Drought grips large parts of Afghanistan

A drought is affecting two out of three provinces across Afghanistan with more than two million people expected to become severely food insecure and in need of humanitarian assistance for survival.

Below average snowfall and a precipitation deficit of 70 per cent has been registered in most parts of the country, due to La Niña conditions (see Bulletin 71, December 2017). This has compromised the main wheat planting season of 2017/2018 that lasted from October to February for the fifth year in a row.

Water points and fountains across the country have dried up and the lack of rain and snow melt has made rivers run low or dry up completely. Faced with the lack of water, farmers have chosen to minimise their losses by delaying planting crops and reducing field sizes.

“In many cases there was nothing farmers could do but watch the seeds dry out,” said Abdul Majid, the Food Security and Agriculture Cluster (FSAC) Coordinator of UN FAO. “The drought has already negatively and irreversibly impacted the winter agricultural season of 2017/2018 and is expected to also negatively impact the 2018 spring and summer agricultural season. The last harvest must be considered completely lost.”

**Winter harvest lost, livestock and livelihoods of thousands of families in peril**

The lack of water also affects farmers with livestock and pastoralists like the nomadic Kuchi tribe as pasturelands have partially or completely dried up or are overgrazed, leaving flocks with little or no feed.

“Pastures are overfed and animals are eating the plants down to the roots where they can still find them,” said Abdul Majid.

The condition of animals has deteriorated and reduced their milk production which has led to distress sales and death of livestock: sheep prices have decreased from 25 to 40 per cent across the country while fodder prices have doubled.

“The animals are too weak to walk to their usual pastures in Badakhshan province and herders have to rent trucks to bring them there,” explained Mr. Majidi, the Head of Agricultural Department of Kunduz Province.

Some 1.5 million goats and sheep in the North-Eastern Region are struggling to find food and more than 600 out of nearly 1,000 villages in the province are suffering from the lack of water.
The most affected are small livestock holders with ten animals or less. These families are at high risk of food insecurity as once their flocks are drastically reduced, the core breeding animals may be endangered and whole livelihoods are at risk.

Some communities in Helmand Province have also reportedly started to use their irrigated fields as pastures as a coping mechanism – potentially saving their animals but in consequence not planting crops that could get them through the next lean season.

**Conflict exacerbates the effects of the drought**

The intensified conflict across many parts of the country exacerbates the effects of the drought and has limited the communities’ access to markets: in Helmand, village elders reportedly need to obtain special approval from the armed groups controlling their districts to access markets in areas under Government control.

In Uruzgan Province, people often cannot access the main market in Tirinkot due to fighting and insecurity on the roads to the provincial capital. Following a temporary closure of the road to neighbouring Kandahar Province in April due to fighting, wheat prices went up by 50 per cent in the city itself, and the price for fresh produce quadrupled within days.

**First migration movements due to the drought in the Western Region**

At the beginning of May, the first migration movements were reported from Badghis and Ghor provinces to Hirt City, Hirt Province, due to the drought and depleted food stocks of families. By mid-May, more than 21,000 people had been assessed by humanitarian partners and verified as having migrated due to the drought.

Mohammad Aman from a village in Badghis is one of the people who was forced to leave his home. He used to work the land of a landowner but the drought destroyed the crops, killed all the animals and left his employer unable to feed his own family, let alone pay Mohammad Aman’s salary.

The fifty-year old saw no other option than to go to the provincial capital Qala-e-Naw, hoping to find work in the city or assistance. “My entire family’s eyes are on my empty pockets and my inability to buy bread to fill their bellies,” he said. “It is difficult for a father so see his children going hungry.”

His family was selected for emergency assistance and received wheat flour, rice, oil, sugar, pulses and salt from World Vision International (WVI) as part of a project to support more than 1,800 vulnerable families in Badghis funded by the Common Humanitarian Fund (CHF)-Afghanistan.

