

HIGHLIGHTS

- More than one million Afghans are now on the move. The Flash Appeal is 54 per cent funded; but there is an urgent need for authorities to rapidly increase access to basic services and land.
- UNFPA report already stretched emergency obstetric services will face further challenges by the large volume of IDPs and returnees.
- PU-AMI mobile health teams tell us about how they bring essential services to remote areas where few, if any, health clinics operate.
- UN expert on IDPs warns that the deteriorating displacement crisis in Afghanistan requires urgent attention

HUMANITARIAN RESPONSE PLAN FUNDING

\$339 million

MYR revised request (US\$)

\$172.8 million

received (US\$)

(Reflects funding on Financial Tracking Service as of 8 November 2016)

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

FLASH APPEAL FUNDING

\$152 million

request (US\$)

\$82.9 million

Pledges and contributions (US\$)



A young Afghan boy displaced by conflict. Record numbers of IDPs are on the move in Afghanistan this year. Photo credit: Sune Engel Rasmussen

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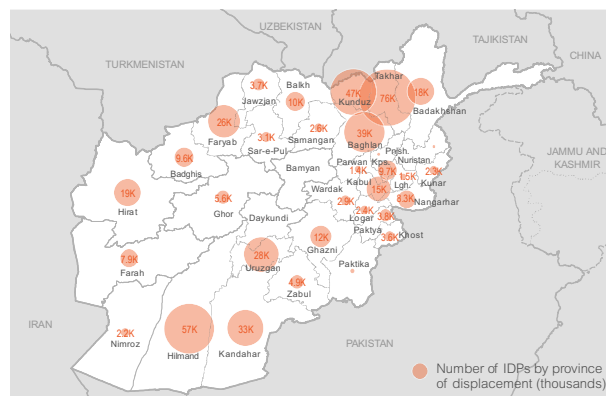
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More than One Million Afghans on the Move in 2016: Record Levels of IDPs and Returnees

Record conflict induced displacement and the surge of hundreds of thousands of families returning from Pakistan means that combined, more than one million Afghans are already on the move in Afghanistan and across borders, surpassing the original estimates of the humanitarian community.

OCHA has now recorded more than 485,509 Afghans displaced by conflict this year.

While a staggering figure of itself, the trends are also concerning. 2016 has not only the highest number of internal displacements on record; it also continues the trend of year-on-year sharp increases in new displacement. A record 49.3 per cent of Afghanistan's districts have reported displacement; and for the first time, all 34 provinces are hosting IDPs.



Record conflict-induced displacement in Afghanistan particularly affects the north-eastern and southern provinces. Source: OCHA

In addition, at the same time record number of new IDP families are fleeing their homes, more than half a million (559,398) Afghans have returned from Pakistan – mostly in the second half of this year. This figure includes 221,882 undocumented Afghans and deportees and 338,056 refugees up to 6 November, with October a record month for returns (IOM and UNHCR figures).

Together, these IDPs and returnees total more than one million Afghans on the move.

Many of these families are choosing to move to Afghanistan's major urban centres, looking for education for their children, health services and jobs. This presents significant challenges for the cities and the communities hosting the IDPs and returnees.

Classrooms in Nangarhar that used to have 30 pupils per teacher are now struggling with this influx and regularly exceed 60 or 80 pupils. The Nangarhar Health Department has seen an increase in 15-17 per cent of out-patient demands at its clinics and the regional hospital, and is providing ten new mobile health clinics.

The largest number of returnees are now concentrated in Nangarhar, where, alongside Kabul, Laghman, Baghlan and Kunduz represents the top five locations where returnees intend to go. With Baghlan province one of the largest numbers of conflict displaced

people in 2016, and Kunduz itself the centre of fighting in recent months, there are now indications of early secondary displacement among returnees; a sign that their places of origin have been unable to absorb and reintegrate the IDPs and returnees. As a result, we can expect that the major cities, some with already existing caseloads of long term displaced living in informal settlements, will become the final settling place of many people on the move.

