



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**HUMANITARIAN AID  
for**

**vulnerable people affected by the consequences of the Afghan  
conflict and natural hazard**

**in**

**Afghanistan, Iran and Pakistan**

**GLOBAL PLAN 2007**

**Humanitarian Aid Committee  
December 2006**

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## 1. EXECUTIVE SUMMARY

Following the fall of the Taliban in November 2001 the international community has made a huge commitment to Afghanistan. In terms of aid, at international conferences at Tokyo (2002) and Berlin (2004) donors pledged USD 14,400,000,000 for reconstruction 2002 – 2006, of which USD 3,800,000,000 from the European Union, including over EUR 1 billion allocated by the European Commission. At the London conference in January 2006, the Afghan government and the international community agreed upon an ambitious medium term program (2006-2010) of state building, reconstruction and development (the Afghanistan compact) based on the Millennium Development Goals. To underpin the goals of the Afghanistan compact with respect to peace, stability and development, the donor community made financial commitments of USD 10,000,000,000. With the increasing impact of this post-emergency aid DG ECHO<sup>1</sup> has substantially scaled down the amount and range of its funding, from 73,000,000 EUR in 2002 to 20,000,000 EUR in 2006.

Coming after 23 years of war, and compounded by five years of drought until 2004 and again in 2006, however, the scale of needs being addressed by these resources remains immense. In addition to this, the major rehabilitation effort now underway is also offset by the scale of refugee return, over 19 % of the present in-country population of over 23 million having returned in the past four years<sup>2</sup>, making it the largest repatriation operation in the world. A further 3.4 million live in neighboring Pakistan (2.5 million) and Iran (900.000).<sup>3</sup> Consequently, and despite the relative improvement, the absolute level of needs remains high and requires a continued 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 2006 or also by the fact that one out of every four Afghan children dies before their fifth birthday<sup>4</sup>.

The main need identified for DG ECHO's assistance is for the return and reintegration of 250,000 of mainly most vulnerable refugees and 115,000 Internally Displaced Persons (IDPs), with the main sectors identified as water and sanitation, shelter and protection. The drought that hit large parts of Afghanistan in 2006 and the consequent food insecurity will also have to be addressed, as its consequences will still be felt in 2007. Other needs would be an extension of these to assist 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.

## 2. CONTEXT AND SITUATION

### 2.1. General Context

Politically and administratively, the parliamentary and provincial elections in September 2005, following the Presidential elections in 2004, mark the completion of the Bonn process. This has been supported with substantial rehabilitation and development support to the government of Afghanistan, with the London conference at the end of

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<sup>1</sup> Directorate-General for humanitarian aid - ECHO

<sup>2</sup> : August 2006 UNFPA's Household Living Survey put the population at 23.2 million; UNHCR estimates that to date nearly 4.7 million refugees have returned.

<sup>3</sup> : source UNHCR.

<sup>4</sup> 257/1000 compared to 93/1000 live births in South Asia (source: 2005 Millennium Goal development report).

January 2006 which led to the 'Afghan compact' pledging another USD 10,000,000,000 for the 'Afghan National Development Strategy' (ANDS) from 2006.

Together with this process, the international support for security in Afghanistan has evolved in 2006 with the reduction of U.S.-led Coalition forces (engaged in the 'war against terror'), and their replacement at the end of July 2006 by NATO ISAF peace-keeping forces in the South and East of Afghanistan. By the end of 2006 the Afghan National Army is planned to reach a full strength of 70,000.<sup>5</sup>

The expansion of NATO brought a further expansion of the mixed military/civilian Provincial Reconstruction Teams (PRTs) established to help governmental authority to reach out beyond Kabul. There has been a lot of debate as to the role of these teams, their modus operandi and the potential impact of their involvement into assistance type activities<sup>6</sup>. It is hoped that the NATO emphasis on PRTs to ensure a safe and secure environment, rather than duplicating humanitarian aid<sup>7</sup>, will improve options for aid agencies to operate in the expanded PRT areas.

Addressing security issues remains a major challenge, however, with a greater level of attacks against Afghan and international forces in 2006 than has been seen since the overthrow of the Taliban regime. Anti-government elements insurgency has been very active in 2006 especially targeting the South and East of the country and occasionally even striking in regions in other parts of the country formerly thought of as safe. The impact of this insecurity continues to be a major constraint for access for humanitarian aid staff, with 31 humanitarian aid workers killed by October 2006, compared to 31 in 2005, 24 in 2004 and 12 in 2003<sup>8</sup>. In addition to insurgency, security issues related to effective disarmament and demobilization through the DIAG program (Disarmament of Illegally Armed Groups), and addressing poppy production and opium trafficking, remain major challenges for 2007.

