007. Anti-government elements have been very active in 2007, especially targeting the South and East of the country and new fronts have opened in regions in other parts of the country formerly considered as safe. The impact of this insecurity continues to be a major constraint for access for humanitarian aid staff, with 14 humanitarian aid workers killed by October 2007, compared to 31 in 2005 and 2006, 24 in 2004 and 12 in 2003. 10 Foreigners, including a number of humanitarian workers, have also been the victim of common criminal acts and kidnapping, a threat that increased significantly in 2007 and is likely to persist in 2008.

2.2. Current Situation

While post-humanitarian assistance is having a significant impact on much of the population, humanitarian assistance remains necessary for the most vulnerable, especially returning refugees and internally displaced people (IDPs) and their host communities within Afghanistan, which are having increasing problems absorbing returnees. The continued absence or low level of state structures and services across wide areas of Afghanistan, compounded by the drought, means that many communities in Afghanistan have exhausted their traditional coping mechanisms and are consequently very vulnerable to external shock factors. Where no other assistance is provided it will be necessary to continue to assist communities’ recovery now, in order to avoid them deteriorating into a situation of humanitarian crisis.

In addition, the low coping capacity of much of the population in the face of the frequently occurring natural disasters such as floods, landslides, drought and earthquakes

9 Source: http://www.nato.int/issues/afghanistan/factsheets/ana-support.html, NATO, 2007
10 Source: ANSO, 2007
in Afghanistan remains a further aspect of vulnerability. Assistance in response to
natural disaster would also apply in the event of a natural disaster in Iran or Pakistan
where DG ECHO partners are present - and thus have an emergency humanitarian aid
capacity in situ. Specific disaster preparedness (DP) measures could be envisaged in
order to strengthen the coping capacity of the Afghan population and institutions.
Disaster Preparedness components will also be mainstreamed in any relief intervention.

In summary, the extent of remaining humanitarian needs in Afghanistan, the assistance
required for the return and reintegration of refugees from Iran and Pakistan, and the
insufficient capacity of post-humanitarian instruments to fully address these needs,
requires a continuing humanitarian commitment to for the most vulnerable. Intensified
fighting in parts of Afghanistan has also increased the need to help new battle affected
IDPs.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

3.1. Vulnerable population: Refugee/Returnees/IDP needs:

Many of the most vulnerable populations in Afghanistan are recently returned and
returning refugees/displaced and their host communities. With family sizes of 5 to 8 it is
the children who are particularly affected. The population of Afghanistan is estimated at
24,500,000 million. Since the fall of the Taliban in late 2001, an estimated 5,000,000
Afghans, or over 20 % of the population, have returned to their homeland. In spite of
these returns, there is still a large caseload of Afghans in Iran and Pakistan which is
estimated by The United Nations High Commissioner for Refugees (UNHCR) to be
approximately 3,000,000 (900,000 in Iran and 2,050,000 in Pakistan). In 2007, UNHCR
estimates that over 350,000 refugees returned from Pakistan and Iran of which 335,000
were assisted by UNHCR. UNHCR presently estimates a further 220,000 should return
in 2008, although the implementation of the Tripartite Agreements between the
governments of Afghanistan, Iran and Pakistan might affect these figures. If the
government of Pakistan fulfils its intention to repatriate all refugees before the end of
2009, this number might increase.

Both Pakistan and Iran have signed separate Tripartite Agreements – with Afghanistan
and UNHCR – on the basis of which the Afghan population movements into Pakistan
and Iran are treated as a refugee situation (with the protection implication this has). For
Pakistan the agreement runs until December 2009 giving Afghan Proof of Registration
(PoR) holders the right to stay in Pakistan until the end of 2009. For Iran it runs until 19
March 2008 and it is planned to assist 200,000 people to return to Afghanistan before
that date. The declaration of the Iranian province of Sistan-e Baluchistan as a no-go area
for foreigners and the lack of viable alternatives for Afghans in camps in Pakistan that
are scheduled to be closed in 2008 might have an influence on the number of people
returning or being deported from these areas though.

In addition to the refugee return, UNHCR data estimates that there are still 128,000
Internally Displaced People (IDPs) in the country, with the major concentrations in the
southern regions. Many of these people are Pashtuns, displaced from homes in the north
in the aftermath of the military campaign against the Taliban government in 2001 and

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11 UNHCR planning figure for 2007-'08 is for 500,000 returnees.
12 Source : UNHCR
2002, who still fear to return because of their real or perceived links to the Taliban by the majority populations of other ethnic groups which dominate in the areas of origin. Fighting between NATO, government forces and Taliban also regularly creates new groups of displaced people. The other significant group is Kuchi nomads displaced by drought, for some of whom a return to pastoralism seems increasingly impossible. Even though it was initially planned to hand over responsibility for the management of these IDP camps to the Afghan government, weak government capacity has delayed this handover and alternative long-term solutions must still be formulated for the camps.

The basic needs of returnees – whether refugees or IDPs – are for somewhere to live, and a livelihood to support them. So the large return flows into a country already struggling to accommodate a high rate of demographic growth, and following years of drought, are putting enormous pressure on dwindling resources of land and water.

