

Afghanistan

AT A GLANCE



Country data (2006 figures, unless otherwise noted)

- 2007 Human Development Index: NA
- Population (2005): 25.1 million
- GNI per capita (Atlas method, current US\$): NA
- Population living on less than US\$2 a day (1990–2004): NA
- Life expectancy (2005, in years): 42.9
- Infant mortality rate (2005): 165 per 1,000 live births
- Under five infant mortality rate (2005): 257 per 1,000
- Population with sustainable access to improved water source (2004): 39 percent
- Adult literacy rate (over 15yrs of age) (1995–2005): 28 percent
- Primary education completion rate (2005): 38 percent
- Gender-related development index (2005): NA
- Official development assistance (ODA): US\$3 billion
- 2007 Corruption Perception Index: ranked 172nd out of 179 countries

Sources: Transparency International, 2007; UNDP, 2007a and 2007b; World Bank, 2008.

The crisis

- 6.6 million Afghans do not receive the minimum food requirement; 400,000 are seriously affected by natural disasters each year; 15,000 die of tuberculosis each year and one woman dies every half hour from pregnancy complications;
- Security deteriorated significantly in 2007, in the south and east of the country; more than 8,000 conflict-related fatalities; more than 500 security incidents;
- Two million primary school children (60 percent) are out of school (1.3 million are girls);
- 2007 floods affected over 10,000 families; heavy snowfalls killed over 800 and decimated livestock;
- Over 132,000 IDPs; 2.9 million registered Afghan refugees, many have lived as refugees for nearly two decades;
- 5 million returned to Afghanistan between 2002 and 2008, far beyond the country's absorption capacity.

Sources: WFP; UN Mission in Afghanistan; IDMC.

The humanitarian response

- There is no CAP for Afghanistan. Most donor funding is channelled bilaterally towards development or reconstruction interventions.
- National Solidarity Programme, recognised by the World Bank as the most effective national programme, lacks donor support with a cash deficit of US\$197.33 million, representing an 87 percent shortfall.
- As of May 2008, Afghanistan ranked third among CERF funding recipients, with over US\$51 million received since 2006.
- 16 DAC donors contributed humanitarian funds in 2007. Germany (US\$32.2 million), ECHO (US\$27.3 million), Norway (US\$21.8 million), the Netherlands (US\$19.2 million), and Canada (US\$18.4 million) provided some 75 percent of the over US\$152 million given.

Sources: OCHA; CERF Secretariat, Action Aid and ELBAG.

Afghanistan

A Security-Driven Agenda

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Introduction¹

The Islamic Republic of Afghanistan is infamous for the actions of the past Taliban regime, the training camps of Al-Qaida, and the continuing war being waged by international forces to try to bring stability to the country. However, Afghanistan is less well known for the 6.6 million people who do not receive the minimum food requirement, for the 400,000 people each year seriously affected by natural disasters, the 15,000 who die of tuberculosis each year, and the women who die from complications during pregnancy every half hour.² There is a persistent humanitarian crisis, fuelled by the continuing conflict and lack of law and order, widespread poverty, and exacerbated by recurring natural hazards including earthquakes, droughts, heavy snow falls, and

floods, and, most recently, by the increase in the price of food. In addition, with 3 million refugees, Afghans make up the second largest population of refugees in the world, despite the return of 4.8 million since 2002³ and over 132,000 displaced within the country.⁴ Nevertheless, the humanitarian crisis in Afghanistan plays second fiddle to the objectives of security, counterterrorism, counter-narcotics and nation-building.

In fact, the nature and motives of the NATO-led invasion, of the subsequent state-building and post-conflict reconstruction efforts, and even of the continuing conflict, make it very difficult to analyse humanitarian efforts in Afghanistan. The complex situation illustrates the interface between political and military objectives and humanitarian action, as well as the ambiguous

boundaries between humanitarian and development needs. As reflected in numerous studies and reports, as well as in the interviews by the Humanitarian Response Index team, respect for the fundamental humanitarian principles donors placed at the heart of the Good Humanitarian Donorship (GHD) *Principles* in 2003 have been severely tested in Afghanistan. Within this scenario, donors are failing to act as a coherent community, and to live up to GHD commitments.

