Humanitarian Bulletin
Afghanistan

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OCHA

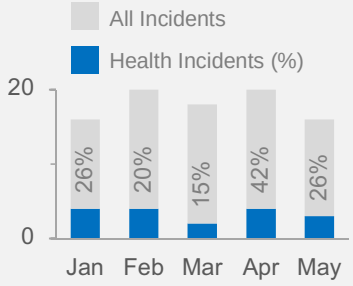
Children in Afghanistan are the most vulnerable in need of health care in emergencies. Credit: SCI

In this issue

HIGHLIGHTS

- Hospitals in Uruzgan face severe access constraints and a shortage of medicines halting health care delivery services
- EMERGENCY and MRCA health teams brave volatile and dangerous conditions to deliver medical care
- Deliberate and indiscriminate attacks on health workers and facilities hinder medical services, ACBAR reports
- Save the Children scale up health in emergencies to reach more children across Afghanistan
- Successful "Twinning Programme" builds partnerships to better deliver in the field

INCIDENTS AGAINST HEALTH WORKERS AND FACILITIES 2016



FUNDING OF HUMANITARIAN RESPONSE PLAN

393 million
requested (US$)

72 million
received (US$)

(Reflects funding on Financial Tracking Service as of 5 June 2016)

Source: http://fts.unocha.org

For more on funding, see page 8.

HEALTH CARE IN EMERGENCIES

Access: medical services severely curtailed in Uruzgan

Forced to flee their homes and fearing for their lives, nearly 900 people are displaced every day in Afghanistan amounting to more than 134,000 displaced so far in 2016.

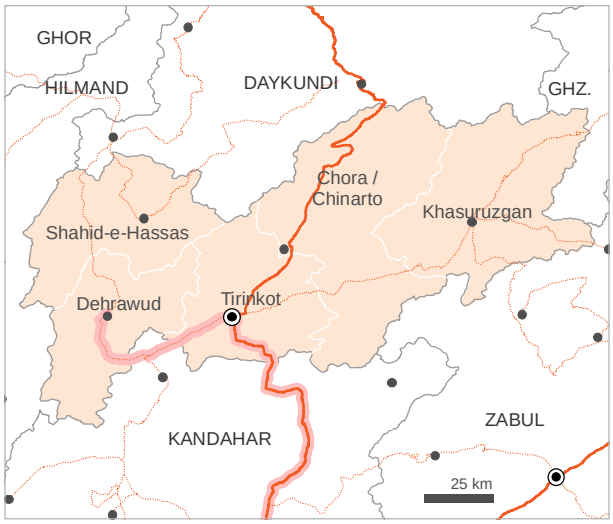
Uruzgan shows a clear example of how the people of Afghanistan are facing a humanitarian crisis primarily with regard to access constraints to health care and medical services.

Insecurity and conflict is taking a toll on health care services

Families are living in precarious conditions, remaining cut off from health care and regular supplies of medicine for months due to the main road closure from Kandahar to Tirinkot and Dehrawud in Uruzgan province.

"I have moved my house three times during the last three months and now military operations are going to start again. We are exhausted and cannot run anymore," said Mr. Abdul Hai, a resident of Dehrawud district.

Only one of the four clinics in Dehrawud is fully functioning, providing health care to 33,000 people out of a population of 60,000. Two are facing severe medicine shortages and one is closed. These two Afghanistan Health Development Services (AHDS) clinics with a shortage of medicines still serve an average of 27,000 people despite a scarcity of resources.



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Four districts in Uruzgan have AHDS first aid trauma points, one in each district to supplement the AHDS clinics. Some families are unable to transfer their relatives to the hospital and humanitarian agencies have had to halt activities to support evacuation of patients.

"Due to the ongoing conflict and the resulting road closure, many patients are unable to visit the clinic and medicine cannot be delivered to the health facilities," said an AHDS

Afghanistan, please see the link to the recent Amnesty International report

Report can be viewed here:
https://goo.gl/pm2UUG

Clinic Director. "Residents were given five days to complete their wheat harvest – so an agreed cease fire was established - and as a result patient load decreased dramatically from ten to 20 trauma patients a day to two or three a day." This health facility services hospital is in Kandahar, 500 kilometres away.

WFP, AHDS and ZOA have had to stop operations in some areas as a result of inaccessibility and the Afghanistan Red Crescent Society (ARCS) is also unable to deliver assistance in certain locations.

