

HIGHLIGHTS

- Winter preparedness continues in full swing
- 33,000 Afghans newly displaced in November 2012 because of conflict
- 19 reported attacks against humanitarian personnel and assets in October
- Afghanistan fourth-least funded 2012 CAP worldwide

FIGURES

Total Afghan Population	27 m
Conflict Induced IDPs	~460,000
Undocumented Afghans in Iran	1.4 m
Registered Afghans in Iran	1 m
Undocumented Afghans in Pakistan	1 m
Registered Afghans in Pakistan	1.9 m
Registered in other countries	200,000

Source: UNHCR/IOM as of 11/2012

CAP FUNDING

448 million
requested (US\$)

48% funded



Credit: Christophe Verhellen/OCHA

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Key priorities for incoming Humanitarian Coordinator Mark Bowden

As 2013 approaches, Afghanistan continues in its fourth decade of conflict, continues to be prone to a range of recurrent sudden and slow-onset natural hazards and, notwithstanding the improvements recorded over the past decade, remains rooted in the bottom decile of the global human development index. Afghanistan is entering a very challenging period that will likely be characterized by growing economic vulnerability resulting from a reduction in international assistance and the pull-out of most international forces that is expected to translate into significant economic contraction and job losses, directly impacting livelihoods and increasing humanitarian needs in the run-up to and beyond 2014. As foreign troops withdraw, and in the absence of a reconciliation agreement, most experts predict that conflict between Government and anti-government elements will intensify. Against this backdrop, displacement remains a key concern moving forward.

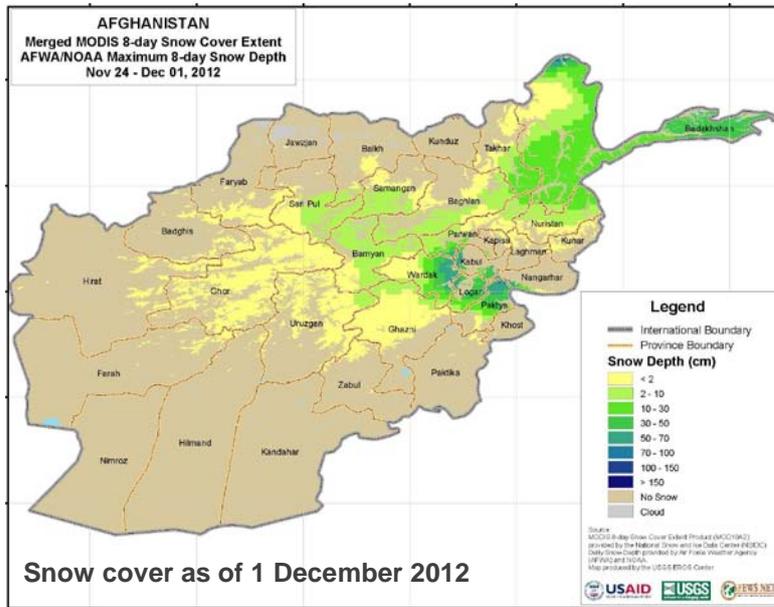
I am committed to mobilizing a more effective response that systematically addresses humanitarian need in a principled way. Towards these ends, the Humanitarian Country Team has pioneered a CHAP approach for Afghanistan based on wholly humanitarian strategic priorities arising from the ranking of provinces based on assessed humanitarian need. In parallel, the HCT is working to ensure its coordination structures are fit for purpose through the streamlining of clusters at the national level and the development of Humanitarian Provincial Teams to support better operational coordination.



Credit: Christophe Verhellen/OCHA

Humanitarian Coordinator Mark Bowden visiting an IDP camp in Hirat

Winter preparedness well underway



The period under review shows a significant increase in snow cover compared to the month of October, the snow cover was concentrated mainly in North-Eastern region's Badakhshan. Provinces that had a snow cover of 2 – 30 centimetre depth included Badakhshan, Logar, Paktya, Wardak, Bamyan, Sari Pul, Samangan and some parts of Baghlan, Takhar, Kabul, Parwan, Uruzgan and Nuristan. The snow cover is significantly less as compared to the same period in 2011 and temperatures are predicted to be above normal for October - December 2012. (International Research Institute for Climate and Society (IRI))