The needs of returnees and their host resident populations are addressed by many other actors, who are involved in ensuring and helping forward the transition to rehabilitation and development. However, due to the constraints of the difficult security and logistics environment, the extent to which this is achieved varies in different areas, as does the extent to which vulnerable populations benefit. A land allocation scheme by the Afghan government to the most vulnerable landless returnees has started in 2006 and the government of Afghanistan has identified new sites for the future. This has created new opportunities for refugee return and areas of intervention for DG ECHO partners to assist these most vulnerable returnees. Further, where access improves, or where natural disaster strikes, new needs for humanitarian response arise.

3.2. Main outstanding needs for vulnerable populations:

In rationalizing the humanitarian response in Afghanistan in line with needs and the extent to which these are met by other actors, the main areas of unaddressed needs that arise are as follows:

**Potable water, sanitation and hygiene education**\(^{13}\). In both urban and rural areas, in addition to the impact of years of drought on the resident populations, the shortage of potable water is a major problem, particularly where the populations using these resources continue to increase rapidly with the arrival of returnees. This is especially the case in Kabul where service networks suffered serious neglect and considerable damage during the fighting between 1992 and 1996 and where these networks have never been effectively repaired. Also, development plans do not cover all the urban areas and most especially systematically fail to take into account the needs of the newest areas of the expanding cities where the refugees have resettled. Increasing populations require water from sources where yields are diminishing. Further, increasing populations, and population density, increases sanitation problems.

Lack of access to clean water and poor sanitation are the major contributory factors to poor health outcomes. Nationwide only 31% of the population has access to safe drinking water. While in urban areas this is 61%, in rural areas only one out of four people has access.\(^{14}\)

Equally, the provision of shelter remains a priority need for the most vulnerable amongst the landless returnees. The need for shelter is identified by many Afghan refugees as one

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\(^{13}\) : See annex 1

of the main obstacles for return. Many most vulnerable returnees which returned in the last few years sometimes still don't have access to shelter. In order to assure that the resettlement of returnees is sustainable, support to basic livelihoods will be needed.

Following the years of war, compounded in many areas by years of drought, the capacity to cope with the impact of localized natural disasters such as flooding and landslides is often very poor. Emergency relief for the most vulnerable is still needed and this should be accompanied by disaster preparedness support to improve coping capacities.

The need for protection, under both UNHCR and The International Committee of the Red Cross (ICRC) mandates remains, given the increased insecurity, detentions and scale of refugee return.

3.3. Potential needs to be monitored:

Nutrition/food security. Overall, the food security trend in Afghanistan should improve thanks to relatively good harvests in 2007. Households that suffered extensively from several years of drought and consequences of past droughts can start to progressively rebuild their assets. Local communities were supported by DG ECHO to address the consequences of the drought in 2006 and 2007, and, as a follow up to DG ECHOs intervention, food security measures will be implemented by the European Commission Delegation in 2008.

DG ECHO envisages the development of a food aid strategy under a separate food aid budget financing decision in order to respond to the needs of IDPs, battle affected displaced people, victims of small scale disasters and returnees/deportees. Needs in highly food insecure areas will also be closely monitored.

Health. The health of the Afghan population is poor and the country is decades behind its South Asian neighbours. There are very serious inequities between urban and rural areas in terms of outcomes, coverage of services, and availability of health sector inputs. Initiated at the end of 2003 by the Government of Afghanistan and international development donors including the European Commission, the Basic Package of Health Services programme (BPHS) is estimated, as of summer 2007, to have reached approximately 82% of the population. This implies that 5,000,000 Afghans are still living outside coverage areas of basic health facilities. It is hoped this will reach between 90% and 95% by 2015. In addition to the BPHS package, there are a number of other budget lines and actors which include European Union (EU) budgets for health in rural areas.

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15 See annex 1
16 Between 2002 – 2006 the European Commission has provided over EUR 90,000,000 for the health sector, taking responsibility for 10 out of 34 provinces and building up capacity of the Ministry of Public Health at central and provincial levels.
17 See annex 5
4. PROPOSED ECHO STRATEGY

4.1. Coherence with DG ECHO’s overall strategic priorities

In 2008 DG ECHO will continue to intervene in the areas of greatest humanitarian needs. As Afghanistan ranks in the priority countries for humanitarian interventions according to the global assessment GNA, with both Crisis Index and Vulnerability Index equal to 3, and with a deteriorating security situation creating new humanitarian needs, a sustained and increased sizeable intervention in this country remains fully justified.

In line with DG ECHO 2007 strategy priorities, children will be major beneficiaries of this Global Plan, and protection, water and sanitation and shelter will be the main sectors of assistance. Civil-military issues are becoming increasingly important as the conflict has repercussions on the humanitarian space, access to beneficiaries and on the safety of humanitarian workers. Gender also remains particularly important in the Afghan context. The design of DG ECHO funded projects has to ensure that women benefit fully from the assistance provided, and in some cases projects will be specifically targeted at ensuring the livelihoods of the women amongst the most vulnerable, including protection for women and their children.

Integrating disaster preparedness in DG ECHO's humanitarian interventions is also in line with DG ECHO's strategy of Disaster Preparedness as a cross-cutting priority issue, and to facilitate LRRD, with a specific DG ECHO Disaster Preparedness budget intervention in Afghanistan for 2007 and 2008, for an amount of 405,324 EUR.