With Afghanistan already experiencing one of the fastest rates of urbanisation in the world, there now is an urgent need for authorities to rapidly increase access to basic services for the returnees and IDPs - including clean water, sanitation, health, education in the cities of high return. As well as services, land needs to be quickly and fairly allocated and employment opportunities created, to allow returnees and IDPs to build a permanent home and future in Afghanistan.

In the meantime, the humanitarian community is responding to address the immediate and urgent needs of returnees and IDPs, as outlined in the Flash Appeal. As of 7 November, donors had responded to the Flash Appeal with a strong level of contributions and pledges, totalling US\$82.9 million, or 54 per cent of the US\$152 million request. This will help save lives over winter, including by providing food assistance, shelter – particularly tents to those families living in the open, health care, water and sanitation, and better services at the border.

For more information on the Flash Appeal, visit <http://www.unocha.org/afghanistan>



FLASH APPEAL UPDATE

- *US\$152m requested*
- *US\$82.9m in pledges and commitments*
- *US\$69.1m outstanding*
- *Donors include Australia, Belgium, Czech Republic, Denmark, Italy, Japan, Norway, Sweden, Switzerland, the United Kingdom, USA.*

[UNFPA Afghanistan contributed the following article](#)

Afghan Returnee Mothers' Grave Need for Reproductive Health Care

"I examined the mother, only to find out that she had carried her dead fetus for weeks," said Alia Ayar, a UNFPA midwife providing obstetric emergency care in times of humanitarian situations around Afghanistan. "She suffered severe pains and fever and couldn't do the chores around the house, when the family (finally) decided to allow her to see a health service provider."

Afghanistan has one of the highest maternal and neonatal mortality rates in the region: 327 maternal deaths per 100,000 live births (AMS 2010) and 55 under-five deaths per 1,000 live births (AfDHS 2015). These numbers show a significant reduction from a maternal death rate of 1600 per 100,000 live births and 87 under-five deaths per 1,000 live births 15 years ago.

The causes of maternal deaths are many, from limited number of health facilities, to low knowledge about reproductive health, early/child marriage, multiple and consecutive pregnancies, shortages of female health care providers and many other cultural barriers in the way of women to access healthcare out of home.



UNFPA midwives assisting IDPs from Kunduz in Takhar. In displacement, many women struggle to find access to healthcare.

Quick Facts: Returnee HEAT Survey Completed 20 October '16

- 6,000 returnee families surveyed in Nangarhar, Laghman and Kunar.
- 71 per cent assessed families had no food stocks; 23 per cent only one week's food.
- Undocumented returnee families have accumulated significant debts; more than half reported negative coping strategies, such as restricting food consumption.
- 4 per cent assessed were living out in the open
- 70 per cent assessed did not have a contained for water storage and lack hygiene materials
- Returnee children are not attending school due to lack of capacity to facilitate enrolment; lack of documentation; and costs associated with education.

At the same time, the recent wave of returnees and the large number of IDPs is posing a further challenge on already over stretched health care facilities and health care professionals in the country.

When there is a humanitarian situation UNFPA deploys Alia and many of other midwives that UNFPA hires to provide emergency obstetric health care.

Alia is member of a team, jointly funded by UNFPA and other organisations, with four other health service providers including a nurse and/or a doctor, and a pharmacist who provide basic health care services at times of humanitarian emergencies.

Anisa is another midwife who has been providing basic reproductive health services for the past seven months to IDPs who escaped conflict from Kunduz located in Baharak district of Takhar.

While the majority of families displaced from Kunduz in Takhar have returned and the numbers remaining decrease every day, Anisa says she still sees at least four pregnant mothers on a daily basis and refers complicated cases to the Baharak district clinic using the only vehicle that her mobile team has.

Available data in Afghanistan show that there are approximately 4.5 million Afghans living in areas without any type of health facility. In addition, estimates show that a further one million returnees and IDPs projected to be on the move in Afghanistan in 2016 will add to the number of people in need of humanitarian assistance including health care.

