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STRENGTHENING OF THE COORDINATION OF HUMANITARIAN AND DISASTER
RELIEF ASSISTANCE OF THE UNITED NATIONS, INCLUDING SPECIAL
ECONOMIC ASSISTANCE: EMERGENCY INTERNATIONAL ASSISTANCE FOR
PEACE, NORMALCY AND RECONSTRUCTION OF WAR-STRICKEN AFGHANISTAN

EMERGENCY ASSISTANCE TO AFGHANISTAN

Report of the Secretary-General

CONTENTS

	<u>Paragraphs</u>	<u>Page</u>
I. INTRODUCTION	1 - 2	2
II. EMERGENCY HUMANITARIAN ASSISTANCE	3 - 52	2
A. Implementation of humanitarian programmes	8 - 45	3
B. Coordination of humanitarian programmes	46 - 52	10
III. REHABILITATION AND DEVELOPMENT ACTIVITIES	53 - 60	12
IV. DRUG CONTROL	61 - 65	13
V. CONTRIBUTIONS FROM MEMBER STATES	66 - 73	14
VI. CONCLUDING OBSERVATIONS	74 - 78	15

Annexes

I. Pledges/contributions made in response to the various sectors of the 1997 consolidated appeal for assistance as at 26 September 1997	17
II. Funding to the 1997 consolidated appeal for assistance to Afghanistan: updated financial summary as of 26 September 1997 ..	18



I. INTRODUCTION

1. The present report is submitted pursuant to General Assembly resolution 51/195 A of 17 December 1997. In that resolution, the General Assembly requested the Secretary-General to authorize the United Nations Special Mission to Afghanistan, established under Assembly resolution 48/208 of 21 December 1993, to continue its efforts to facilitate national reconciliation and reconstruction in Afghanistan and, inter alia, to report to the Assembly at its fifty-second session on actions taken pursuant to the resolution. The present report covers the period from the adoption of resolution 51/195 A to September 1997.

2. The General Assembly also demanded that all Afghan parties fulfil their obligations and honour their commitments regarding the safety and full freedom of movement of United Nations personnel and other international personnel and to cooperate fully with the United Nations and associated bodies, as well as with other humanitarian organizations and agencies in their efforts to respond to the humanitarian needs of the people of Afghanistan.

II. EMERGENCY HUMANITARIAN ASSISTANCE

3. In its resolution 51/195 A, the General Assembly called upon the international community to respond to the inter-agency consolidated appeal for emergency humanitarian and rehabilitation assistance for Afghanistan launched by the Secretary-General for the period from 1 January to 31 December 1997.

4. The appeal called for US\$ 133 million in assistance for internally displaced persons, mine clearance, voluntary repatriation, food aid, education, health care, agriculture, social programmes, shelter, water supply and coordination of relief and management support. The programmes contained in the appeal aimed at establishing nationwide mechanisms that would respond to both short-term emergency and long-term development needs such as those of basic relief, mine clearance, repatriation, safe drinking water, primary health care and urban and rural recovery.

5. As of early August 1997, a total of \$38 million had been pledged and/or contributed to the United Nations agencies and non-governmental organizations in response to the appeal. This represented 29 per cent of the total requirement. A new inter-agency consolidated appeal is expected to be launched in December 1997 for a further period of one year.

6. Humanitarian programmes continued to operate throughout Afghanistan, however, despite the fact that ongoing fighting and tension presented many difficulties. In addition, while treatment of women and girls has been questioned in Afghanistan in the past, during the reporting period, their condition in areas of the country under the Taliban control has become a matter of particular concern. Restrictions placed by the Taliban authorities have also adversely affected the United Nations projects that employ women, as well as those that directly target women and/or girls.

7. On 3 June 1997, the Executive Committee on Humanitarian Affairs outlined a set of recommended policies and practical measures to promote the adherence by the authorities concerned to the Convention on the Elimination of All Forms of Discrimination against Women and the International Covenant on Economic, Social and Cultural Rights and to reverse policies that are in contravention of the relevant conventions. In this regard, it was recommended that the organizations of the United Nations system adopt a principle-centred approach to the gender issue in Afghanistan and disengage from certain programmes that were not in conformity with the policies aimed at eliminating discrimination (i.e. from those programmes that do not benefit men and women equally in participation and results). Those recommendations were endorsed by the Secretary-General and, on 26 June 1997, conveyed to the United Nations organizations and their implementing partners, requesting their cooperation in implementation and monitoring.

A. Implementation of humanitarian programmes

1. Internally displaced persons

8. Continuous military activity and the presence of mines served as a hindrance to the safe return of internally displaced persons. Emergency assistance to facilitate their reintegration and longer-term capacity-building schemes were initiated and have remained a priority for the United Nations agencies and non-governmental organizations.

9. Since September 1996, approximately 200,000 persons have been displaced, in addition to the 1 million persons estimated to have been displaced previously. New internally displaced persons sought shelter with relatives in rural areas, which made their numbers difficult to estimate. Five camps, housing some 32,000 internally displaced persons and returning refugees, were established in Herat.

