Humanitarian Bulletin
Afghanistan

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Polio eradication campaigns in Afghanistan continue to be challenged by security and access issues. Photo: S.Ramo/WHO

In this issue

HIGHLIGHTS

- A new NRC/ATR report to be released soon highlights that the humanitarian community in Afghanistan must do more to improve access and meet needs in hard to access areas if it is to uphold humanitarian principles.
- UNAMA's 2016 Protection of Civilians report reveals that civilian casualties last year hit a record high; with more children than ever before recorded as affected.
- We speak to Basia Haidari, a female aid worker for IMC in Kunduz, who tells us about the importance of having female staff to reach vulnerable Afghan women.
- The 2017 Humanitarian Response Plan was launched on 21 January; requesting US$550 million to reach 5.7 million of the most vulnerable and marginalised Afghans with humanitarian assistance.

HUMANITARIAN RESPONSE PLAN 2017 FUNDING

550 million
request (US$)

39.6 million
received (US$)

(Reflects funding on Financial Tracking Service as of 31 Jan 2017)

Source: http://fts.unocha.org
More on funding on page 7.

Humanitarian Action in Hard to Access Areas

In Afghanistan, delivering humanitarian services in hard to access areas remains extremely challenging. Agencies engaged in these activities are hampered by two major obstacles: a lack of reliable information on humanitarian needs in inaccessible areas, and challenges in gaining access to areas beset by insecurity and conflict. To address this situation, humanitarian actors need accurate data to properly account for needs in hard to access areas and devise ways to deliver services to the populations located in these areas.

Through CHF funding, the Norwegian Refugee Council commissioned ATR Consulting to assist humanitarian agencies in addressing these obstacles by providing more comprehensive information on humanitarian needs and methods of access in these hard to access areas. ATR surveyed approximately 10,000 households in five provinces of Afghanistan (Baghlan, Badghis, Farah, Faryab and Zabul) where humanitarian access is a persistent challenge, to compare humanitarian needs in both easy and hard to access areas, with a particular focus on the needs of displaced communities.

An ATR/NRC study found that certain humanitarian needs are greater in hard to access areas. Photo: Andrew Quilty

The surveys were supplemented by key informant interviews and focus groups, providing further insights on existing vulnerabilities and how access to insecure areas might be improved.

What has been uncovered is the fact that there are greater humanitarian needs in hard to access areas in the categories of WASH, shelter, access to health and markets, and education. Moreover those in hard to access areas are more likely to report issues of protection including gender based violence, forced marriage, eviction and unequal distribution of aid. When it came to GBV, men and women in hard to access areas were far more likely to mention that there was no way for women to report concerns of GBV, and if they were, that interventions were far more likely to be unsuccessful.

"No one has paid attention to our problems, but we wouldn't be able to share them with anyone if there was," said one housewife in Anar Dara district, Farah, an area

considered hard to access. In another hard to access district, Murqur in Badghis, one male farmer reported, “there hasn’t been any intervention into [our] problems by any person, institution, or government officials, because to some extent, to work in this area is very difficult”.

This absence of intervention is overwhelmingly due to a lack of access. Access must improve for those in the humanitarian community to carry out assessments and provide assistance for those in need.

IDPs generally suffer from worse housing conditions and more economic vulnerability. Photo: Danielle Moylan

Looking at displacement, the surveys found that IDP households tend to gravitate in slightly greater numbers in easy to access areas, likely owing to better security and economic opportunities. IDP households living in these areas are more likely to want to remain in place rather than to return home. IDPs certainly suffer more than non-displaced persons with vulnerabilities generally more pronounced amongst displaced households when compared to their host population. In particular, IDP households generally suffer from worse housing conditions and more economic vulnerability, including higher household expenses and less preparation for unexpected economic shocks.

For many of those living in hard to access areas, participating in a household survey was a very new thing, a first chance for them to have their voices heard. Those living in these areas shared a story, as illustrated by some of the quotes below, where contact with the government or humanitarian agencies was a foreign concept, and that without adequate support from government, the trust they place in the state remains weak.