**Humanitarian partners are gearing up, need $115 million for six-month response**

In the 20 provinces most affected by the drought, nearly 15 million people rely on farming, livestock or labour opportunities in agriculture. Of these, an estimated 2 million people will become severely food insecure due to the drought. Humanitarian partners are ramping up their response across the country (see map next page), trying to reach 1.4 million of the most vulnerable girls, boys, women and men struck by the drought. Partners urgently need $11.5 million; the majority of this amount will provide food support to help families through the lean season and to provide them with drinking water for six months.

A quick, comprehensive response will enable the delivery of food and water to the rural villages and help to avoid the migration of families to cities where they risk losing all of their few possessions, and where they lack shelter and access to health facilities and schools for their children.

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In 20 provinces affected by the drought:
Total population of 16.8 million people of which:
- 14.8 million people rely on farming, livestock and agricultural wage labour
- 2 million people could be in need based on severe food insecurity indicators
- 1.4 million people planned to be assisted to survive (in-kind or cash or combination)

21,304 people (3,098 families) have migrated due to the drought.
First migration movements due to the drought were reported beginning of May 2018. To date, 21,304 people or 3,098 families have been verified as having migrated due to the drought.
A total of 20,777 of these people have received life-saving emergency assistance including food, NFIs, and emergency shelter as needed. Response for 527 people is underway.
Responding Agencies: Afghanaid, ANDMA, DACAAR, DoPH, IOM, IRC, UNICEF, WFP and WV
A glimpse into life in hard to reach areas

The REACH Initiative contributed to this article

In Afghanistan, hard to reach areas are most commonly understood as districts where humanitarian access is limited due to safety or security issues. Main reasons are active fighting or the presence of armed groups that either control or contest the Government’s control of a district and limit access of humanitarian partners to communities in need. Currently, more than 11 million people are living in areas of Afghanistan that are contested or under control of armed groups, according to the latest SIGAR report.

Surprisingly little is known about the living conditions and needs of people in hard to reach areas: Last year, only 12 per cent of all humanitarian assessments were conducted outside of district centres and not a single one was conducted in a location controlled by an armed group. Hard to reach areas are thus twice marginalised: the lack of information ranging from basic population figures to needs and vulnerabilities feeds into a lack of inclusion of these areas into humanitarian planning.

Lack of access to basic services, with women and girls most disadvantaged

With funding from the CHF-Afghanistan, REACH conducted needs assessments in 45 hard to reach districts in March 2018. Using a network of more than 1,100 key informants – including school teachers, community elders and doctors – the researchers identified the degree of access to basic services, key needs and main protection concerns of the communities.

The respondents drew a stark picture of life in hard to reach areas: 77 per cent indicated that they had no access to send or receive money – a likely obstacle for humanitarian actors doing cash programming – and 57 per cent indicated they lacked easy access to telecommunication services.

Almost all (92 per cent) said there were no offices of the Department of Refugees and Repatriation (DoRR) in their communities. This is especially relevant for humanitarians, as this puts the official petition system – a key entryway for displaced families to request aid – largely out of reach for tens of thousands of people who are displaced within or into hard to reach areas.

Access to the scarce basic services is unequal with one third of the key informants reporting some groups, notably members of minority tribes and ethnic groups, being prevented from accessing services in their communities. Overwhelmingly disadvantaged, girls and women are regularly prevented from accessing services: 74 per cent of key informants reported unequal access to services for women and girls, compared to boys and men.

Unmarked landmines and airstrikes

The presence of landmines is the main concern in the community: 56 per cent of the key informants indicated a presence of landmines in or around their communities, with 85 per cent of the mined areas being unmarked. This, coupled with the lack of mine risk education across the assessed districts, raises significant protection concerns.

Most of the key informants reported occasional airstrikes and nearly one third of them noted that airstrikes were a significant concern for the communities. This may help explain why psychological trauma was the second most flagged protection concern.
Education and healthcare most pressing needs in hard to reach areas

The respondents highlighted education and healthcare as the most pressing needs. The number of boys at school is double the number of girls, however one fifth of the key informants indicated that schools had been closed recently, partly due to lack of funding, facilities and teachers.