"The security situation is changing every day. If the situation improves, we hope to re-open the closed clinic," said Doctor Faisal Rahman, AHDS Uruzgan provincial project manager. "Some of the main roads are blocked, but we have been able to get a supply of medicines by helicopter to support families with injuries and other health care needs."

EMERGENCY Hospital provides surgery to war-wounded patients in Kabul. Credit: OCHA

At the end of May 2016 a joint assessment conducted in Tirinkot identified 1,988 individuals in need of humanitarian assistance. ANDMA distributed food and household items to 1113 individuals, however much more is needed. As a result of the main road closure between Kandahar and Tirinkot, no prepositioned relief supplies are available throughout the province.

"Our priority as a humanitarian community is to reach the most vulnerable people in need and in order to do that we need the two main roads from Tirinkot and Dehrawud to Kandahar to be re-opened," said Ahmad Wali Raisi, OCHA Humanitarian Affairs Officer based in Kandahar.

'We never give up': on the front line of health care in emergencies

"We have seen a dramatic increase in war-wounded patients. When people flee conflict areas they often have traumatic injuries and they experience dangerous and long journeys to reach health facilities, some walking 20 to 30 kilometres. We also help transfer about 60 to 70 percent of war-wounded patients from Ghazni to Kabul," explained Doctor Mohammed Ashraf, a physician working at an EMERGENCY NGO First Aid Post (FAP) in Gardez.

Paktiya province in southeastern Afghanistan has a population of close to 552,000. The capitol city of Gardez sits at the crossroads of two main routes that run through this mountainous valley. The security situation remains volatile, preventing people from travelling long distances to healthcare facilities. EMERGENCY's hospitals have recorded a 32 per cent increase in war-wounded patients from 2015 to 2016.

EMERGENCY provides life-saving trauma care services directly benefitting over 40,000 people in areas of active heavy fighting with a high number of civilian casualties, delivering critical triage health services with neutrality and free of charge for all those in need.

Afghanistan health services are equipped with little or no medical trauma and triage capacity. CHF funded EMERGENCY hospitals in Kabul and Lashkargah along with 46 First Aid Posts (FAPs) countrywide provide urgent trauma care services where displaced families would otherwise have no other access to an emergency room and experienced health professionals.

*An **increase of one third of trauma cases** of war-wounded patients has been recorded in EMERGENCY hospitals from 2015 to 2016*

"Insecurity has widely increased in many areas. FAPs provide primary health care, basic surgery, health education and support services for people with disabilities, improving their chance of survival," said Luca Raedeli, EMERGENCY Programme Director.

CHF-funded EMERGENCY hospital surgical wing in Kabul. Credit: OCHA

EMERGENGY services are on the front lines of providing trauma care and medical services that can mean the difference between life and death for the most vulnerable patients, victims of war, children and pregnant women. "Health is a human right. We do the best we can and we never give up," said Raedeli.

MRCA braves the battlefield to provide medical care in southeastern Afghanistan

Doctors, nurses and health care providers from Medical Refresher Courses for Afghanistan (MRCA) have managed to ensure the continued provision of basic primary health services to 534,000 people in the southeastern Paktya province, despite the increase in conflict and high risk environment. The 36 clinics in Paktya province provide basic primary health care services and one mobile clinic for displaced families in Gardez district.


MRCA supplies emergency health care and medicine in war-torn areas. Credit: MRCA

CHF funding supports the mobile clinic and eight of the 36 clinics to supply emergency health care and medicines in war-torn and otherwise inaccessible remote areas of Paktya province.

Security threats remain the primary challenge across the districts of Paktya province. Doctors, nurses and other health care professionals risk their lives on a daily basis, braving IEDs and possible abduction, to provide trauma care for the war-wounded and those who otherwise would have no access to medical clinics.

"Our clinics have been hit by rocket fire, it is a dangerous environment and we have a duty to provide medical care to the community," said an MRCA medical doctor and programme manager. "Given the increasing caseload of patients and the limited stocks of medicine, we face a threat to delivery of medical services and without enough funding, the clinic will have to close leaving many people stranded without critical health care."

An OCHA delegation recently visited Gardez to document the health care services of EMERGENCY and MRCA along with meeting Government officials to strengthen support for humanitarian response.