4.2. Impact of previous humanitarian response

Following the independent evaluation on DG ECHO use of funds in 2003, subsequent funding decisions for Afghanistan have taken into account its observations and recommendations and adjusted the country strategy accordingly. The strategy in 2007 was similar to that in 2006, with a focus on shelter and water and sanitation and specific targeting of the most vulnerable groups such as returnees and IDPs. The 2007 response has adequately covered around 540,000 beneficiaries for water and sanitation and another 6,500 families received shelter assistance. Interventions in the water and sanitation sector covered both rural and urban areas with highest needs and the shelter projects targeted old returnees (from the past 3-4 years) as well as recent returnees following camp closures in Pakistan and from Iran.

Through UNHCR support, over 335,000 refugees were registered and assisted to return from Pakistan and Iran in 2007. The ICRC supported by ECHO also continued its protection activities (detention visits, family links reestablishment and protection of civilian population) in line with its mandate given by the Geneva Convention.

The NGO community also benefited from security information through the Afghanistan NGO Security Organization (ANSO) and from improved and safe access to different regions in Afghanistan through a humanitarian air service.

Through the food aid decision, DG ECHO also intervened in the sector of food aid. Even though 2007 was considered as a better year than 2006 in terms of harvest, DG ECHO funded projects targeted specific food insecure areas and pockets of vulnerability, preventing over 300,000 vulnerable people to resorting to eroding coping mechanisms such as debt and selling of assets.
4.3. Co-ordination with activities of other donors and institutions

Within the EU, in order to ensure effective LRRD, regular meetings are held at both field and Brussels levels with the services of DG RELEX\textsuperscript{19} and DG AIDCO\textsuperscript{20}, to ensure that all EU interventions are coordinated. The amount of the European Commission assistance through its bilateral programme is EUR 160,000,000 for 2007 while EUR 610,000,000 have been allocated for 2007-2010 with main focuses on health, rule of law, rural development. Non focal areas also include social protection and migration programmes for vulnerable groups including street and orphaned children. In addition, under the Aid to Uprooted People component of the regional programme, the EC will provide assistance to returning Afghan refugees (EUR 12,100,000 for 2007/2008). DG RELEX and AIDCO also participated in the DG ECHO partners’ consultation of 10 October 2007 to discuss proposed strategy for this Global Plan.

Given the substantial post-humanitarian assistance in Afghanistan, and as part of ongoing LRRD (Linking Relief, Rehabilitation and Development), any DG ECHO interventions would be closely coordinated with post-emergency assistance. With de-concentration\textsuperscript{21}, the focus of operational co-ordination of the intervention is now at the field level and regular co-ordination meetings between DG ECHO and the Delegation are taking place, as there are LRRD potentials in a number of sectors.\textsuperscript{22} This would also include the requirement for partners to coordinate with local authorities and apply guidelines from line ministries on humanitarian issues. This is particularly important in the transitional environment of Afghanistan where aid interventions should seek to complement and improve local capacity, and thus reduce aid dependency.

In addition to the interface between humanitarian aid and development assistance, DG ECHO is also involved in co-ordination between the civilian/humanitarian community and the military. In Afghanistan, the international military forces are involved in providing assistance (through the Provincial Reconstruction Teams, and outside that framework) and are a key interlocutor on security issues. DG ECHO advocated for an enhanced UN-led humanitarian coordination and attends the meetings organized by United Nations Assistance Mission to Afghanistan (UNAMA) in this regard. DG ECHO advocates the respect of a number of ground rules by the military, notably the non engagement in “humanitarian” forms of assistance and the clear identification of the military as soldiers (constant use of uniforms, use of clearly marked vehicles, etc.), and, when appropriate, raises concerns regarding possible blurring in the attitudes or activities of the military through the appropriate channels.

ECHO both coordinates directly with all the relevant Afghan government ministries, for example the Ministry of Refugees and Repatriation, and ensures that DG ECHO funded partners also coordinate.

\textsuperscript{19} External Relations Directorate-General
\textsuperscript{20} EuropeAid Co-operation Office
\textsuperscript{21} Deconcentration refers to the devolution of project management from Commission headquarters to Commission Delegations in recipient countries. This “deconcentration” affects development assistance and not humanitarian aid.
\textsuperscript{22} An example of the good coordination with actions supported by the EC reconstruction program supporting Afghan refugees/returnees would be the project 'Removing Obstacles to Afghan Refugees Return and Challenging Regional Migration', for which the European Commission provided over EUR 17,000,000 by the end of 2005. In the Food aid and Food Security sector, DG ECHO and the EC Delegation developed a coordinated approach to link DG ECHO food aid projects to the Food Security Thematic Programming planned for 2008.
DG ECHO finally also actively promotes and participates in donor coordination meetings.

4.4. Risk assessment and assumptions

Security is the major constraint affecting all humanitarian projects in Afghanistan, as the security situation has further deteriorated in 2007 with fighting between NATO, Afghan forces and anti-government elements in the South. Other key factors to be considered in this analysis are: the growth of criminality, general unlawfulness, (armed) competition between local commanders or warlords, the development of the poppy eradication campaign and the progress of the Disarmament of Illegally Armed Groups program (DIAG). The degree of insecurity varies between different regions: large parts of the South and the South-East are, currently, “off limits”. According to ANSO, the DG ECHO funded security advice service for humanitarian aid agencies, 12 aid workers were assassinated in 2003, 24 in 2004, 31 in 2005 and 2006 and 14 by October 2007. While the number of casualties is declining, 2007 saw a marked increase of kidnappings of which a member were humanitarian workers and this risk is likely to persist in 2008.

