Humanitarian Bulletin
Afghanistan

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More than 100,000 people lack proper shelter in Afghanistan. Photo: OCHA/Dominic Parker

In this issue

HIGHLIGHTS

- Armed groups force clinics to close and deny civilians access to health care to pressure NGOs to provide more trauma care for their combat-wounded.
- Doctors and medical professionals are under threat across the country by armed groups and criminal gangs.
- Cash assistance exceeded US$9.5 million in the first four months of the year.
- Displaced families in Taloqan face a difficult life as solidarity in the host community wears thin.
- CHF-Afghanistan funded with less than half of its target for the year.

HUMANITARIAN RESPONSE PLAN FUNDING
31% FUNDED

550 million
requested (US$)

168.1 million
Received (US$)

http://fts.unocha.org
by 15 August 2017

500,000 people denied access to health care

For several weeks in June and July, nearly half a million people in Laghman Province were unable to see a doctor or seek medical care and an estimated 70,000 girls and boys were missed by the national polio immunization campaign. Members of Non-State Armed Groups (NSAGs) had forced the NGO Swedish Committee for Afghanistan (SCA) to close down 40 of their 54 in the whole province.

Following weeklong mediation efforts from local communities, 20 clinics reopened, while as many remained closed in three districts. However, after receiving new and increasingly direct threats to staff members, SCA also decided to close their health management office in Mehtarlam.

NSAGs in need of war surgery pressure NGOs via denying people health services

This incident may be unique to date in its magnitude, but is not an isolated occurrence with similar intimidation and interference by members of NSAGs reported in Farah and Badghis provinces. In all cases, NSAGs have attempted to coerce the NGOs running the clinics to either move them into areas firmly under their control or to change the scope of health services.


NSAGs try to use denial of health care as leverage to force NGOs to provide services. Photo: WHO/Gulbuddin Elham

This interference comes at a time when casualties on both sides of the conflict have become unsustainably high. In 2016, the Afghan National Defense and Security Forces (ANDSF) recorded more than 18,500 casualties and NSAGs 30,500.

Heightened NSAG casualties combined with limited opportunities for in-country and external patient transfer have increased pressure on the district-level hospitals for stabilisation and casualty management services to be provided, and suggest that these tactics are part of wider NSAG efforts to extract enhanced emergency treatment for their combatants. Trauma care, already a rarity in a country where casualties are on the rise, usually is only available in hospitals, not the smaller clinics and health posts.

National policies, not NGOs decide which services are to be provided where

The affected NGOs to date were all contracted by the Ministry for Public Health to provide the Basic Package of Health Services (BPHS). These services are guided by national health policies and the number of people living in a catchment area and can't therefore be altered based on individual requests for improved healthcare delivery in a context where the demands of the conflict are constantly shifting *(see Bulletin 65, June 2017)*.

In a further twist, NSAGs threatened health workers at the end of July to close five health facilities in government-controlled areas along Highway 1 in Zabul. NSAGs were possibly trying to compromise the ability of ANDSF personnel to access treatment. More than 80,000 people were deprived of access to health care as a result. After one week of negotiations, the facilities were able to re-open.

SCA also was able to re-open their remaining 20 clinics and the management office on 1 August, after extensive dialogue with communities and by reassuring all stakeholders in words and actions that SCA provides quality healthcare services to all, irrespective of whether civilians or combatants. The NGO also was presented with a letter by local community elders committing to safeguard SCA's workers and facilities.

Doctors targeted by NSAGs and criminals

We are all worried. There are regular threats against me and my colleagues. Every morning I take a different road to work.

"One of my colleagues worked as a vaccinator in Chaparhar district. Armed men came to the health centre and asked for him. Then they shot him. They also warned the midwife not to come back to work," says Dr. Yousefzai, medical officer in charge of a basic health care centre in a neighbourhood of Jalalabad. Violence is never far away: around the corner of the health centre, three people were recently killed in separate incidents, with unknown background.

"We are all worried. There are regular threats against me and my colleagues. Every morning I take a different road to work," he adds. The last time he visited his village in a district controlled by NSAGs, was two years ago. Now, it has become too dangerous for him.