“Neither the government nor any organization has provided assistance to us.”
- Female, Rug Weaver, Murqur, Badghis province, Hard to access areas

“It affects people’s trust towards the government and local Shura. It reduces their cooperation in the future.”
– Male, Hafiz of Koran, Doshi, Baghlan province, Hard to access areas

“We have problems for many years but there is no one to resolve it. If we refer to the government then Taliban won’t spare us, and if we refer to the Taliban, then the government won’t spare us.”
- Male, Tribal Elder, Shahjoy, Zabul province, Hard to access areas

Thus when answering the question of how humanitarian needs in hard to access areas of Afghanistan compare with needs elsewhere in the country, it is clear that for certain humanitarian indicators, the needs are greater. As these areas are deemed hard to access, the humanitarian community must do more to improve their access and meet these needs if it is to uphold its humanitarian principles. This means more resources need to be allocated to better understand how access works, and organisations need to better strategise their approach to access by prioritising local recruitment of field teams, and employing a more provincially diverse staff across their respective organisation.

ATR contributed this article. The full report is expected to be released shortly; with copies available by contacting info@atr-consulting.com

Names have been omitted for this report for protection reasons.

UNAMA: civilian casualties hit record high

2016 was another record year for civilian casualties in Afghanistan, with 11,418 conflict-related casualties, including 3,298 killed and 7,920 injured, according to UNAMA, who documented the toll in the Protection of Civilians in Armed Conflict 2016 Annual Report.

The figures are the highest recorded since the UN began systematically documenting civilian casualties in 2009. Of particular note, one-third of the overall total were children – including 923 dead and 2,589 injured, a jump of 23 per cent on the previous year.

AFGHANISTAN PROTECTION OF CIVILIANS IN ARMED CONFLICT 2016

QUICK FACTS:

- 11,418 conflict-related civilian casualties recorded in 2016
- One-third of the casualties were children – including 923 killed
- 2016 the highest total since UNAMA began recording in 2009
- Ground engagements the leading cause of civilian casualties
- 2016 also saw record levels of conflict displacement, accompanied by loss of livelihoods and property and restricted access to health and education

"Yet another record year of civilian suffering in Afghanistan," said Tadamichi Yamamoto, the UN Secretary-General's Special Representative for Afghanistan. "Unless all parties to the conflict make serious efforts to review and address the consequences of their operations, the level of civilian casualties, displacement and other types of human suffering are likely to remain at appallingly high levels."

Bibi Nesar and her husband were both injured and forced to flee due to fighting Photo: Sune Rasmussen

UNAMA's report noted that, as in 2015, ground engagements between anti-government elements and pro-government forces, particularly in areas populated or frequented by civilians, remained the leading cause of civilian casualties, followed by improvised explosive devices, suicide and complex attacks, as well as targeted and direct kilings.

As noted in the 2017 Humanitarian Needs Overview, the intensification of the conflict, as well as the trend towards a conflict dynamic of violent clashes within populated areas, in addition to resulting in greater civilian casualties, has created volatile and uncertain environments for civilians, causing immense psychological distress. At the same time that civilian casualties are rising, so too is internal displacement – with 2016 seeing a record 646,698 Afghans flee from their homes due to conflict.

In Kabul in November, Bibi Nesar (pictured), a 50 year old woman from Kunduz, sat in a small tent with her husband. In 2015, when Kunduz was temporarily seized by the Taliban, their home was showered in shrapnel, resulting in her losing an arm and her husband being blinded in one eye. In October 2016, when fighting again broke out in Kunduz, they didn't want to risk further injury or even death – and so fled as soon as possible, paying an exorbitant amount to a taxi driver to flee to the relative safety of Kabul. "There were dead bodies everywhere (when we fled)," said Bibi Nesar. "I tried not to look at them".

UN High Commissioner for Human Rights, Zeid Ra'ad Al Hussein, said the casualty figures painted a picture of the most vulnerable sectors of society paying the highest price. "Children have been killed, blinded, crippled – or inadvertently caused the death of their friends – while playing with unexploded ordnance that is negligently left behind by parties to the conflict," he said. "And the consequence of each act of violence ripple through families and entire communities that are left broken, unable to sustain themselves and largely failing to obtain any semblance of justice of reparation."