In Afghanistan the area to be considered insecure for aid workers is changing, and the sources of danger are multiplying. A marked escalation in intensity of attacks in several Southern and Eastern provinces, which has traditionally been a troubled area has been seen in 2007. A growing threat in Kabul itself has also been witnessed, both as a result of insurgent activity such as bombs and rockets, and criminal activities such as kidnapping and suicide attacks. Where previously attacks against the Afghan government, NATO forces and the international community were mostly restricted to the Southern provinces and Kabul, 2006 and 2007 saw several such attacks in areas in other parts of the country previously considered as safe. In addition, western military funded ‘hearts and minds’ interventions may lead humanitarian agencies to reorient their activities in order to safeguard their neutrality and impartiality.

In Pakistan, the main risk is insecurity in the Western part of Pakistan (the so-called tribal areas), bordering Afghanistan, where there are regular anti-Taliban and anti-Al-Qaeda raids by various units of Pakistan security forces. Political tension is also already producing violent reactions from several groups.

In Iran, political pressure on Afghan refugees and illegal workers to return to Afghanistan might provoke the need for increased humanitarian assistance.

Further, natural disasters such as earthquakes, droughts, landslides and flooding may restrict some interventions through factors such as access limitations, and also require rapid reorientation of other activities to meet new priority needs.
4.5. DG ECHO Strategy

Principal objective:

Provide humanitarian aid to vulnerable people affected by the consequences of the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan.

Specific objectives:

Specific Objective 1: To provide protection, relief and assistance to people affected by the consequences of the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan.

Component 1: To support UNHCR assistance facilitating the return and reintegration of vulnerable Afghan refugees and IDPs through the provision of essential services, both during and post return

DG ECHO will continue its support to UNHCR. In 2008 an estimated 220,000 refugees are expected to return. These returnees are more vulnerable than before as those who had something to return to mostly already did so in previous years. Further, most would be returning to the south and east and thus largely areas which have received the least, if any, development assistance. UNHCR will also continue its support to IDPs.

Following registration, as in previous years, measures will be taken to ensure a return under dignified conditions by assisting returnees with a cash grant that will enable them to cover initial expenses for essential items during return and upon arrival. DG ECHO also envisages supporting organizations that monitor the return process of Afghan refugees in order to ensure that their human rights are properly respected.

Vulnerable returnee families will be provided with shelter assistance to facilitate their initial reintegration. The Afghan government has started a program of land allocation in 2006 which will be expanded in 2008. DG ECHO will assist UNHCR in the provision of shelter kits for the most vulnerable landless refugees that will be targeted under this land allocation scheme.

Component 2: To support ICRC protection assistance for vulnerable civilians affected by the Afghan crisis.

With the intensification of the conflict in many parts of the country, the need for protection will increase in 2008. In line with DG ECHO's core mandate to support protection, so that vulnerable civilians and security detainees/internees receive adequate protection in line with International Humanitarian Law (IHL), DG ECHO will contribute to the appeal of the International Committee of the Red Cross, in support of its protection activities in Afghanistan and notably: visits and monitoring mission, access to the Red Cross messaging service; advocacy for vulnerable civilians and detainees; follow up possible violations of international humanitarian law; and where needed, provide material relief.

**Component 3: To provide multi-sectorial humanitarian assistance to vulnerable populations, comprising displaced people, refugees, returnees and host communities**

The major component remains the provision of *water, sanitation and hygiene education* in both urban and underserved rural areas across the country. Access to safe water and sanitation facilities is a key condition to tackle water borne and transferable diseases such as diarrhea and cholera which still cause unacceptable levels of casualties, especially among young children. Standard indicators such as for quantity and quality of water, extent of access to latrines, and progress measured through Knowledge and Practice (KAP) surveys will be applied.24

*Shelter* support remains a significant need amongst the most vulnerable of the returning landless refugees and IDPs leaving camps to return home. DG ECHO would assist only the most vulnerable on a self-help basis (distribution of shelter kits), with the promotion of anti-seismic construction techniques and materials, which are affordable and embedded in the local culture, and would include assistance to resolve issues of title and access to land. In most cases UNHCR criteria would be applied for assessing vulnerability, ratio of people to shelter, as well as which type of shelter. As mentioned above, the Afghan government started a program of land allocation in 2006 which will be expanded in 2008. DG ECHO will also assist NGO's for the provision of shelter kits for the most vulnerable landless refugees that will be targeted under this land allocation scheme or in other regions of high return. Funding through international NGOs for shelter complements funding channelled through UNHCR. It not only increases overall capacity for this sector, it is often also integrated with aid in other sectors provided by the same INGO, and it often targets more mixed populations which include significant refugee/IDP returnee populations. In order to assure that resettlement of returnees is sustainable, support to *basic livelihoods* on a short time basis may be envisaged.

