

HIGHLIGHTS

- Patients in need of trauma care often can rely only on humanitarian partners for treatment.
- Communities are forced into displacement in contested, formerly peaceful, areas.
- An Afghan grandmother speaks of her dire living conditions in displacement.
- 60 incidents against the health sector have been registered since January.
- Funding received for the Afghanistan HRP ranks in the global mid-field.

HUMANITARIAN RESPONSE PLAN FUNDING 26% FUNDED

550 million
requested (US\$)

142.8 million
Received (US\$)

<http://fts.unocha.org>
by 11 June



In this issue

- Kabul bombing aftermath P.1
- Situation in Jaghori district P.2
- Sadiqa's ordeal in displacement P.3
- Funding for HRP in global mid-field P.5

Humanitarians asked to fill gaps in trauma care

The bomb blast that killed more than 150 people and wounded more than 300 on 31 May in Kabul was a stark reminder, that medical trauma care remains a priority in Afghanistan. Medical facilities across the capital struggled at times to respond to the influx of victims from one of the bloodiest attacks in over 15 years.

The Emergency Hospital run by the international NGO Emergency, only a few hundred metres from the blast site, treated 69 injured that day, 8 of which were dead on arrival. Toby Lanzer, Humanitarian Coordinator for Afghanistan, visited patients at the hospital in the afternoon, once surgeons, doctors and nurses had taken care of them.

"I came here to pay my respect to the people injured in this heinous attack," Mr. Lanzer said. "My thoughts are with the thousands of Afghan women, girls, boys and men whose lives have been irrevocably shattered today."

Before leaving the hospital, he and the Head of OCHA in Afghanistan, Dominic Parker, donated blood.

The Italian NGO Emergency started work in Afghanistan 17 years ago and is currently operating three surgical centres in the country. To improve trauma care in the capital and referral capacities for victims of conflict from rural areas, the hospital opened four additional surgical theatres last year. The expansion was funded with over US\$1.3 million from the Common Humanitarian Fund (CHF) - Afghanistan, administered by OCHA.

Humanitarians strive to improve access to essential life-saving services

Intensified conflict across the country is adding further stress on Afghanistan's already weak health system. Last year, humanitarian partners treated over 100,000 trauma patients, more than 60,000 of which had been wounded by weapons and explosives.

For 2017, partners of the Health Cluster are requesting over \$52 million, with the main priority to improve access to essential life-saving services for at 3.8 million people. An important element is strengthening trauma care services at all levels, including establishing so-called First Aid Trauma Posts (FATP) in rural areas.

The NGO Youth Health & Development Organization (YHDO) is one of the partners who established four such posts in Balkh, Logar and Kapisa provinces with \$214,000 from the CHF. When 11 people died mid-May because their vehicle rolled over a landmine in Agha District, Logar, the three surviving children received first aid trauma care in such a FATP. Once stabilised, they were transferred to the Emergency Hospital in Kabul for further treatment.



Toby Lanzer at the bed of a patient with brain injury after the 31 May bombing in Kabul. Photo: OCHA/Kropf

“It is like holding two melons with one hand. My whole family was in danger.”

Shifting front lines and growing suspicion

In May, intensified conflict was observed notably in Kunduz, Kunar and Nangarhar provinces. More than 88,000 people were displaced last month, up from 82,000 in April and a bit less than in March when 92,000 people were forced to flee their homes. In contested areas, communities are under pressure from all sides, notably if control of a village shifts back and forth repeatedly. For the villagers of Nawa, a small village in Nesh District, Kandahar, such conflict dynamic ended in displacement.

Nawa violently changed hands four times between Government forces and members of a Non-State Armed Group (NSAG) last March before 700 families fled the area. The majority sought refuge in safer districts, others went to Kandahar City, like the family of village elder Mohammed Gulab who arrived with 16 relatives, 9 of them women and children. Gulab's eldest son has just finished studying a degree in education and hopes to get a teaching job in the city. For now, he is working as a labourer.