Dr. Sakhi, general surgeon in Nangarhar Regional Hospital, treats a child wounded by an explosive remnant of war. Photo: OCHA/Ismail Amn

Harrowing tales of killing and abduction

"Attacks like the killing of the colleague in Chaparhar create worry among health professionals and reluctance to go and work in remote areas," another doctor, Dr. Sakhi from the Nangarhar Regional Hospital lamented. "They feel insecure and fear being killed either travelling to the health facility or working there." As a result, already underserved areas get even further neglected.

A doctor in Jawzjan is afraid of running into crossfire every time he goes to work or leaves his clinic for home.

"We are lucky. No one has ever threatened the health centre, my staff or me," says Dr. Rahimi, in Ali Abad Basic Health Centre in an outskirt of Mazar-e-Sharif City that serves an informal settlement of about 4,000 families. "There also has been no direct impact of the conflict on our facility."

Dr. Rahmini's Ali Abad Basic Health Centre Mazar-e-Sharif City serves around 4,000 families. Photo: OCHA/Yasin Hemmat

The doctor, like probably all health professionals across the country, knows of other equally harrowing tales, "A doctor friend of mine working in Jawzjan is afraid of getting caught in crossfire every time he goes to work or leaves his clinic for home." Fighting positions of soldiers and members of NSAGs are often only metres apart and they engage in close range firefights.

He also knows of another doctor working for an NGO in Jawzjan who was abducted while travelling just last month. The colleague was fortunate: community elders mediated between the kidnappers and the NGO and the doctor was released soon after.

Doctor are afraid for their families, too

Sometimes, doctors and their families are targeted for criminal reasons, only. "The child of a doctor in Jalalabad was abducted close to its home. The family had to pay about US$10,000 to have it released," recalls Dr. Yousefzai. "Whenever I go to work, I am afraid for my family, too."

"My family has been spared, but I know of about half a dozen cases where doctors or their close relatives were abducted," explains Dr. Sakhi. "There are these abductions and we work in continued conflict. The hospital receives regular threats. There is just no security for us."

Cash programming a staple of humanitarian aid

Cash transfer programming, assistance delivered in the form of money rather than in-kind food or household items, has become an important part of emergency response in Afghanistan. Last year, more than 800,000 people received cash from humanitarian partners. In the first four months of 2017, more than a dozen NGOs and WFP have transferred some $6.7 million to nearly 240,000 people, the vast majority of them displaced by conflict, others by natural disasters.

Cash assistance for internally displaced people and returnees exceeded $9.5 million for the first four months of the year.

After resumption of their voluntary return operation on 3 April, UNHCR assisted more than 12,000 people returning to Afghanistan, the majority from Pakistan and Iran, in the first month alone. The returning refugees received on average $200 in one of four UNHCR encashment centres.

An NRC staff takes the fingerprint of a recipient of cash assistance at a distribution in Nangarhar. Photo: NRC/ Nisar Ahmad

Supporting undocumented returnees from Pakistan, IOM provided $312,000 in cash to 1,500 families from March to end of April. This kind of assistance to facilitate onward transportation from the border to areas of origin commenced in March 2017.

Combined, this cash assistance for internally displaced people and documented as well as undocumented returnees exceeded $9.5 million for the first four months of the year.

One grenade forced a whole family into displacement, cash helped them out

“A rocket propelled grenade hit our house and my oldest daughter Sidiqa lost her leg and broke her left hand. We had to leave our village and go to Gardez,” recalls Shayesta Khan, from Zurmat district, Paktya. “She was in constant pain but I could not earn enough money to pay for her treatment. After three months, my relatives could no longer support us and we ran out of food.”

Mr. Shayesta Khan and his daughter Sidiqa. Photo: PIN

Help came for Mr. Khan’s family when they were selected for assistance through the Emergency Response Mechanism (ERM) funded by the European Civil Protection and Humanitarian Aid Operations (ECHO). Via the NGO People In Need (PIN), they received AFN22,000 ($320) to buy food, other necessities and pay for Sidiqa’s treatment.

