

| Cover photograph: A refugee boy in Gulan camp, Khost Province, Afghanistan. UNHCR / N.Bose | |
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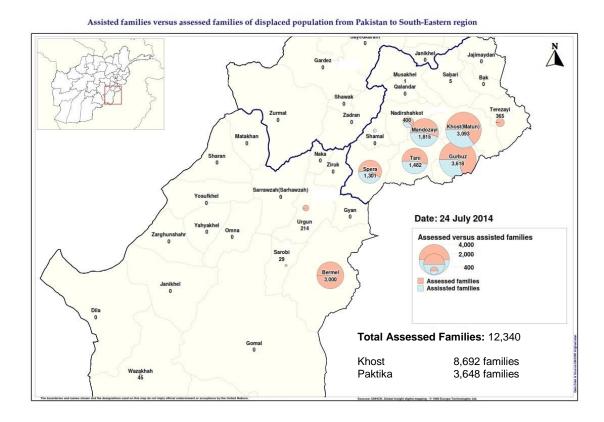
Summary

| Period | July – December 2014 |
|---------------------------------|---|
| Current Population | 13,000 families/ 97,500 individuals |
| Planning Figure to End- 2014 | 12,800 families/ 96,000 individuals |
| Target Beneficiaries | Pakistani refugees Afghan returnees (mostly unregistered) |
| Financial Requirements | USD 25,345,030 |
| Number of Partners | 13 |

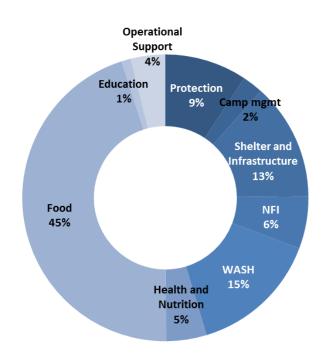
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AFGHANISTAN REFUGEE RESPONSE PLAN



Financial Requirements (US dollars) 25,345,030



Background

The Government of Pakistan announced a military operation against non-state armed actors in North Waziristan Agency (NWA) beginning 15 June 2014. On 19 June, the humanitarian community in Pakistan was informed that the entire agency of North Waziristan was 'notified' as 'calamity-hit' as per the 1958 National Calamities Act which enabled the Government of Pakistan to register affected people. As a consequence, the overall number of IDPs registered by the Government of the Islamic Republic of Pakistan in the impacted area as at 21 July 2014 was 90,836 families/993,166 individuals. They have been sheltered in Pakistan's districts of Bannu, DI Khan, Lakki Marwat and Karak in the Province of Khyber Pakhtunkhwa (KP). In addition, an estimated 13,000 families moved across the border to Khost and Paktika provinces of Afghanistan.

The military operation in North Waziristan is the last in a succession of operations in the Federally Administrated Tribal Areas (FATA) and Swat that started in 2008. Prior to the operation in June 2014, there were two displacements in February and April. During this period, approximately 22,000 people fled to Afghanistan on each occasion, although it is reported that the majority has since returned to NWA.

In May 2014, the Afghanistan Government estimated 500 families, affected by the conflict, crossed the border into Afghanistan. The actual figures assessed were 28 families; all of whom subsequently returned to Pakistan. After the announcement of the full scale operation, the numbers increased significantly. As of 15 July, 12,340 assessed families have crossed the border to Afghanistan (8,692 families in Khost province and 3,648 families in Paktika province). The displaced families who crossed the border into Afghanistan have been sheltered in the provinces of Khost, Paktika, and Paktya, while the Provinces of Nangahar and Kunar continue to be closely monitored for new arrivals.

In this Refugee Response Plan, the primary population of concern are the Pakistani families affected by the military operations in North Waziristan who crossed into Afghanistan. In addition, the Response Plan also includes lower numbers of registered Afghan refugees, as well as other Afghans nationals who were compelled to flee back into Afghanistan. Registered Afghans will be in the minority, given the very low number of registered refugees (Proof of Registration card holders) in North Waziristan. Presumably most of the unregistered Afghans in North Waziristan, estimated at some 50,000 people, are from Khost, Paktya, Paktika provinces and are going back and forth as seasonal migrants.

Continued cross-border movements

Although displacement from North Waziristan to Afghanistan appears to have stabilized, in part due to the curfew imposed by Government authorities, there are reports of large groups of people at the border intending to move into Afghanistan, as well as of families crossing back into Pakistan. Due to the long and porous border, the exact figures are difficult to assess. There are also reports of families crossing into Paktika and moving towards Khost province, where humanitarian assistance is provided. There is also the possibility of families moving to Paktya province, as the lack of water supply and high temperatures soaring above 40 degrees Celcius reported in parts of Khost, may lead to families moving to cooler areas with better access to water resources.