Each party to the conflict suspected villagers of colluding with the enemy

“It's like holding two melons with one hand,” Mr. Gulab explained the impossible situation he found himself in. Each time control of his village went from one faction to the other, villagers faced mounting suspicion of having colluded with the previous occupying force. “My whole family was in danger. There was no way we could stay there any longer”, he remembers. The last news he got from his village, was that his home had been looted.

Most families fled with only few belongings, meaning they are now forced to take on debt for basic housing and food, or simply live in open areas. Humanitarian response in Kandahar City is complex and difficult with displaced families widely dispersed and living amongst local communities. After several phases of assessments, response has come underway by interagency teams.

Cash, food and hygiene kits in Kandahar

Mr. Gulab's family was one of those recently assisted. Hundreds of people had gathered to receive cash, food, and hygiene kits in the 36-degree heat of Kandahar City.

They received cash transfers via the Norwegian Refugee Council (NRC), food distributed by WFP's partner Humanitarian Action for the people of Afghanistan (HAPA) and hygiene kits from UNICEF. “Some of the money I will use to pay off my debt, some will go towards the rent and the remainder will be used to buy food”, he said.

He hopes to return to his village, one day, but as most of the families in need of assistance, he doubts that this will be any day soon.



Inter-agency distribution in Kandahar city.
Photo: OCHA/Nicholas Helton

Humanitarian mission reaches Jaghori by air

End of May, a team from the NGO Danish Committee for Aid to Afghan Refugees (DACAAR) and OCHA visited Jaghori district in Ghazni Province. Access by air to the district has recently been established, thanks to PACTEC flights (*see Bulletin 63, April 2017*). The area had been spared from violence in general, but has taken up displaced communities from people fleeing fighting in neighbouring districts in the past months.

The mission met with local authorities and humanitarian partners. Issues raised were notably the high number of displaced families — earlier assessments by the NGO Danish Refugee Council (DRC) identified a total of more than 430 families being in need of humanitarian assistance — that are putting additional strain on service and infrastructures like schools and health care. Some 169 families have already received cash assistance through NRC, assistance to 166 more families is pending.

Field visits to displaced communities showed a mix of older and newly displaced families, the majority who had fled from Siro, Khas district, in Uruzgan Province.



The mission was greeted by the District Governor of Jaghuri (m.) on the airfield. Photo: OCHA/Amir Khan Sabari

Newly arrived displaced families find shelter in abandoned houses

Most families reported that they had to flee their houses at night and were not able to take any of their belongings with them. While earlier arrivals have been able to rent accommodation, the newly arrived families mostly shelter in abandoned houses where they work on the fields of the owners or try to make an income as day labourers.

The mission recommends, that the few humanitarian partners working in the zone start coordinating their efforts on district level, notably as further arrivals into the area are expected in the near future, including from secondary displacement (*see article below*).

Sadiqa, a grandmother twice displaced

“They forced us to give them food, housing and money. We could not fetch water from the water points anymore, as they did not let anyone outside, especially us women.”

“The life of my family changed, when the armed men came to our village”, says Mrs. Sadiqa, a grandmother from Siro village, Khas, Uruzgan, referring to the NSAG that took control of Siro last year. The members of the NSAG took over Sadiqa’s family home as a base in the fighting with ANSF who attempted to regain control of the village.

Soldiers fired their rifles and rockets towards her home, killing five and injuring more, she says. Due to the risk of being hit in cross-fire, teachers and pupils stopped going to the school that was then taken over by the NSAG. They also brought their wounded to the health centre and intimidated the staff to keep the available medicine for the combatants and not for the civilians. Everyday life became unbearable: “They forced us to give them food, housing and money,” she remembers. “We could not fetch water from the water points anymore, as they did not let anyone outside, especially us women.”

After a food ration for one month, all they could do was to go begging in the streets

The village elders decided to leave the village and seek safety in Uruzgan city. “We left with nothing, we barely could pay for the taxi to bring us to the city.” Mrs. Sadiqa and her family lived in an informal displacement site, in a tent built from scraps of cloth and old plastic bags.

