

HIGHLIGHTS

- The humanitarian community is mobilizing to provide life-saving, emergency assistance to vulnerable Afghan families over winter. However, a longer-term view is essential to break cyclical patterns of need.
- For IRC, cash assistance to respond to emergencies is working: their global strategy aims to increase use of cash in humanitarian assistance from about 6 per cent in 2015 to 25 per cent by 2020.
- A new study examines the way conflict affects how humanitarian organisations operate.
- WHO report that with the large number of returnees, health services are overstretched.

HUMANITARIAN RESPONSE PLAN FUNDING

339 million

MYR revised request (US\$)

198.9 million

received (US\$)

(Reflects funding on Financial Tracking Service as of 1 Dec 2016)

Source: <http://fts.unocha.org>
More on funding on page 8.



A baby born as an IDP in Hirat, Afghanistan. In addition to record numbers of IDPs, more and more Afghan families are living in prolonged displacement. Photo credit: Danielle Moylan

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Winter Planning Aims to Save Lives

Winter in Afghanistan can be bitterly cold, and for many vulnerable Afghan families – internally displaced persons (IDP) and recent returnees from Pakistan included – the cold season is a challenging time with exacerbated humanitarian needs. Acute respiratory illnesses (ARI), largely pneumonia, is a leading cause of death among children under 5 years in Afghanistan, and recorded cases increase significantly over winter. According to DEWS (the Disease Early Warning System), in the last week of November, over 120,000 ARI cases and 22,000 pneumonia cases were recorded, compared to 80,000 and 13,000 cases recorded respectively in one week in May.

For the coming months ahead, seasonal forecast models indicate that Afghanistan will experience average to below average rain and snowfall, and above-average temperatures, resulting in the likelihood of a relatively mild winter ahead. Even so, early and heavy snowfall has already impeded access to at least 13 districts in Northern provinces, including ten in Badakhshan. As winter progresses, other districts across Afghanistan will become hard to access or completely cut off, due to heavy snowfall and the impact of winter rains on already very poor roads. This is particularly expected in the central highlands region.



Twelve per cent of the total population is likely to be exposed to severe weather conditions. Photo: UN

Even for families not necessarily cut off during the winter months, the season can still result in greatly increased challenges, particularly for those who are already extremely vulnerable. Many IDPs and impoverished families rely on precarious daily labouring income, of which there are fewer opportunities during winter. Wheat grain prices tend to rise substantially – between 10 and 25 per cent on average - during the autumn and winter particularly in areas where extreme weather impacts market access. This leads to greater food insecurity for Afghan families, who may resort to negative coping mechanisms during leaner months, such as reducing the frequency and size of meals.

In preparation, the humanitarian community has been mobilizing to mitigate the humanitarian impact of winter. One important aspect has been the pre-positioning of

commodities. As one example, ahead of the winter freeze, the UN World Food Programme (WFP) has sent food to some of the most remote areas in the country. The supplies, which include wheat, pulses, oil and salt, will assist around 150,000 impoverished Afghans that have been identified as being at high risk due to anticipated challenges in being able to access local markets due to inclement weather. Similarly, the World Health Organisation (WHO) has already dispatched essential trauma, medical and pneumonia kits to areas expected to become inaccessible, including in Kunduz and Badakhshan to ensure communities have medical resources and to protect against seasonal illnesses.

In addition, the humanitarian community is also responding to the pronounced needs of recent Afghan returnees from Pakistan, by distributing winterized tents, firewood, blankets, fuel, winter clothing and cash; particularly targeting those who have been unable to find adequate shelter. For example, the Danish Refugee Council, Norwegian Refugee Council, Relief International, CARE, ADRA, Save the Children and other humanitarian agencies have been providing winterization support; and IOM are gearing up to distribute 1,925 shelter and winterization packages (each with family tent, tarp, blankets, cash for fuel and a gas heater), to undocumented returnees in Kabul, Nangarhar and Kunar.