For health care, most of the communities in hard to reach areas rely on public clinics run by NGOs contracted by the Government’s Ministry of Public Health as part of the basic package of health services (BPHS). However, many of the 40 per cent of the Afghan people who have no access to health services are known to live in hard to reach areas.

On average, 13 per cent of key informants reported the number of doctors available to their communities has decreased, and 10 per cent reported closures of medical facilities in the past month. Medical supplies were flagged as a need as well, with 35 per cent of respondents identifying a shortage of medical supplies in their communities.

In addition, Non-State Armed Groups continue to force health facilities to close in areas under their control as part of efforts to extract improved services. In the past year, two million people were denied access to basic healthcare as a result this practice.

More than four million people assisted in 2017

Overall in 2017, humanitarian partners delivered life-saving assistance to 4.1 million girls, boys, women and men across the country, according to the Annual Review of the 2017 Humanitarian Response Plan (HRP).

Humanitarian assistance was primarily delivered through medical care to the war wounded; emergency survival supplies of food, water and shelter to displaced communities and returnees from Pakistan, including unconditional cash assistance and sectoral support such as cash for food and cash for rent amounting to more than $57 million.

Humanitarian Response Plan funded with $320.7 million or 78 per cent

The 4.1 million people reached represent 14 per cent more than the planned 3.6 million people to be reached within the HRP. The reason for this is the reduction of the targeted number of people to be reached in the HRP at the mid-year mark from initially 5.7 million to 3.6 million people.

Partners of the clusters for Emergency Shelter & Non-food items, Food Security and Agriculture and Water, Sanitation and Hygiene were those who jointly reached considerably more people than initially planned (see table).

Funding towards the revised 2017 HRP requirements of $409 million reached $320.7 million or 78 per cent. It was the second best funded HRP for OCHA globally behind Iraq.
Repairing the wounds of war in Afghanistan

The World Health Organization (WHO) contributed to this article

After an attack or bomb blast in Kabul, it takes only a few minutes for the first patients to arrive at the hospital run by the Italian NGO Emergency in the heart of the city. In the hours that follow, families and journalists will crowd the sidewalk in front of the gates to learn about the casualties and the condition of their loved ones.

“Any time we get a report about a blast, we prepare for a mass casualty incident,” explains Dejan Panic, Emergency’s programme coordinator in Afghanistan. “The hospital stops daily routine: we finish any ongoing operations and other activities, move stable patients to make space for new ones and we prepare the triage area and the equipment.”

My older colleague looked at me and said: “Welcome to Afghanistan”.

Panic arrived in Afghanistan eight years ago as a surgical nurse. “I remember my first patients in Kabul, just after arriving in country. Three people came in after a gas cylinder had exploded. They were severely burned and it was shocking. My older colleague looked at me and said: ‘Welcome to Afghanistan’.

Panic knows what it is like to live in a war zone. He grew up in the middle of the Yugoslavian ethnic conflict, and has seen the burden civilians must bear with his family coming from Novi Sad, an area which received a large influx of refugees during the war.

Bigger and more destructive bombs routinely rip off both legs of the victims

Emergency has worked in Afghanistan since 1999, when the organization opened its first surgical centre. Both the intensity of the conflict and the severity of the injuries have grown in recent years, and Panic has experienced the effects first hand.

“One of our doctors in Hilmand said that Afghans are improving in the wrong way: making bigger and more destructive bombs. What would had been seen as severe cases when I arrived in 2010, would now be seen as minor injuries. Now, we see terrible injuries such as bilateral and triple amputations. The workload has also increased: the number of admissions between 2010 and now has been going up by around 15% every year.”

2017 was Emergency’s busiest year so far, with over 3,400 patients admitted. Anyone who comes through the gate will be treated for free. “I strongly believe that everybody should have the right to be treated free of charge as a right of birth,” Panic says.

Inside the hospital, surgeons can be seen through a window working in the operations theatre helping a young girl shot in the head. In the sub-intensive care unit, there are stabbing victims, a boy hit by a mine, and young men with bullet holes in their chest and abdomen. In the children’s ward, a little girl is recovering from having both of her legs amputated on the previous day. This is what Afghanistan looks like on that morning – and will look like for the years to come.

