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Afghanistan has the second highest rate of under-five mortality in the world, with 41 percent of Afghan children under five years old reported as chronically malnourished. Photo credit: ACF

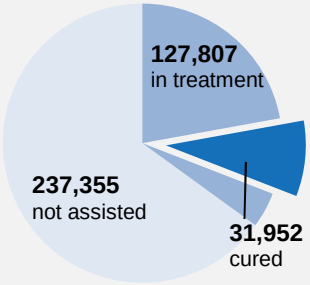
In this issue

HIGHLIGHTS

- Malnutrition affects 2.7 million people including a million children under the age of five. Only 35 per cent of children with severe acute malnutrition are being reached and of those, only 25 per cent are actually cured.
- Despite access constraints, conflict and displacement, Medair delivers critical nutrition support in the South
- More than 5,000 people Afghans are returning from Pakistan per day
- Highest amount of civilian casualties for the first six months of 2016 ever recorded in Afghanistan, one-third of them children- UNAMA reports

SEVERE ACUTE MALNUTRITION IN AFGHANISTAN

365,162
Est. U5 burden of severe acute malnutrition



Source: Nutrition Cluster

HUMANITARIAN RESPONSE PLAN FUNDING

339 million
MYR revised request (US$)

207 million
received (US$)

According to in-country cluster reporting

More on funding in page 8

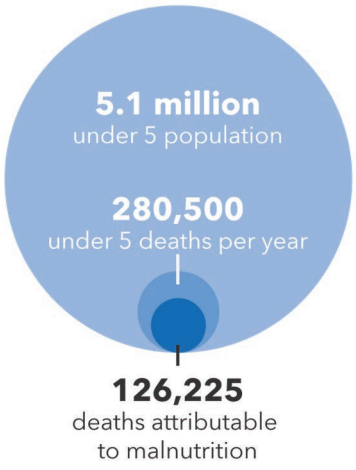
Malnutrition: the silent killer in Afghanistan

The number of children killed by conflict in 2015 represents less than 1 per cent of the estimated number of children dying due to malnutrition in one year in Afghanistan.

Afghanistan's children living in the shadow of armed conflict face a real and present danger. Between January and June this year, 388 children lost their lives primarily resulting from ground engagements between anti-government elements and Afghan forces. Another 100,000 children fled from their homes as their parents sought to get them to safety. While the daily battles and skirmishes have a recognisable impact on the lives of children, the unrelenting conflict overshadowing the country for the last decades has considerably impeded development progress. The result is an altogether more dangerous environment for children where, in contrast to the conflict, it is the unseen dangers that are exacting loss of life with implacable ferocity.

Afghanistan has the second highest rate of under-five mortality in the world. For every one thousand babies born, fifty-five will die before the age of five. Eighty-two per cent of these deaths will occur even before the child's first birthday. Most of these children will die from easily preventable or treatable conditions such as diarrhoea or pneumonia. In Afghanistan these common conditions are made much more dangerous due to the additional presence of malnutrition. An undernourished child is not only weak and less able to withstand an attack of illness, the illness itself also makes the child much more susceptible to becoming malnourished. As such, while rarely cited as a leading cause, malnutrition is the hidden contributing factor in about 45 per cent of all child deaths.

U5 Malnutrition Deaths in Afghanistan



Source: Afghanistan Demographic and Health Survey AfDHS 2015 Key Indicator Results, CSO est., 2015-2016 and 2013 Lancet Series on Maternal and Child Nutrition.

The Afghanistan Nutrition Cluster estimates 2.7 million people are affected by malnutrition including one million children under five with an acute state of malnutrition in need of treatment. In contrast to the palpable impact of violence, the ordinarily hidden nature of malnutrition severely frustrates efforts to confront this considerable threat to young life. Lack of awareness about malnutrition has been identified as one of the top barriers preventing children from accessing treatment. Rural mothers in Afghanistan lack adequate knowledge about malnutrition and so can rarely identify this as a cause or contributing factor to their child's ill health. When their child gets a bout of diarrhoea they are unable to understand how a poor or inadequate diet has made them more susceptible to infection through lowered immunity or likewise

NUTRITION

HRP Mid-Year Achievements

2016 ASSISTANCE REQUIRED

2.9M

PEOPLE TARGETED

1.1M

REQUIREMENTS (US$)

69M

BENEFICIARIES ASSISTED

259K

259K malnourished

how the diarrhoea itself prevents absorption of foods, and causes loss of appetite resulting in a vicious cycle of undernutrition and infection.