## **2.2. Current Situation**

While a fragile progress continues, and post-humanitarian assistance is having a significant impact on the overall population, humanitarian assistance remains necessary for the most vulnerable, especially returning refugees and internally displaced people (IDPs) and their host communities within Afghanistan. The absence or low level of state structures and services across wide areas of Afghanistan, compounded by five years of drought ending in 2004 and again in 2006, means that many communities in Afghanistan have exhausted their traditional coping mechanisms and are consequently very vulnerable to external shock factors. The drought in 2006 in substantial parts of Afghanistan, especially the Western, Northern, North-eastern and Central provinces has further negatively impacted their coping mechanisms. Under some circumstances it will be necessary to assist such communities' recovery now, in order to avoid deterioration into a situation of humanitarian crisis.

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<sup>5</sup> Source : NATO, 2005

<sup>6</sup> See DFID commissioned Save the Children Fund/London University (Kings College Conflict, Security and Development Group International Policy) 2004 study on PRTs and follow-up DFID/Kings College Review of DFID Involvement in Provincial Reconstruction Teams in Afghanistan, of 8 July 2005; together with Raj Rana article 'Contemporary Challenges in the Civil-Military Relationship : Complementarity or Incompatibility', in RICR Vol. 86 no 855 of Sept 2004

<sup>7</sup> NATO presentation to DG ECHO Partners' Conference, 17 October 2005.

<sup>8</sup> Source : ANSO, 2005

In addition, the low coping capacity of much of the population in the face of frequently occurring natural disasters such as floods, drought and earthquakes 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. DP components could 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 maintained humanitarian engagement for the most vulnerable.

There is one ongoing 2006 Global plan decision, ECHO/-AS/BUD/2006/01000 for EUR 20,000,000 from 1 January 2006 to 30 June 2007, and one emergency decision ECHO/AFG/BUD/2006/01000 for EUR 2,500,000 from 1 August 2006 to 31 January 2007 responding to the ongoing drought. While these continue to address such humanitarian needs as are presented in this Global Plan, where projects funded under these decisions finish in the first half of 2007, but needs remain, additional resources are required to ensure a continued coverage of basic needs. The most obvious example is the need for further support to UNHCR from 1 January 2007 for the repatriation and reintegration of an estimated 250,000 refugees from Iran and Pakistan.

The funding for the technical assistance field offices is required to allow for the continued monitoring of the Decisions in 2006, the proposed Global Plan 2007, and to take account of the additional costs of the ECHO Islamabad office which also serves as a back-up to the ECHO Kabul office in case security deteriorates, and which allowed a swift response to the earth quake in 2005.

### **3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS**

#### **3.1 Refugee/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 23.2 million.<sup>9</sup> Since the fall of the Taliban in late 2001, an estimated 4.7 million Afghans, or over 19 % 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, resulting from several waves of exile, which is estimated by UNHCR to be approximately 3.4 million (900.000 in Iran and 2.5 million in Pakistan). In 2006, UNHCR estimate that 321.400 refugees have returned from Pakistan and Iran of which 138,000 were assisted by UNHCR. UNHCR presently estimate a further 250,000 in 2007 although the registration exercise in Pakistan that started in October 2006, and the outcome of the tripartite negotiations between UNHCR and the governments of Afghanistan and Iran, might affect these figures.

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9 August 2006 UNFPA's Household Living Survey put population at 23.2 million; UNHCR estimates that to date approaching 4.7 million refugees have returned.

Both Pakistan and Iran have signed separate Tri partite 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 2006. For Iran it runs until March 2006 and negotiations are ongoing for its renewal.

In addition to the refugee return, UNHCR data estimates that there are still 115,000<sup>10</sup> 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 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. Recent fighting between NATO, government forces and Taliban in the southern provinces has created a new group of some 80,000 displaced<sup>11</sup> persons in the provinces of Kandahar, Uruzgan and Helmand. The other significant group is Kuchi nomads displaced by drought, for some of whom a return to pastoralism seems increasingly impossible. As a result of weak government capacity, alternative long-term solutions have to be formulated for them. .

The basic needs of returnees – whether refugees or IDPs – are for somewhere to live, and a livelihood to support this. So the large return flows into a country already struggling to accommodate a high rate of demographic growth, and following 5 years of drought ending in 2004 and renewed drought in 2006, are putting enormous pressure on dwindling resources of land and water.