The crisis: Humanitarian needs in the context of poor human development

Protracted conflict and a fragile state – non-existent in large areas of the country – have left a deep mark on the course of development in Afghanistan. The ousting of the Taliban regime in 2001 gave way to new conflicts, including not only the insurgency against the government, the International Security Assistance Force (ISAF) and the US operation, but also internal power struggles intertwined with criminal activities related to the narcotics trade. Nation-building is proving arduous and the new highly centralised presidential system is “inappropriate for a state emerging from decades of a civil war that had been stoked by regional, linguistic, ethnic, and sectarian grievances and disputes.”⁵⁵ Therefore, in conjunction with high vulnerability to natural hazards, from a humanitarian point of view, Afghanistan represents a classic example of a complex emergency.

Security deteriorated significantly in 2007, in particular in the south and east of the country, with more than 8,000 conflict-related fatalities and more than 500 security incidents – improvised explosive devices, suicide attacks, roadside bombs, assassinations, and abductions – reported monthly. As a result, at least 1,500 civilians were killed and a large number internally displaced.⁶ In fact, according to Amnesty International, “violations of international humanitarian and human rights law were committed with impunity by all parties, including Afghan and international forces and insurgent groups.”⁷ Law and order is also poorly enforced in large areas of the country, creating a growing threat to civilians and humanitarian actors alike.

Decades of war and the continuing conflict have created considerable interlinking, and at times indistinguishable, development and humanitarian needs. Afghanistan is one of the poorest countries in the world, ranked 174 out of 178 in the 2007 Human Development Index.⁸ Despite some progress, such as

through the Basic Package of Health Care Services (BPHS), the lack of basic services, in particular education and health care, have deteriorated even further due to the worsening of security. As a result, estimated basic indicators are appalling. Life expectancy is barely above 43 years, and the literacy rate is 23 percent (32 percent for men, 13 percent for women). Only 31 percent of households have access to safe drinking water and 80 percent do not have electricity.⁹ The Famine Early Warning System estimated that 20 percent of households were food insecure.¹⁰ By June 2008, the United Nations Mission in Afghanistan (UNAMA) estimated that 45 percent of the population were food insecure or borderline.¹¹ Two million primary school-aged children (60 percent) are out of school, of whom an estimated 1.3 million are girls.¹² According to Oxfam, more than half of the schools are closed due to the violence in the provinces of Helmand, Kandahar, Uruzgan and Zabul, while in Helmand alone 21 health centres could not function.¹³ Women and girls face particular discrimination and difficulties: besides having one of the highest maternal mortality rates in the world (1,600 per 100,000 live births), 21 percent of women of reproductive age are malnourished, and 48 percent are anaemic.¹⁴ According to Afghanistan’s Ministry of Work, Social Affairs, Martyred, and Disabled, there are an estimated 2 million disabled persons, of whom 25 percent result from the conflict.¹⁵ In 2007, 138 people were killed and 429 injured by landmines and explosive remnants of war, approximately half of whom were children.¹⁶

In 2007 there were still 3 million registered Afghan refugees, 2.1 million in Pakistan and 915,000 in Iran.¹⁷ Most of these have lived as refugees for nearly two decades. However, 4.8 million people returned to Afghanistan between 2002 and 2008, a number far beyond the war-torn country’s absorption capacity.¹⁸ This includes the voluntary and assisted repatriation of 365,410 in 2007 and the forced repatriation of many others.¹⁹ Pakistan and Iran have started large scale repatriation and deportations, with Pakistan planning to close four refugee camps with more than 150,000 Afghans in 2008.²⁰ More than 363,000 unregistered Afghans have been forced to return from Iran since April 2007; by contrast, only 7,054 registered refugees returned home voluntarily.²¹ UNHCR estimates that an additional 540,000 people will return in 2008 and 2009.²²