10. In addition to the ongoing conflict, the imposition of various regulations by the Taliban was a major factor in the increasing rate of displacement and exile, especially from Kabul. Many there were unwilling or unable to submit to the harsh rules imposed on them by the Taliban. A large number of families, which were headed by women, were unable to support themselves and their families because of the interdiction of women's employment. At the same time, women and girls could no longer receive education. United Nations agencies and non-governmental organizations faced constraints in undertaking needs assessments, humanitarian programmes and monitoring without the benefit of contributions provided by female national staff. This problem was particularly acute for projects targeting women, as the Taliban restrictions did not allow the activities previously performed by women to be carried out by male staff.

11. United Nations agencies, including the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), the World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP), together with non-governmental organizations, continue to support internally displaced persons scattered across Afghanistan through a variety of projects. The main sectors of activity are food, shelter and medicines distribution; rehabilitation and resettlement;

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capacity-building, food-for-work, educational and self-help projects; infrastructure reconstruction; and demining.

2. Mine clearance

12. As refugees returned to Afghanistan from the neighbouring countries of the Islamic Republic of Iran and Pakistan, new minefields were discovered, especially around the former front-line areas. An estimated 10 people were injured or killed by residual mines each day. It was projected that the rate of incidence would rise with the onset of winter, when many people, especially children, are likely to enter former areas of conflict in search of firewood and accidentally come across hidden mines.

13. The mine clearance programme, managed by the UNOCHA, is in its ninth year of activity. The demining programme is made up of four components: mine awareness, minefield survey and marking, mine clearance training and mine clearance. Eighteen provinces were covered by the mine clearance and minefield survey operations from four regional offices in Afghanistan. A number of non-governmental organizations work under the umbrella of the UNOCHA: three international non-governmental organizations (HALO Trust, Save The Children Fund USA, and Handicap International) and five local Afghan non-governmental organizations (the Organization for Mine Clearance and Afghan Rehabilitation, the Mine Clearance Planning Agency, the Demining Agency for Afghanistan, the Mine Detection Dog Centre and Afghan Technical Consultants). An Iranian non-governmental organization is conducting mine awareness training for Afghan refugees in the Islamic Republic of Iran who are returning home. The British Broadcasting Corporation (BBC) Afghan education drama project continues to broadcast mine-related messages through its widely popular radio drama series.

14. The target set for the end of 1997 is to clear 28 square kilometres of high priority mined areas and 20 square kilometres of former battlefield areas. The area cleared during the first six months of 1997 was 14.2 square kilometres, resulting in a total of 115 square kilometres of cleared mine areas since the beginning of the operation. The year's target for battlefield area clearance has been surpassed. Nonetheless, throughout the country, 140 square kilometres of land remain as high priority mined areas. To address this issue, seven additional survey teams were created to locate mines or unexploded bombs.

15. The mine awareness programme is designed to reduce casualties related to mines and other explosive devices by educating the public in the identification and avoidance of risks associated with living in a mine-contaminated environment. Some 307,293 people received mine awareness training during the period from January to June 1997. This was a significant increase over the number of people trained during the same period in 1996. Mine awareness training took place at various border exit stations and in camps for internally displaced persons, mosques and communities. United Nations personnel and personnel from non-governmental organizations were also given a course on mine awareness by the technical staff of the mine clearance programme.

16. Mine clearance training provides individuals and teams with the skills needed for the safe and efficient removal of explosive devices. This is achieved through the development and implementation of a sustainable training and technical development programme. Under the direct supervision of UNOCHA, 1,941 Afghans were trained during the first half of 1997. The courses included counter mine training, pre-deployment courses and team leader courses, as well as review courses. Since the beginning of the operation, this programme has provided a total of 663 courses, training 29,058 people.

3. Voluntary repatriation

17. Since 1989, some 3.84 million Afghan refugees have returned to Afghanistan from the two principal asylum countries, the Islamic Republic of Iran and Pakistan. Most of these returnees have been assisted by UNHCR in reaching their areas of origin. As of July 1997, 1.4 million Afghan refugees remained in the Islamic Republic of Iran and 1.2 million in Pakistan. The unfavourable political and military developments in Afghanistan have resulted in a decline in repatriation. Other factors such as an absence of income-earning opportunities, a changing refugee profile (landless tenant farmers who have nothing to return to) and a decline in anti-refugee statements from asylum Governments, have also had a bearing on the present low rate of return. During the first six months of 1997, only 40,000 refugees, mostly from Pakistan, had returned to a number of relatively secure areas of Afghanistan.

18. In view of these developments, UNHCR, in consultation with the Governments of the Islamic Republic of Iran and Pakistan, has revised its original 1997 planning figure for repatriation from a total of 350,000 persons to 125,000 (100,000 from Pakistan and 25,000 from the Islamic Republic of Iran). The present repatriation assistance package, which consists of a cash grant and food, will continue to be provided to the returnees, in addition to assistance for transportation to areas of origin.