“I finally could stop borrowing money, buy food and most importantly my daughter can see the doctor twice a month.”

Especially women recipients prefer cash over in-kind assistance

Cash programming comes with a separate set of risks: Cash can easily be stolen from a beneficiary or “taxed” after the distribution.

The Cash Barometer, a study conducted by Ground Truth Solutions and the Cash Learning Partnership (CaLP), surveyed 600 men and women who had received humanitarian assistance in the first quarter of the year, the majority recipients of cash.

The results show that 58 per cent of the respondents rated cash higher than other forms of assistance, a preference more distinctive with women (78%) than men (49%). Nearly three quarters of all recipients stated that the cash-only assistance had allowed them to meet their most important needs, versus 29 per cent who had only received in-kind assistance.

Humanitarian community in search of ways to tackle bribery and illegal taxation

As with any kind of assistance, people not in need of support can end up on beneficiary lists either by bribing the people involved in drawing up the lists or through personal relationships. In addition, cash programming comes with a separate set of risks: Cash or parts of the total amount can be more easily stolen from a beneficiary or “taxed” post-distribution than traditional in-kind assistance.

Instances of illegal taxation of recipients of humanitarian cash assistance are known by members of NSAGs, community groups, police and government officials alike across the country. Reports remain often anecdotal, as recipients are scared to speak out and such incidents often do not get picked up by the post-distribution monitoring mechanisms.

Gaining a better understanding of the different de-facto and implicit taxations – not only of cash assistance, but also of harvests or other income sources – is a priority of the humanitarian community for the coming months, as well as reforming the bloated petition system that is the entry-way to assistance for displaced families.

Displacement tracking maps families in need

"We wanted to get a better grasp and understanding of the movements, locations and needs of the different groups of people on the move within the country and arriving in Afghanistan," explains Michael Speir, from IOM Afghanistan.

Speir and his team recently finalised the second and latest round of the Displacement Tracking Matrix (DTM), a system to track and monitor displacement and population mobility in Afghanistan and the evolving needs of displaced communities. The DTM is one of the first tools for partners in Afghanistan to not only assess the current humanitarian situation of displaced families, but to understand movements, detect patterns and anticipate needs on a bigger scale.

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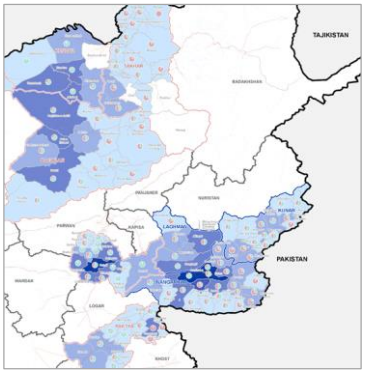


DTM-Data shows the areas where most returnees from Pakistan and Iran cluster. Source: IOM Afghanistan

The findings show for example, where most returnees to Afghanistan settle: they concentrate in Jalalabad, Nangarhar, the capital Kabul and in a corridor running from Kunduz to Baghlan. The majority of arrivals from Pakistan stay in Nangarhar, a province already hosting a high number of families displaced by conflict: every third person in Nangarhar is either a returnee from Pakistan or an internally displaced person, according to the DTM.

In contrast, returnees arriving from Iran will rarely stay in any of the western provinces bordering Iran, but instead travel across the country to Kabul, Baghlan, Takhar or Kunduz.

Regarding internal displacement, the DTM shows that Kunduz Province has the highest number of people affected by displacement and that displaced families tend to be only be displaced temporarily, with more than 327,000 indicating that they have been able to return home. This translates to one in three people in Kunduz that have been forced to flee their homes.

More than 100,000 people lack adequate shelter

"Five per cent of internally displaced people and returnees live in tents or under open air," Speir points out. "In actual numbers, this is more than 100,000 people. Such a fact needs to be taken up in the planning of humanitarian assistance."

More than 100,000 people live in tents or under open air. Such a fact needs to be taken up in the planning of humanitarian assistance.

The DTM report not only collects quantitative data but also qualitative information through detailed personal interviews. Mohammad Ata, a returnee from Pakistan recounts how he considered selling his new born baby to pay for the treatment of Hepatitis of his two sons. In the end, he did not sell the baby and his two sons died.