Humanitarian partners gave the families some blankets and one food ration for a month, but after that their only livelihood became begging in the streets of the city. The children were not accepted in the local school, because the parents could not afford stationary or books. “We had no status in the community and that meant that our children would remain poor and illiterate,” she says.

Drinking water came from open canals running past the site, there were no latrines and children were getting diarrhoea and dysentery. “We grandmothers tried to take care of the sick girls and boys, but it was very hard to keep them alive,”



Mrs. Sadiqa interacts with aid workers in Jaghori district. Photo: OCHA/Amir Khan Sabari

“One of my grandsons got sick but there was no money for medication. We buried him somewhere near the city.”

she says. “One of my grandsons got sick and we had no money for medication. We buried him somewhere near the city,” she recalls, weeping.

The NSAG sent letters to the families, threatening them and ordering them to come back to their village. Again, life became unbearable for Mrs. Sadiqa and her family. After six months of displacement in Uruzgan city, the elders decided to move again, on to Jaghori district.

In an area only recently being affected by the arrival of displaced communities, the local community was more generous to the newly arrived and treated them better. Two of her sons work as day labourers, to pay for food and household items.

One day, the elders of the displaced community and DRC aid workers came to her while conducting a humanitarian assessment of displaced families. She was selected amongst the most vulnerable displaced from Siro for unconditional cash assistance totalling AFN30,000. “The first thing I did was buy medication for my 3-year-old grandson who did not stop coughing,” she says. She also bought food for her family: flour, cooking oil, pulses and salt.

This is most probably the last assistance she will receive from humanitarian partners. Sadiqa and her family have been in displacement for more than half a year, already, and have joined the ranks of an estimated 325,000 girls, boys, women and men in protracted displacement across the country, one fifth of them not knowing where their next meal will come from. Her family is one of the thousands of Afghan families grappling for livelihoods in what amounts to urban poverty in an ambiguous and transient existence, with little hope to return to their area of origin any time soon.

Humanitarian access: aid worker’s incidents

Incidents against aid workers, assets and activities (January – May 2017)