<http://earlywarning.usgs.gov/fews/sca/afghanistan/web/imgbro/wsc2.php?extent=agso>

The Government of Afghanistan through the National Disaster Management Committee (NDMC) has increased its preparedness for the 2012/2013 winter season. On the 27 November 2012 the NDMC held a meeting to review the capacity government

preparedness for winter season in a bid to mitigate the effects to the most vulnerable Afghan population. The Ministry of Agriculture, Irrigation and Livelihoods reported that it had pre-positioned 24,871 tons of wheat in strategic locations throughout the country. During the same meeting Ministry of Public Health working in collaboration with the health cluster and partners finalized its winter preparedness plan. Mobile health clinics will be activated in Ghor, Daykundi, Badakhshan and Kunar. This will cover more than 120 remote villages that are normally cut off at the peak of winter season. These efforts are commendable in ensuring preparedness measures are put in place to a recurrent phenomenon in Afghanistan. A huge stock of non-food items has been prepositioned at provincial centres by the Ministry of Rural Rehabilitation and Development. Local communities have been contracted to clear 1,300 kilometres of tertiary roads during winter, a community-based initiative that empowers the local communities.

KIS winterization preparedness

There are currently 5,208 families (31,248 individuals) residing in 55 KIS sites. A joint needs assessment was carried out in all sites between 6 and 12 November. The assessment included both household surveys and focus group discussions. As a result, an inventory of NFIs was collated and shared with partners. Blanket distribution of fuel (firewood/coal), cold clothing packages, tarpaulin and blankets will commence on 9 December and will be distributed throughout the month of December. Fuel needs remain the priority, and blanket distribution of firewood is planned for January and February. DRC will cover majority, if not all, the firewood needs for January¹. There is currently no funding to cover fuel needs in February. As such, there is an urgent need to secure sufficient funds to ensure February firewood needs are met.

With regard to food, based on the findings of the joint KIS needs assessment, WFP carried out a rapid assessment and have prioritized two-month rations in eight locations and special food for under five to 13 sites. WHH and SI will also provide food rations for the month of December and January, respectively. In December, WFP will also carry out a rapid assessment of all KIS sites to re-assess food needs, which are expected to increase with the onset of winter.