To an increasing extent, the needs of returnees and their host resident populations are addressed by many other actors, civil and military, 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 this 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 reintegration of returnees :**

In reducing and rationalising 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<sup>12</sup>.** In both urban and rural areas, in addition to the impact of five successive 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

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<sup>10</sup> Source : IOM / UNHCR

<sup>11</sup> Source UNHCR

<sup>12</sup> : See annex 1

networks have never been effectively or comprehensively repaired. Also, development plans, that still largely only exist on paper, 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. As a result, rapid humanitarian interventions are needed to ensure a minimum level of potable water and sanitation.

Lack of access to clean water and poor sanitation are the major contributory factors to poor health outcomes. More than half of Afghans living in urban areas have no access to water from improved water sources, in rural areas it is 4 out of every 5.<sup>13</sup>

Equally, the provision of **shelter** remains a priority need for the most vulnerable amongst the landless returnees. This would be provided 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.

The government in 2006 developed a program of land distribution to provide a plot of land in their districts of origin for the construction of homes for all those who were genuinely landless. The authorities have already distributed plots and identified and selected beneficiaries. Donors were asked to support this programme through the development of the infrastructure deemed necessary to support the creation of new communities. This offers the opportunity for aid agencies to target a vulnerable group of returnees previously excluded from shelter support programs by their lack of access to a plot on which to build.

Following the years of war, compounded in many areas by the years of drought, the capacity to cope with the impact of localised natural disasters such as flooding and landslides is often very poor.<sup>14</sup> **Emergency relief** for the most vulnerable is still needed and this should be accompanied by **disaster preparedness** support to improve the coping capacities.

The need for **protection**, under both UNHCR and ICRC mandates remains, given the continued insecurity, detentions and scale of refugee return.

**Nutrition/food security.** Large parts of Afghanistan have experienced a severe drought situation in 2006, at a time when populations are still recovering from a severe drought that lasted from 1998 until 2004. Less snowfall during last winter and the failure of rains in much of the country during the critical months of April and May led to a considerable reduction in the yield of wheat causing a food gap of around 7 months to develop and making access to drinking water seriously restricted in certain areas.

On 25 July the Government of Afghanistan and the United Nations launched a joint drought appeal of USD 76.400,000. DG ECHO responded to this drought with emergency decision ECHO/AFG/BUD/2006/01000 for EUR 2,500,000 from 1 August

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13 Source : Sept. 2005 Millenium Goal Development Report

14 UNAMA Joint Operations Centre announced 13,637 families, or approximately 100,000 people, were affected by flooding in 2005.



2006 to 31 January 2007. This drought will also have to be addressed under this global plan as its consequences will still be felt in 2007.

### **3.3 Potential needs to be monitored:**

**Health**<sup>15</sup>. The health of the Afghan population is poor and the country is decades behind its South Asian neighbours. There are very serious inequities between the urban and rural areas in terms of outcomes, coverage of services, and availability of health sector inputs. Initiated at the end of 2003 by Government of Afghanistan and international development donors including the European Commission<sup>16</sup>, the Basic Package of Health<sup>17</sup> Services programme (BPHS) is estimated, as of summer 2005, to have reached approximately 75% of its initial target (catchment areas<sup>18</sup>), which implies that only about 40% of Afghans are living in 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 EU budgets for health in rural areas, and PRTs - particularly for rapid response to outbreaks of communicable disease.<sup>19</sup>

## **4. PROPOSED ECHO STRATEGY**

### **4.1. Coherence with DG ECHO's overall strategic priorities**

In 2007 DG ECHO will continue to intervene in the areas of greatest humanitarian needs. As Afghanistan ranks in the highest category of DG ECHO's Global index for humanitarian Needs Assessment (GNA), a sustained sizeable intervention in this country remains fully justified.

In line with DG ECHO 2006 strategy priorities, children will be the major beneficiaries of this Global Plan and water and sanitation and shelter will be the main sector of assistance. For cross-cutting issues, in addition to civil-military issues, gender is 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 livelihood of the women amongst the most vulnerable, including protection for women and their children.

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. This would include the requirement for partners to coordinate with local authorities. 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.

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<sup>15</sup> See annex 1

<sup>16</sup> Between 2002 – 2006 the European Commission has provided over EUR 90 million 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.

<sup>17</sup> See annex 5

<sup>18</sup> National Health Policy 2005-2009 and National Health Strategy 2005-2006 – A policy and strategy to accelerate implementation', page 12

<sup>19</sup> Although, as only the two UK PRTs have undergone any evaluation (see footnote 5), the appropriateness and effectiveness of such responses remains unassessed.