INCIDENTS BY PERPETRATOR

Perpetrator	# of incidents
Armed Operations Group	57
Afghan National Security Forces	9
Armed Criminal Groups	25
International Military Forces	1

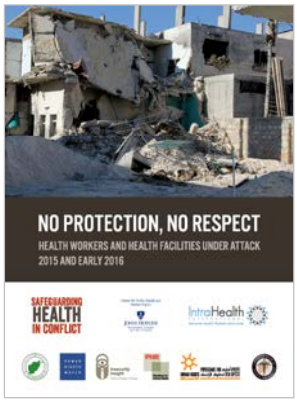
ARMED OPPOSITION GROUP INCIDENTS

Primary Tactic	# of incidents
Intimidation	17
Collateral Damage	13
Abduction	10
Destruction/ Theft of supplies	8
Targeted Killings	5
Illegal Checkpoints/ID Checks	4

DISTRIBUTION OF INCIDENTS

Region	# of incidents
Central	9
East	40
North	4
Northeast	7
South	10
West	22

Data collected from 01 Mar 2015 to 10 Feb 2015 by ACBAR



Safeguarding Health Coalition Report can be viewed here: http://goo.gl/uUw6OA

Health care workers under attack in conflict zones

Contributed by the Agency Coordinating Body of Afghan Relief and Development (ACBAR)[1]

Deliberate or indiscriminate strikes on health care facilities have killed medical workers and patients, decimated medical infrastructure and robbed civilians of vital medical care.

At least 92 incidents of attacks or interference with hospitals, clinics, pharmacies, medical personnel and vaccination programmes have been reported by NGOs to ACBAR along with 55 deaths and 48 wounded of which 22 killings and abductions were carried out by armed opposition groups in Afghanistan.

These are some of the conclusions outlined in the global report released by Safeguarding Health Coalition's global report in May 2016 entitled *"No protection, no respect: health care workers and health facilities under attack in 2015 to early 2016."*

EMERGENCY patient from Kunduz attack receives medical care in Kabul. Credit: EMERGENCY/Getty Images

Armed conflict in Afghanistan continues to take an unrelenting toll on the civilian population. UNOCHA reports that fighting affects the lives of 6.3 million Afghans and that in 2015 almost 200,000 fled their homes, a 64 per cent increase from the previous year. More than 8.1 million people are now in need of humanitarian assistance and 3.9 million people suffer from malnutrition or food insecurity. In 2015 the United Nations Assistance Mission in Afghanistan (UNAMA) and the Office of the UN High Commissioner for Human Rights (OHCHR) documented 11,002 civilian casualties, including 3,545 deaths and 7,457 injuries.

Health care workers, services and facilities have been targeted and repeatedly affected by the increasing violence in Afghanistan. These incidents have led to health centres closures and the resignation of many female health workers, depriving civilians of access to health care.

The report refers to the incident with the highest death toll, a US airstrike on the Médecins Sans Frontières (MSF) hospital in Kunduz province. A total of 42 people were killed, 14 MSF staff, 28 patients and caregivers. The remaining 13 people killed in attacks on health services were a result of targeted killings, abductions, or fighting in the vicinity of health facilities.

When the MSF hospital in Kunduz came under aerial attack on 3 October 2015, the MSF trauma center was fully functioning with 119 patients admitted and surgeries ongoing at the time of the US airstrikes. The US military issued a statement on 29 April 2016 of its internal investigation on the attack, which acknowledged that the hospital was a protected facility and that multiple human and procedural errors led to the attack.

[1] ACBAR, the Agency Coordinating Body for Afghan Relief & Development, is an Afghan independent body bringing together 151 national and international NGOs working in Afghanistan and abiding by the humanitarian principles of independence, neutrality, impartiality and humanity. (Source: http://www.acbar.org)

Medical services in Kunduz were based on an agreement that all parties to the conflict respect the neutrality of the medical facility in reference to International Humanitarian Law including respect for a "no-weapon" policy within the hospital

Conflict also resulted in collateral damage to health workers, facilities, and supplies with 13 such incidents collected by ACBAR. In Parwan province on 22 February 2016, a suicide attacker targeting Afghan security forces detonated an improvised explosive device near the entrance of a district health clinic, killing seven civilians and injuring seven others, including three children. Afghan armed forces entered a clinic run by the Swedish Committee for Afghanistan (SCA) in Wardak province on 18 February 2016. The forces took and killed two injured patients from the clinic, along with a young boy accompanying one of the patients. This raid was a clear violation of international humanitarian law and the Geneva Conventions. Incidents include also attacks on vaccination programmes which increased in 2015 including the abduction and killing of the three vaccinators in Kunar province.