With record numbers of IDPs this year, joining an estimated 1.2 million Afghans living in prolonged displacement as of the end of 2015, in addition to the more than 600,000 returnees from Pakistan, even conservative estimates would project that next year, more than 1.5 million Afghans will be living in long-term displacement.

Mr. Mark Bowden, the UN Deputy Special Representative to the Secretary-General and Humanitarian Coordinator in Afghanistan, recently said that trends of year-on-year increases in the number of conflict-induced IDPs requires the humanitarian community, government and development partners to do more to work together to effectively address the growing issue of Afghan families living in long-term displacement.

“I am concerned these record figures show not just an alarming number of new IDPs, but a longer term crisis where increasing numbers of families in Afghanistan are facing prolonged displacement.” said Mr. Bowden. “We must collectively rethink the manner in which we provide assistance and ensure that vulnerable displaced families not just receive lifesaving, emergency humanitarian assistance, but support that delivers a real opportunity for IDPs to rebuild their lives for the long-term.”

[IRC Afghanistan contributed the following article](#)

Reaching vulnerable families through cash

Afghanistan, with both high conflict and natural hazard risks remains in a complex and protracted crisis. The country faces violent insurgency on multiple fronts—the ongoing Taliban offensive in Helmand province has spiked displacement and humanitarian need in the south. In the east, a surge in Afghan returnees from Pakistan, which gained momentum at the start of 2016,



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threatens to create a large-scale humanitarian emergency in the already volatile nation. The IRC has been supporting the Afghan people in their fight against displacement and poverty since 1989. Through strategic Emergency Preparedness Planning, and supported by Office of US Foreign Disaster Assistance (OFDA), the IRC Afghanistan has expanded Country Emergency Teams for each of its eight target provinces, ready and alert to respond to emergencies as they occur, providing vital support to teams in the field.

The IRC in Afghanistan, as part of the wider humanitarian community, is currently facing a growing crisis with over 530,000 individuals displaced in 2016 alone and over 600,000 returnees, undocumented, deportees and refugees, crossing the borders to Afghanistan. With high numbers of returnees and IDPs gathering in locations with extremely limited resources, assistance from nearly all sectors is required. Asmatullah is one of the thousand IDPs recently displaced from Pachiragam district to Behsud district of Nangarhar province. “We came here with nothing; no shelter, no food and only some clothes and blankets,” he told one of IRC’s emergency officers, “and we have no idea how long we will stay”.

Through OFDA funding, IRC is currently providing emergency cash assistance to IDPs and returnees in Nangarhar, Helmand, Badghis, Herat, Khost and Logar reaching over 3,000 families. Cash is a fast, efficient way for beneficiaries to obtain food and non-food items. Globally, IRC is increasingly responding to emergencies via cash transfer mechanism and its global strategy is to increase its use of cash, from about 6 per cent of its humanitarian assistance in 2015 to 25 per cent by 2020.

“Instead of pre-deciding the needs of refugees, and distributing kits of items IRC chooses to implement cash assistance which allows recipients to tailor their choice of purchases to individual needs,” says David Haines, IRC country director in Afghanistan. “This not only avoids duplication but it also empowers the recipient, allowing them to make their own choices at an incredibly challenging time”. In addition, cash assistance can be more efficient and deployed in hours and thanks to technology, can reach even the most inaccessible corners of the country, he added.

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New study examines impact of conflict on humanitarian aid

Violence against aid workers remains a significant threat in Afghanistan. Between 2011-2015, Afghanistan suffered 269 incidents against aid workers, and as such is ranked among the worst-affected globally when it came to major attacks on civilian aid operations.

Years of escalating insecurity in Afghanistan have had a debilitating effect on humanitarian operations. High levels of insecurity in any conflict-affected country, Afghanistan included, change the way aid agencies operate in a



According to SAVE, insecurity not only affects how aid is provided, but also what type of aid is delivered. Photo: Andrew Quilty.

country, limiting not only their geographical scope, but also reducing the amount and types of aid they deliver.