More than 100,000 people live in tents, makeshift shelters or caves. Photo: IOM Afghanistan

Habiba, a widow in Kabul, says that all her memories of her years in Pakistan were related to extreme poverty, menial jobs and the constant worry about what the family would eat and where they would live. Lalak Aka, a father, told how the Taliban in control of his village were ousted by IS-Khorasan and his family kicked out of their house because the fighters needed a place to stay. His house was later destroyed by an airstrike.

The IOM DTM for Afghanistan is implemented under the $152 million Flash Appeal "One Million People on the Move" launched last year and funded by the governments of Germany, Japan, Norway, Sweden and Switzerland. In two rounds, IOM has collected data from more than 16,000 key informants, including nearly 600 women, in over 3,900 settlements in 120 districts of nine provinces of high return and displacement.

Water main issue in Taloqan displacement site

"We dug into the ground to reduce the heat under the plastic sheeting", explained Mahabullaha, a 25-year old man, living in a displacement site on a desert-like spot of land outside of the city of Taloqan, Takhar. Dozens of makeshift shelters are covered with tarps or salvaged scrap material, each housing a family in the sweltering heat.

None of the children from the Taloqan IDP site have been allowed to join the local school.
Photo: OCHA/Dominic Parker

One and a half years ago, the site hosted nearly 4,500 people, all had fled fighting in Dasht-e-Archi district, Kunduz. The majority of these families have now returned to their areas of origin, but around 750 displaced people still live in the site.

The families need to walk for 20 minutes to get water in an irrigation pool and only can take two jerry cans.

Humanitarian partners have assisted them with food for a total of six months, cash to buy emergency household items and one distribution of firewood.

However, livelihoods are scarce for the displaced people and the solidarity the local community with the internally displaced people has begun to wear thin as the months have passed. The day after a food distribution, local merchants who had allowed them to buy food on credit came to the site to collect the food assistance as payment for the debts.

Water is one of the main problems despite water trucking through humanitarian partners that lasted for three months. A more durable solution is being explored, but has yet to materialize. A 2,000-litre water reservoir installed by a humanitarian partner was empty at time of visit except for sand and dirt at the bottom.

His two sons were shot in front of him.
Photo: OCHA/Taher Shahim

Several inhabitants of the site have already fallen ill from the dirty water with acute watery diarrhoea.

"We fetch our drinking water from an irrigation pool," Mahabullaha says. "It is 20 minutes' walk away and we can only take two jerry cans at a time." Several inhabitants have already fallen ill from the dirty water with acute watery diarrhoea. A few weeks ago, Mahabullaha's wife died of diarrhoea; he buried her close by.

None of the children of school age have been able to join the local school, despite the Director of the Provincial Directorate of Refugees and Repatriation having advocated on their behalf with the Director of Education.

The only thing growing amongst the displaced people living in the shelters dug into the earth on the outskirts of Taloqan seems to be despair. Hemmat Ali, an old man living alone, recounted the story of armed men breaking into his home and executing his two sons in front of him. "Everything has been taken from me, my home, my family, my life."

Humanitarian access and aid worker incidents

In July, a total of 21 incidents against humanitarian workers, facilities and activities were reported, less than in any of the six previous months and bringing the total number of incidents to 206 in 2017.

One aid worker was injured and five abducted in July, seven incidents were recorded against health worker or health facilities, bringing the total of such incidents to 79 this year *(see map on next page)*.

Key access issues are notably around 177,000 people displaced since January 2016 in hard to reach areas, predominantly in Hilmand, Kandahar, Kunduz, Nangarhar and Uruzgan provinces.

Partners are further unable to conduct assessment of an estimated 14,000 displaced people in Khwajasabzposh district, Faryab, due to active conflict. Increased fighting in the recent weeks continued to inhibit the humanitarian community's ability to gain access to people in need in Farah, Faryab, Hilmand, Jawzjan, Kunduz, Nangarhar, Paktika and Paktya.

