

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Afghanistan
Resident/Humanitarian Coordinator	Mr Robert Watkins
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (\$US)	Total amount required for the humanitarian response:		\$4,165,567	
	Total amount received for the humanitarian response:		\$4,165,567	
	Breakdown of total country funding received by source:	CERF CHF/HRF COUNTRY LEVEL FUNDS OTHER (Bilateral/Multilateral)		\$4,165,567
	Total amount of CERF funding received from the Rapid Response window:		\$4,165,567	
	Total amount of CERF funding received from the Underfunded window:			
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	FAO \$1,475,068 IOM \$495,089 WHO \$500,225 UNICEF \$1,695,185	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$80,250
		c. Funds for Government implementation:		
		d. TOTAL:		\$1,465,567
	Beneficiaries	Total number of individuals affected by the crisis:		1,342,122
Total number of individuals reached with CERF funding:			1,342,122	
			197,101	
			429,623 females	

II. Analysis

Decades of war, with an escalation of the armed conflict in 2009, categorizes Afghanistan as a complex emergency. Alarming death rates and casualties from the conflict, compounded by the destruction of infrastructure, loss of livelihood opportunities and deterioration of access to basic services, have resulted in an increasingly heavy toll on civilians. Vulnerable individuals such as women, children and the internally displaced are often disproportionately affected.

During 2009, conflict escalated with incident levels rising 30 to 35 percent over the previous year. This intensification has had an increasingly harmful impact on the population, while also restricting the humanitarian space. The impact on the deteriorating security situation on already vulnerable populations heightens the urgency for humanitarian action.

Afghanistan is also prone to natural hazards and man-made disasters. The winter of 2008/2009 was the worst winter in Afghanistan in over 30 years and it was followed by a crippling drought in many areas. Regular flooding and avalanches in northern areas force people to move to safer areas where they are dry and have access to safe clean drinking water. Earthquakes regularly leave people homeless, in 2009, earthquakes in Nangarhar killed 22 people and destroyed nearly 300 houses. During 2008, according to FAO, 70 to 100 percent of springs, karaizes (canalisation systems) and rivers dried up and resulted in leaving more than one million people, in 22 provinces, without any access to safe drinking water. Drought and harsh winter conditions regularly intensify the underlying food insecurity in the country, which sees nearly 50 percent chronic malnutrition rates, with almost six percent acute and 1.6 percent severely acute.

The capacity of the Ministry of Public Health (MoPH) and other health actors to respond has been severely constrained by the humanitarian situation. The need for additional resources was identified by the UN country team and the national health authority. The CERF has played an important role in ensuring the necessary resources for the implementation of crucial, life-saving interventions. The health cluster also identified a shortage of life-saving emergency health supplies as a priority to be addressed urgently. The CERF support enabled filling in the gaps on medical supplies necessary to respond to the increased patient caseload.

The chronic poverty suffered by many Afghans exposes them to a greater vulnerability when they experience any one of the many hazards to which they are exposed. For many Afghans who live in such a precarious situation it is impossible to make preparations and stockpile for the harshest months of the year. Good winter preparedness pre-empts extreme hardship for those who are most vulnerable. Survival depends on access to heat and safe drinking water as well as wheat seeds and fertilizer in preparation for the spring. According to the Afghan National Disaster Management Authority (ANDMA) reports, more than 300,000 animals died due to unexpected, extreme cold weather over the 2008/2009 winter. The resultant food insecurity of populations living in affected areas had serious repercussions on their health.

High food prices, protracted drought and conflict increase the vulnerability to malnutrition in Afghanistan, which affects most children under 5 as well as pregnant and lactating women. As a result, more households are being displaced and there is increased urban and rural migration. UNICEF accessed CERF funds to support nutritional requirements for the most vulnerable using a community approach in drought affected provinces.

The drought and high food prices in 2009 also left many farming families in dire circumstances and without the means to provide for the next planting season. In the aftermath of a harsh winter and with a severe drought in some areas, it was necessary to help families provide for the remainder of the year through the supply of certified wheat seed. The project targeted marginal groups including resettled internally displaced people, returning refugees with access to land, widows, elderly people and orphans, supporting 9,780 vulnerable farmers in Nangarhar and Laghman provinces.