There are genuine concerns over the coercive nature of many of the returns,²³ and about the fact that the country lacks the capacity to integrate the large number of returnees. Likewise, humanitarian actors lack the

capacity to address the immediate needs of the returnees. For example, more than 46 percent lacked adequate housing upon their return and 28 percent have no sustainable livelihood.²⁴ Landlessness and land disputes, as well as a lack of health and education services, the continuing conflict and high vulnerability to natural hazards were further problems faced by the returning population. UNHCR provided assisted returnees with US\$100 to cover immediate needs; 10,000 families (approximately 68,000 people) also benefited from additional assistance for shelter.²⁵ In 2007, there were almost 132,246 registered internally displaced persons (IDPs), mainly Pashtuns and Kuchis displaced in the south and west due to drought and instability.²⁶ The plight of IDPs and returning refugees illustrates the blurred nature of the distinction between development and humanitarian needs.

Beyond the impact of the conflict, Afghanistan is also prone to recurring natural disasters. Heavy snowfalls in winter in the north, floods in spring, and drought in summer regularly cause fatalities and severe damage to livelihoods. For example, in 2007, flooding affected over 10,000 families,²⁷ while heavy snowfalls left over 800 dead – a figure close to the civilian fatalities caused by the conflict – and decimated livestock. The eastern provinces of Badghis, Farah, Ghor, and Herat were the hardest hit and the UN concluded that, “the 2007/08 winter emergency demonstrated that national disaster preparedness and response capacity need significant strengthening.”²⁸

The international response: Security first

The response to humanitarian needs in Afghanistan is hard to assess. The context of significant underdevelopment and the denial of a humanitarian crisis due to the government and international supporters’ emphasis on security and state capacity-building leave the field unclear in terms of defining roles and responsibilities. Aid to Afghanistan is subsumed under this rubric of post-conflict reconstruction and state-building, despite the continuation of the conflict. In fact, the international intervention in Afghanistan is by no means limited to the humanitarian sector. Rather, the international community continues to respond to security concerns originally triggered by the September 11 terrorist attacks and the links between Al-Qaida and the Taliban. As such, the international response is characterised by multiple overarching layers of military and civil structures and actors, with various decision-making and coordination mechanisms, as well as political agendas.

Most aid agencies in Afghanistan work on long-term development interventions in what could be defined as a context of reconstruction. The government of Afghanistan and the countries intervening militarily in the country – the same countries which happen to be the major humanitarian donors – deny that the situation in the country qualifies as a humanitarian crisis.²⁹ Therefore, the system-wide funding and coordination mechanisms that the international community has developed to improve the delivery of humanitarian aid are surprisingly absent in Afghanistan. For example, there is no UN Consolidated Appeals Process (CAP) for Afghanistan, and it was not until 2007 that UNAMA established a Humanitarian Affairs Unit and a Humanitarian Country Team. Instead, most official donor funding is channelled towards development or reconstruction interventions, most notably through bilateral channels in support of the Afghanistan Compact³⁰ and the Afghanistan National Development Strategy (ANDS).³¹ However, according to interviews, for various reasons including corruption, this “money doesn’t arrive in the field”³² and in fact by 2007, the majority of the benchmarks set by the Compact had not been achieved. The slow progress with reconstruction raises concerns as to whether immediate humanitarian needs are being met.

Donor funding is also channelled to private contractors working directly for ISAF Provincial Reconstruction Teams (PRTs). These mechanisms threaten to undermine Principle 10 of the GHD *Principles* – namely the support for the unique role of the UN, the Red Cross and Red Crescent Movement, and NGOs in providing humanitarian assistance – as well as blurring the distinction between civilian and military providers of humanitarian assistance. PRTs are civil-military structures set up to provide a secure environment for development programmes. They are led by troop contributing nations, with their military components under the command of the ISAF. Because of the variety of countries involved in PRTs, this translates into varied priorities, working methods, and structures for each Afghan province, creating concerns among humanitarian actors that needs are not addressed equally across different provinces.³³ Again, this appears to jeopardize the key humanitarian principles enshrined in the GHD: that aid be impartial, neutral, independent, and in accordance with need.