The full report is available for download at https://unama.unmissions.org/

Female aid workers in Afghanistan: essential to reach the most vulnerable

Basia Haidari is a provincial officer for the International Medical Corps in Kunduz, working to provide GBV survivors and female IDPs with comprehensive psychosocial support and counselling services, women-friendly health spaces, basic life skills and vocational training and referral services. For many of the women who come to IMC's women-friendly health spaces, it is a rare opportunity to leave their homes, learn new skills and socialise, as well as receive important protection assistance. We spoke to Ms. Haidari about her work, and the importance of female aid workers in Afghanistan, where cultural barriers often mean that vulnerable women feel unable to seek help unless they can interact with another woman.

Tahera is a volunteer WHO polio worker in her community, administering vaccines and educating families to help eradicate polio in Afghanistan, which remains one of three polio-endemic countries in the world.

Female polio workers are instrumental in gaining the trust of communities and encouraging mothers to get their children vaccinated.

"*I am proud of my job and my family is proud of me too. I really enjoy interacting with people and making connections*," Tahera says.

"*The best thing about my work is helping women and children and spreading awareness about the problems that are caused if children are not vaccinated*."

Photo/interview: S.Ramo/WHO

"There are many vulnerable women in our community, particularly IDPs. They come to us with confidence, and can sit and tell us their problems freely because there are female officers to help them. Their families also support them to come here, as they know women work here and are in charge, if there were just men [working here] they wouldn't be allowed and they definitely wouldn't talk about their issues so openly and believe they would get help.

Basia Haidari works with IMC in Kunduz, supporting vulnerable women in the community: Photo: supplied

I started working with IMC because I wanted to serve my people and my homeland. I am one of nine women working here for IMC in Kunduz. Afghanistan has a real lack of capacity in the health sector, and research has shown that women and children suffer the most because of these gaps. This was a significant motivating factor for me.

It is very difficult for women to work outside in our traditional society. However, it is also taboo, especially in conservative families, for women to see a male doctor or health professional. With so few women working, that is why we see so many women in Afghanistan who do not seek out medical help, even when giving birth.

I have had so many times when I have been proud of my work and how we have helped women. One lady, called Zarin, was forcibly married at the age of nine to a man with serious mental issues. Zarin had six children, and because of her difficult situation, she had become depressed and suicidal. Our workers identified Zarin in her community as being at risk and was referred to us to learn quilting. She learned quilting but also received intensive care from our staff, including counselling. She has now much improved and everyone now knows her as the 'teacher of quilting'!

Another time that stands out was when a disabled IDP woman came to our health clinic with a sick child. Her child needed urgent treatment, and I immediately referred her to a private clinic and provided her clothes and quilts made by our students. I doubt she would have come to our clinic if men were running the program.

I am proud of my work as an Afghan woman. Very importantly, my family has supported me with my job. They are proud that I serve the war-affected people."

2017 Humanitarian Response Plan Launch

The humanitarian community and Afghan government jointly launched the 2017 Humanitarian Response Plan on 21 January 2017 at Sepidar Palace in Kabul, calling for US$550 million to support, through coordinated action, the most vulnerable and marginalised Afghans in 2017.

Chief Executive of the Islamic Republic of Afghanistan, H.E. Dr. Abdullah Abdullah, speaking at the 2017 HRP Launch.

Chief Executive of Afghanistan, H.E. Dr. Abdullah, with the UN Humanitarian Coordinator, Mr. Mark Bowden, hosted the launch, with more than 100 government officials, donors, local and international journalists, UN agency and international NGO and local NGO representatives in attendance. H.E. Anders Sjöberg, Swedish Ambassador, and Mr. Dejan Panic, Programme Coordinator for EMERGENCY, also gave keynote speeches.