Integrating disaster preparedness in DG ECHO's humanitarian interventions is also in line with DG ECHO's strategy that has identified Disaster Preparedness as a cross-cutting priority issue, and to facilitate LRRD, with a specific DG ECHO Disaster Preparedness budget intervention in Afghanistan anticipated during 2007

#### **4.2. Impact of previous humanitarian response**

At the end of 2003, an independent team of consultants evaluated DG ECHO's intervention in Afghanistan in 2002-2003<sup>20</sup> with a positive overall assessment "*Funds made available by DG ECHO were well-targeted and constituted a correct financial response, given the circumstances*". The team reviewed the intervention logic of DG ECHO and formulated recommendations as to the future intervention. The observations and recommendations of the evaluation were duly taken into account in the 2004 Global Plan which terminated in September 2005, and in 2005 and 2006 funding.

During 2005 and 2006 DG ECHO increasingly rationalised its interventions, focusing mainly on the shelter and water and sanitation sectors, and mainly in areas of high refugee and IDP return. Thus in 2005, and again in 2006, over 360,000 beneficiaries or 1.5 % of the total population received water and sanitation assistance. Shelter assistance was provided for almost 7,000 most vulnerable families in 2005, and for over 9,000 in 2006.

In addition, through UNHCR, over 500,000 refugees in 2005 and 138,000 in 2006 were registered and assisted to return from Iran and Pakistan, while ICRC were able to continue with their Geneva Convention mandated protection role.

#### **4.3. Coordination 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<sup>21</sup> and DG AIDCO<sup>22</sup>, to ensure that all EU interventions are coordinated. For example, interservice participation in the DG ECHO partners' consultation of 25 October to discuss proposed strategy for this Global Plan. With de-concentration<sup>23</sup>, 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.<sup>24</sup>

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

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20 External "Evaluation of DG ECHO's Humanitarian Intervention Plans in Afghanistan (including the actions financed in Iran and Pakistan under the plan) and "Assessment of DG ECHO's future strategy in Afghanistan with reference to actions in Iran and Pakistan", January 2004.

21 Directorate-general for external relations

22 EuropeAid co-operation office

23 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.

24 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 million by the end of 2005.

providing assistance (through the Provincial Reconstruction Teams, and outside that framework) and are a key interlocutor on security issues. DG ECHO attends the meetings organised by United Nations Assistance Mission to Afghanistan (UNAMA) in this regard, and also the co-ordination meetings foreseen in the DG AIDCO program n° AFG/AIDCO/2006/18311 on "Support to provincial governance", providing support to PRT's. 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.

#### **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 2006 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 and consequent high risk of kidnap of aid agency staff, 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 IRC/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 already 31 by October 2006.

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 2006. 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 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 (so-called tribal areas), bordering Afghanistan, where there are regular anti-Taliban and anti-Al-Qaeda raids by various units of Pakistan security forces.

Further, natural disasters such as earthquakes, droughts, landslides and flooding may both constrain some interventions through factors such as access limitations, while requiring rapid reorientation of other interventions to meet new priority needs.

## 4.5. DG ECHO Strategy <sup>25</sup>

Principal objective : provide humanitarian aid to vulnerable people affected by the consequences of the Afghan conflict and natural hazard in Afghanistan, Iran and Pakistan.

Specific objectives:

- To facilitate the return and reintegration of vulnerable Afghan refugees and Internally Displaced Persons, both during and post return, and provide protection to vulnerable civilians and detainees affected by the Afghan crisis by providing assistance in accordance with current international agreements.
- To provide multi-sectorial humanitarian assistance to vulnerable populations, comprising displaced people, refugees, returnees and host communities.
- 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, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations.

### Components :

1) To facilitate the return and reintegration of vulnerable Afghan refugees and Internally Displaced Persons, both during and post return, and provide protection to vulnerable civilians and detainees affected by the Afghan crisis by providing assistance in accordance with current international agreements:

DG ECHO will continue its support to UNHCR. In 2007 an estimated 250,000 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.

Following registration, and as in previous years, measures will be taken to ensure a return movement 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. Furthermore, by strengthening response-mechanisms to assist women-at-risk, there will

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<sup>25</sup> Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at [http://europa.eu/comm/echo/partners/index\\_en.htm](http://europa.eu/comm/echo/partners/index_en.htm)

[ECHO/-AS/BUD/2007/01000](#)

be a focus on improving the quality and care for women in Afghanistan who are exposed to such risks as destitution and homelessness.

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 is likely to continue in 2007. 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.

In line with DG ECHO core mandate to support protection<sup>26</sup>, so that vulnerable civilians and security detainees/internees receive adequate protection in line with International Humanitarian Law (IHL), DG ECHO will also 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.