Different ISAF countries have different approaches and priorities. In fact, some argue that European countries emphasize a political approach focussed on peacekeeping

and nation-building, while the U.S. favours military solutions and adopts the lens of the War on Terror. This may, in part, explain the continuation of the conflict seven years after the invasion. Overall, the security-focused approach has relegated meeting humanitarian needs and funding to second place. In fact, already in 2001, Médecins Sans Frontières noted, “of . . . greater concern is the mixing of humanitarian aid with military objectives. If the military are involved in delivering humanitarian assistance, it can be regarded by their opponents as an act of war: aid and aid workers can be legitimately targeted, and so denied to people in need.”³⁴ The situation thus described has not changed substantially, raising the question whether lessons are being learned or ignored.

Furthermore, “being nation-led, they [PRTs] are often driven more by available funding or the political interests of the nation involved” rather than development or humanitarian considerations.³⁵ Priority is given to high, rapid-impact projects of reconstruction aimed at “winning hearts and minds,” while other urgent needs are neglected. In addition, individual PRTs are not always in line with national structures and objectives. In fact, implementing aid programmes through PRTs seems to undermine the National Solidarity Programme (NSP), which has been recognised as the most effective national programme by the World Bank.³⁶ The NSP suffers a cash deficit of US\$197.33 million, representing an 87 percent shortfall, highlighting the lack of donor support.

Despite this emphasis on security, the conflict rages on in the south and east, resulting in more civilian deaths, increased displacement, and shrinking humanitarian space. According to UNICEF, “during 2007, approximately 40–50 percent of the districts in the country were not accessible to UN missions for extended periods due to insecurity and movement restrictions.”³⁷ This also affected access to many particularly vulnerable IDPs and returnees. Access is also reduced because humanitarian actors (both international and national staff) are no longer seen as neutral and are increasingly attacked. More than 40 World Food Programme convoys were attacked in 2007, and over 130 attacks were carried out against humanitarian agencies, with 40 aid workers killed and 89 abducted.³⁸ This particularly affected UN agencies because of their support for the ISAF mandate. In fact, some NGOs attempt to remain independent by not accepting funds from donors engaged in military operations. A further consequence of the increasing violence is that many organisations withdrew from the south of the country. This reflects

the fact that the conflict arises in very concrete locations and does not affect the majority of the population. According to the UN, “70 percent of [conflict-related] security incidents occurred in 10 percent (40) of Afghanistan districts, home to 6 percent of the population,” mainly in the south and east.³⁹

Humanitarian funding: Scarce funds, scattered data

The lack of a UN Consolidated Appeal Process for Afghanistan signals the low profile of humanitarian concerns within the UN leadership in the country. This means that donors need to rely on individual appeals either by agencies or their own sources in the field (mostly military) to make funding decisions for humanitarian action. An analysis of humanitarian funding in Afghanistan is therefore limited by the lack of data on needs, and can only rely on information available through the Office for the Coordination of Humanitarian Assistance Financial Tracking Service (OCHA FTS). Since providing information to the FTS is voluntary, the data presented below could be incomplete.⁴⁰

Out of the 23 OECD/DAC donors, 16 contributed humanitarian funds in 2007. Germany (US\$32.2 million), the EC/ECHO (US\$27.3 million), Norway (US\$21.8 million), the Netherlands (US\$19.2 million), and Canada (US\$18.4 million) were the largest donors, together providing some 75 percent of the over US\$152 million given. An important source of funds for humanitarian action in Afghanistan was the UN Central Emergency Response Fund (CERF). As of May 2008, Afghanistan ranked third among CERF funding recipients, with over US\$51 million received since 2006.⁴¹