Afghanistan is a highly disaster-prone country and where small-scale, localized disasters hit vulnerable populations. Wherever possible, *disaster preparedness* measures will be mainstreamed25. Specific disaster preparedness measures could also be envisaged to strengthen the Afghan coping capacity to respond to disasters in a country recurrently affected by disasters that repeatedly affect the lives, property and livelihoods of the people. Most vulnerable populations in Afghanistan, Iran and Pakistan whose vulnerability is further increased by small scale disasters such as floods, earthquakes and landslides, can be assisted through Food/Non Food Items and agricultural goods distribution and support to livelihood recovery.

To improve the delivery of humanitarian aid, the acceptance of the response and overall understanding of its mandate, DG ECHO will address the need to advocate on humanitarian values and the European Commission's long standing involvement in Afghanistan.

For *food security/nutrition* in 2008 DG ECHO will develop a food aid strategy under a separate food aid budget financing decision in order to respond to the needs of IDPs, 24 Given concerns over reducing water tables due to the drilling of unplanned and uncoordinated new boreholes, ECHO partners are required to coordinate with the appropriate local and national authorities with a view to minimising such consequences while ensuring the humanitarian priority for water.

25 Such disaster preparedness would aim to limit the adverse impact of hazards such as flooding, landslides, drought, or earthquake through reducing the risk of exposure to such disasters combined with a greater capacity for emergency response.
battle affected displace people, victims of small scale disasters and returnees/deportees. DG ECHO will also closely monitor the food situation in 2008, notably for negative effects on food production arising from floods, droughts or conflict, and will intervene when needs occur.

For health, following DG ECHO’s phase out to post-emergency assistance during 2004/5, in 2008 DG ECHO will continue to monitor needs levels. Any DG ECHO intervention would be purely for “emergency” health projects, where these are not addressed by other actors in situ, and where DG ECHO support would complement other EC instruments. It would particularly address the immediate health needs of returning populations in remote areas (refugees and internally displaced people) which are not yet included in the BPHS coverage and where the Ministry of Health would not have the necessary response capacity.

Specific objective 2: To provide essential support services to humanitarian organizations, with a focus on the provision of air transport and security information/advice.

The main obstacle to the delivery of humanitarian assistance in Afghanistan is security considerations, closely followed by physical access. The bad condition of roads, and the remoteness of some of the areas with highest vulnerability is a major challenge. In addition, partners are often constrained by the poor communication infrastructure in the country, especially outside Kabul. In order to facilitate operations and mitigate security risks, it is envisaged to fund the following activities:

a) **Air transport**: support to humanitarian flights (reserved for humanitarian and aid missions) linking Kabul to remote and main locations within Afghanistan; possibility of charter humanitarian flights to unscheduled destinations in case of emergency or sudden need.

b) **Security office**: support to the Afghan NGO Security Office (ANSO) which provides security information and advice in a timely manner to enable partners to conduct their activities in a security-informed manner.

c) **IT support**: a minor component of this specific objective is the support to NGOs main and remote offices for the installation of communication systems which are often very rudimentary in Afghanistan.

Specific objective 3: To maintain a technical assistance capacity in the field, for needs assessment, project proposals appraisal and to coordinate and monitor the implementation of operations.

In order to maximise the impact of the humanitarian aid for the victims, the Commission decides to maintain DG ECHO support offices located in Kabul and Islamabad. The Islamabad office will also serve as a back-up to the ECHO Kabul office in case security deteriorates. These offices will appraise project proposals, co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. These offices provide technical assistance capacity and necessary logistics for the good achievement of its tasks.
4.6. Duration

The duration for the implementation of this decision will be 18 months. Humanitarian operations funded by this decision must be implemented within this period.

This duration is required because some of the activities to be funded under this global plan represent continuations of activities funded under previous 2007 decisions, thus while some projects will start on 1 January 2008, others will start mid-year. Furthermore, the insecurity and uncertainty inherent to operations in Afghanistan, has often required extensions of the original project durations.

Start date: 1 January 2008

If the implementation of the actions envisaged in this decision is suspended due to force majeure, or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations. Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