Government response to date

The Afghan Government has played a strong role in the response to date, both at national and local levels. The Department of Refugees and Repatriation (DoRR) in both Khost and Paktika provinces are participating in the UNHCR needs assessments. A camp has been established in the Gulan area of Gurboz district in Khost province. The Department of Public Health (DoPH) in both provinces has been actively involved in an immunization campaign as well as in the provision of medical supplies and services. The Ministry of Rural Rehabilitation and Development (MRRD) will provide water and sanitation support to host communities. The Government has announced a one-time cash distribution of 5,000 Afghanis per family in Khost Province.

Initial humanitarian assistance

From 18 June to 24 July, some 2,650 Pakistani refugee families received a one-month food ration and 41,196 children have been vaccinated against measles. Tents have been distributed to approx. 5,000 families and other domestic non-food items to some 8,000 families. Nutrition services are being provided and a mobile health clinic is being set up in Khost, providing treatment to women and

children who suffer from severe malnutrition. In Gulan camp, temporary health services (including provision of an ambulance), sanitary services (87 latrines were provided), and water supply have been established (five water bladders have been installed to-date). Demining of the Gulan Camp has started and mine risk awareness training has been initiated. The refugees will be relocated to cleared areas. In addition, 50 Afghan refugee families holding registration cards, and 138 non-registered Afghan families have also been assisted with non-food items.

Planning Assumptions

Currently, it is estimated by local authorities and UNHCR that as many as 13,000 families (97,500 persons) have found refuge in Khost and Paktika Provinces. A verification of numbers is on-going and it is expected that numbers will likely rise to 16,000 families (120,000 persons) by the end of the exercise. At the same time it is assumed that some 20% of the refugees may be voluntarily returning to Pakistan. These two assumptions together would result in a population of some 12,000 families (96,000 individuals) at the end of the year. Secondary movements from inaccessible areas and villages towards towns cannot be ruled out. This may occur possibly with the change of season towards the end of the year, but also as communities' absorption capacities are exasperated.



Figure 1: Rahmatullah and his children outside their tent in Gulan camp, Khost, Afghanistan. UNHCR / N.Bose

Identified Needs and Response Strategy

Needs

A joint initial analysis of 1,200 families assessed by UNHCR and the Government of Afghanistan in Khost province indicates that the majority of the population crossing the border are complete families comprising on average 7.5 persons. 58% per cent of the refugee population are estimated to be children (29.7% girls). The overall level of vulnerability is high: 70% of the population is living with relatives or friends, which places an additional burden on the already limited absorption capacity of hosting communities. In addition, 87% of the population both in host communities and the camp rely on daily wage labour. Of these, close to a third are considered to have a very low income. As job opportunities in Afghanistan and specifically in Khost province are low, this further increases the overall vulnerability of the population. These highlight the urgent need for protection services, shelter and non-food items, water, health, food and education.

The provision of services to the host communities is essential to avoid the perception that the refugees constitute only a burden to the community, the existing social services and the environment. Accordingly, it is important to ensure that services and activities are provided for both the host communities and the refugees, such as maintaining the local infrastructure (roads, health units, and schools) and conserving the local environment.

Protection

Protection priority needs include mine clearance and awareness, emergency education, identifying and addressing gender-based violence, family tracing and protection monitoring. The most urgent protection need is to establish a database of all refugee families in Khost and Paktika. Due to severe access restriction and lack of capacities, population figures remain difficult to assess. Initial protection concerns include a high percentage of extremely vulnerable families including female/elderly headed-households and many children living with relatives other than their parents. Harmful traditional practices severely restrict the rights of women and girls. In addition, there is concern of human trafficking.

Camp Management

The majority of refugees have settled in host communities, whose resources are rapidly depleting. A number of refugee families settled spontaneously in a large open area some 15 kilometres south of Khost provincial capital. The Governor granted them the right to remain and opened Gulan camp, asking UNHCR to provide management services. To ensure international standards are applied and maintained, a system for camp governance and data collection is being set up as well as mechanisms to monitor service delivery and record complaints.

Shelter and Infrastructure/NFIs

Currently, 3,000 families are registered as living in Gulan camp. The remaining population is hosted by local communities, with some 20% living in the open. All families (13,000) are in need of NFI kits and 80% also require tents.