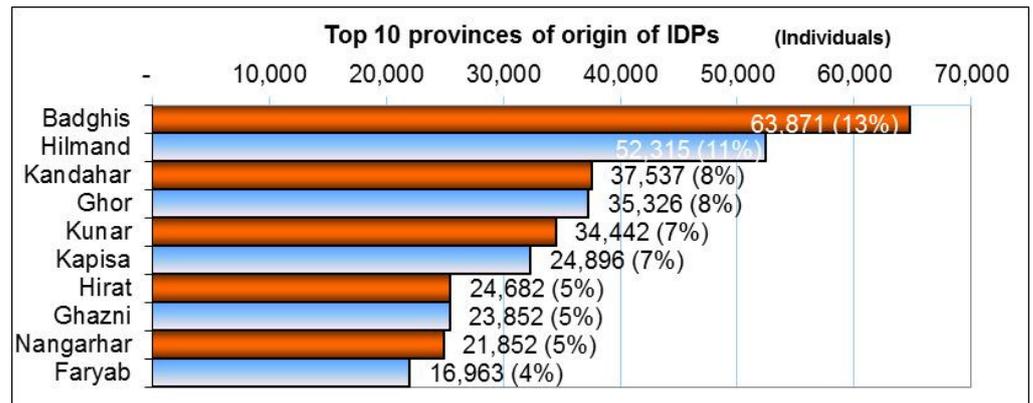


Credit: Christophe Verhellen/OCHA

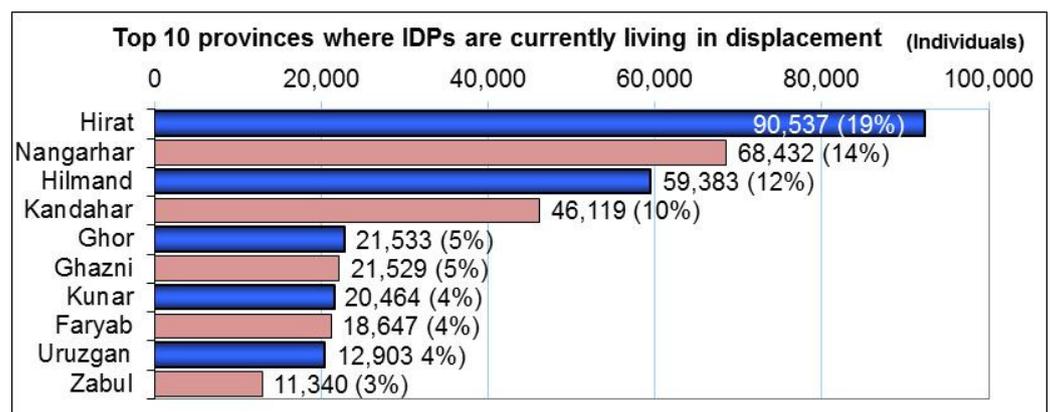
¹ Exact number of households is dependent on population movements and December distribution figures.

Conflict-induced displacements still rising, security incidents reduce in line with trends

The number of security incidents recorded in November was lower than October, including those against the wider aid community. This is a notable 17% decrease overall compared to November 2011, in line with the onset of the cold season. Despite the general downward trend from the previous year, armed clashes, assassinations and intimidations continue to increase. Assassinations targeting community and tribal elders, the police, ANSF and Government employees rose from 43 recorded in November 2011 to 54 incidents this month; predominantly in Hilmand and Kunar provinces.



Almost 33,000 individuals (5,545 families) were newly recorded as displaced due to conflict in November. Of the total, 25% (8,102) were assessed as displaced during November, 28% (9,291) were displaced last month and 45% (14,698) were displaced prior to October 2012 while the remaining 2% or 816 individuals were displaced before 2012. The Central region accounted for 78% of the total newly recorded displaced in November due to ongoing military operations, general insecurity, insurgencies, personal hostilities, landlessness, infiltration and threat/intimidation by AGEs.