INCIDENTS IN JAN-JULY 2017

206
Incidents

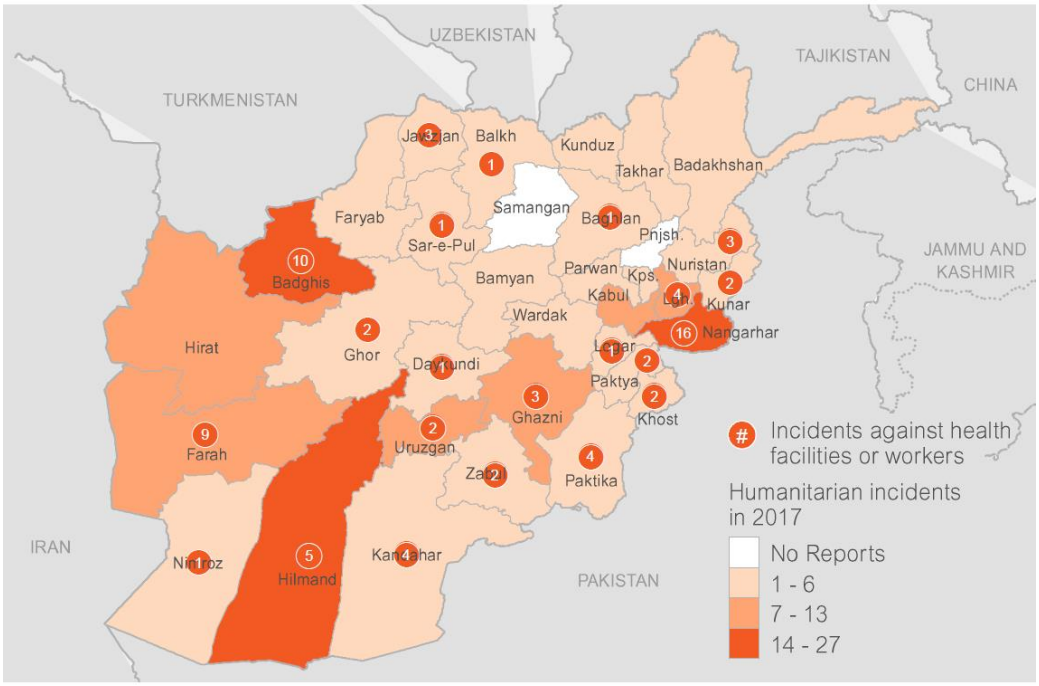
10
Aid workers killed

10
Aid workers wounded

36
Aid workers abducted

79
Incidents against health facilities and workers

Incidents against aid workers, assets and activities (January - July 2017)



Source: various

Humanitarian funding

Donations of US$12 million dollars towards the Humanitarian Response Plan were reported in the month of July and the first days of August, bringing the total funding for this year's plan to $168.1 million, representing 31 per cent of the requested $550 million to provide humanitarian assistance for 5.7 million people in need.

The clusters with the highest absolute funding are Food Security and Agriculture, Protection and Health. In percentage of the requested funding, Coordination, Emergency Shelter/NFI and Health are the sectors that have received the most funding.

Second allocation over $25 million by the Common Humanitarian Fund

For the Common Humanitarian Fund (CHF)-Afghanistan, nearly $25 million is currently available, less than half of the amount of $55 million targeted for 2017. In July, Sweden and Switzerland deposited funding for the CHF-Afghanistan and further support has been pledged by donors, notably Great Britain and the Republic of Korea.

The Humanitarian Coordinator for Afghanistan, Toby Lanzer, decided to make around $25 million available for the CHF-Afghanistan's second Standard Allocation. The allocation will take into consideration projects in 45 hard to reach districts with acute humanitarian needs and where clusters have indicated that multi-sectoral approaches are both possible and will maximise impact. The envelopes are for Health ($7 million); Nutrition ($5 million); Protection ($5 million); WASH ($4 million); FSAC ($2 million), and Enabling Action ($2 million).

CHF-Donors	US$
Australia	$6.1M
Denmark	$2.8M
Norway	$2.1M
Sweden	$8.4M
Switzerland	$0.2M

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