Water, Sanitation and Hygiene (WASH)

The 2014 humanitarian needs overview shows that water, sanitation and hygiene needs in Khost province were rated very low, although important differences can be observed between districts. Several WASH assessments are on-going. Based on existing evidence, acute needs related to sanitation and safe water exist particularly in Bermel, Tani, Khost (Matun) and Mandozayi districts.

Health and Nutrition

The 2014 humanitarian needs overview shows both Khost and Paktika among the 13 high risk provinces identified. There are no emergency health care services available in inaccessible areas, nor treatment of malnutrition. Khost also ranked high with regard to the prevalence of malnutrition with 18.2%; well above the emergency threshold of 15%. In Paktika, the overall malnutrition rates stand at 8.7%. Utilizing existing resources, nutrition surveys will be conducted to assess the nutritional status of the refugee as well as host population.

The spread of contagious but preventable diseases, such as measles, polio and Pertussis are high due to very low vaccination coverage of the refugee population. Outbreak of diarrhoeal disease,

including cholera is a major concern. The health system in both provinces has no capacity to handle a major cholera outbreak, thus cholera treatment centres are urgently required.

In addition to communicable diseases, the situation merits scaling up of routine primary healthcare services, particularly with regard to maternal and child health and mental health care. It is known that refugee populations often suffer from post-traumatic stress disorder. The large influx has overburdened the health service providers; as such there is a dire need for additional support to meet the increased demand.

Food Security

The 2014 pre-harvest appraisal indicated nationally that the 2014 wheat harvest is expected to be better than those of both 2013 and 2012. However, Khost and Paktika have some of the highest food deficit levels in the country – about 40,000 MT of cereals per year. The monthly average wheat price was 25.5 Afghanis/kg in May 2014, although there is a possibility of daily price fluctuation. Most of the staple food supply to Khost and Paktika is in the form of informal trade across the border from Pakistan. This trade is likely to slow down, or even interrupted completely, due to the on-going conflict in North Waziristan. Although a full assessment is yet to be completed, the likelihood is that supply to local markets in the two provinces will be constrained, increasing food prices (and possibly the cost of other goods). There is also the possibility that host families might deplete their current stocks of wheat and food to make ends meet.

Education

As per initial estimates, 58% of the refugee population are children. Safeguarding the right to education is an essential strategy to ensure the protection of children and adolescents and to adhere to the Education for All Framework.

Children and adolescents should have access to child-friendly spaces, where recreational and learning activities as well as psycho-social support will be provided. Educational activities should be safe, and prevention and response mechanisms to stem violence in school should be established.

Response Strategy

This Refugee Response Plan provides a comprehensive overview of the priority humanitarian needs of an estimated 13,000 refugee families who fled to Afghanistan as a result of the military operation in North Waziristan Agency, Pakistan.

The response strategy focuses on:

- 1. Assessing and providing immediate assistance. The most immediate needs include emergency shelters (tents) and core relief items, food, health services, water and sanitation. Priority protection interventions include mine clearance and mine risk education, family tracing, education, protection monitoring, addressing GBV as well as reinforcement of camp management structures.
- 2. Supporting the Government in the establishment of a comprehensive and accurate database as a pre-requisite to further targeted assistance and protection activities. As a more accurate picture of assessed families is established, the population profile and funding requirements will be revised accordingly.
- 3. Supporting local communities to bolster their capacity to continue hosting refugees. Khost and Paktika provinces are highly insecure. While UNHCR now has a presence in Khost, this comes with a high security risk. Paktika remains for now off limits. Given the overall security situation, the establishment of camps is better avoided.
- 4. Prioritising community-based projects to sustain absorption capacity of hosting communities, targeting the displaced population hosted by the communities in Khost and Paktika in order to prevent secondary displacement and maintain peaceful co-existence.

Partnership and Coordination

UNHCR is leading the refugee response in close coordination with the Government of the Islamic Republic of Afghanistan and as part of the overall humanitarian response led by the Humanitarian Coordinator. UNHCR has set up a task force in Kabul to lead the formulation of the strategy and coordinate the refugee response. The task force includes humanitarian partners directly involved in responding to the arrivals and with current experience from the region. The members include the UN agencies FAO, UNFPA, UNICEF, UNMAS, WFP and WHO; IOM; and national and international NGOs including the Danish Committee for Aid to Afghan Refugees (DACAAR), Health Net International (HNI-TPO), International Medical Corps (IMC), International Rescue Committee (IRC), The Liaison Office (TLO), as well as the Afghan Red Crescent Society (ARCS). A task force has also been established in Khost which is now co-chaired by the Governor of Khost and UNHCR. UNHCR will coordinate the response in Paktika to support the Provincial and district authorities.