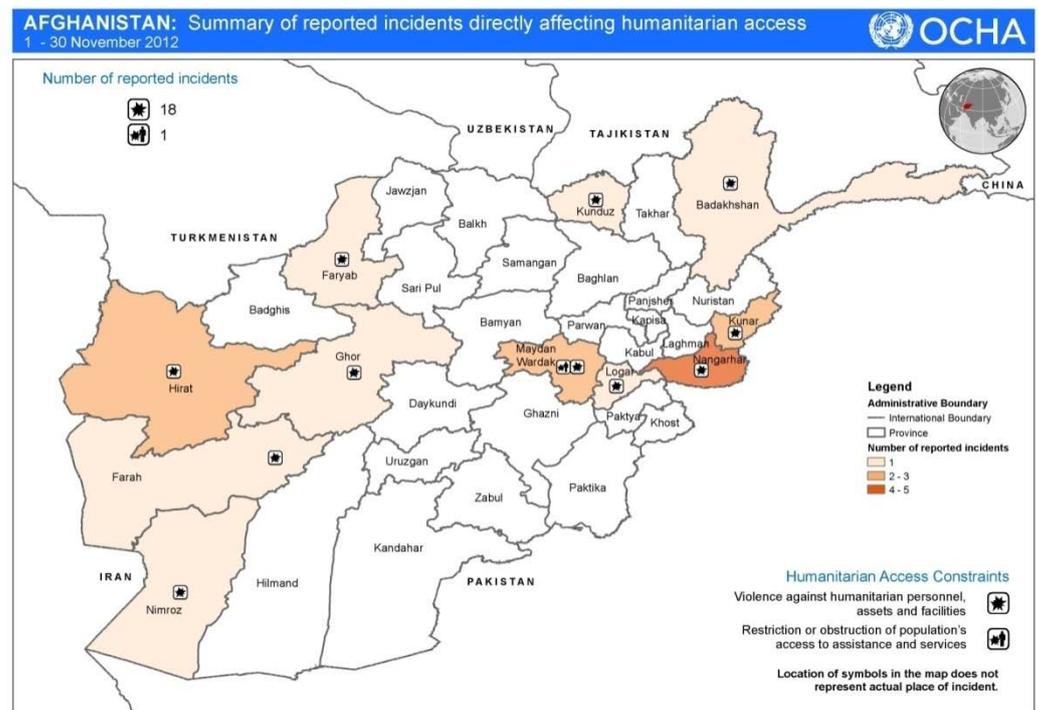


IDP groups identified from previous years are related to the improved monitoring capacities as well as a reflection of limited geographical access, lack of capacity and differences of approach between stakeholders. In total, 481,877 are assessed as internally displaced due to conflict in Afghanistan, of which 199,007 were recorded during the first eleven months of 2012. This includes 91,095 (46%) newly displaced in 2012 with the remaining 107,912 (54%) displaced in previous years.

Humanitarian access incidents consistent with seasonal trends

During November, 19 incidents of direct and indirect attacks against humanitarian personnel, assets and facilities were reported across ten provinces in the country. Seven of the incidents were against humanitarian medical personnel, facilities and assets. Notably among these incidents were two incidents of occupation of health facilities run by humanitarians, arrest and detention of a community health worker along with five of his family members, armed robbery of health facilities, collateral damage including a superficial collateral damage of a health facility following the establishment of a forward attack position in the vicinity of a health facility. The superficial collateral damage registered in Kunar during the reporting period marked the eighth such incident registered in the Eastern region during the year during assaults in Nangarhar, Kunar and Laghman.

The other ten incidents against humanitarians that were reported during the month include, staff detention after a humanitarian facility cordon and search operation, abduction of four humanitarian staff in two separate incidences, collateral damage from a VBIED detonation, robbery of humanitarian staff and demining equipment, interrogation and killing of a staff at an illegal checkpoint and a landmine explosion that resulted to the injury of four demining team staff, the two that had severe injuries later died, bringing the total number of deaths for the reporting period to three.



Periodic assaults on health facilities continue

Access to health services have continued to be impacted on by periodic assaults on medical systems. Incidents that have occurred within the year include, occupation of health facilities, attacks, cordon and search operations, detention of health workers, collateral destruction, looting of medical facilities, obstruction to medical care, firing on ambulances, threats, intimidation, and violence against humanitarian workers for seeking to fulfill their ethical duties to patients. Each of these acts violates the Geneva Conventions, customary international law, and various provisions of international covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights.

Additionally, these assaults have continued to have severe effects on health systems often affecting the ability of health workers to deliver services as well as those of the population to access basic health services. These acts have received little attention, are

sometimes not systematically reported and when violations are identified, pressures on the perpetrators to adhere to legal obligations are rarely generated. Strategies that improve compliance with the law, protection and accountability remain a key gap.

Calls for focus on emergency trauma care in 2013

Dr. Soraya Dalil, Minister of Public Health, participated in the November Health cluster meeting and requested cluster members (NGOs, UN agencies, donors) to focus on emergency trauma care for civilian victims of the conflict in 2013. Her Excellency noted that most of the hospitals outside southern region, supported by ICRC and Emergency NGO, have very little capacity to deal with conflict-related mass casualties. The number of incidents and casualties amongst civilian increased in the past two months, and there are signs that incidents, like those occurring in Maimana (Faryab) will increase across the country anywhere, anytime. Based on experiences in dealing with large number of wounded in different facilities across Afghanistan showed that there is an urgent need to ensure that all provincial hospitals have mass casualties' contingency plans that include clear standard operating procedures encompassing all relevant areas, stocks, proper equipped ambulances and adequate capacity for triage, stabilization and specialized treatment of war victims. In these types of trauma situations, any delays will result in increased number of fatalities.