As for agencies, in 2007 most humanitarian funding was channelled through the UN system (41 percent), followed by 37 percent to NGO agencies, 13 percent directly to the government and 9 percent to the Red Cross and Red Crescent Movement. The largest recipient agencies were UNHCR, followed by WFP, the HALO Trust, Germany’s GTZ, and the ICRC. In fact, the ICRC operation in Afghanistan is its fourth largest in the world after Sudan, Iraq, and the Palestinian Territories,⁴² with a 2007 expenditure of over €30 million or US\$41.3 million.⁴³

Although CERF funds are not directly available to NGOs, the HRI 2008 mission found particularly striking the fact that many organisations were not even aware that so much money had been made available to UN agencies through this mechanism. This lack of

knowledge is perhaps a sign that CERF is being used in Afghanistan not as a source of quick funding in emergencies, but to cover regular ongoing operations of the UN family, as preliminary conclusions of the ongoing evaluation of the CERF show. This seems to contradict the main purposes behind the launch of the CERF within the global humanitarian reform process, namely to fund rapid onset emergencies and to serve under-funded emergencies

Donor funding is also channelled through the Afghanistan Emergency Trust Fund (AETF).⁴⁴ The fund supports the Office of the Deputy Special Representative of the Secretary General to UNAMA through two memoranda of understanding: the first provides grants to NGOs working to address rehabilitation needs; the second is for humanitarian and development activities. Donations to this fund are not accounted for in OCHA FTS.

Of great concern to humanitarian agencies was varying donor practice according to geographic area and troop presence, linked to the PRT system. UN agencies and NGOs alike repeatedly raised the problem of the link between troop placement and availability of funding. For example, Canada, with most troops in the Kandahar province, was mentioned as trying to pressure agencies to work in the same area. In fact, with the exception of the USAID – which has a presence throughout the country – Sweden, the European Commission, and Norway, donors have mainly directed aid to the areas where their troops are deployed. There is a concern, therefore, that aid is not administered independently, nor necessarily according to need, as areas where the insurgency is more active, or where poppy cultivation is high, receive more aid than the rest.⁴⁵ As a result “peaceful provinces are not getting enough.”⁴⁶ Furthermore, some agencies, including those affiliated with the UN, have rejected funds because these are too often earmarked to areas where they lack capacity.

Implementing agencies also rejected donor funds for humanitarian activities because of their connection to military structures and objectives. “We do not take funds from PRTs” was a frequent statement heard during HRI 2008 interviews. Some implementing agencies suggested that, in fact, ostensibly humanitarian interventions by PRTs focused on local military commanders and were primarily aimed at “winning hearts and minds,” rather than addressing needs.

Implementing agencies also noted that funds, in particular from EC/ECHO, often took a long time to be disbursed and that sustained, long-term funding was

a problem. This is a significant deficit, given that the country faces recurring natural disasters every year. Connected to this, it was highlighted that, whereas the government was frequently and closely consulted and its future capacity to respond to a humanitarian crisis supported, this was not the case with the communities themselves, particularly in rural areas beyond Kabul. It is not surprising, therefore, that funds linking relief and development were also inadequate.

Many organisations interviewed complained that humanitarian funds were too often directed to government ministries, although the majority of programmes are ultimately implemented by NGOs. Since the government is seen to be party to the conflict, some organisations refused this funding, thinking that it would compromise the neutrality of their operations. By giving money directly to the government and avoiding direct NGO funding, donors, instead of supporting the special role of NGOs, as declared in the GHD *Principles*, are curtailing NGO capacity to access resources.