In an effort to save lives, UNICEF also requested funds to assist the most vulnerable with access to safe drinking water and the provision of sanitation education. Reducing water-borne and sanitation diseases contribute to improved health of the population and to decreased displacement. Accessing CERF funds allowed UNICEF to acquire stocks for 200,000 people affected by drought and other emergencies.

Many suffer from extreme cold during the harsh winter months and IOM sought CERF funding to provide 2,500 vulnerable Afghan families with charcoal for heating in 2009. Inflated fuel prices throughout the winter months force vulnerable families to forfeit food and nutritional needs in order to stay warm. IOM used CERF funds to provide families with 200 kgs of charcoal to see them through the harshest three-month period.

Afghanistan has some of the worst health indicators in the world. A number of factors adversely affect the health status of the population. These include: insufficient coordination and support for the few existing health partners which work in conflict-affected areas (including private sector); insufficient coverage by the BPHS system due to the inaccessibility and remoteness of many health facilities; increasing numbers of IDPs/deportees in need of immediate support; and recurrent natural disasters. With only two percent of health sector requests funded through the 2009 HAP, CERF support was crucial for providing emergency health care, fuel for extremely vulnerable families and safe drinking water for nearly one million people.

CERF provided the necessary funds to respond to urgent gaps to cross-sectoral response to extreme winter, drought, flooding, health and displacements. The Health management Information System (HMIS) and Nutrition Rapid Assessment data estimated in 2008 that 1.2 million children under 5 and 550,000 pregnant and lactating women in 22 provinces remain at high risk for malnutrition. Even during the summer months, the survey showed that 6.7 and 19 percent of 6 to 59 month-old children were suffering from severe acute malnutrition (SAM) and global malnutrition (GAM), respectively. The fact that 20 percent of the population (six million people) are only just above the poverty line and spend most of their income on food, indicates their high vulnerability to shock.

CERF assisted in the provision of safe drinking water, hygiene and sanitation promotion and nutrition for 200,000 individuals; provision of emergency health care for 856,322 people; provision of fuel for extremely vulnerable 2,500 families; and emergency support to 12,000 farming families (equivalent to 84,000 individuals based on the average household size of seven people). Six hundred tonnes of certified wheat seeds were distributed and each family received 50 kgs of irrigated certified wheat seed for cultivation for the autumn 2009 planting season.

The flexibility of the CERF enabled a comprehensive response to the highest priority needs. The timely response of the CERF allowed agencies to implement a response that protected assets of the most vulnerable and prevented later crises of displacement, food shortages, increased

malnutrition, or disease outbreaks that would have required more costly interventions in the future.

Response to natural disasters in Afghanistan have been historically underfunded, as donor funding is commonly tied to geographic/political priorities of the donor countries and not to evidence-based needs. The CERF was the first contributor specifically to the winter response and one of the first contributors to the 2009 HAP (the first HAP for Afghanistan in several years), in which response to drought and winter conditions was a major component. The CERF contributed USD 4,165,567 out of a total of USD 650 million requested in 2009 (it is not possible to separate the percentage of HAP funding that was specifically for winter and drought response)..

In 2008, in recognition of the deteriorating humanitarian situation in Afghanistan, a humanitarian country team was established and the cluster approach was put in place. CERF grants provided an additional incentive for the humanitarian community to work collectively at the country level to identify needs and set priorities. In 2009, the humanitarian community took an important step forward by launching a Humanitarian Action Plan (HAP) to highlight priorities and mobilize a wider donor response. The United Nations Humanitarian Country Team used the HAP as a basis for setting priorities for the CERF application and the clusters developed individual sector proposals.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Nutrition	09-CEF-006B Provision of safe drinking water, hygiene and sanitation promotion and nutrition in response to the immediate consequences of winter	\$ 539,317	\$504,045.67	157,101 children under 5; 83,888 pregnant and lactating women; and 615, 333 adults (female and male)	Increased survival of children suffering from severe acute malnutrition Improved micronutrient status of pregnant and lactating women	3,184 children under-five treated through CMAM approach 83,888 pregnant and lactating women and 153,917 children under five; and 615,333 adult women and men in target provinces supplemented with micronutrients	Allocation of CERF funds allowed the new initiative of CMAM and community approaches as a cost-effective nutrition emergency response in drought affected provinces in partnership with other stakeholders.	Monthly coordination meetings were carried out to assess the progress, and monthly reports of project provided by implementing partners.	The project was gender balanced as it was focused on male and female children under 5 with severe acute malnutrition (84,835 female and 72,266 male). Pregnant and lactating women were particularly targeted because of their increased physiological nutrition requirements.