19. UNHCR offices in the region have introduced an integrated approach that will more closely link assistance to prospective returnees in neighbouring countries. This approach targets potential returnees in the country of asylum, identifies impediments to their return, enhances cooperation with authorities in the countries of origin and concludes with the implementation of projects designed to remove these impediments and support the reintegration of returnees. In this process, the technical expertise and resources of such bodies as the Food and Agriculture Organization (FAO), the United Nations Office for Project Services and the United Nations Centre for Human Settlements (Habitat) are utilized in the context of the memorandum of understanding concluded between UNHCR and the United Nations Development Programme (UNDP).

20. The UNHCR task of repatriation and reintegration of Afghan refugees has been facilitated by the granting of amnesty by the Office of the Chief Justice in Kabul. Amnesty provides guarantees for the basic rights of returnees, including restitution of land and other fixed assets upon return from exile. However, a dramatic increase in the level of return should not be expected given the current political uncertainty. It is therefore important that UNHCR maintain an assistance programme in the countries of asylum. This will support

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the fragile degree of self-sufficiency that has been attained, as well as the principles of voluntary repatriation, in the current volatile and unpredictable situation.

4. Food aid

21. This year, the World Food Programme (WFP) continued to provide food aid for humanitarian relief, comprised of care and maintenance of internally displaced persons, institutional feeding, repatriation assistance to returning refugees and subsidized bread sales through bakery projects.

22. Some 1.4 million Afghans were supported by WFP during 1997, with a total food allocation of 120,000 tons throughout all regions of Afghanistan on the basis of people-oriented, community-based, rehabilitation programmes. The basic objective was to provide life-sustaining food to the poor and vulnerable populations, to support socio-economic recovery and household food security in peaceful areas and to facilitate self-reliant reintegration of returnees and internally displaced persons in their places of origin.

23. At the time of writing of the present report, WFP was reaching almost 800,000 of the most vulnerable through its bakery projects in Afghanistan. In Kabul and Jalalabad, these bakery projects were implemented year-round, whereas in Kandahar, Mazar and Faizabad, they operated only in periods of shortage. In April 1997, in response to an acute shortage of wheat flour, the bakery projects were expanded by 25 per cent for several months in many areas of the country.

24. In coordination with other United Nations agencies and non-governmental organizations, WFP reached a number of people through its institutional feeding, emergency assistance and repatriation assistance programmes. In addition, WFP extended food aid to approximately 20,000 people in camps for internally displaced persons in Herat and engaged in one-time distributions to displaced persons in the north and in the Kandahar/Helmand area.

25. As a result of the difficulty in reaching women beneficiaries, WFP limited its rehabilitation assistance from a planned 60 per cent of its 1997 food distributions to only 32 per cent, focusing on activities with immediate impact, rather than on those of a longer-term nature. Activities that continue to be supported are life-sustaining projects and/or those directly targeting women. Some of these projects include vocational training and income generating projects for vulnerable people with no source of income, a food-for-seed programme in collaboration with FAO and selected food-for-work programmes in rural and urban areas.

26. Despite restrictions on women's movement and employment, WFP continued to reach women directly through its bakery projects, through institutional feeding and food-for-training, which primarily targeted widows. Bakeries run by women were established in both Kabul and Kandahar. Although food-for-work was performed almost exclusively by men in this traditional society, WFP provided a family ration that reached women and children indirectly. WFP did not provide any assistance through food-for-work in the area of education, an area in which discrimination against women and girls takes place.

5. Health

27. During the first half of 1997, WHO and UNICEF, in collaboration with the Ministry of Public Health, other United Nations agencies and non-governmental organizations, implemented two rounds of national immunization days against poliomyelitis, a crippling disease which was responsible for about two thirds of the disabilities in Afghanistan. During this campaign, 3.6 million children aged 5 and under, or 90 per cent of the target population, received two supplementary doses of oral polio vaccine. The campaign covered 310 out of the 330 districts. This unprecedented coverage was made possible by the deployment of over 13,000 health workers, volunteers, teachers, mullahs and community leaders in the organization and conduct of the campaign. All traditional/local dissemination channels, as well as local radio and television programmes, were utilized for social mobilization. A special educational programme through the BBC World Service broadcasted national immunization day messages during the evening Pashto service of the BBC radio. The polio campaign was facilitated by collaboration between the United Nations and non-governmental organizations, as well as by a period of tranquillity negotiated with the warring factions.

28. WHO provided 12 tons of emergency medical supplies to the eight regional referral hospitals. In addition, 32 tons of essential drugs, equipment and other medical supplies were distributed to all district and provincial health facilities. UNICEF provided essential drugs for basic health centres and selected five provinces for the implementation of primary health care activities. A management team is in place and collection of baseline data is under way. UNICEF also supports the operation of 177 oral rehydration therapy corners at basic health centres to educate mothers on the use of oral rehydration salt and the preparation of wheat salt solutions and other homemade fluids to treat diarrhoea.