This lack of knowledge and understanding makes the community mobilisation component of the customary approach to treating malnutrition so important. Once a child becomes malnourished they face a roughly three times higher risk of dying from common communicable diseases than if they were well-nourished. Once they deteriorate to being severely malnourished, typically thirty to fifty per cent of these children die. Working with communities to identify malnutrition and to actively screen and monitor all young children regularly is therefore critical to ensure malnutrition can be identified early and treated immediately. This high level of coverage achieved for treatment programmes through engagement with communities is crucial to the substantial reduction in fatalities that can be achieved through effective Community or Integrated Management of Acute Malnutrition (CMAM/IMAM) programming.

Afghanistan's IMAM programmes, however, have distinctively low coverage. UNICEF analysis suggests only 38 per cent of health facilities are providing nutrition services. This figure is all the more concerning given that health facilities only cover a generously estimated 60 per cent of the population. What is more, health facility based treatment does little to meet the needs of the children noted above, whose parents are mainly unaware of their condition until they deteriorate to an almost irreparable stage. The community outreach and active case finding is therefore critical to have any traction in combatting the malnutrition crisis faced by Afghanistan's children.

A malnourished child receiving food in Afghanistan.
Photo credit: Andrew Quilty

Enhancing community level programming will be impossible as long as the current approach and services intended to treat malnutrition remain critically under resourced.

Working from the 2001 baseline of a devastated health system and some of the worst health statistics in the world, Afghanistan's approach to delivering nationwide healthcare through contracting out its provision of services to non-governmental organisations under a Basic Package of Health Services (BPHS) has documented a number of successes. However, in its current state, the international donor dependent health system is facing multiple challenges in terms of ensuring quality and reducing inequities in access resulting from various internal bottlenecks related to human resources, information management, health system financing and governance as well as supply chain issues. The persistent poor health indicators for the country and the challenges within the system will be genuinely impossible to overcome while the average per capita budget for provision of BPHS remains at approximately US$5.

In terms of financing a response to malnutrition the under resourcing of BPHS has significant implications. IMAM was officially included in the BPHS in 2010, however this nutrition component has been particularly under-staffed and under resourced. The majority of health facilities do not offer nutrition services and those that do lack dedicated nutrition capacity. Only 50 per cent of facilities surveyed by the Afghanistan National Nutrition Cluster reported their staff (medical doctors, midwifes, nurses) had received training on nutrition in the previous year. With such poor coverage and quality of services it is hardly surprising only 35 per cent of children with severe acute malnutrition are being reached and of those only 25 per cent are actually cured.

Partial attempts to enhance treatment services which focus only on the most severely malnourished children are short sighted. As demonstrated through a recent assessment in Herat, the lack of treatment services for moderately malnourished children only resulted in high numbers of severe cases in the province as the children's health inevitably worsened. Likewise, ignoring high rates of malnutrition among pregnant mothers not only

impacts a woman's chances of surviving pregnancy but perpetuates an intergenerational cycle of malnutrition. In Afghanistan, this cycle is accentuated by high rates of pregnancy among adolescent girls who themselves often suffer stunted growth due to poor nutrition. As such they are highly likely to have low-birth-weight babies, significantly contributing to infant mortality and severe short- and long-term adverse health consequences and markedly increasing the chance of malnutrition and irreversible cumulative growth and development deficits.

Malnutrition of pregnant mothers and their young babies can affect the normal brain development of the child impacting their cognitive, motor, and socioemotional skills throughout childhood. The restricted development of these skills puts them at a critical disadvantage as they grow into adults, inhibiting their ability to learn and achieve results in school or find skilled employment. Consequently the ability to provide for and care for their own children is also reduced, thus contributing to the intergenerational transmission of poverty and malnutrition.