INCIDENTS IN JAN - May 2017



128
Incidents



9
Aid workers killed



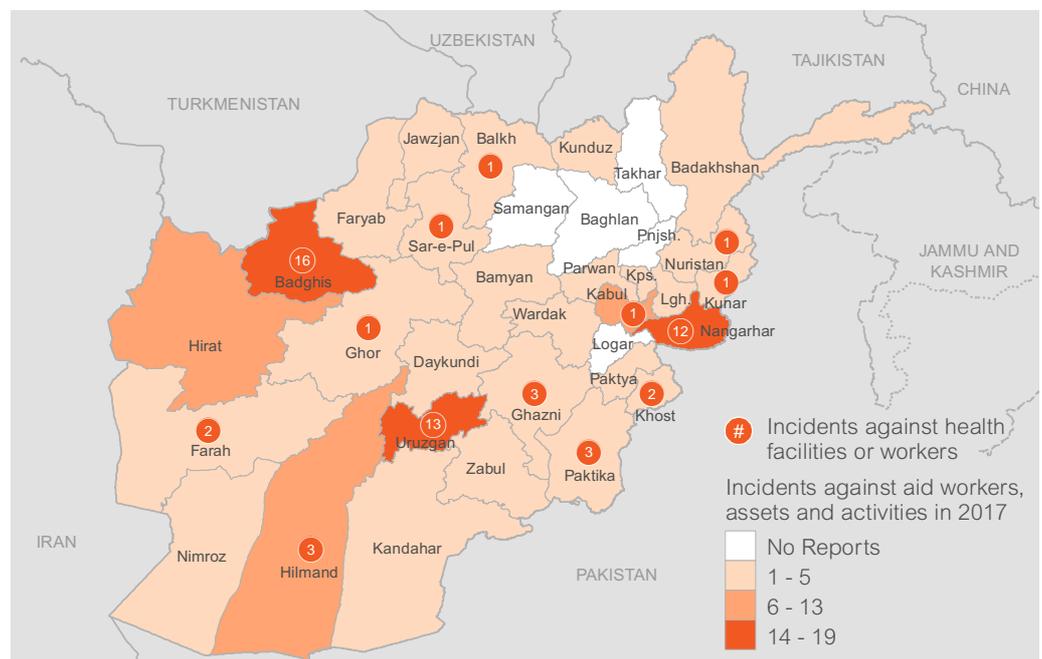
9
Aid workers wounded



18
Aid workers abducted



60
Incidents against health facilities and workers



Source: various

The overall trend of incidents recorded against aid workers and facilities during May remains consistent with the previous month with an increase by three to seventeen incidents. Sadly, two aid workers were killed in the same incident in Kabul (one international staff member and one national guard) during the reporting period. One international aid worker was abducted during the same incident and is still missing.

The Western Region witnessed a spike in abductions with three aid workers abducted in Farah, three in Herat and three in Ghor. Additionally, there was one aid worker abducted in Faryab province. All ten have been subsequently released.

The Access Monitoring and Reporting Framework (AMRF) tracks nine different access constraints and is the foundation for evidence-based advocacy.

A total of sixty incidents were recorded against health workers, facilities and activities during the first five months of 2017; an increase of 30% on the same period in 2016. The majority of these incidents were recorded in the provinces of Badghis (16), Uruzgan (13) and Nangahar (12).

Humanitarian Access Group activity update

In May, the Humanitarian Access Group (HAG) notably provided support and assistance to several NGOs and UN entities with operational access issues in the field and briefed partners on the Access Monitoring and Reporting Framework (AMRF). This new tool measures nine different access constraints across the country to ensure tracking of incidents and to deduce trends and impact on programmes. This in turn allows field colleagues to take informed decisions and allows for evidence-based advocacy on higher level, if needed.

Further, the HAG met with the Inter-Cluster Coordination Team (ICCT) and the Health Cluster to review delivery indicators under the access programme of the Humanitarian Response Plan (HRP) for the second half of the year. Members of the HAG also visited the Western Region access group in Herat to further brief them on pending issues and to collect feedback on regional access issues. Finally, the HAG briefed the UN security management team on the humanitarian perspective of the use of armed escorts and notably the consequences of this and alternative modalities.

The purpose of the HAG is to support the humanitarian community in delivering timely and effective humanitarian assistance across Afghanistan. For further information, contact Mr. Johnny Ridge, ridges@un.org, or Ms. Melody Knight, melody.knight@nrc.no.

Opportunity to exchange for access negotiators

Harvard University in conjunction with the Center of Competence for Humanitarian Negotiators (CCHN) is offering several four-day workshops until the end of the year for humanitarian professionals engaged in frontline negotiation.

The workshops are intended to build capacity to address recurring challenges and dilemmas of humanitarian negotiation in complex environments and to provide a space for critical reflections, peer learning, informal exchanges and to foster a community of practice. Please consult <http://atha.se/negotiationworkshop> for more specific information.

CCHN was officially launched in October 2016 by a strategic partnership made up the Centre for Humanitarian Dialogue (HD), International Committee of the Red Cross (ICRC), Médecins Sans Frontières (MSF), UNHCR and WFP.

Funding for Afghanistan HRP ranks in mid-field

The 2017 HRP for Afghanistan aims to reach 5.7 million Afghan women, girls, boys and men in need of humanitarian assistance. The humanitarian community has called for US\$550.2 million in contributions. To date, \$142.8 million have been received towards this years' Humanitarian Response Plan (HRP).

The humanitarian community in Afghanistan benefits from steadfast support of donor governments dedicated to a strategic and coordinated humanitarian response. In 2017, the biggest contributions towards the HRP to date have come from the European Commission, the United Kingdom, Germany, Japan and Denmark (see [table](#)).