4.7. Amount of Decision and strategic programming matrix

4.7.1 Total amount of the Decision: EUR 25,000,000
### 4.7.2. STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

<table>
<thead>
<tr>
<th>Principal objective</th>
<th>Specific objectives</th>
<th>Allocated amount (EUR)</th>
<th>Geographical area of operation</th>
<th>Activities proposed</th>
<th>Expected outputs / indicators</th>
<th>Potential partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide humanitarian aid for vulnerable people affected by the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan</td>
<td><strong>Specific objective 1</strong>: To provide protection, relief and assistance to people affected by the consequences of the Afghan conflict and natural hazards in Afghanistan, Iran and Pakistan.</td>
<td>22,500,000</td>
<td>Afghanistan, Iran, Pakistan</td>
<td>1. To support UNHCR assistance for facilitating the return and reintegration of vulnerable Afghan refugees and IDPs through the provision of essential services, both during and post return:  - Distribution of information about areas of return.  - Screening and registration of refugees  - Allocation of transport and repatriation payment at arrival points  - Provision of shelter and other essential services as required.</td>
<td>- Return and reintegration of 220,000 refugees</td>
<td>- ACF  - ACTIONAID  - AKF(UK)  - BBC TRUST  - CARE - UK  - CHRISTIAN AID - UK  - DRC  - FAO  - GERMAN AGRO ACTION  - ICRC-CICR  - IFRC-FICR  - IRC-UK  - IR &amp; IRW  - MADERA  - MEDAIR CH  - MEDAIR UK  - MISSION OST - DNK  - NRC  - OXFAM GB  - PIN  - SC(UK)  - SOLIDARITIES  - TEARFUND - UK  - UNDP-PNUD  - UNHCR  - UNICEF  - WVUK  - ZOA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. To support ICRC protection assistance for vulnerable civilians affected by the Afghan crisis:  - Visits and monitoring mission  - Access to the Red Cross messaging service  - Advocacy for vulnerable civilians and detainees  - Follow up possible</td>
<td>- Approximately 6,000 detainees in 60 different locations visited and monitored.  - Over 12,000 Red Cross Messages collected  - Related tracing and restoration of family links achieved.  - Dissemination of International Humanitarian Law to relevant authorities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3. Integrated assistance to vulnerable populations including:  - Water and sanitation  - Shelter  - Emergency disaster preparedness</td>
<td>- Ensure adequate water, sanitation, basic livelihoods and shelter provision for returnees and host communities according to Sphere/context specific indicators of water quantity and quality, and access ratios for sanitation and shelter.  - Reduction in morbidity and mortality arising from localized disasters.  - Increased local coping capacity to face natural disasters and assistance to victims of these disasters</td>
<td></td>
</tr>
</tbody>
</table>
### Specific objective 2: To provide essential support services to humanitarian aid organisations, with a focus on the provision of air transport and security information/advice.

<table>
<thead>
<tr>
<th>Cost</th>
<th>Location</th>
<th>Services</th>
<th>Partners</th>
</tr>
</thead>
</table>
| **1,800,000** | Afghanistan, Iran, Pakistan | - air transport for humanitarian organisations  
- advice and information provision of security |  
- 5 aircraft used for humanitarian scheduled and chartered flights  
- Improved knowledge on security situation and improved security policy of partners |  
- CARE - UK  
- GERMAN AGRO ACTION |

### Specific objective 3: To maintain a technical assistance capacity in the field, for needs assessment, project proposals appraisal and to coordinate and monitor the implementation of operations.

<table>
<thead>
<tr>
<th>Cost</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>700,000</strong></td>
<td>Kabul, Islamabad</td>
</tr>
</tbody>
</table>

**Risk assessment**

Security situation/logistical constraints may hinder/delay operations; pressures may be exercised over the refugees in Iran and Pakistan.

**Assumptions**

Security situation does not drastically deteriorate

**Total cost**

**25,000,000**
5. EVALUATION

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://ec.europa.eu/comm/echo/evaluation/index_en.htm

6. BUDGET IMPACT ARTICLE 23 02 01

<table>
<thead>
<tr>
<th>-</th>
<th>CE (EUR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Available Appropriations for 2008</td>
<td>499,095,000</td>
</tr>
<tr>
<td>Supplementary Budgets</td>
<td></td>
</tr>
<tr>
<td>Transfers</td>
<td></td>
</tr>
<tr>
<td><strong>Total Available Credits</strong></td>
<td></td>
</tr>
<tr>
<td>Total executed to date (by ..)</td>
<td></td>
</tr>
<tr>
<td>Available remaining</td>
<td></td>
</tr>
<tr>
<td><strong>Total amount of the Decision</strong></td>
<td>25,000,000</td>
</tr>
</tbody>
</table>

7. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at http://ec.europa.eu/echo/partners/index_en.htm.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.
8. ANNEXES

Annex 1: Statistics on the humanitarian situation

1/ Health:
Only 11% of Afghan women give birth with health assistance. Only 16% of pregnant women have access to obstetrical care. There are very serious inequities between the urban and rural areas in terms of outcomes, coverage of services, and availability of health sector inputs. The maternal mortality ratio is 15 times higher in Badakshan than it is in Kabul, immunization coverage is three times higher in urban areas than in rural areas, and 42% of the entire Ministry of Public Health (MOPH) staff work in the hospitals of Kabul. Infant and child mortality rates in cities are around 20% lower than in rural areas. The average number of medical doctors per 1,000 people in Afghanistan is 0.1 against 1.1 for all developing countries. In Balkh province for instance, there is one doctor per 1,000 people, while in Uruzgan there is 1 doctor per 100,000 people. The situation is particularly unfavorable for female patients, as it is very unlikely that their reproductive health care needs are met. Consequently, Afghanistan has still one of the world’s highest maternal mortality ratios, such as in Ragh district Badakshan province where it is the highest in the world with an estimated 7 women dying of pregnancy related causes per 100 live births.

General Mortality and morbidity:
Maternal mortality estimates, range between 1.600 and 2.100 / 100,000. The most reliable figure is 1.900 / 100,000 (2nd highest in the world after South Sudan) equal to 44 deaths per day. Main factors are: lack of access to basic health facilities (only 11% of women give birth with health assistance) and lack of pre-natal care (only 16% of pregnant women have access to obstetrical care).