UNHCR is responsible for all protection issues in coordination with partners. There is presently a limited number of humanitarian actors in Khost but more are expected to set up a presence. UNHCR is also coordinating other forms of assistance. Partners already on the ground are making interventions in areas of WASH, health, shelter and food security, while the cluster coordinators are kept informed in Kabul, in order to utilize existing expertise and resources available in-country.

At the national level, all issues with regard to the displacement are dealt with under the National Security Council (NSC). Under the NSC, chaired by the Deputy National Security Advisor with members from key ministries as well as the ARCS, a task force monitors humanitarian activities and supports provincial committees. UNHCR is represented at the NSC task force meetings. The purpose of the task force is to provide regular reports to the President and the national security advisor. The work and responsibilities of the task force may at a later stage be integrated into regular response mechanisms, such as the National Disaster Management Committee (NDMC).

At the local level, the Governor of Khost province has set up 11 committees headed by various heads of departments to register refugees and help coordinate assistance. These committees report to a central secretariat at provincial level, which is responsible for ensuring coherence, setting priorities and monitoring performance. The head of secretariat reports directly to the governor. UNHCR is providing support to the secretariat. In coordination with the local authorities, a registration centre shall be established in each of the seven most affected districts of Khost.

Organizations in the Response

| Organization |
|---|
| DACAAR Danish Committee for Aid to Afghan Refugees |
| FAO Food & Agricultural Organization |
| HNI- TPO Health Net International |
| IMC International Medical Corps |
| IOM International Organization for Migration |
| IRC International Rescue Committee |
| TLO The Liaison Office |
| UNFPA United Nations Population Fund |
| UNHCR United Nations High Commissioner for Refugees |
| UNICEF United Nations Children's Fund |
| UNMAS United Nations Mine Action Service |
| WFP World Food Programme |
| WHO World Health Organization |

Planned Response

| Protection | Monitor profile, assess vulnerabilities and ensure that the rights of refugees are respected. Support the Government of Afghanistan in developing a complete and accurate database of all refugees. Provide protection services for Afghan refugees including screening, assessment and assistance for basic social services and reintegration package where appropriate. Establish mechanisms for identification and follow up of refugee children at risk in order to ensure that children are protected from abuse and exploitation. Support the establishment of refugee Shura, as well as mechanisms for dialogue between refugee and host communities Shura, including female Shuras. Establish mechanisms for identification, referrals and follow up of vulnerable families and individuals. Provide a clear warning of danger to the local population, and unintentional entry into hazardous areas and remove/destroy all presence of known mine/ERW through non-technical survey, technical survey and clearance. Raise awareness and promote safe behaviour to reduce the risk of death and injury from mines and ERW. Establish mechanisms to mitigate against human trafficking. Increase access to gender-based violence (GBV) services for GBV survivors. |
|---|--|
| Camp Management | Establish governance structures, including community participation and mobilization mechanisms in Gulan camp. Establish a coordination mechanism on the site chaired by the Government authority and UNHCR and complemented by operational partners. Preserve and promote a sense of community organization among refugees. Engage the refugee women and girls, men and boys in designing and implementing activities to meet their needs. Ensure refugee representation is truly representative of the differing interests and sectors of the community, and of both men and women. |
| Shelter and Infrastructure | Distribute emergency tents to provide individual family shelter in order to create the necessary privacy, psychological comfort and emotional safety. Ensure transition to semi-permanent shelters and/or winterization. Establish community-led projects to sustain absorption capacity and ensure peaceful co-existence to prevent secondly displacement. |
| Non-Food Items (NFI) | Provide first emergency distribution to individual families. Provide Non-food items including cooking fuel and stoves. Shift to community based assistance and focus on vulnerable families. |
| Water, Sanitation and Hygiene (WASH) | Provide an immediate sufficient amount of clean drinking water for the persons of concern and to meet their household and other communal needs that facilitate easy and safe access and is reliable, efficient and cost-effective. Provide hygiene kits and prevent spread of water and food borne diseases. Ensure effective hand washing facilities. Provide chlorination of boreholes and distribute aqua tabs. Distribute emergency latrines. Distribute hygiene kits and provide permanent latrines for refugee families and host communities. Promote effective hygiene in order to reduce the burden of diarrheal diseases. Provide swiftly a basic system for human waste. |