A secondary analysis of the 5.5 million (total of people living in areas without access to health facilities and returnees and IDPs) population indicate that an estimated four per cent of this vulnerable population are pregnant mothers who will require obstetric care including skilled birth attendance within a 12 month period. In other words, an estimated 18,000 pregnant mothers will require obstetric care and skilled birth attendance every month.

Health Care on the Road: PU-AMI Mobile Clinics Reach Afghans in Remote Areas

PU-AMI has been contributing to the improvement of medical services in Afghanistan since 1979. In the east, particularly Nangarhar and Kunar, fighting has caused several medical clinics to close, at the same time that large numbers of Afghans return from Pakistan. In response, PU-AMI, with funding from ECHO and the CHF, have set up an emergency project consisting of four mobile health clinics. The mobile clinics, staffed by 5-7 medical professionals, carry out consultations, administer vaccines and distribute hygiene kits. We asked one team about their work.

"Our mobile clinic team is comprised of a doctor, a nurse, a midwife (MW) and a psychological first aid (PFA) provider. We begin our trip to the field at 8.30am every day, with a target of 36 patients per day, but sometimes we see up to 70 patients. The doctor checks the patients and prescribes medications, the nurse provides vaccinations, fills

prescriptions, and if needed, dresses wounds. The MW provides antenatal care and post-natal care, helps women with their delivery, and educates them about family planning. The PFA provider provides people with psychological first aid services.

The majority of the patients we see are women, children, middle-aged men and elders. The prevalent problems among them are respiratory tract infections, diarrhea, anemia mostly in females, and malnutrition. If their symptoms are serious, we refer them to the comprehensive health center (CHC) or provincial hospital.



PU-AMI's mobile health clinic takes medical professionals to areas where there are no other available health services, in particular serving many IDPs and returnees.

"We see many IDPs and returnees. They are often unfamiliar with the area and simply do not know where to find health facilities...sometimes there are no health facilities in the area at all."

PU-AMI's Mobile Health Teams

We see many IDPs and returnees. They are often unfamiliar with the area and simply do not know where to find health facilities, and sometimes there are no health facilities in that area at all. Without the mobile health clinics, they would have very limited access to help with their health needs.

One recent case that comes to mind is an eleven-month-old child was brought to us in an abnormal consciousness condition in Samar Khail area of Behsud district (in Nangarhar province); his family had been displaced from Haska Mina district. He had been vomiting and had diarrhea. After his physical check-up, we understood he had serious dehydration and provided the patient with urgent treatment and medications. If we had not provided him with medical care, there was a great possibility that he would have lost his life."

PU-AMI Afghanistan have a new Facebook page; like it at <https://www.facebook.com/premiere.urgence.afghanistan>

UN Special Rapporteur on the human rights of IDPs visits Afghanistan

Expert Mr. Chaloka Beyani said the deteriorating displacement crisis in Afghanistan requires urgent attention and increased resources.

Special Rapporteur Chaloka Beyani, a United Nations expert on IDPs, visited Afghanistan in October for a 10-day visit.

During his trip, he met with senior Government officials, United Nations and other humanitarian partners, civil society and the diplomatic community, as well as visited several IDP locations around the country, including



displaced families from Kunduz in Mazar-i-Sharif, and other displaced communities in Hirat.

At the conclusion of his visit, Mr. Beyani called on the Government of Afghanistan to intensify its efforts to meet the needs of hundreds of thousands of IDPs as the deteriorating security situation was leading to dire warnings of massive new displacement.

Speaking to reporters at a press conference in Kabul, Mr. Beyani also urged the international community “to remain consistent humanitarian and development partners at this critical time”.

“Warnings by humanitarian partners suggest that many more IDPs could be displaced by the end of the year, yet attention and resources allocated to their needs seem to be waning rather than increasing in line with the growing challenges and need for durable solutions,” he stated.

In that regard, the rights expert called on the Government and its international humanitarian and development partners to continue emergency responses while they should also dedicate more attention and resources “to finding development-based sustainable solutions for those in protracted displacement.”

Reflecting on his meeting with numerous IDP communities, Mr. Beyani said, “many thousands [of IDPs] live in dire conditions and face abject poverty on the margins of urban centers, often with little or no long-term assistance”.