"The Geneva Conventions and customary international humanitarian law provide that parties have a duty to distinguish between military and civilian objects and to take precautions to avoid harm to hospitals. International law dating back more than 150 years holds that in all armed conflicts, whether internal or international, parties must not attack or interfere with health workers, facilities, ambulances, and people who are wounded or sick."

Among its recommendations, the coalition report calls on the Secretary-General of the United Nations and the World Health Organization to carefully document and report attacks on health care workers and facilities. The coalition also recommends that the UN Security Council refer such crimes to the International Criminal Court or other tribunals if states fail to fulfill their obligation to halt strikes on health care personnel and infrastructure.

*The main priority is **access** for families and health workers to reach health facilities in remote districts, with a focus on the most vulnerable expectant mothers and children" -Dr. Moshin, Premiere Urgence, Deputy Country Director, WHO-funded Health in Emergencies' partner*

Children: scaling up health services for the most vulnerable

Children in Afghanistan are the most vulnerable in need of health care in emergencies. More than 55 per cent of 134,000 of the displaced individuals in 2016 in Afghanistan are under 18 years of age. Save the Children (SCI) health care services reach over three million people. A total of 41 percent of the recipients are children and half are girls.

"Save the Children works in the humanitarian and development sectors to provide services throughout Afghanistan reaching the most deprived and marginalized children," explains Milan Dinic, Save the Children Programme Implementation Director. SCI reached 6.9 million people of which 1.9 million were directly reached and 5 million reached indirectly with 63 per cent of the beneficiaries are females and 47 per cent are children.

"Midwives save the lives of mothers and newborns," says Freshta, a graduate of one of the SCI midwifery classes. Credit: SCI

SCI delivers life-saving emergency health services, operating across all districts through 62 health facilities and Imam Sahib District Hospital.

SCI also provides trainings including trauma care and education of health teams, in particular nurses and midwifes. Emergency health mobile clinics are reaching the most remote communities thanks to funding from the CHF in Afghanistan.

Health and nutrition are complimentary. SCI is focusing on severe malnutrition for children age 0 to 5 and pregnant women. SCI are providing health services as well as basic education to mothers in 12 provinces.

Health coverage for skilled attendants increased by 12 per cent in 2015 over 2014. Immunisation coverage increased by 41 per cent from 2014 to 2015.

“The SCI Basic Heath Care Units with increased trauma care are one of the life-saving projects which are a great achievement in reaching people in critical need,” said Doctor Ghulam Haidar Rafiqi, WHO Emergency Professional Officer.

USAID/OFDA’s crucial funding has enabled SCI and the WHO-led Health Cluster emergency response activities to deliver support for families in need across Afghanistan through effective coordinated humanitarian response.

Working together to deliver in the field: ACBAR “Twinning Programme”

“The most useful part of the twinning programme was the feedback of this program for our strategic plan and our monitoring and evaluation system”

-Mohammed Hassan Engineer, ADA

The ACBAR Twinning Programme is designed to bolster the capacity of national NGOs by improving their ability to assess, respond to needs and expand service delivery with greater efficiency and accuracy.

Humanitarian needs assessment teams in Kunduz district. Credit: OCHA

Donors’ demands for accountability are increasing. Consequently humanitarian focused national NGOs are struggling to meet donor requirements. The Twinning Programme builds partnerships between national and international NGOs. These provide mentoring and guidance to their Afghan counterparts on institutional management and humanitarian practices in order to increase ability to receive donor funding. Based on national NGO priorities identified through analysis, international NGOs provide on the job mentoring, joint field visits, and technical advice. In turn, ACBAR regularly reviews policies and systems and provides trainings which address identified needs. NGOs will also help in accessing donor resources and increasing eligibility to meet donor requirements for funding, proposal writing and reporting.

“In the Twinning Programme, our international partner NGO has provided trainings for our organization and with the consultation of our partner NGO we could review the documents and manuals of our organization. We are now working on a joint proposal for CHF,” said Arifullah Azimi, an engineer working with the Agency for Rehabilitation and Energy conservation in Afghanistan (AREA).