“I don’t see that the conflict will scale down in the near future”, Panic says and shakes his head. “It looks like this year will be busier than the last”.

This is a shortened version of an article written by WHO Afghanistan. To read the full interview with Dejan Panic, follow this link: http://www.emro.who.int/afg/afghanistan-news/reparing-the-wounds-of-war-in-afghanistan.html
Humanitarian access and aid worker incidents

In April 2018, 24 incidents against aid workers, assets, activities and related to humanitarian access were recorded, just below the 27 incidents recorded in the previous month. Two aid workers were killed in April, none injured, 3 abducted and 7 detained.

Looking at the first four months of the year, these numbers are in line with those registered in the same period of the previous year with a total of 128 incidents, 9 aid workers killed and as many injured (see graph). Fewer aid workers have been abducted and the number of incidents against health workers and facilities was lower, as well.

Also in the first four months of 2018, a total of 37 incidents were recorded against health facilities or health workers, 10 of them occurring in the past month. The highest number of incidents is reported from Nangarhar and Badghis provinces, followed by Kandahar (see map).

Humanitarian Financing Update

As of 23 May 2018, OCHA’s Financial Tracking Service (FTS) reported a total of $131 million humanitarian funding for Afghanistan, of which $104 million were reported against the 2018 Humanitarian Response Plan (HRP), representing 24 per cent coverage of the 2018 funding requirement of $430 million to assist 2.8 million people.

The Government of the United States is at the top of the donor list thus far this year with $47.3 million or 45 per cent of all contributions. Of this funding, $30 million was allocated to WFP and $2.5 million to UNICEF. Notable contributions to the 2018 HRP were also reported from Denmark with $9.2, and the United Kingdom with $9 million, followed closely by Sweden with $7.8 million.
2017 successful year for the CHF-Afghanistan

In 2017, the Country-Based Pooled Fund (CBPF) CHF-Afghanistan disbursed a total of $45 million to 51 projects implemented by 39 partners - 11 national NGOs, 23 international NGOs and 5 UN agencies - to address the critical needs of nearly 1.5 million girls, boys, women and men that were displaced by conflict or live in hard to reach and underserved areas.

“I want to thank donors to the CHF, as well as the work of the Clusters and NGO partners, for meeting the needs of the most vulnerable people in Afghanistan”, declared the Humanitarian Coordinator for Afghanistan, Toby Lanzer, in his opening letter of the CHF-Afghanistan 2017 Annual Report.

Donors continued to demonstrate confidence in the CHF-Afghanistan, providing $38.75 million in much needed financial support (see box below). With the carry-over from 2016, the CHF was the second largest funder of the 2017 HRP, thanks to the generous support of nine donors: Australia, Denmark, Germany, the Netherlands, Norway, Republic of Korea, Sweden, Switzerland, and the United Kingdom.

Donors and funding towards the CHF-Afghanistan in 2017

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<tr>
<th>United Kingdom</th>
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Qatar newest donor for the CHF-Afghanistan

On 26 April, the Qatar Fund for Development (QFFD) signed the Standard Administrative Agreement with UNDP’s Multi-Partner Trust Fund Office (MPTF-UNDP) for $2 million in support for urgent relief efforts of the CHF-Afghanistan.

“The QFFD grant will be used to bring life-saving assistance to the people who need it most,” said Ali Abdulla Al Dabbagh, QFFD’s Executive Director for Strategy. “The funds will help our relief partners in-country to address the highest priority needs identified in the Afghanistan Humanitarian Response Plan.”

This year, QFFD has already contributed to OCHA’s CBPFs in Iraq, Lebanon, Syria and Yemen. Since 2014, QFFD has funded CBPFs with a total of $32 million.

“This is Qatar’s first contribution to the UN’s [Common] humanitarian fund for Afghanistan and demonstrates Doha’s timely commitment to the people of Kabul and across the country,” stated the Humanitarian Coordinator, Toby Lanzer, during the signing ceremony in London.