| Planned Response (contd.) | | | | | |
|---------------------------|--|--|--|--|--|
| Health and Nutrition | Conduct 2 mobile clinics for the refugees in the host community. Establish two basic health centres (one fixed and one mobile) in Bermel. Provide psycho-social counselling. Conduct selective measles mop-up campaign. Establish cholera treatment centres. Conduct measles vaccination and Vitamin A distribution. Conduct polio campaigns in affected districts, strengthen border crossing immunization and routine mobile teams. Provide safe delivery kits to health facilities. Distribute emergency new-born kits and safe delivery kits to households. Provide Dignity Kits to women and girls. Conduct referral to health services, hygiene promotion and oral rehydration point management. | | | | |
| Food Security | Provide food assistance to refugee families to meet their immediate food needs. Boost the food security of food insecure host communities for the 2014 planting seasons through the provision of improved wheat and vegetable seed. Boost the food security of food-insecure refugee families through the provision of backyard poultry farming package. | | | | |
| Education | Establish 50 Temporary Learning Centers in Khost (including Gulan camp) and Paktika. Establish community-based schools and Accelerated Learning Centers with the formal schools under the regular education programme through the Ministry of Education. | | | | |

Financial Requirements Summary – Afghanistan

Financial requirements by agency (in US dollars)

| Organization | Total |
|---|------------|
| DACAAR Danish Committee for Aid to Afghan Refugees | 249,500 |
| FAO Food & Agricultural Organization | 960,000 |
| HNI_TPO HealthNet International | 214,000 |
| IMC International Medical Corps | 74,400 |
| IOM International Organization for Migration | 912,970 |
| IRC International Rescue Committee | 404,000 |
| TLO The Liaison Office | 50,000 |
| UNFPA United Nations Population Fund | 320,000 |
| UNHCR United Nations High Commissioner for Refugees | 9,000,000 |
| UNICEF United Nations Children's Fund | 1,373,000 |
| UNMAS United Nations Mine Action Service | 1,073,000 |
| WFP World Food Programme | 10,473,560 |
| WHO World Health Organization | 240,600 |
| Total | 25,345,030 |

Financial requirements by sector (in US dollars)

| Sector | Total | | | |
|----------------------------|------------|--|--|--|
| Protection | 2,354,570 | | | |
| Camp management | 595,000 | | | |
| Shelter and Infrastructure | 3,342,000 | | | |
| NFIs | 1,499,000 | | | |
| WASH | 3,701,900 | | | |
| Health and Nutrition | 1,159,000 | | | |
| Food | 11,433,560 | | | |
| Education | 270,000 | | | |
| Operational Support | 990,000 | | | |
| Total | 25,345,030 | | | |

Annex 1: Financial Requirements by Agency and Sector (US dollars)

| Organization | Protection | Camp manageme nt | Shelter and Infrastructu re | NFIs | WASH | Health and Nutrition | Food | Education | Operational Support | Total |
|------------------|------------|------------------------|-----------------------------|-----------|-----------|-------------------------|------------|-----------|------------------------|------------|
| DACAAR | | | | | 249,500 | | | | | 249,500 |
| FAO | | | | | | | 960,000 | | | 960,000 |
| HealthNet TPO | | | | | | 214,000 | | | | 214,000 |
| IMC | | | | | | 74,400 | | | | 74,400 |
| IOM | 660,970 | | 180,000 | 72,000 | | | | | | 912,970 |
| IRC | | | | 42,000 | 272,000 | | | | 90,000 | 404,000 |
| TLO | 30,000 | | | | 20,000 | | | | | 50,000 |
| UNFPA | 100,000 | | | | | 220,000 | | | | 320,000 |
| UNHCR | 440,600 | 595,000 | 3,162,000 | 1,385,000 | 2,517,400 | | | | 900,000 | 9,000,000 |
| UNICEF | 50,000 | | | | 643,000 | 410,000 | | 270,000 | | 1,373,000 |
| UNMAS | 1,073,000 | | | | | | | | | 1,073,000 |
| WFP | | | | | | | 10,473,560 | | | 10,473,560 |
| WHO | | | | | | 240,600 | | | | 240,600 |
| Grand Total | 2,354,570 | 595,000 | 3,342,000 | 1,499,000 | 3,701,900 | 1,159,000 | 11,433,560 | 270,000 | 990,000 | 25,345,030 |