29. In the first half of 1997, WHO trained 274 health workers in the prevention and control of major communicable diseases such as tuberculosis, pneumonia, diarrhoeal diseases, malaria, leishmaniasis and rabies. Thirty special training courses for orthopaedic technicians, physiotherapists, anaesthetists and orthopaedic surgeons were organized in five different regions, training 120 health workers. In collaboration with the Kabul Medical Institute and the Liverpool School of Tropical Medicine, WHO conducted a three-month certificate course on district health practice in Jalalabad, successfully training 24 medical doctors representing all regions. During the same period, courses were given by WHO to female health workers in epidemiology and disease control in Jalalabad City. At the time of writing of the present report, UNICEF was training health workers and mid-level managers in rational drug use and drug supply management.

30. WHO also carried out functional and physical rehabilitation of Kunduz Hospital, Sheberghan Provincial Hospital, Kodi Barg Hospital, Mazar Region Hospital and the Jalalabad Regional Hospital. The combined assistance rehabilitated more than 2,000 beds of hospital capacity. Physical and functional rehabilitation of Rabia Bulki Hospital and Malalai Women's Hospital in Kabul and Mulki Women's Hospital in Kandahar are in progress. The projects were co-funded by UNOCHA, UNHCR and WFP, as well as by WHO, the project's lead

implementing agency. UNICEF has also upgraded three regional/provincial coldrooms and rehabilitated the Kabul central coldroom.

31. A priority for WHO, UNICEF and other organizations dealing with health is maternal and child health care. Women and children comprise approximately 70 per cent of the population targeted for assistance. Projects undertaken by WHO include the provision of maternal/child health equipment and supplies to the 45 existing maternal and child health care centres, the training of 24 physicians from all regions of Afghanistan in "safe motherhood", the translation into Dari and printing of the guidelines for emergency obstetric care and essential newborn care, and the training of 130 traditional birth attendants from all regions of the country.

32. To address nutritional needs, a supplemental feeding programme for children under two years of age has been integrated with routine activities under an expanded programme on immunization. UNICEF was providing K-mix II and BP-5 to therapeutic/supplementary centres, feeding centres and other institutions to treat malnourished children. A feasibility study on the iodization of rock salt is being conducted for possible implementation at three main rock salt mines in the northern part of the country. An effective system for control of diarrhoeal diseases, a leading cause of childhood mortality, is being established.

6. Water supply and sanitation

33. The need to provide safe drinking water and the improvement of existing sanitation systems remained an urgent priority in rural and urban areas of Afghanistan. The rehabilitation of such infrastructure is necessary for regions that have been affected by the prolonged conflict and are hosting internally displaced persons and receiving and reintegrating returning refugees.

34. WHO, in collaboration with UNHCR, UNOCHA and the World Food Programme, completed the rehabilitation of the Kandahar, Ghazni and Jalalabad water supply systems and the construction of the Faizabad water supply system. More than 635,000 residents now have access to safe drinking water. WHO is also working on water and sanitation projects in Kandahar, Zarange, Jalalabad, Karte-e-Moalimeen and Kunduz provinces.

35. Under the UNDP two-year programme, 1,500 wells and 25,000 cubic metres of water supply structures and 20 kilometres of water supply pipes had been rehabilitated in rural areas as of mid-1997. Water access and sanitation improvements were ensured for an estimated 3 million people in urban areas.

36. Habitat was involved in the construction of flood canals in various districts of Kabul, the construction of stone masonry retaining walls along the Kabul river and support for the city waste management collection system. A series of sanitation system rehabilitation projects was implemented in Mazar and Herat as well. UNICEF, with the support of WHO, UNOCHA, WFP, non-governmental organizations and the Ministry of Public Health, is organizing a campaign to create awareness of oral rehydration therapy, sanitation and hygiene education in selected areas.

7. Education

37. In response to discriminatory practices imposed by the Taliban, almost all United Nations education projects were suspended or were not implemented. In the northern region, where girls and boys have equal access to education, UNICEF has an innovative teacher training programme to improve classroom teaching methods. In the few Taliban-controlled areas where girls are allowed to attend school, UNICEF continued to support formal and non-formal education programmes for both sexes. One such programme for internally displaced children in Herat, conducted in collaboration with UNHCR and the BBC/Afghan drama project, is the broadcast of vital messages related to education and the rights of children.

38. Since 1995, the United Nations Educational, Scientific and Cultural Organization (UNESCO) has been carrying out activities in Afghanistan in collaboration with other United Nations agencies and non-governmental organizations. All programmes are directed at men and women and boys and girls. A management training programme for principals of primary schools is ongoing with Habitat in Mazar. In March 1997, a UNESCO workshop was given in Peshwar, Pakistan, on curriculum design and development of Afghan educationalists. There were 35 participants, 7 of whom were women.

39. In Kandahar province, a United Nations workshop on education was given in April for the Taliban leadership with UNICEF and UNESCO present as technical resources. The seminar's purpose was to inform the Taliban of the current activities and future plans of the United Nations and to identify and understand the desires of the Taliban leadership regarding education. Because of the Taliban's emphasis on education for boys only, no progress was made.