The DFID/UKAid funded ACBAR Twinning Programme is a four year US$2.9 million (£2 million) investment in national NGOs to enhance their ability to assess humanitarian needs and increase capacity to access donor funding.

“The Twinning Programme has helped to improve the capacity of our organization and our staff and we have received several trainings through this programme as well as it helped us to be registered with UN,” said Mohammad Hassan, an engineer with the Afghan Development Association (ADA).

Throughout the first year of the Twinning Programme, ACBAR and international NGO partners reviewed 78 national NGO policies in order to make them applicable to each individual organization and conducted more than 20 trainings on subjects including the standards for humanitarian response guidelines (*SPHERE*), disability awareness, financial management, anti-corruption and gender mainstreaming.

For the second year the Twinning Programme is developing trainings that focus on comprehensive proposal writing and addressing monitoring and evaluation needs as identified by the national NGO members and distributing funds to members for joint field visits and assessments to help humanitarian partners deliver more efficiently.

ACBAR STATISTICS:

NNGOs mapped:	>130
Twinning Trainings Conducted	19
SWOT analysis conducted	23
Policies reviewed	78

“As a collective ‘voice’ of *NGOs operating in Afghanistan, ACBAR is dedicated to aid effectiveness, capacity development, advocacy, coordination and information exchange services to address humanitarian recovery and sustainable development needs of the country” (http://www.acbar.org)*

Humanitarian access: aid workers incidents

INCIDENTS IN JAN-MAY 2016

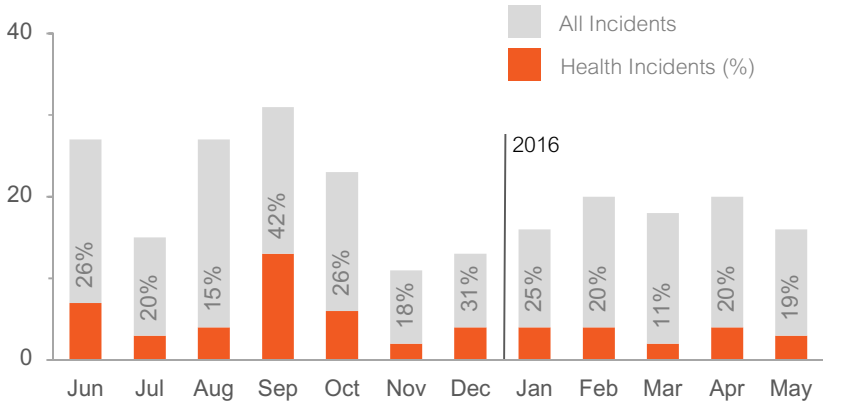
91 Incidents

06 Aid workers killed

12 Aid workers wounded

81 Aid workers abducted

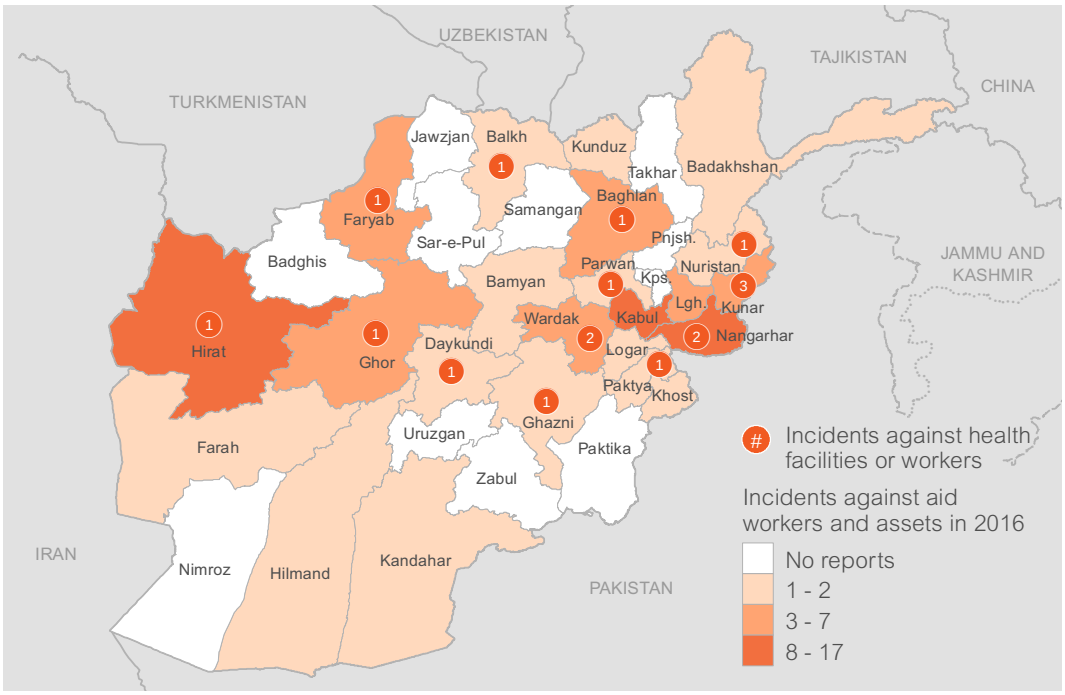
17 Incidents against health facilities and workers