2) To provide multi-sectorial humanitarian assistance to vulnerable populations, comprising displaced people, refugees, returnees and host communities

This will comprise different elements according to most urgent needs, using DG ECHO's capacity for fast and flexible funding to provide key humanitarian aid components where these are needed. This will be to either complement available post-emergency packages or UNHCR packages for repatriation and reintegration, and to respond to localised disasters together with disaster preparedness where appropriate.

The major component remains the provision of **water, sanitation and hygiene education** in both urban and 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 diarrhoea 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.<sup>27</sup>

**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. 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 has started a program of land allocation in 2006 which is likely to continue in 2007. 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. Funding through international NGOs for shelter complements that 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.

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26 Article 2 of Council Regulation (EC) No 1257/96 of 20th June 1996 concerning humanitarian aid

27 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.

In addition to Pashtun IDPs presently experiencing difficulties in returning to the north, another target group are the nomadic Kuchi, displaced to IDP camps by years of drought. These Kuchis are unlikely to be able to return to a traditional lifestyle and resettlement may be the only option for them.

Afghanistan is a highly disaster prone country and where small-scale, localized disasters hit vulnerable populations. Wherever possible, mainstreaming of disaster preparedness measures will be incorporated<sup>28</sup>. 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.

In addition to providing much needed direct assistance in these sectors, such interventions also ensure a humanitarian presence to continue to assess the humanitarian situation, often in remote areas with few other actors, and to ensure an emergency response capacity in other humanitarian sectors when and where required. Through the presence and activity of DG ECHO's partners in these sectors and a geographical coverage of the areas of greatest vulnerability, DG ECHO will be in a position to monitor a range of humanitarian indicators such as health, nutrition and food security; so that a timely supplementary response can be developed should the need arise.

For **food security/nutrition** in 2007 DG ECHO will closely monitor the effects of the 2006 drought to which DG ECHO already responded through an emergency decision, and will intervene when needs persist.

For **health**, following DG ECHO's phase out to post-emergency assistance during 2004/5, in 2007 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 by end of 2007 when a pre-agreed hand-over is foreseen. Measures would have to be response specific.

3) To provide essential support services to humanitarian aid organisations, 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 Afghanistan, especially outside Kabul. In order to facilitate operations and mitigate security risks, it is envisaged to fund the following activities:

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<sup>28</sup> Such disaster preparedness would aim to limit the adverse impact of hazards such as flooding, drought, or earthquake through reducing the risk of exposure to such disasters combined with a greater capacity for emergency response.

- a) Air transport: support to humanitarian flights (reserved for humanitarian and aid missions) linking Kabul to remote and main locations within Afghanistan and, as long as needed, Islamabad through regular flight connections; 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.

4) To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals 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, which allowed a swift response to the earth quake in 2005, 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 requested because some of the activities to be funded under this global plan represent continuations of activities funded under previous 2006 decisions, thus while some projects will start on 1 January 2007, 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 2007

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 18,000,000**



## 4.7.2. Strategic Programming Matrix

### STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal objective	<i>In accordance with Articles 2(b), 2(d) and 2(e) of Council Regulation (RC) No. 1257/96 of 20 June 1996 concerning humanitarian aid, the overall objective of this decision is to provide humanitarian aid for vulnerable people affected by the consequences of the Afghan crisis and natural hazard in Afghanistan, Pakistan and Iran.</i>				
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
<p><b>Specific objective 1:</b> To facilitate the return and reintegration of vulnerable Afghan refugees and Internally Displaced Persons, both during and post return, and provide protection to vulnerable civilians and detainees affected by the Afghan crisis by providing assistance in accordance with current international agreements.</p>	<p><b>7,725,000</b></p>	<p>Afghanistan, Iran, Pakistan</p>	<p><u>Return and reintegration activities:</u></p> <ul style="list-style-type: none"> <li>- Distribution of information about areas of return.</li> <li>- Screening and registration of refugees</li> <li>- allocation of transport and repatriation payment at arrival points</li> <li>- provision of shelter and other essential services as required.</li> </ul> <p><u>Protection activities:</u></p> <ul style="list-style-type: none"> <li>- visits and monitoring mission</li> <li>- access to the Red Cross messaging service</li> <li>- advocacy for vulnerable civilians and detainees</li> <li>- follow up possible violations of international humanitarian law</li> <li>- where needed, provide material relief.</li> </ul>	<ul style="list-style-type: none"> <li>- Return and reintegration of 250,000 refugees</li> <li>- Approximately 6,000 detainees in 60 different locations visited and monitored.</li> <li>- Over 12,000 Red Cross Messages treated</li> <li>- Related tracing and restoration of family links achieved.</li> <li>- dissemination of International Humanitarian Law to relevant authorities.</li> </ul>	<ul style="list-style-type: none"> <li>- UN - UNHCR - BEL</li> <li>- CROIX-ROUGE - CICR- ICRC - CH</li> </ul>