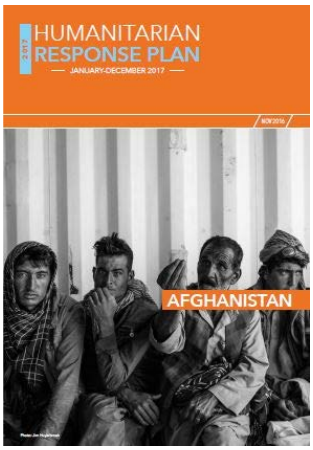
Speaking to the room, Dr. Abullah reflected on the significant levels of humanitarian funding provided by donors last year. “In 2016, the generous levels of support – some US$441 million in humanitarian funding – demonstrated the international community’s enduring commitment to the people of Afghanistan,” he remarked.

Dr. Abdullah’s sentiments were echoed by Mr. Bowden, who noted that “the humanitan community in Afghanistan has been tireless in efforts to save lives and reduce the suffering of millions of people. However, the current scale of need in Afghanistan calls upon the humanitarian community to deliver increased levels of assistance to ensure the lives of many Afghans are not endangered, and so that they can live in safety and dignity.”

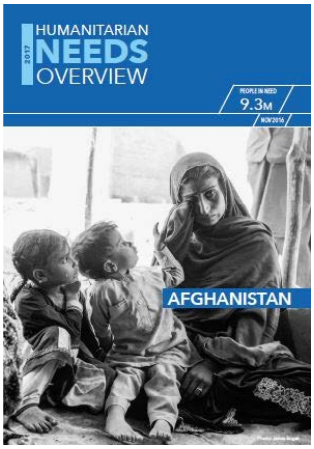
The 2017 HRP prioritises the needs of people in Afghanistan affected by natural disaster or armed conflict, including to ensure emergency trauma care for increasing numbers of war wounded patients. During his speech, Mr. Panic of EMERGENCY noted that in 2016 alone, EMERGENCY had cared for more than 10,000 war wounded patients. This statistic, while highlighting the increasing needs for trauma care in Afghanistan, was met with warm applause led by Dr. Abdullah, in recognition of EMERGENCY’s humanitarian services to the people of Afghanistan.

The HRP also prioritises the provision of urgent treatment to children with severe acute malnutrition, and give women access to skilled birth attendance. It also prioritises harder to access and underserved areas of the country, expanding the reach of the humanitarian response to where it is most needed.

Ambassador Sjöberg, as representative of the humanitarian donor community, welcomed the HRP, but said that more efforts should be put into increasing the role of local actors. He also reminded those attending the launch that the need for humanitarian assistance in Afghanistan had gone on “for too long. This is a failure in itself,” he said. Humanitarian aid “has unfortunately become a band aid for the unresolved conflict. We need to link humanitarian and long-term development aid much more effectively.”



2017 Afghanistan Humanitarian Response Plan



2017 Afghanistan Humanitarian Needs Overview

Both the HRP and HNO in English, Dari and Pashto are available to download here: https://www.humanitarianresponse.info/en/operations/afghanistan