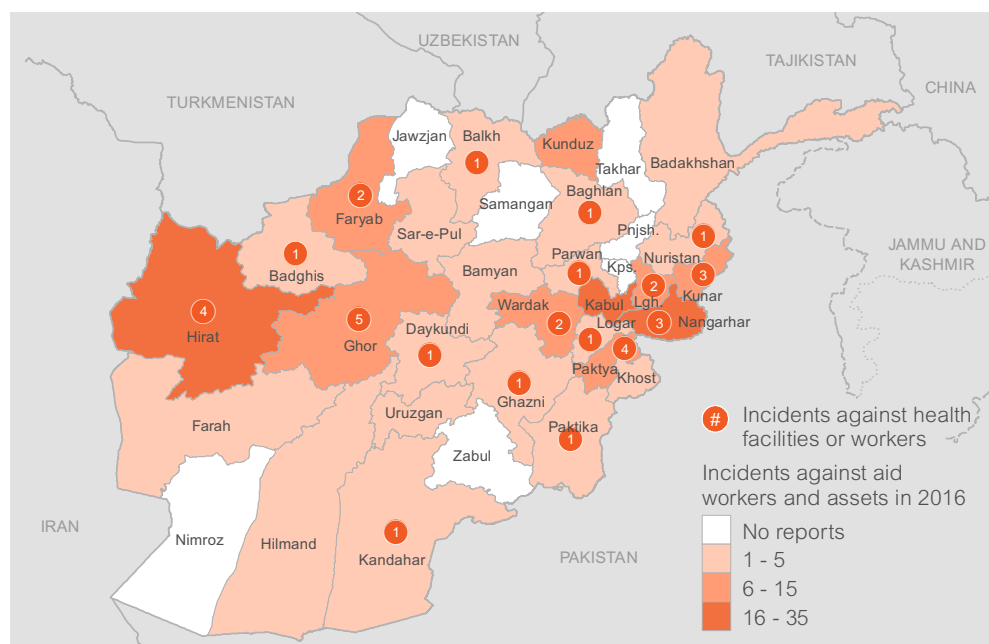
The Special Rapporteur, who visited Afghanistan for the second time at the invitation of the authorities, will produce a comprehensive report and recommendations for presentation to the Human Rights Council in June 2017.

“Warnings by humanitarian partners suggest that many more IDPs could be displaced by the end of the year, yet attention and resources allocated to their needs seem to be waning rather than increasing in line with the growing challenges and need for durable solutions.”

UN Special Rapporteur on the Human Rights of IDPs, Mr. Chaloka Beyani.

20 October 2016

Humanitarian access: aid workers incidents



Incidents against aid workers and assets - January to October 2016. Data sources: Various

The total number of incidents relating to NGOs, UN & International Organizations in Afghanistan stands at 169 for the first ten months of 2016 compared to 231 for the corresponding period in 2015. This shows a decrease in incidents of 27 per cent despite the increase in overall security incidents and tempo of conflict.

INCIDENTS IN JANUARY-OCTOBER 2016



169
Incidents



13
Aid workers killed



22
Aid workers wounded



110
Aid workers abducted



36
Incidents against
health facilities and
workers

Of particular note is the 80 per cent decrease in deaths and injuries of aid workers compared to 2015. Enhanced security measures and a reduced humanitarian footprint in hard to reach areas appear to be the main reasons behind this reduction. Similarly, there has been a decrease of 22 per cent in incidents related to health workers or facilities in 2016. Albeit a reduction, the conflict is still producing too much interference in the health workers' activities, leading to the denial of civilians' right of access to much needed healthcare.

Access in Action: Torkham Border

With thousands of Afghans returning to the country every week from Pakistan, ensuring that the humanitarian community has access to the principal point of return, Torkham Border, has been a vital first step to undertake assessments and provide a dignified reception and initial response to vulnerable returnee families. As Torkham Border is located in the volatile eastern province of Nangarhar, UN agencies and humanitarian partners have already dealt with significant security considerations in operating at the border.