New research from the Secure Access in Volatile Environments (SAVE) programme, encompassing field research in Afghanistan, South Sudan, Somalia and Syria, show that insecurity does not just affect, but highly determines humanitarian operations. In addition, SAVE found that coverage of humanitarian needs is even lower than it might appear, as aid agencies remain in country, but reduce their field presence and continue programming under suboptimal operational models, leading to aid not reaching people most in need.

Some of the top patterns identified by the SAVE research include:

- Security and ease of access, more than any other factor, determined how much aid reaches a population. The more violence there is, over time the fewer aid projects there is, even though the need may have increased.
- Aid agencies are mitigating risk in insecure areas by reducing activity and adapting programming, by utilising methods such as remote management, programming through partners and one-off distributions. This leads to more basic aid delivery, less technical interventions, and limitations on capacity to identify and target the most vulnerable.
- Many humanitarian organisations overstate their presence and impact. Incentives to demonstrate presence to donors can obscure the reality that their access is severely limited. This can undermine advocacy for victims, by inadvertently making the humanitarian situation appear better than it is.
- Humanitarian coverage can also be politically skewed, with more aid going to areas in government control or Western-backed parties.

These patterns have serious implications resulting in unequal coverage of needs. In Afghanistan, the humanitarian community struggles to understand the level of needs and suffering in opposition controlled and less-secure areas. Data strongly shows key differences that imply hundreds of thousands of IDPs are unassisted, and there is an increased rate of preventable deaths suffered in areas under served by humanitarian agencies.

SAVE have recommended three key areas for action: increase operational transparency to illuminate gaps; prioritise filling of these gaps by proactively identifying or helping to organize additional entities or mechanisms to deliver aid; and for donors, consider that intentional or not, aid looks politicized in these settings. To read more, visit the SAVE website at: www.saveresearch.net

[WHO Afghanistan contributed the following article](#)

Health services overstretched as the number of refugees and returnees mounts

As the number of Afghan refugees returning from Pakistan increased over the past months, health services are struggling to meet demand. The health system is overstretched in areas where many returnees settle, especially for reproductive, maternal and newborn health services as well as mental health and trauma care.

Outbreaks of vaccine-preventable diseases such as polio, measles and diphtheria as well as zoonotic diseases such as the Crimean-Congo haemorrhagic fever (CCHF) pose major risks.

“We have lived in Pakistan for 30 years and have no place to live now but I am hoping to find work and earn money to support my family.”

- Wali Mohammad, recent Afghan returnee from Pakistan.

The Health Cluster conducted a rapid assessment in 19 health facilities in six returnee-concentrated districts in Nangarhar, and found that many health facilities are struggling to cope with the increasing number of consultations. In October, returnees made up 10 per cent of total outpatient and inpatient visits, and the Nangarhar Regional Hospital is particularly overburdened. Tuberculosis, malaria and mental health issues were commonly reported.

WHO has provided medical and non-medical equipment, supplies and medicines to health facilities and supports vaccination teams near

border crossing areas. In November, over 20,000 returnee children received the oral polio vaccine and over 9,000 received injectable inactivated polio vaccines and measles vaccines with the support of the Ministry of Public Health, WHO and UNICEF.

So far in 2016, 12 polio cases have been reported in Afghanistan, six of them being from the Bermel district of Paktika province, linked to cross-border transmission of the virus. Since the first case was reported in August, four vaccination campaigns have been successfully completed in Bermel. The number of cross-border vaccination teams and permanent transit teams has also been increased to ensure all children are vaccinated.