Humanitarian access: aid workers incidents

TOTAL INCIDENTS FOR JANUARY 2017

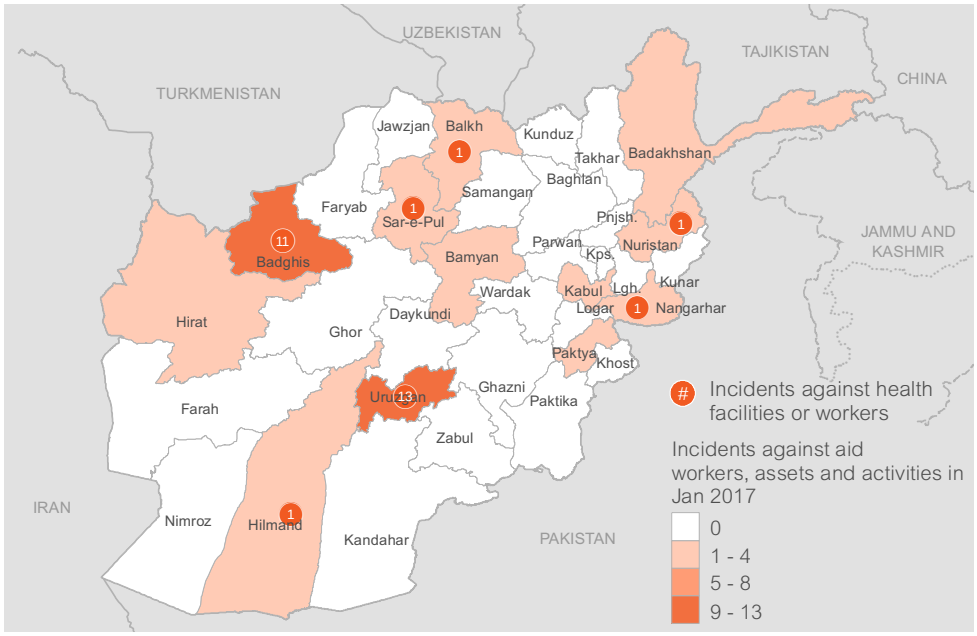
42
Incidents

1
Aid worker killed

1
Aid worker wounded

0
Aid workers abducted

29
Incidents against health facilities and workers



Incidents against aid workers and assets - January 2017. Data sources: Various

In January 2017, there were 42 incidents relating to aid workers; compared to 17 in the same period last year. Of note, UN Security reported 1,833 security incidents occurred across Afghanistan in the past month, the highest number recorded in January over the past 10 years. Threat reporting has also significantly increased during the month indicating that the conflict tempo continues to rise and as consequence will continue to impose access constraints and pose access challenges for aid workers to respond and deliver.

Health facilities and workers in Afghanistan continue to be affected with 29 incidents occurring during January countrywide. These incidents ranged from intimidation of staff, closure of clinics due to intimidation, theft of an ambulance, arrest of an NSAG-affiliated person by NDS while receiving treatment, an IED placed outside an NGO clinic, and several clinics unable to access resupplies.

Access spotlight: thirteen health clinics in Uruzgan denied supplies

The humanitarian community have reported that since intensified clashes broke out in September 2016, Afghan national police (ANP) have obstructed delivery of medical supplies to thirteen clinics in NSAG-held or contested areas in Tirin Kot and Chora districts, Uruzgan province. An additional health clinic in Gizab has also faced obstruction of supplies.

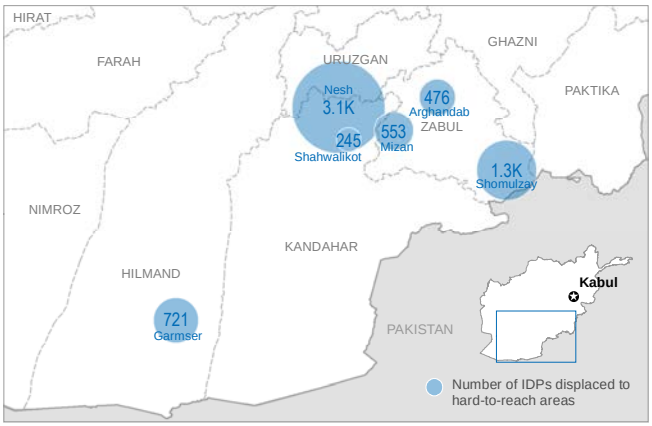
While there has been multiple engagements with local authorities and directions from the Provincial Governor and Police Chief to ANP to let the supplies through, the local ANP continue to refuse to cooperate.

In the last months of 2016, the 13 clinics began to run out of supplies, with only some limited medical items available for purchase in the local market. This put the local community – up to 30,000 people are collectively served by these clinics – at risk and unable to readily access basic medical care. With the situation increasingly critical, as an interim solution in January, a private vehicle was used to resupply 11 clinics for a period of three months, albeit at inflated delivery prices. Two clinics in Tirin Kot remain without medical supplies.

While 11 out of the 13 clinics now have sufficient stocks until April, the issue of denial of humanitarian access by ANP remains unresolved. OCHA continued to pursue the issue at a national and local level.