The European Policy Centre argues that, “individual donor members have failed to act as a coherent donor group.”⁴⁷ Similarly, the UN Secretary General in March 2008 recognised that “more efforts . . . are needed to improve the impact and coordination of aid and to ensure that international assistance is driven by demand rather than by supply and is prioritized according to Afghan needs.”⁴⁸

The humanitarian system: Weak capacity and coordination

Due to the dominance of security, antiterrorism and reconstruction agendas, the humanitarian architecture keeps a low profile in Afghanistan. In fact, the resources and efforts devoted to humanitarian affairs within the UN integrated mission are scarce, if not minimal. To the dismay of humanitarian actors, there is no OCHA office in the country, its presence being limited to low profile personnel and diluted within UNAMA.

In the absence of OCHA, the Humanitarian Affairs Unit (HAU) coordinates humanitarian activities within UNAMA and is funded by Norway. However, this was only established in 2007. Furthermore, the HAU has 20 Humanitarian Affairs and Civil-Military Coordination Officers, clearly not enough to cover the complexities of a large and poorly communicated country faced with recurring natural disasters, conflict, and displacement. The discreet profile given to HAU so far is reflected in

the considerable difficulties it faces in covering the operating costs of personnel. The appointment of a new UN Special Representative in March 2008 seems to present an opportunity to revamp the humanitarian profile of the integrated UN mission.

Again, for security reasons and changing context, humanitarian organisations have significantly reduced their presence since 2002, although the current level is still estimated to be around ten times what it was when the Taliban regime was in power.⁴⁹ However, expatriate personnel are often neither experienced nor skilled in humanitarian action, which makes them less vocal in raising issues and demanding compliance with international humanitarian standards. On the other hand, local organisations are not prepared to fill the void.

Although some basic coordination mechanisms exist in various sectors, implementing agencies assert that coordination of humanitarian action is poor. International NGOs are pushing for the introduction of the cluster system, which they believe will help to share information, assign specific roles and responsibilities, and, hopefully, result in more effective coordination. However, major UN agencies such as UNHCR, UNICEF, and the Red Cross and Red Crescent Movement are wary of introducing the cluster approach in Afghanistan, alleging that they lack the resources to make this work properly.

The lack of effective coordination and leadership makes it very difficult to gauge the scale of humanitarian needs. However, the January 2008 Joint Appeal for US\$81.32 million launched by WFP, WHO, and UNICEF to cover the humanitarian consequences of the rise in food prices may be a sign of future improved coordination.

Conclusion

The Afghani people have suffered the consequences of almost three decades of war, compounded by the hardships of living in one of the poorest countries in the world, and exposure to many natural hazards. However, because of the deteriorating security situation, related to the fragility of the state, only a few humanitarian organisations remain. Security is often poor across the country, affecting safe access to the most vulnerable, not only to deliver aid but also simply to assess their needs. However, humanitarian needs remain high for the most vulnerable: returning refugees, IDP's, women, children, disabled persons, and communities affected by the con-

flict in the south and east and by natural disasters. Yet humanitarian needs are not sufficiently funded and humanitarian NGOs have difficulties in accessing funds that guarantee their neutrality and independence.

The international community's engagement in Afghanistan is clearly dominated by security, counter-terrorism, counter-narcotics and state-building concerns, and not by humanitarian needs. All funding is, in fact, donor-driven and is primarily directed towards reconstruction programmes, to "winning hearts and minds" and to strengthening the capacity of the government. Although the widespread poverty and the lack of services highlights the difficulty in distinguishing between development and humanitarian needs, the limited progress in improving the lives of ordinary Afghans – even seven years after the invasion – is worrying. The recent Joint Appeal by WFP, WHO, and UNICEF to respond to food price increases further illustrates the fine line between emergency and underdevelopment.

The objectives of the international community and the structures and mechanisms employed have caused confusion between military and humanitarian undertakings and have reduced humanitarian space and impact. With some exceptions, aid is generally geographically earmarked, tied to donor country troop deployment, and channelled through the PRTs. For many, this has jeopardised both the fundamental humanitarian principles of impartiality, neutrality, and independence found in Principle 2 of the GHD, and in turn the appropriateness and effectiveness of delivering humanitarian assistance. The targeting of aid agencies and the deaths of 40 aid workers in 2007 was tragic evidence of this. In contrast, much of the normal architecture for the delivery of humanitarian aid, such as a CAP or a strong OCHA presence, is largely absent. This raises the question of the effectiveness of the UN humanitarian reform agenda, and other initiatives such as the GHD, in the context of Afghanistan.