8. Food and agriculture

40. Despite the collapse of rural infrastructure, the destruction of irrigation systems and the presence of mines in prime agricultural land, a number of projects are being implemented to support an increase in overall food production among settled farming communities, nomadic and semi-nomadic pastoralists, returnees and vulnerable groups. Working collaboratively, FAO, WFP, UNDP and the United Nations Office for Project Services have managed to revitalize food production in Afghanistan. Assistance included the repair of nearly 500 kilometres of feeder roads, which facilitated production and the exchange of goods. Additionally, 5,000 hectares of land were brought back under irrigation.

41. Initially, seed supply came from neighbouring countries. However, since 1995, UNDP has placed great emphasis on in-country production of seeds, which is supervised for quality control. Among other projects, 100 fruit tree nurseries were established, providing sufficient material for nearly 5,000 hectares of orchards. In addition, 180,000 farmers benefited from the production of nearly 8,000 tons of improved wheat seed, resulting in production improvements of more than 50 per cent. FAO and WFP are engaged in a food-for-seeds programme wherein WFP wheat is exchanged for improved seed produced by local farmers in partnership with FAO. These seeds all reprocessed by FAO and sold at subsidized prices to small farmers.

42. Introducing biological and mechanical means, FAO made substantial progress in controlling the locust pest in northern Afghanistan. Also, more than 100 trials on wheat, rice, barley and maize were carried out in various agro-ecological zones to identify high-yield, pest-resistant varieties prior to local multiplication and dissemination.

43. Veterinary units administered 30 million vaccinations. Basic laboratory units have been established to ensure a functioning early-warning system and strategically located mother-stock, while breeding farms ensure a regular and sustainable supply of breeding material. Through UNDP funding, FAO has been running 255 district veterinary units, ensuring 76 per cent coverage of the country. These units are becoming increasingly self-sufficient through the use of a user fee.

9. Vulnerable groups

44. As part of its mandate, UNICEF addresses the needs of children in especially difficult circumstances. In Afghanistan, special attention is paid to children affected by the conflict. UNICEF has assessed the nature and prevalence of war-related psychosocial trauma among children in Kabul. Preliminary analysis suggests high levels of exposure to traumatic events and exhibition of traumatic stress reactions among the children. A programme to address needs identified by the study is being planned. UNICEF has also provided support to children living in institutions.

45. UNICEF supported a social credit programme for poor women in northern Afghanistan and a rural women's development programme in Badakhshan. In the eastern region, UNICEF provided small-scale support to a rehabilitation programme for disabled rural women and children. Additionally, small-scale skills training and income-generating activities for vulnerable women are components of some general community development programmes.

B. Coordination of humanitarian programmes

46. UNOCHA, under the overall responsibility of the Department of Humanitarian Affairs of the Secretariat, has provided coordination and logistical support for the humanitarian programmes in Afghanistan. The Office also manages the mine clearance programme, the aircraft operation and the radio network, which provides a 24-hour radio link between major United Nations duty stations in Afghanistan.

47. UNOCHA has played a key role in ensuring that proper coordination exists between United Nations agencies and non-governmental organizations, both international and national.

48. Coordinating bodies of non-governmental organizations have played an important role in providing humanitarian and rehabilitation assistance to Afghanistan. The Agency Coordination Body for Afghanistan and the Afghan NGO Coordination Bureau are two such bodies that work in Afghanistan to ensure

coherent coordination of activities undertaken by the hundreds of local and international non-governmental organizations working to improve the lives of the Afghan people.

49. In response to signs of the international community's waning interest in Afghanistan and to ensure the continuity of humanitarian assistance, an international forum was organized to develop a "humanitarian strategy" for Afghanistan. Issues of common concern to the international and local community were discussed at this venue, the International Forum on Assistance to Afghanistan, which was held from 24 to 26 January 1997, in Ashgabad, Turkmenistan.

50. A key decision taken at the Forum was to create an assistance strategy for Afghanistan, the first step of which was to merge the functions of the United Nations Humanitarian Coordinator and the United Nations Resident Coordinator into that of a single United Nations Coordinator for Humanitarian and Development Programmes. The strategy is simultaneously to address emergency issues and longer-term needs in order to ensure sustainable development and a sustainable future peace. The Afghanistan Task Force, composed of selected United Nations agencies, non-governmental organizations, donors and the International Committee of the Red Cross, was also established recently.

51. In order to enhance the momentum created at the Forum, a strategic framework approach is being formulated with inter-agency cooperation. Its principal aim is to provide a comprehensive, coherent relief and development aid strategy. Victims of conflict, civilians, regional and provincial authorities, national non-governmental organizations and international partners working in Afghanistan will have access to invaluable data and information about past and current conditions. In order to develop a shared understanding of the problems and possible solutions, preparations for the formulation of the strategic framework include a comprehensive needs assessment on the impact of the humanitarian tragedy as well as the constraints imposed on the economic, social and developmental prospects for recovery. Some characteristics of the strategic framework will be development of a common strategy towards Afghan authorities, an emphasis on the commitment to international principles and a facilitation of the links between the political and non-political spheres at local and international levels. Four planned major components are likely: demographic considerations, humanitarian concerns, the macroeconomic context and prospects for reconciliation and recovery.