“We get between 100 to 300 patients a day with different health problems such as early deliveries, children with respiratory infections and diarrhoea, tuberculosis and also many trauma cases and injuries as a result of people travelling back in crammed trucks,” said Dr Mustafa Kazim, director of the emergency health centre operated by AADA NGO at the Torkham border in Nangarhar. “There is a lack of supplies and medicines and we are also under-staffed. We desperately need a female doctor.”

The Health Cluster, coordinated by WHO, is working to improve overall health service delivery and enhance disease surveillance and vaccinations.

“We are adding tuberculosis screening services to the border points and are working to increase the number of vaccination teams and enhance reproductive and maternal health services while also stepping up public awareness campaigns focusing on common diseases,” said Health Cluster Coordinator Dr. Mohammad Dauod Altaf.

As winter approaches, the Health Cluster needs an additional USD \$7 million to avoid a humanitarian crisis and address the growing health needs.



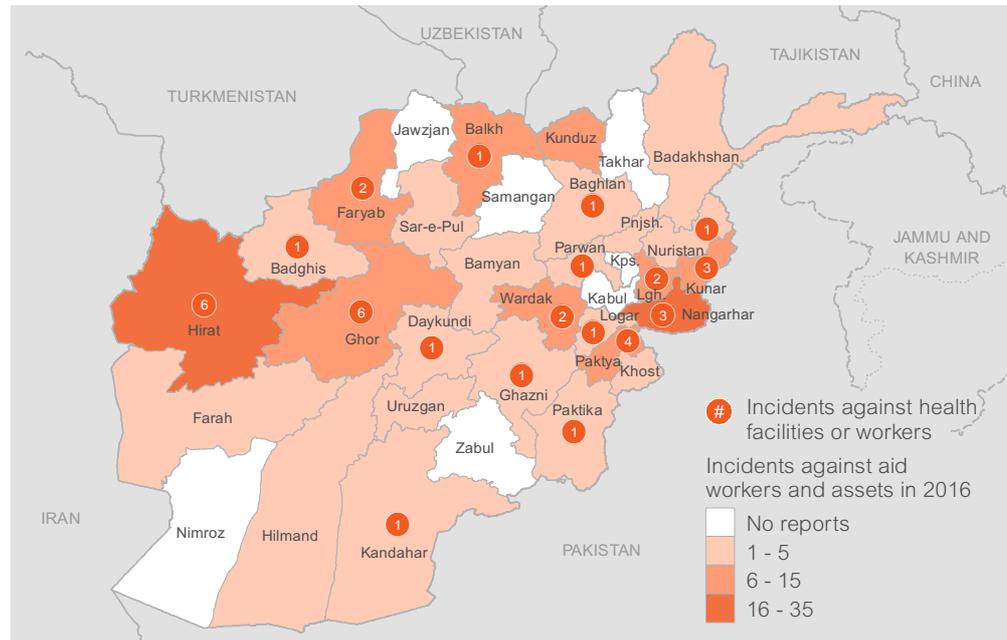
Polio teams vaccinate refugee children at the Torkham border in Nangarhar in November 2016. Photo: WHO/S.Ramo



Wali Mohammad holds his daughter Amina who is waiting to get polio and measles vaccines near the Torkham border. Photo: WHO/S.Ramo

Humanitarian access: aid workers incidents

INCIDENTS IN JANUARY-NOVEMBER 2016



The total number of incidents relating to NGOs, UN & International Organizations in Afghanistan stands at 186 for the period January to November 2016 compared to 242 for the corresponding period in 2015.

This is a decrease of 24 per cent despite the increase in overall security incidents and tempo of conflict. As we move into the winter months, the conflict is expected to continue with the probability of some reduction in northern and eastern regions, increasing the likelihood of conflict concentration in the western and southern regions, which normally experience a warmer and drier climate from December to March.

While seasonal forecasts anticipate above-average temperatures and average to below average precipitation for the October 2016 to May 2017 wet season, winter has arrived early in the North and North Western regions, and periods of severe weather may be experienced in areas with higher elevations and extreme conditions. Between 2012-2016, a total of 55,450 people have been affected by weather related natural disasters - mainly avalanches and heavy snowfall across 24 provinces, predominantly impacting the Central Region and Badakhshan, Ghor and Badghis.