In mid-October, this difficult situation was exacerbated when a UN Convoy was involved in a serious security incident along the Jalalabad - Torkham highway. The incident led to a review of road travel for UN personnel and a decision to suspend road operations for a limited time. Given the high volume of returnee families continuing to cross daily, it was paramount that the humanitarian community find a solution, fast.

Within a few days, the humanitarian community agreed on an alternative means of access, with a collaborative effort to fund and provide helicopter travel to the border. Access experts working across agencies quickly completed assessments on security, administrative and logistical issues.

"We were very concerned when attacks against convoys meant the suspension of road missions to Torkham, particularly at a time when so many Afghans are returning from Pakistan," said one humanitarian worker at the border. "But it was great to see the humanitarian community come together with a solution so quickly".

Afghan families continue to cross into Afghanistan in high numbers but with access re-established, agencies are continuing to work to assist them at the border, delivering essential services to vulnerable families in need.

Humanitarian Funding

Total humanitarian funding for Afghanistan currently stands at US\$333 million to provide life-saving assistance through the United Nations, International Organizations, the Red Cross/Red Crescent movement and other humanitarian partners.

According to the online Financial Tracking Service (FTS) US\$172.8 million in



A young Afghan undocumented child recently returned from Afghanistan. Photo credit: Sune Engel Rasmussen

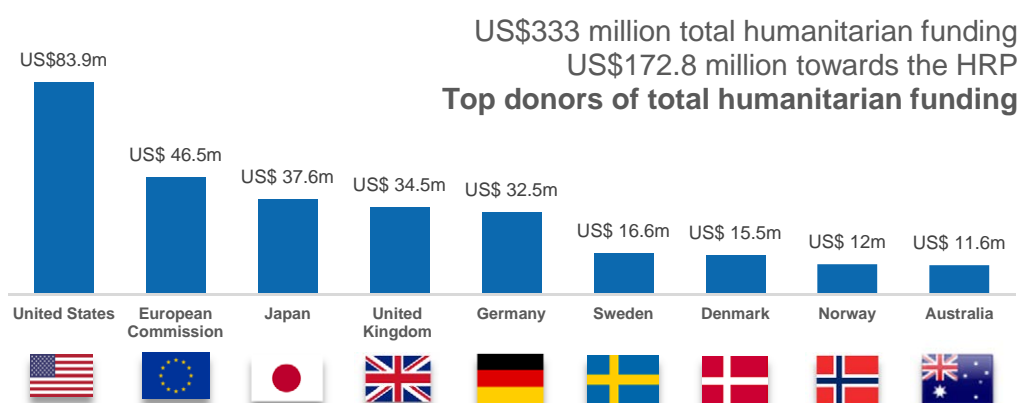
humanitarian aid contributions have been reported against the humanitarian response plan (HRP), including contributions to the Common Humanitarian Fund (CHF). This represents 51 per cent of the total US\$339 million request.

In addition to the HRP 2016 funding requirement, Afghanistan launched an emergency Flash Appeal of US\$152 million in September. The appeal will address the acute humanitarian needs of an unanticipated number of people reported and anticipated to be “on the move” internally and across borders by the end of the year.

Up to 1 November, bilateral donors have so far deposited US\$42.6 million and committed \$40.3 million to the Flash Appeal.

In support of humanitarian activities that cater to the humanitarian needs of people on the move, the Humanitarian Coordinator approved a CHF Reserve Allocation of US\$5 million for nine NGO projects focusing on critical needs for the most vulnerable undocumented returnees in Nangarhar province. Complimentary to the CHF Reserve Allocation, a US\$9.7 million request to the UN Central Emergency Response Fund (CERF) Rapid Response window has been coordinated with IOM, UNFPA, UNHCR, UNMAS, WHO and WFP to provide life-saving critical interventions at the point of arrival and prevent further deterioration of conditions at the border and transit center.

A total of US\$46.7 million has been contributed and pledged to the Afghanistan Common Humanitarian Fund in 2016 from seven key donors: Australia, Denmark, Germany, the Netherlands, Norway, Sweden and the United Kingdom.



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

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