52. On 26 June 1997, the Secretary-General asked the organizations of the United Nations system to cooperate fully in the implementation of policies and measures recommended by the Executive Committee on Humanitarian Affairs (see para. 7 above). The principle-based approach recommended by the Executive Committee, envisaged disengagement of United Nations agencies from certain institutional assistance programmes, such as those pertaining to socio-economic infrastructure, community-based activities and institution-building efforts, unless they benefited men and women equally in participation and result. This policy did not apply, however, to life-sustaining humanitarian activities. The Special Adviser on Gender Issues and Advancement of Women was appointed to lead the Ad Hoc Inter-Agency Group on Gender Issues in Afghanistan. In parallel with

these efforts, a joint technical committee was established to serve as a mechanism to engage the Taliban in a discussion on gender and other issues relating to assistance programmes and the applicable international standards.

III. REHABILITATION AND DEVELOPMENT ACTIVITIES

53. The rebuilding of rural and urban communities has occupied a predominant position in UNDP strategic objectives for the rehabilitation of Afghanistan. The overall goal of the programme is to rebuild indigenous capacities for recovery through the strengthening of grass-roots community and self-help resources. Through small-scale, high impact interventions at the grass-roots level and enhanced beneficiary participation in development management, equitable and sustainable access to production and social assets and services has improved. The building of private and public sector capacities at the local level to support community-driven rehabilitation and development efforts is also an aspect of the programme.

54. Community development objectives were achieved through the establishment of 74 district shuras (councils) and 420 village shuras. These councils served to identify and set priority needs, and they have participated in the planning and monitoring of projects. Women's community forums were also set up, bringing together 3,600 participants in a wide range of development activities. Forty local community-based rehabilitation committees were established to assist disabled community members.

55. A total of 500 kilometres of feeder roads and 7 kilometres of urban sector roads were rehabilitated. Small bridge and stone step reconstruction benefited an estimated 150,000 people by increasing accessibility to war-damaged neighbourhoods.

56. An estimated 25 per cent of Afghanistan's 2.3 million houses have been damaged or destroyed during the past 19 years of war. Much of the destruction has taken place in cities where informal shelter accounts for one third of urban housing and much communal infrastructure has become obsolete. Habitat, supported by UNDP, has worked on the rehabilitation of housing, public buildings, sanitation and water systems in cities across the country. Focusing on a grass-roots approach, Habitat develops indigenous, urban management capacity. At present, Habitat has offices in Kabul, Mazar and Herat.

57. In Kabul, Habitat has been carrying out a broad range of projects. The core areas of the programme were community support and development, water supply, sanitation and drainage improvements, access improvements, energy, environment and culture. Habitat also supported local government where this would underpin community-led regeneration. Small-scale neighbourhood community rehabilitation projects administered by Habitat directly benefited 7,500 workers. A joint Habitat-OXFAM project, the Bagrami/Logar water supply scheme, indirectly benefited some 400,000 Kabul residents.

58. Working with community organizations, Habitat has undertaken a series of rehabilitation and recovery projects in Mazar and Herat. Activities under the neighbourhood action programme included community development programmes, sanitation research and development, upgrading of main neighbourhood drainage, well drilling and handpump installation, urban tree planting projects and various income-generating projects. Projects under municipal infrastructure repair included access improvements, school rehabilitation, improving municipal drainage, rehabilitation of city piped water supplies, surveying and mapping. In Mazar, a winter relief programme was also undertaken.

59. This year, UNDP launched a programme management information system for aid coordination. This project is expected to create an information management and decision support system, within the framework of a longer-term strategy to strengthen the aid community's capacity to plan, implement, monitor and evaluate humanitarian, emergency and development assistance to Afghanistan in a coordinated manner. This was identified as a priority at the International Forum on Assistance to Afghanistan in January 1997.

60. In April 1997, UNDP, with the support of the other United Nations agencies concerned, launched the PEACE (Poverty Eradication and Community Empowerment) Initiative. This programme aims at restoring a sense of security by rebuilding indigenous capacities and commitment to recovery; by strengthening social integration, focusing on the needs of the disadvantaged and marginalized groups; and by building democratic institutions from the bottom up.

IV. DRUG CONTROL

61. Afghanistan is one of the two largest producers of illicit opium in the world. In the United Nations International Drug Control Programme 1996 survey, it was estimated that around 57,000 hectares were under poppy cultivation generating over \$60 million in annual income for approximately 200,000 farmers. On 11 November 1996, the Taliban Ministry of Foreign Affairs issued a note declaring their opposition to the production, processing, trafficking and abuse of illicit drugs.