To date, 13 districts across three provinces (Badakhshan, Faryab and Jawzjan) have already been cut off as a result of the weather with districts in a further 11 (Takhar, Baghlan, Samangan, Balkh, Sar-i-Pul, Badghis, Ghor, Daykundi, Bamyán, Parwan and Panjsher) estimated to be so in the next month. Humanitarian partners with historical caseloads in these areas have already developed contingency plans to ensure that populations receive adequate support over this period, including pre-positioning.

Humanitarian Funding

Total humanitarian funding for Afghanistan currently stands at US\$431 million to provide life-saving assistance through the United Nations, International Organizations, the Red Cross/Red Crescent movement and other humanitarian partners.

The Financial Tracking Service (FTS) reports US\$198.9 million in humanitarian aid contributions have been made against the humanitarian response plan (HRP), including contributions to the Common Humanitarian Fund (CHF). This represents 59 per cent of

the total US\$339 million funding requirement in 2016.

In addition to the HRP 2016 funding requirement, the emergency Flash Appeal of US\$152 million launched in September is 35 per cent funded with US\$53.5 million in contributions received from 21 donor governments, the European Commission, and OCHA's Central Emergency Response Fund (CERF).

Under the leadership of the Humanitarian Coordinator, the Afghanistan Common Humanitarian Fund (CHF) has reached its 2016 funding target of 15 per cent of the HRP funding requirement, with the commitment of US\$51 million from its strong donor base. In addition to essential contributions from Australia, Denmark, Germany, the Netherlands, and Norway:



Young Afghan girls recently returned from Pakistan. Photo: Danielle Moylan



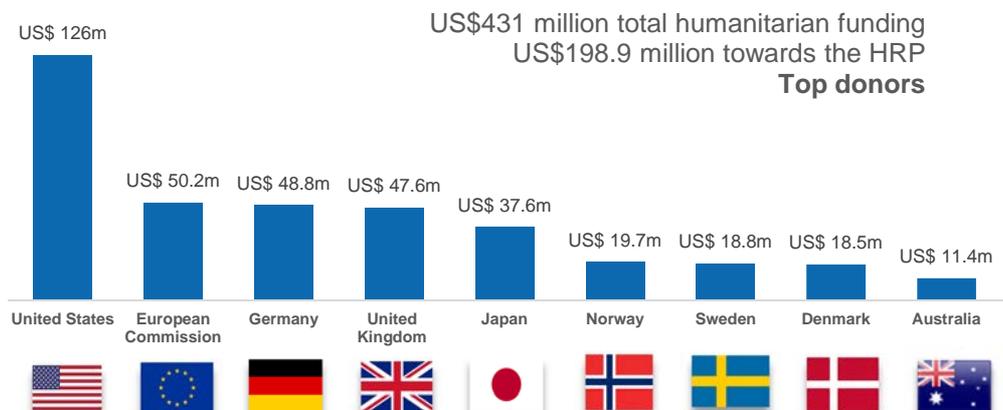
The Government of Switzerland is a new donor to the Fund in 2016, contributing US\$1 million to the flexible and timely pooled fund mechanism, providing access to a broad range of active humanitarian stakeholders.



Since its inception in 2014, the Swedish International Development Cooperation Agency (SIDA) has been a loyal supporter of the Fund. This year, SIDA is providing approximately US\$10.5 million, with two "top-ups" in addition to its annual contribution.



Another dedicated contributor, the United Kingdom's Department for International Development (DfID), has committed £12 million per year to the Fund. In addition to this generous commitment, DFID has provided an additional £5 million in support of the CHF and the Humanitarian Coordinator in 2016.



Source: Financial Tracking Service (FTS) <http://fts.unocha.org>

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