Child mortality range between (2005 figures):
IMR (Infant Mortality Rate) = 115 – 165 / 1.000
U5MR (Under 5 years old Mortality Rate) = 180 – 220 / 1.000
Afghanistan rank among the 5 worst countries in the world. The main causes of mortality and morbidity = Measles, diarrhea, acute respiratory infections, malaria, micronutrient deficiencies.

2/ Water and Sanitation:
Several surveys were conducted over the past three years. The findings range from 67% to 8% regarding access to adequate sanitation and, from 40% to 13% regarding access to safe water.

Access to safe water:
According to the National Rural Vulnerability Assessment 2005 (May 2007), nationwide, 31% of the households have access to safe drinking water. Kuchi households have lowest access to safe drinking water (16%), while rural households have 26% and urban households 64%.

Adequate Sanitation:
National Rural Vulnerability Assessment 2005 (May 2007)
Only 7% of households nationwide have access to safe toilet facilities. Among urban households, 67% reported using traditional covered latrines, while 20% use improved latrines and 7% have flush toilets. In contrast, open pits are used in 3%, and dearan / sahrah (local defecation structures) are used in 1% of urban households. In rural areas, only 4% of households have access to safe toilet facilities. According to the EMIS survey conducted in 2004 (every school was visited), 25% of schools have access to safe water and 20% to adequate sanitation.

3/ Food security and Nutrition:

Food availability
The total cereal requirement in 2007 is estimated at 6.1 million MT, of which 4.9 million mT (80%) is wheat. Domestic production of cereals is estimated at 5.6 million MT which means that the country will be 91% self-sufficient in food production this year.

Food accessibility
The national Consumer Price Index (CPI) in June 2007 was higher than in June 2006 by 11.6% and the annual increase in the national food index was 15.2%. When NRVA 2005 and FSMS spring 2007 are compared greater proportion of household expenditure is now on food items.

Food utilisation
The FSMS household consumption survey data indicates that 37% of households eat, on average, below their daily requirements, which is 9% more than NRVA 2005.

Percentage of children under five who are underweight is 49% according to the last UNDP NHDR indicators (2001). The calorie deficiency rate is 20.4% and affects 70% of the population according to the 2003 rural NRVA. No more recent data.

4/ Protection

Child protection:
Only 6% of birth registration in the country (2003 MICS Unicef HQ); 4.8% of the children are orphans (586,000). 80% of them have a living parent.
Disability / Impairment rate is 2.5% for the 1 – 4 years old children and 2.9% for the 7 – 17.

Child labor (7 – 14):
24% of the children work. 5% of them are paid18.4% work more than 4 hours (domestic work) a day; 11.6% are involved in family work.
Street children:
37,000 street children in Kabul and 50,000 in the whole country (2002 survey – Aschiana / CSO);
70% of them work more than 8 hours / day.
Child marriage (2003) = 43.2%
Annex 2: Map of country

Annex 3: List of previous DG ECHO operations

<table>
<thead>
<tr>
<th>Decision Number</th>
<th>Decision Type</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
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<tr>
<td>ECHO/-FA/BUD/2007/02000</td>
<td>Food Aid (ad hoc)</td>
<td>EUR</td>
<td></td>
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<tr>
<td>ECHO/-AS/BUD/2007/01000</td>
<td>Global plan</td>
<td>EUR</td>
<td>20,000,000</td>
<td>21,000,000</td>
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<tr>
<td>ECHO/-AS/BUD/2005/01000</td>
<td>Global Plan</td>
<td>EUR</td>
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<td></td>
</tr>
<tr>
<td>ECHO/-AFG/BUD/2006/01000</td>
<td>Emergency</td>
<td>EUR</td>
<td>2,500,000</td>
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<tr>
<td>ECHO/-AS/BUD/2005/01000</td>
<td>Ad Hoc</td>
<td>EUR</td>
<td>10,791,000</td>
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<tr>
<td>ECHO/-AS/BUD/2005/05000</td>
<td>Ad hoc</td>
<td>EUR</td>
<td>9,349,000</td>
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<tr>
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<td>EUR</td>
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<td>22,500,000</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td>EUR</td>
<td>69,500,000</td>
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Dated: 03/10/2007
Source: HOPE
## Annex 4: Other donors' contributions

### Donors in Afghanistan/Iran/Pakistan the last 12 months

<table>
<thead>
<tr>
<th>1. EU Members States (*)</th>
<th>2. European Commission</th>
<th>3. Others</th>
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<tbody>
<tr>
<td><strong>EUR</strong></td>
<td><strong>EUR</strong></td>
<td><strong>EUR</strong></td>
</tr>
<tr>
<td>Austria</td>
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<tr>
<td>Belgium</td>
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<td>Bulgaria</td>
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<td>Cyprus</td>
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<td>Czech republic</td>
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<td>Denmark</td>
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<td>Estonia</td>
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<tr>
<td>Finland</td>
<td>2,800,000</td>
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<tr>
<td>France</td>
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<tr>
<td>Germany</td>
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<tr>
<td>Greece</td>
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<tr>
<td>Hungary</td>
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<td>Ireland</td>
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<tr>
<td>Italy</td>
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<td>Latvia</td>
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<tr>
<td>Lithuania</td>
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<tr>
<td>Luxemburg</td>
<td>750,000</td>
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<tr>
<td>Netherlands</td>
<td>20,736,490</td>
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<td>Poland</td>
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<td>Portugal</td>
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<td>Romania</td>
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<td>Slovakia</td>
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<td>Slovenia</td>
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<tr>
<td>Spain</td>
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<tr>
<td>Sweden</td>
<td>735,119</td>
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<td>United kingdom</td>
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<td><strong>Subtotal</strong></td>
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<td><strong>Subtotal</strong></td>
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<tr>
<td><strong>Grand total</strong></td>
<td><strong>258,889,392</strong></td>
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</tbody>
</table>