IDPs in hard to reach areas

In 2016, approximately 126,000 new conflict IDPs were reported as displaced to hard to reach areas. In 2017, the number of new IDPs in hard to reach areas is already at 6,650, in January, around 68 per cent of all those displaced so far. 57 per cent of those displaced are also children under 18. IDPs that are considered hard to reach are located so far predominately in the Southern region; namely Nesh (3,101) and Garmser (721) in Hilmand and Shomulzay (1,309) in Zabul.



Locations of new IDPs displaced to hard to reach areas in Hilmand and Zabul. Source: OCHA

Humanitarian Funding

The continued deepening and geographic spread of the conflict and with it increasingly constrained access to basic services, in addition to a large influx of refugees and undocumented Afghans in the second half of 2016, has prompted a 13 per cent increase in the number of people in need of humanitarian assistance in 2017 – approximately 9.3 million people. The 2017 Humanitarian Response Plan outlines the planned delivery of humanitarian assistance over the next 12 months that aims to reach at least 5.7 million of those in need at a cost of US$550 million.

Thus far, three donors – the United States, European Commission's Humanitarian Aid and Civil Protection Department (ECHO) and Denmark - have provided information regarding their 2017 Afghanistan funding intentions totaling US$66.6 million to the global Financial Tracking Service (https://fts.unocha.org/), as outlined in following table:

Donor Organisation	Funding US$	Pledges US$
United States of America, Government of	$39,600,000	
European Commission's Humanitarian Aid and Civil Protection Dept.	$20,169,851	
Denmark, Government of	$6,474,218	
Sweden, Government of		$380,393

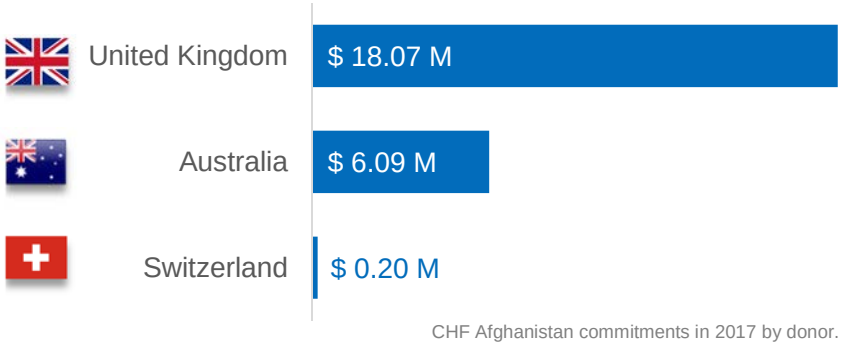
Preparations for 2017 CHF Allocations

As of 31 January 2017, the available funding for Common Humanitarian Fund (CHF) amounts to approximately US$29 million, just five per cent of the 2017 HRP funding requirement. With the launch for the First CHF Standard Allocation anticipated in mid-February, development of the allocation strategy commenced in January in accordance with the prioritisation principles applied to determine the scope of the HRP strategy, and additionally drawing on cluster-led exercises to identify the most urgent priorities and gaps in assistance within their sectors.

The total amount of funding available for this allocation is approximately US$23 million. With the approval of the Humanitarian Coordinator after discussion and endorsement from the CHF Advisory Board, the funding will be allocated to address key priorities: increasing access to life saving basic health and nutrition services; addressing basic needs of undocumented returnees and their hosts; response to neglected needs exacerbated in a deteriorating humanitarian and protection environment; and Emergency Response Preparedness. In addition, US$6 million will be set aside for the CHF Reserve to enable flexible response to new, unforeseen humanitarian emergencies, activated by the Humanitarian Coordinator as and when need arises.

In 2017, the CHF- Afghanistan will receive contributions totaling around US$24 million, thanks to multi-year commitments from key donors dedicated to coordinated humanitarian response in Afghanistan:

Funding by Donor



CHF Afghanistan commitments in 2017 by donor. Source: OCHA

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