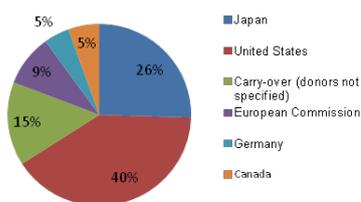


Afghanistan is fourth-least funded CAP of 22 humanitarian appeals globally

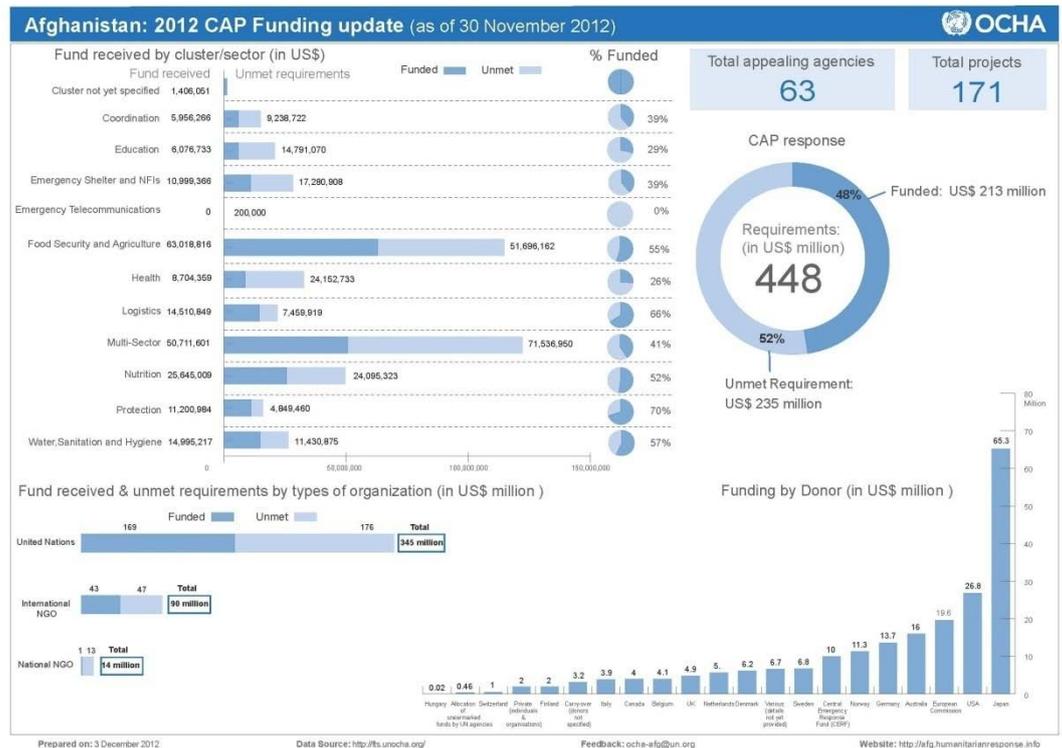
As of 30 November 2012, Afghanistan is the fourth-least-funded crisis, in proportion to requirements, among the 22 humanitarian appeals globally. The 2012 CAP Afghanistan funding is 48%, or \$214 million, in support of 8.8 million people in need; resulting in substantial funding gaps in all sectors and no financial commitments to the Emergency Response Fund until September. This is compared to previous years, when humanitarian appeals in Afghanistan received substantial contributions, averaging 71% support per year between 2009 and 2011.

To date, only five clusters have received 50% or more of their total 2012 CAP requirement, including: Logistics, Nutrition, Food Security and Agriculture (FSAC), Protection, and Water, Sanitation and Hygiene (WASH). The Emergency Telecoms Cluster received no funding, while Health and Education, both critical basic-service clusters, received 26% and 29%, respectively. FSAC, Health, Education and Coordination saw notable reductions in resources, while some clusters maintained funding levels similar to 2011, including Logistics, Multi-Sector and Protection. Others garnered some support, but not as much as in past appeals, including WASH and Nutrition.

Top Six 2010-2012
Humanitarian Donors



Source:
<http://fts.unocha.org>



In addition to the regular appeals funding, Afghanistan also receives substantial humanitarian funding outside the CAP. By 30 November 2012, donors had contributed \$270 million to projects outside the CAP, mainly targeting ICRC, WFP, UNMAS, and NGOs. In 2011, total humanitarian funding to Afghanistan was \$894 million; twice the total of humanitarian funding in 2012 to date — thus this year has seen a sudden and steep drop.

More than 35 donors supported humanitarian action both through cash and in-kind contributions. During the last three years, funding from donors continued a downward trend, with a faster rate of decline in 2012. There was a significant drop by the two largest humanitarian donors, Japan and USA. Japan’s contribution in 2010 was \$146 million, compared with \$108 million in 2012. USA’s contribution dropped from \$339.5 million in 2011 to \$142 million in 2012.

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