<b>Specific objective2:</b> To provide multi-sectorial humanitarian assistance to vulnerable populations, comprising, displaced people, refugees, returnees and host communities	<b>8,025,000</b>	Afghanistan countrywide, but mainly focused on main areas of refugee return.	Integrated assistance to vulnerable populations including: - Water and sanitation - Shelter - emergency disaster preparedness	- Ensure adequate water, sanitation 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 localised disasters. -increased local coping capacity to face natural disasters	- ACF - AKF(UK) - CARE - UK - CROIX-ROUGE - CICR-ICRC - CH - CROIX-ROUGE - FICR-IFCR-CH - DRC - GERMAN AGRO ACTION - IRC-UK - MADERA - MEDAIR UK - MISSION OST - DNK - NRC - OI - OXFAM GB - PIN - SC(UK) - SOLIDARITES - UN - UNDP - BEL - WVUK
<b>Specific objective 3:</b> To provide essential support services to humanitarian aid organisations, with a focus on the provision of air transport and security information/advice.	<b>1,750,000</b>	Afghanistan	- air transport for humanitarian organizations - 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
<b>Specific objective 4:</b> to maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	<b>500,000</b>	Afghanistan, Pakistan, Iran			
<b>Risk assessment</b>	<i>Security situation/logistical constraints may hinder/delay operations; pressures may be exercised over the refugees in Iran and Pakistan.</i>				
<b>Assumptions</b>	<i>Security situation does not drastically deteriorate.</i>				
<b>Total cost</b>	<b>18,000,000</b>				

## 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](http://ec.europa.eu/comm/echo/evaluation/index_en.htm)

## 6. BUDGET IMPACT ARTICLE 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2007	485,000,000
Supplementary Budgets	
Transfers	
<b>Total Available Credits</b>	
Total executed to date (by ..)	
Available remaining	
<b>Total amount of the Decision</b>	18,000,000

## 7. ANNEXES

### Annex 1: Statistics on the humanitarian situation<sup>29</sup>

#### 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 (2<sup>nd</sup> 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, diarrhoea, acute respiratory infections, malaria, micronutrient deficiencies.

#### 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 last MDG report (2005), 13% of the population has access to drinkable water (urban 19% and rural 11%), among which, only 2% has a household connection.

But according to the Unicef HQ 2003 MICS survey, 40% of the population has access to safe water (61% in rural area and 31% in rural), among which only 25% has safe water inside the compound. 8.5% of Afghans have access to a piped water system, 27.6% have access to a bore well, and 5.2% have access to a protected spring.

Best estimates according to the last report prepared by the Ministry of Economy/central statistics office and Unicef in 2005, and published in May 2006 are:

23% of the population has access to safe water (43% in urban area and 18% in rural), according to a UN-HDR figures (survey conducted in 2004).

#### *Adequate Sanitation:*

Unicef HQ MICS 2003:

67% of the population has access to adequate sanitation. But, according to the last report prepared by the Ministry of Economy/central statistics office and Unicef in 2005, and published in May 2006, this result is not reliable. The best estimates, according to the same report is 12% of the population which has access to adequate sanitation (28% in urban area and 8% in rural area).

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<sup>29</sup> Sources: the millennium goal report, 2005 and UNICEF report on "best estimates of social indicators for Afghanistan", May 2006

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.

#### Food security and Nutrition:

According to the 2003 Unicef HQ MICS survey and the World Bank Development Indicators, 37.4% of the population suffers from caloric deficiencies (less than 2070 Kcal/day).

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.

#### 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. There is great inequality between provinces and districts. 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 unfavourable 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<sup>30</sup>.

#### 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 paid; 4.6% are not; 18.4% work more than 4 hours (domestic work) a day; 11.6% are involved in family work.

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<sup>30</sup> Human Development Report, Afghanistan 2020 vision -MDG report 2005 – draft version, September 2005

Street children / Child soldiers:

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%

Child mother (2003) = 30% of married women.

Other information:

Female headed households represent 3.7% (135.000 hhs) of total Afghan households.

Disabled headed households represent 5.1% and 7.1% in rural areas.

6.4 million Afghans have been affected by mines and UXO. 2.400 communities are affected by mines all over Afghanistan. In 2002, 350 persons per month were victim of mine or UXO explosions. 100 persons per month were still victim in 2004.