Emergency Shelter	09-IOM-02 Fuel Provision for Vulnerable Families (II)	\$495,089	\$495,089	3,000 vulnerable families, 1,800 individuals of which 900 women and children	<p>Up to 3,000 families received urgent fuel needs</p> <p>Increased the overall quality of life of vulnerable families during the winter/spring months</p> <p>Reduced the number of families displaced due to inadequate heating in the winter months</p> <p>Improved coordination and response of the international community and local authorities to winterization</p>	<p>3,000 vulnerable families were provided fuel assistance.</p> <p>Prevented displacement and reduced human vulnerabilities in communities affected by extreme winter temperatures</p> <p>If targeted vulnerable population did not receive much needed assistance they would have been predisposed to seek assistance in other localities. That movement would have further fuelled internal displacement and further put the population at risk especially during the harsh winter season.</p>	Rapid allocation of CERF funds allowed the project to distribute fuel packages to improved vulnerable household well-being during the winter season.	IOM & Action Aid personnel distributed fuel packages through close coordination with local Community Development Councils (CDCs).	Special attention was paid to the most vulnerable families identified by CDCs. Equal attention was given to males, females and children.
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Health	09-WHO-003 Providing emergency health care for those effected by harsh winter conditions	\$500,225	\$2,000,000	200,000 (40,000 children < 5 yr) vulnerable population: remote cut off communities and IDPs) during the winter	<p>The access to essential health care for the remote/ cut off communities during the winter is ensured through the provision of medical supplies and establishment of mobile teams</p> <p>The disease outbreaks in targeted areas are timely responded to (within 48 hours)</p>	<p>Medicines and medical supplies necessary to cover the essential health needs of about 200,000 people were distributed to health partners; 180 pneumonia, 4 trauma and one interagency emergency health kits; and PPE.</p> <p>By the time the project was approved, the access to static clinics improved, thus the establishment of mobile team was cancelled (CERF reprogramming request was submitted and approved in April 2009).</p> <p>Around 48 disease outbreaks were responded through ensuring adequate treatment of the cases.</p>	<p>While the MoPH and other health actors capacity to respond was overwhelmed by the situation, CERF funding filled the gap effectively and enabled humanitarian health actors to efficiently respond to the needs.</p>	<p>The project implementation was jointly monitored by the WHO national health coordinators (WHO sub offices) and the provincial public health directors.</p> <p>The BPMS implementing partners that benefited from the medical supplies regularly reported through Health Management Information System.</p>	<p>Health services have been provided to all the patients without any type of discrimination.</p>
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<p style="text-align: center;">Food security and agriculture</p>	<p>09-FAO-003</p> <p>Emergency support to vulnerable food insecure farming families affected by high prices and drought through provision of quality wheat seed and fertilizer for the spring and autumn 2009 planting seasons</p>	<p>\$1,475,068</p>	<p>\$10,000,000</p>	<p>The total beneficiary number is 9,780 with the below break down: 92 % vulnerable local community, 6% returnee, 1.6% disabled and elders, 0.3% internally displaced people and 0.1% widows.</p>	<p>Immediate resumption of wheat planting by 9,780 vulnerable farming families, affected by high food prices and drought</p> <p>Increased crop production, resulting in enhancement of food security and reducing dependence on food aid</p> <p>Awareness-rising on use of high-yielding wheat seed varieties and dissemination of wheat seed among farmers in the target areas for subsequent cropping season</p>	<p>The project provided 489 tonnes of certified wheat seed and the same amount of DAP and of urea fertilizer to 9,780 vulnerable farmers in Nangarhar and Laghman provinces.</p> <p>Productivity increase by 30 % and ensured further dissemination of certified seed through farmers to farmers exchange to the coming planting season to improve productivity and enhance food security in the two project provinces.</p>	<p>Allocation CERF funds allowed timely procurement of agricultural input for most vulnerable farmers and enable them to resume their agricultural activities according to the agricultural season. It was a life-saving project for the neediest farmers in the two provinces.</p>	<p>Ministry of Agriculture, Irrigation and Livestock, FAO and two implementing partners conducted regular monitoring during project implementation.</p> <p>Finally FAO conducted impact survey.</p>	<p>All the family members benefited from wheat harvest, the farmers used their main yield to cover their household consumption</p>
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WASH	09-CEF-006A	\$1,155,868	68 partners (20% females) trained in water treatment in emergencies	MOPH-MoRRD	Pre-positioning of emergency supplies for providing WASH services to 200,000 people hit by the drought and other emergencies	200,000 people benefited from the pre-positioning of the emergency supplies such as 5 million water purification tablets, 20 collapsible water tanks, 15,000 water containers and 30 tons of chlorine powder. Water tankers were repaired for the supply of safe drinking water. Staff of partners trained to support treatment of water at the household level in emergency hit areas, using bio-sand filters.	The CERF fund enabled UNICEF to provide timely WASH response in areas affected by drought, flood and conflict. This led to decrease in displacement of people from their home villages and reduction of water and sanitation related diseases.	Monitoring was mainly done by the communities through District Development Assemblies and Community Development Councils. Monthly meetings were held at regional levels to review progress and sort out constraints. Quarterly reviews were conducted at central level.	Women, girls, boys and men were given equal opportunity to benefit from the WASH services. Female hygiene educators conducted hygiene education sessions at household levels by undertaking house to house visits.			
	Provision of safe drinking water, hygiene and sanitation promotion and nutrition in response to the immediate consequences of winter		4,000 wells were chlorinated WASH EMG							Supplies procured for 200,000 people (60% women and children benefited) including IDPs and returnees.		
	Provision of WASH in central region		5,000 people (60% women and children)							Community Development Councils (CDCs) with the support of provincial Rural Rehabilitation Departments (RRDs)	Provision of emergency water and sanitation along with hygiene education in emergency affected areas	More than 5,000 people received access to safe drinking water along with hygiene education by paying large portion of cost for 30 community water points in drought and flood affected areas of Parwan and Paktia provinces. School latrines were also repaired in Bamyān province
	Provision of WASH in eastern region		4,000 people (60% women and children)							CDCs & District Development Assemblies with the support of the line ministries	Provision of emergency water and sanitation along with hygiene education in emergency affected areas	20 wells as part of community based water and sanitation was constructed for more than 4,000 people.
Provision of WASH in northern region			75,000 (60% women and children)	CDCs and RRDs	Provision of emergency water and sanitation along with hygiene education in emergency affected areas	Two strategic water points, 30 handpump water points and 19 latrines in Faryab, and 4 latrines in health centres in Badakhshan constructed serving more than 15,000 people. Also water trucking reached to more than 60,000 people in Faryab provinces.						