Much can be done to improve the humanitarian expertise in the country, including donor presence and UN leadership. A press statement in June 2008 by a number of international aid agencies, while lamenting the past deficiencies of the UN mission regarding humanitarian affairs, welcomed the visit to Kabul by the UN Under-Secretary-General for Humanitarian Affairs, Sir John Holmes.⁵⁰ There is hope, therefore, that the situation will improve and that the Afghan people will receive the attention they so desperately require and deserve.

Notes

- 1 The HRI team, composed of Farhad Antezar, Annette Courteix, Lucia Fernández and Marta Marañón visited Afghanistan in March 2008. The opinions expressed here are those of the authors and do not necessarily reflect those of DARA.
- 2 World Food Programme (WFP), 2008.
- 3 UNAMA, 2008.
- 4 IDMC, 2008.
- 5 International Crisis Group, 2008, p. 4.
- 6 UN General Assembly Security Council, 2008, p. 4.
- 7 Amnesty International Report, 2008.
- 8 UNDP, 2007.
- 9 Ibid.
- 10 USAID FEWS NET, 2007, p. 3.
- 11 UNAMA, 2008.
- 12 UNICEF, op. cit. p. 2.
- 13 Oxfam, 2008.
- 14 UNICEF, op. cit. p. 3.
- 15 US Bureau of Democracy, Human Rights and, Labor, 2007.
- 16 UN General Assembly Security Council, op. cit., p. 7.
- 17 UNHCR, 2007b, p. 260.
- 18 UNAMA, 2008.
- 19 UN General Assembly Security Council, op. cit., p. 12.
- 20 UNICEF, 2007op. cit. p. 2.
- 21 UN General Assembly Security Council, op. cit., p. 4.
- 22 UNHCR, 2007b, p. 260.
- 23 *IRIN Asia*, 2008.
- 24 UNHCR, 2007b.
- 25 Habibi and Hunte, 2006, p. 19.
- 26 CIA World Factbook, 2008.
- 27 UNICEF, op. cit., p. 2.
- 28 UN General Assembly Security Council, op. cit., p. 12.
- 29 HRI field interview.
- 30 The 2006 Afghanistan Compact is a political agreement between the government, the UN, and donors, providing a five year framework for cooperation. It is implemented under the mandate of the Joint Coordination and Monitoring Board (JCMB), with representatives from 21 bodies of the international community.
- 31 The Afghanistan National Development Strategy (ANDS) was approved in April 2008. An Interim ANDS (IANDS) had been in place since 2006, laying out the government's priorities on security, governance, rule of law and human rights, and economic and social development.
- 32 HRI field interview.
- 33 HRI field interview.
- 34 Ford, 2001.
- 35 Oxfam, op. cit., p. 9.

- 36 ActionAid and and ELBAG, 2007, p. 43.
- 37 UNICEF, op. cit., p. 1.
- 38 UN General Assembly Security Council UN, op. cit., p. 5.
- 39 Ibid. p. 5.
- 40 All FTS data on this report was retrieved on February 7, 2008.
- 41 CERF Secretariat, 2007.
- 42 ICRC, 2007.
- 43 ICRC, 2008, p. 67.
- 44 The Afghanistan Emergency Trust Fund was established by the UN Secretary General in 1988 to manage funds in the period following the withdrawal of the Soviet military forces, and was formerly administered by OCHA.
- 45 Waldman, 2008, p. 29.
- 46 HRI field interview.
- 47 Korski, 2008, P. 5.
- 48 General Assembly Security Council, op. cit., p. 2.
- 49 Karim, 2006, p. 10.
- 50 United Nations, 2008, p. 4.

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