62. The Programme has developed a drug control strategy and an integrated four year programme of assistance (1997-2000) comprising the following modules: capacity building for drug control, drug control monitoring system, poppy crop reduction, demand reduction support and law enforcement.

63. During the first half of 1997, the Programme continued its support to the existing drug control institutions such as the Nangahar Drug Control and Development Unit established through Programme support in 1995, and the State High Commission for Drug Control in Kabul. For the fourth consecutive year, The Programme conducted an opium poppy survey in 18 provinces. According to this year's survey released in September, opium poppy production in Afghanistan rose to 2,800 tons in 1997, an estimated 25 per cent increase over 1996. The increase was likely due to favourable weather conditions and improved methods of cultivation. The report also indicated that 96.4 per cent of Afghanistan's total opium production originated in provinces currently under Taliban control.

64. A participatory planning process was initiated by the Programme in selected districts of Kandahar and Nangahar. Village, district and provincial authorities are involved in this exercise, which aims at establishing provincial drug control action plans. A package of assistance would be made available under the condition that a progressive ban on poppy cultivation was being imposed by the respective authorities.

65. In 1996, the United Nations Industrial Development Organization (UNIDO) took part in the execution of the Programme's project on monitoring of opium cultivation in Afghanistan. At the time of writing of the present report, UNIDO was implementing another United Nations International Drug Control Programme project regarding industrial opportunities in Kandahar and Nangahar provinces. The project aims at identifying competitive opportunities for the development of agro-based industries to enhance employment and income-generation in rural areas in lieu of opium cultivation.

V. CONTRIBUTIONS FROM MEMBER STATES

66. Listed hereunder are financial contributions from Member States towards the emergency humanitarian and rehabilitation programmes in Afghanistan. The list covers only those contributions which have been reported by the respective Member States for the purpose of the present report. A financial table is attached as an annex to the present report for figures reported through the Inter-Agency Support Branch of the Department of Humanitarian Affairs.

67. The Government of Austria contributed 56,327.94 schillings for medical aid, \$4,694 for relief and food security, and S 200,000 for demining in Afghanistan.

68. The Government of the United Kingdom of Great Britain and Northern Ireland contributed 6,990,000 pounds sterling to United Nations agencies and a wide variety of non-governmental organizations, to be directed primarily towards income-generation, reintegration of refugees, agricultural rehabilitation, water and sanitation, mine clearance, health, education and coordination.

69. The Government of Egypt provided \$55,000 for medicine and medical equipment and \$100,000 for university scholarships. These contributions were made in 1996.

70. The Government of Ireland donated 150,000 Irish pounds to WFP for emergency food distribution; £Ir 60,888.00 for drainage and flood prevention in Kabul; and £Ir 41,978.00, channelled through a non-governmental organization for building a canal in Farah province.

71. The Government of Italy provided financial assistance in the amount of 1 billion lira to ICRC for a programme of orthopaedic rehabilitation for war victims.

72. The Government of Luxembourg contributed 10 million Luxembourg francs to ICRC for humanitarian relief and 6 million Lux F to WHO for medical assistance.

73. The contribution of the Government of Sweden for 1997 totalled 79 million Kronor. Primary implementors have been the Swedish Committee for Afghanistan, ICRC, the International Federation of Red Cross and Red Crescent Societies (IFRC), UNOCHA, UNHCR, WFP, UNICEF and UNDP.

VI. CONCLUDING OBSERVATIONS

74. Against the background of an unpredictable political and military situation in Afghanistan, where daily clashes continued around Kabul and in certain strategic regions, while other areas remained relatively calm, humanitarian relief assistance remains critical for the survival of the most vulnerable people affected by the conflict in this country, a country that is neither fully at war nor entirely at peace. A political settlement is essential if the work undertaken by the aid agencies is to have a sustained impact in the longer term. In the meantime, with the oncoming winter season and likely worsening of the humanitarian situation, there is an urgent need to respond immediately to those who are most in need.

75. The challenges faced by the various organizations working in Afghanistan have underlined the importance of strong coordination among the humanitarian, development, political and other partners, both national and international. From the International Forum on Assistance to Afghanistan to the strategic framework approach, coordination and cooperation among United Nations agencies, non-governmental organizations and donors has improved, indeed increased, this year. The formulation of a strategic framework is expected to create a better and more comprehensive understanding of the problems faced in Afghanistan. A consensus on these understandings is expected to enhance the effectiveness of humanitarian and rehabilitation programmes and help consolidate the United Nations system-wide approach for longer-term solutions.

76. Security in Afghanistan, in particular in the main cities, still requires close monitoring and has raised serious concerns. In one instance, on 29 May, following repeated raids on United Nations buildings and increased street fighting and anti-foreign sentiment, 65 international aid workers, journalists, and foreign consul staff had to be evacuated under the coordination of the United Nations. In September 1997, the United Nations and its partners were once again compelled to suspend temporarily humanitarian operations in the Mazar-i-Sharif region owing to looting of their premises and armed clashes in the streets of Mazar-i-Sharif. Such events severely hinder the genuine efforts of the international community to help the hundreds of thousands of Afghan people who depend on external assistance.