Dated: 11 October 2007

(*) Source: DG ECHO 14 Points reporting for Members States. [https://hac.ec.europa.eu](https://hac.ec.europa.eu)

Empty cells mean either no information is available or no contribution.
Annex 5: List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td>Action Contre La Faim</td>
</tr>
<tr>
<td>ACH</td>
<td>Action Against Hunger</td>
</tr>
<tr>
<td>ACSU</td>
<td>Afghan Comprehensive Solutions Units (in UNHCR)</td>
</tr>
<tr>
<td>ACTED</td>
<td>Agence d’Aide à la Coopération Technique et au Développement</td>
</tr>
<tr>
<td>ADB</td>
<td>Asia Development bank</td>
</tr>
<tr>
<td>ADR</td>
<td>Alternative Dispute Resolution</td>
</tr>
<tr>
<td>AIDCO</td>
<td>European Aid – Co-ordination Office</td>
</tr>
<tr>
<td>ANSO</td>
<td>Afghan NGO Security Office</td>
</tr>
<tr>
<td>ARI</td>
<td>Acute Respiratory-tract Infections</td>
</tr>
<tr>
<td>BPHS</td>
<td>Basic Package of Health Services</td>
</tr>
<tr>
<td>CHC</td>
<td>Comprehension Health Center</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Workers</td>
</tr>
<tr>
<td>DDR</td>
<td>Disarmament, Demobilisation, &amp; Reintegration</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
</tr>
<tr>
<td>DRC</td>
<td>Danish Refugee Council</td>
</tr>
<tr>
<td>ECHO</td>
<td>European Commission Humanitarian Aid Office</td>
</tr>
<tr>
<td>FAFA</td>
<td>Financial &amp; Administrative Framework Agreement</td>
</tr>
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<td>FAO</td>
<td>UN Food and Agriculture Organisation</td>
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<td>FFW</td>
<td>Food For Work</td>
</tr>
<tr>
<td>FPA</td>
<td>Framework Partnership Agreements</td>
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<td>GNA</td>
<td>Global Index for Humanitarian Needs Assessment</td>
</tr>
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<td>HDI</td>
<td>Human Development Index</td>
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<tr>
<td>ICRC</td>
<td>International Committee of the Red Cross</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
</tr>
<tr>
<td>IHL</td>
<td>International Humanitarian Law</td>
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<tr>
<td>INGO</td>
<td>International Non Governmental Organization</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>ISAF</td>
<td>International Security Assistance Force</td>
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<tr>
<td>KAP</td>
<td>Knowledge &amp; Practice</td>
</tr>
<tr>
<td>LRRD</td>
<td>Linking Relief, Rehabilitation and Development</td>
</tr>
<tr>
<td>MOPH</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>MSF-FRA</td>
<td>Médecins Sans Frontières – France</td>
</tr>
<tr>
<td>MSF-NLD</td>
<td>Médecins Sans Frontières – Netherlands</td>
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<tr>
<td>NATO</td>
<td>North Atlantic Treaty Organisation</td>
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<tr>
<td>NEEP</td>
<td>National Emergency Employment Programme</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NRVA</td>
<td>National Risk and Vulnerability Assessment</td>
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<tr>
<td>NSP</td>
<td>National Solidarity Programme</td>
</tr>
<tr>
<td>NWFP</td>
<td>North Western Frontier Province</td>
</tr>
<tr>
<td>PRT</td>
<td>Provincial Reconstruction Team</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UNAMA</td>
<td>United Nations Assistance Mission to Afghanistan</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNHCR</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WFP</td>
<td>World Food Programme</td>
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Initiated at the end of 2003, the Basic Package of Health services programme (BPHS) - concentrate on a limited set of simple but effective preventive and curative services such as immunization, family planning, prenatal care, tuberculosis (TB) control, treatment of acute respiratory-tract infections (ARI) and diarrhoea. It also specifies the organization of rural health services which includes basic health centers (BHCs, designed to cover 15-30,000 population), comprehensive health centers (CHCs, meant to cover 30-60,000 population), district hospitals (meant to cover more than 120,000 population), and community health workers (CHWs). It standardizes staff, medicines, and equipment for BHCs, CHCs, or district hospitals. They are supported by international donors including the European Commission (RELEX) United States Agency for International Development (USAID), World Bank (WB), Asia Development Bank (ADB) - has led to a steady increase in the provision of health services in 8 provinces. The Ministry of Public Health (MOPH) and partners made considerable progress in expanding physical access to the BPHS. As of summer 2007, to have reached approximately 82% of the population, which implies that 5,000,000 Afghans are living outside coverage areas of basic health facilities. It is hoped this will reach between 90% and 95% by 2015.

27 EC funding for the health sector amounts EUR 23,300,000 for 2006-2008