	Provision of WASH in southern region		13,000 people including IDPs and returnees	CDCs with the support of RRDs	Provision of emergency water and sanitation along with hygiene education in emergency affected areas	80 community water points, 94 household latrine and hygiene promotion 13,000 people got access to WSH services.		
	Provision of WASH in western region		20,000 people	CDCs with the support of RRDs	Provision of emergency water and sanitation along with hygiene education in emergency affected areas	20,000 people were provided with access to safe drinking water with hygiene promotion in areas affected by the drought in Herat and Farah. Monitoring of the quality of WASH services delivered was essential part of the activities.		

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Swedish Committee for Afghanistan (SCA)	WASH	Transferred through UNICEF HAP project number AFG-09/WS/23843/R	\$80,250	Transferred to the NGO by UNICEF in Different instalments

Annex 2: Acronyms and Abbreviations

BPHS	Basic Package of Health Services
CMAM	Community Based Management of Acute Malnutrition.
HAP	Humanitarian Action Plan
WASH	Water, Sanitation and Hygiene
ANDMA	Afghanistan National Disaster Management Authority
UNDSS	United Nations Department of Staff Safety
PDMCs	Provincial Disaster Management Committees
PRT	Provincial Reconstruction Teams
CERF	Central Emergency Response Fund
CDC	Community Development Council
FAO	Food and Agriculture Organization of the United Nations
IDP	Internally Displaced Person
LoA	Letter of Agreement
RO	Recipient Organization
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
UNDSS	United Nations Department of Safety and Security