**Annex 2: Map of country**



Map No. 2968 Rev. 3 UNITED NATIONS  
January 2004

Department of Peacekeeping Operations  
Cartographic Section

### Annex 3: List of previous DG ECHO operations

List of previous DG ECHO operations in AFGHANISTAN/IRAN/PAKISTAN				
Decision Number	Decision Type	2005 EUR	2006 EUR	2007 EUR
ECHO/AFG/BUD/2006/01000	Emergency		2,500,000	
ECHO/-AS/BUD/2006/01000	Global plan		20,000,000	
ECHO/PAK/BUD/2005/01000	Emergency	10,000,000		
	<b>Subtotal</b>	10,000,000	22,500,000	0
	<b>Grand Total</b>	32,500,000		

Dated : 17/10/2006

Source : HOPE

### Annex 4: Other donors' contributions

Donors in AFGHANISTAN/IRAN/PAKISTAN the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	1,971,074	DG ECHO	46,500,000		
Belgium	4,380,202	Other services			
Cyprus	87,720				
Czech republic	3,709,126				
Denmark	13,539,956				
Estonia	125,564				
Finland	9,700,000				
France	10,072,500				
Germany	24,858,875				
Greece	80,000				
Hungary					
Ireland	7,415,000				
Italy	3,122,069				
Latvia					
Lithuania	122,509				
Luxemburg	3,898,924				
Malta					
Netherlands	24,132,252				
Poland	3,749,282				
Portugal					
Slovakia					
Slovenie	263,133				
Spain	250,000				
Sweden	10,685,996				
United kingdom	43,968,014				
<b>Subtotal</b>	166,132,196	<b>Subtotal</b>	46,500,000	<b>Subtotal</b>	0
		<b>Grand total</b>	212,632,196		

Dated : 17/10/2006

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://hac.ec.europa.eu>  
Empty cells means either no information is available or no contribution.



## Annex 5: List of Abbreviations

<b>ACF</b>	Action Contre La Faim
<b>ACH</b>	Action Against Hunger
<b>ACSU</b>	Afghan Comprehensive Solutions Units (in UNHCR)
<b>ACTED</b>	Agence d'Aide à la Coopération Technique et au Développement
<b>ADB</b>	Asia Development bank
<b>ADR</b>	Alternative Dispute Resolution
<b>AIDCO</b>	European Aid – Co-ordination Office
<b>ANSO</b>	Afghan NGO Security Office
<b>ARI</b>	Acute Respiratory-tract Infections
<b>BPHS*</b>	Basic Package of Health Services
<b>CHC</b>	Comprehension Health Center
<b>CHW</b>	Community Health Workers
<b>DDR</b>	Disarmament, Demobilisation, & Reintegration
<b>DFID</b>	Department for International Development (UK)
<b>DRC</b>	Danish Refugee Council
<b>ECHO</b>	European Commission Humanitarian Aid Office
<b>FAFA</b>	Financial & Administrative Framework Agreement
<b>FAO</b>	UN Food and Agriculture Organisation
<b>FFW</b>	Food For Work
<b>FPA</b>	Framework Partnership Agreements
<b>GNA</b>	Global Index for Humanitarian Needs Assessment
<b>HDI</b>	Human Development Index
<b>ICRC</b>	International Committee of the Red Cross
<b>IDP</b>	Internally Displaced Person
<b>IHL</b>	International Humanitarian Law
<b>INGO</b>	International Non Governmental Organization
<b>IOM</b>	International Organsiation for Migration
<b>IRC</b>	International Rescue Committee
<b>ISAF</b>	International Security Assistance Force
<b>KAP</b>	Knowledge & Practice
<b>LRRD</b>	Linking Relief, Rehabilitation and Development
<b>MOPH</b>	Ministry of Public Health
<b>MSF-FRA</b>	Médecins Sans Frontières – France
<b>MSF-NLD</b>	Médecins Sans Frontières – Netherlands
<b>NATO</b>	North Atlantic Treaty Organisation
<b>NEEP</b>	National Emergency Employment Programme
<b>NGO</b>	Non-Governmental Organisation
<b>NRVA</b>	National Risk and Vulnerability Assessment
<b>NSP</b>	National Solidarity Programme
<b>NWFP</b>	North Western Frontier Province
<b>PRT</b>	Provincial Reconstruction Team
<b>TB</b>	Tuberculosis
<b>UNAMA</b>	United Nations Assistance Mission to Afghanistan
<b>UNDP</b>	United Nations Development Programme
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>USAID</b>	United States Agency for International Development
<b>WB</b>	World Bank
<b>WFP</b>	World Food Programme