The Afghanistan HRP is currently funded with 26 per cent. Out of the 30 response plans seeking contributions worldwide, the Afghanistan HRP ranks in the mid-field both for received absolute funding (position 15) an in percentage funded (position 17).

Donor	US\$
European Commission	\$23.9M
United Kingdom	\$18M
Germany	\$14.9M
Japan	\$11.8M
Denmark	\$11.5M
Sweden	\$9.9M
Australia	\$9.8M
United States of America	\$9.8M
Canada	\$8.1M

Source: FTS, 12 June 2017

The highest funded HRPs globally are the appeals for the Syria crisis, South Sudan, Yemen, Somalia and Iraq.

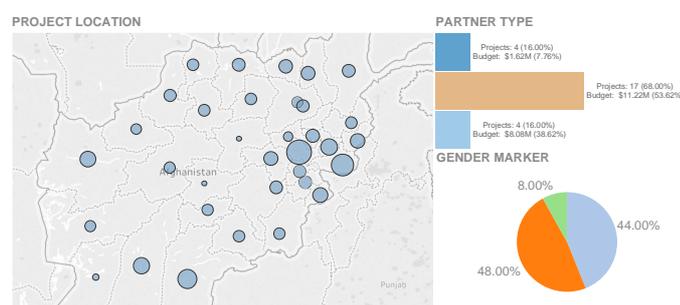
The humanitarian appeals with the highest amount of funding are currently those for the Syria crisis and the appeals for South Sudan, Yemen, Somalia and Iraq.

In addition to the HRP, Afghanistan has received \$66.3 million for humanitarian activities. It is expected that some of this funding will go towards the HRP once the funded activities of the newly arrived contributions are reflected in the Financial Tracking System. In total, the humanitarian funding for Afghanistan is currently at US\$220.5 million (as of 11 June 2017).

Business intelligence for proposal writers

Implementing partners use OCHA's Global Management System (GMS) to submit project proposals and reports for their respective Country-based Pooled Fund (CBPF) and OCHA's Humanitarian Financing Unit, which is in charge of pooled funds monitors full projects' life cycles using GMS. All the information collected by the GMS is now available online.

Donors can use the GMS Business Intelligence tool to analyse the use of funding according to total disbursements by year, type of allocation, type of partner organization and other factors. Implementing partners can also benefit from it to track projects implemented in the past in order to better target their project proposals in the future.



GMS shows allocations for projects financed by a pooled fund like the CHF – Afghanistan according one of several parameters chosen. Source: GMS

GMS Business Intelligence can be accessed here: <http://gms.unocha.org/bi>

Reliefweb launches new app for mobile phones

The application offers the latest situation reports, maps, updated key figures, financial status and detailed breakdown by cluster and donors on the mobile phone.

Reliefweb published its improved application for mobile devices, to put information and news for over 20 countries at the fingertips of the humanitarian community. The application offers the latest situation reports, maps, updated key figures, financial status and detailed breakdown by cluster and donors. It also shows contact information of humanitarian workers in country, job openings and training opportunities.

The information is collected from different sources, including Humanitarian Data Exchange (HDX), Financial Tracking Service (FTS) and INFORM, the risk assessment platform of the Inter-Agency Standing Committee Task Team for Preparedness and Resilience and the European Commission. The application is available for download for Android and iOS operating systems here:

<http://labs.reliefweb.int/apps/crises#features>



Source: ReliefWeb

For further information, please contact:

Dominic Parker, Head of Office, OCHA Afghanistan, parker@un.org, Tel. (+93) 793 001 101

Charlie Ashley, Deputy Head of Office, OCHA Afghanistan, ashley@un.org, Tel. (+93) 793 001 128

Philippe Kropf, Public Information Officer, OCHA Afghanistan, kropf@un.org, Tel (+93) 793 001 110

For more information, please visit www.unocha.org | www.reliefweb.int

<https://www.facebook.com/UNOCHAafghanistan>

<https://twitter.com/OCHAafg>