Incidents of violence against aid workers and assets - January to May 2016. Data sources: Various

The total number of incidents relating to NGOs, UN and International Organizations from 1 January to 31 May 2016 stands at 91 which is slightly less than 2015. To date in 2016, national and international NGOs are the most directly affected with 56 incidents. Six aid workers have been killed, 12 injured and 81 abducted.

The number of security incidents across the country is consistent with 2015 numbers, but there has been a significant increase in armed clashes as a percentage of overall security incidents. This has manifested itself by way of increased large scale ground engagements which have led to a reduction in access to many areas and for longer periods of time.



Incidents against aid workers & assets - January to May 2016. Data sources: Various

Funding

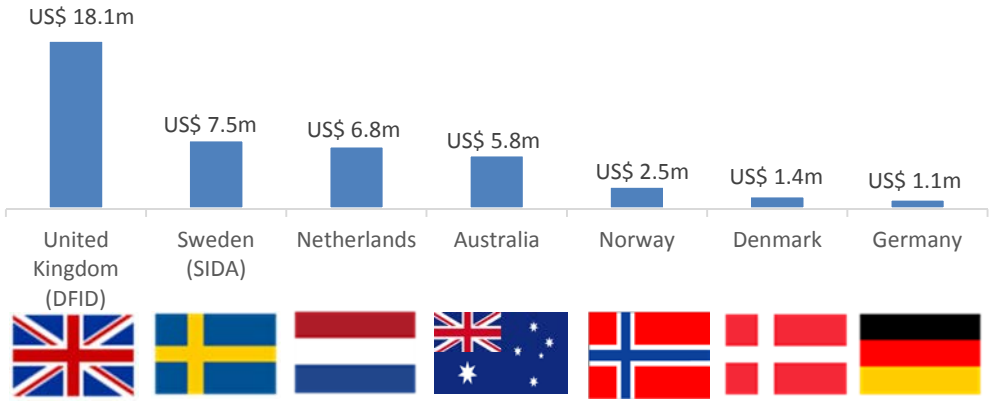
The Humanitarian Response Fund (HRP) is currently funded at US$72 million or 18 per cent of the US$393 million requirement. As of the first quarter of 2016, a total of US$1.8 million has been reported as received by the Health Cluster partners in-country compared to the US$40 million health financial requirements for 2016, or 4 per cent. A total of US$3 million is recorded online on the Financial Tracking Service (FTS).

The Health Cluster's priorities for 2016 remain: service provision to people affected by conflict; access to critical health services for populations residing in white areas uncovered by the Basic Public Health System and responding to emerging critical needs in other identified priority areas (including the management of public health outbreaks exceeding emergency thresholds and ensuring access to primary health care services in areas with overstretched capacity to support high concentrations of displaced persons or returnees).

CHF funded TDH community based child protection and mine awareness in Nangarhar province. Credit: OCHA

With pledged contributions received from the dedicated donor governments of Australia, Denmark, Germany, Netherlands, Sweden and the United Kingdom, the Humanitarian Coordinator designated US$20 million for the CHF First Standard Allocation of 2016.

A total of USD 43.2 million has been pledged, as indicated below. The most recent pledge of US$2.5 million was announced in Afghanistan on 14 May 2016 by the Foreign Minister of Norway.



Pledged contributions as of 31 May 2016. Data source: MPTF Gateway

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