\*

\* : Initiated at the end of 2003, the Basic Package of Health services programme (BPHS) -<sup>31</sup> supported by international donors including the European Commission (RELEX)<sup>32</sup> USAID, WB, ADB - has led to a steady increase in the provision of health services in 8 provinces. MOPH and partners made considerable progress in expanding physical access to the BPHS.<sup>33</sup> As of summer 2005, it is estimated that BPHS has reached approximately 75% of its initial target (catchments areas<sup>34</sup>), which means that about only 40% of Afghans are living in coverage areas of basic health facilities but it is hoped it will reach 95% by 2015.

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31 The Basic Package of Health Services (BPHS) concentrates 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.

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

33 In these provinces, the number of outpatient visits tripled and the coverage of prenatal care went up from 4.6% to 31%. The number of functioning health facilities increased by 66% and 97% of the target number of facilities were made operational. There was also some progress in other provinces and a number of district and provincial hospitals were rehabilitated.

34 National Health Policy 2005-2009 and National Health Strategy 2005-2006 – A policy and strategy to accelerate implementation’, page 12

**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<sup>35</sup>, and in particular Article 15(2) thereof,

Whereas:

- (1) Prolonged violent conflict and internal struggle in Afghanistan together with five years of drought between 1999-2004 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 4.7 million people have returned to Afghanistan from Pakistan and Iran since the beginning of 2002, with a further 250,000 projected to return during 2007, and with more than 120,000 Internally Displaced Persons (IDPs) in Afghanistan, there is immense pressure on resources and opportunities for survival.
- (3) There are still an estimated 3.4 million Afghans who have sought refuge in Pakistan and Iran.
- (4) Afghanistan, Iran and Pakistan suffer from localised natural disasters such as floods and landslides among populations with very low coping capacities, and disaster response and/or preparedness measures are needed.
- (5) The delivery of humanitarian assistance is severely hindered by persistent insecurity and by very poor communications infrastructure in Afghanistan.
- (6) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field.
- (7) With ongoing refugee return, climatic hazard and conflict, the scale and complexity of the causes of humanitarian need in Afghanistan seem likely to continue.
- (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 18,000,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to more than 1,400,000 returnees, refugees, displaced and

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<sup>35</sup> OJ L 163, 2.7.1996, p. 1-6  
[ECHO/-AS/BUD/2007/01000](#)

other vulnerable people taking into account the available budget and other donors' interventions..

- (10) The present decision constitutes a financing decision in the sense of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>36</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002<sup>37</sup> and Article 15 of the Internal Rules of the Implementation of the General Budget of the European Communities<sup>38</sup>.
- (11) 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 favorable opinion on 15 December 2006.

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 18,000,000 for the Global plan for humanitarian aid operations for vulnerable people and victims of natural hazard in Afghanistan, Iran and Pakistan from article 23 02 01 of the 2007 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 facilitate the return and reintegration of vulnerable Afghan refugees and Internally Displaced Persons, both during and post return, and provide protection to vulnerable civilians and detainees affected by the Afghan crisis by providing assistance in accordance with current international agreements.
- To provide multi-sectorial humanitarian assistance to vulnerable populations, comprising, displaced people, refugees, returnees and host communities
- 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, to assess needs, appraise project proposals 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

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<sup>36</sup> OJ L248, 16.9.2002, p.1

<sup>37</sup> OJ L 357, 31.12.2002, p.1. Regulation as last amended by Regulation (EC, Euratom) N°1248/2006, OJ L 227, 19.8.2006, p.3.

<sup>38</sup> Commission Decision of 6.2.2006, SEC (2006) 131

## 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 1 January 2007.
2. Expenditure under this decision shall be eligible from 1 January 2007.
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 amount of EUR 18,000,000 shall be conditional upon the necessary funds being available under the 2007 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**

<b>Specific objectives</b>	<b>Amount per specific objective (EUR)</b>
To facilitate the return and reintegration of vulnerable Afghan refugees and Internally Displaced Persons, both during and post return, and provide protection to vulnerable civilians and detainees affected by the Afghan crisis by providing assistance in accordance with current international agreements.	7,725,000
To provide multi-sectorial humanitarian assistance to vulnerable populations, comprising, displaced people, refugees, returnees and host communities	8,025,000
To provide essential support services to humanitarian aid organisations, with a focus on the provision of air transport and security information/advice.	1,750,000
to [create/maintain] a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	500,000
<b>TOTAL</b>	<b>18,000,000</b>