77. The Taliban policy towards women's access to work and girls' access to education has hampered the implementation of a number of humanitarian activities and continues to be a matter of deep concern. It is hoped that the principles adopted by the United Nations and its humanitarian partners will allow relief and rehabilitation programmes to go forward which fully respect the rights of women.

78. The Secretary-General calls upon the international community to continue to provide generous voluntary contributions in support of the humanitarian and rehabilitation assistance programmes in Afghanistan in order to maintain essential activities provided by the organizations of the United Nations system working to enhance the welfare of and promote a brighter future for the people of Afghanistan.

Annex I

Pledges/contributions made in response to the various sectors of the 1997 consolidated appeal for assistance as of 26 September 1997

(United States dollars)

Country	Relief and food security	Mine clearance	Reintegration of refugees	Primary health care ^a	Rural recovery	Urban recovery	Water and sanitation	Shelter	Disabled persons	Education and training ^a	Coordination and relief management support	Unearmarked contributions	Total	Drug control
Australia		378 000		10 040			313 313						701 353	
Austria	15 793	16 667		44 536									76 996	
Canada	^b	726 190	739 000	730 000							253 820		2 449 009	
Egypt				44 500 ^c									44 500	
European Union		2 261 364		1 617 361									3 878 725	
Finland			553 506										553 506	
France	^d													
Germany	293 598	2 000 000					1 156 069						3 449 667	
Italy			887 574	1 000 000 ^e									1 887 574	700 000
Ireland	226 929						155 610						382 539	
Japan	^f	1 000 000											1 000 000	
Luxembourg				339 806									339 806	
Netherlands ^g	1 131 579	2 530 993	529 101	1 315 790	2 070 526					161 947	468 925		8 208 861	263 158
Norway		1 508 106	450 000										1 958 106	211 864
Sweden	833 333	2 500 000	651 042	821 061							208 333		5 013 770	
Switzerland				4 444									4 444	
United Kingdom	^h	1 209 677	1 290 323	1 077 842	446 774		174 194				2 419 355		6 618 164	3 063 150
United States of America		2 000 000 ⁱ	1 500 000	1 000								500 000	4 001 000	1 600 000
Total cash	2 501 232	16 130 997	6 600 546	7 006 380	2 517 300		1 799 186			161 947	3 350 433	500 000	40 568 021	5 838 172
Total in-kind	2 348 387	1 011 111											3 359 498	
Grand total	4 849 619	17 142 108	6 600 546	7 006 380	2 517 300		1 799 186			161 947	3 350 433	500 000	43 927 519	5 838 172
Funds requested in the appeal	10 676 075	22 166 000	26 101 000	20 373 705	15 245 897	5 175 000	12 563 025	2 883 740	1 521 000	6 593 340	7 707 410		133 009 192	

^a UNICEF requests for primary health care have been increased by \$1,500,000 while UNICEF requests for education and training have been reduced by \$1,500,000.

^b In-kind pledge of wheat (valued at US\$ 9,500,000), against WFP request for food inputs.

^c For procurement of medicines and medical tools

^d In-kind pledge of 8,000 tons of wheat (valued at \$2,000,000), against WFP request for food inputs (not against the appeal).

^e Including secondment of two medical doctors

^f In-kind pledge of food aid (valued at \$9,800,000), against WFP request for food inputs

^g Pledged (i.e. \$24,000) to cover part of the expenditures of International Forum on Assistance to Afghanistan, held in Ashgabad, Turkmenistan on 21 and 22 January 1997, and (i.e. \$87,502,700) to the International Centre for Humanitarian Reporting for Afghan Handbook (not against the appeal)

^h Including an in-kind pledge of 5,000 tons of food aid (valued at \$2,348,387.09).

ⁱ Including \$1,000,000 in-kind pledge through FMS programme.

^a Predoped (159,600 (\$54,000) to cover part of the expenditures of the FFA, held in Ashgabat, Turkmenistan, on 21 and 22 January 1997, and £ 161,680 (\$37,502.70) to the International Centre for Humanitarian Reporting for Afghan Handbook (not against this appeal).

^a Pledged 159,800 (594,000) to cover part of the expenditures of the FFA, held in an A/C account.

^b Including secondment of two medical doctors.

^c Including an in-kind pledge of \$1,000,000 through the FMS programme.

^d In-kind pledge of wheat (valued at \$9,500,000), against WFP request for food inputs.

^e In-kind pledge of wheat (valued at \$9,500,000), against WFP request for food inputs.

^f In-kind pledge of 8,000 tons of wheat (valued at \$2,000,000), against WFP request for food inputs.

^g In-kind pledge of food aid (valued at \$6,000,000), against WFP request for food inputs.

^h Including an in-kind pledge of 5,000 tons of food aid (valued at \$2,343,357.00).

ⁱ A team of United Nations agencies and non-governmental organizations submitted a request for information provided by donors.