The humanitarian community recognizes that alone emergency curative interventions to treat malnutrition will be redundant. Malnutrition is a multidimensional issue with several underlying determinants and influences far from simply consuming sufficient food. Equally important is the existence of a healthy environment, access to safe water and sanitation facilities, provision of health care and shelter, the ability to influence caregiver behaviours and importantly the status a woman has and the choices she is free to make for her health and her child's health in the society in which she lives. Ultimately peace and security and an enabling environment for all of the above is paramount.

Unfortunately as the conflict shows no sign of abating and the shifting security environment further hinders access to health and nutrition services increasing numbers of children are at risk. While parents seek to protect their children by fleeing from the danger of active conflict, the situation they find themselves in when displaced can be just as life threatening for their children. In the past months, alarming health indicators have been reported among displaced populations, exhibiting extreme vulnerabilities having been displaced repeatedly or for prolonged periods. Food insecurity, limited access to basic services, particularly health care and adequate water and sanitation, contribute to critical circumstances in which children's risk to infection and disease is exacerbated. Assessments of displaced populations, both IDPs and refugees, published in the last months have identified emergency levels of severe acute malnutrition among displaced children.

In July the Nutrition cluster revised upwards their financial request under the 2016 Afghanistan Humanitarian Response Plan to $69 million for urgent interventions to treat 285,000 children and 136,000 mothers as well as enhance prevention measures through simple approaches such as promotion of Infant and Young Child Feeding and micronutrient supplementation. The cluster has so far received $56 million however the targets for treatment are well below the actual needs in the country. For the third year running the Afghanistan Common Humanitarian Fund is allocating resources specifically for emergency nutrition projects. The focus of the 2016 allocation will provide treatment for displaced children, ensure complimentary treatment for moderately malnourished children and pregnant women alongside the SAM programmes, and critically enhance access to Therapeutic Feeding Units for the increasing numbers of children that have deteriorated to such critical levels they require hospitalisation.

Tackling malnutrition: more than just food

Saleema, who was displaced due to conflict in the North three years ago and lives in a Kabul Informal Settlement (KIS), is worried about the health of her children because they are so often ill. These Kabul settlements are affected by poor sanitation conditions, overcrowding, poor shelters, lack of access to clean water and basic services like health or education. Many people are unemployed and constantly fear evictions. As they play in the dusty road, her children are visibly affected by malnutrition. Their entertainment is a skinny chicken, which Saleema says will be one of the only sources of food for the month.

Conflict and insecurity compound Afghanistan's existing challenges to ensure access to basic services. The spread of the conflict has not only interrupted and limited access to health facilities but caused massive displacement of families who experience prolonged

periods of uncertainty and substandard living often in circumstances which exacerbate the risks for their children becoming undernourished. A recent rapid assessment of the nutrition situation in the KIS where more than 45,000 IDPs are estimated to live (20% children) found combined GAM and SAM prevalence of 21.9% and 5.9% respectively, far surpassing emergency thresholds and indicating an urgent need to ensure access to treatment programmes for over 2,000 children.

"Life in this crowded space without access to clean water makes life really difficult for me and my child"- Tena, who lives also in a Kabul Informal Settlement

Lack of knowledge regarding malnutrition and the link to child ill health has been identified as one of the main barriers preventing children from accessing treatment. Action Contre la Faim (ACF) are currently working with communities on sensitisation and awareness about malnutrition in several provinces of the country They stress this should be an integral component of any integrated nutrition programme which seeks to achieve a greater balance between curative and preventive services with wash interventions equally critical.

An ACF study[1] recently published based on the population in Khulm, Balkh province, looked at the close correlation between poor water, sanitation and hygiene conditions and malnutrition. They distributed bio-sand-filters to reduce the influence of pathogens in the water to over 1,000 families between March and June. The incidence of watery diarrhea in children under five decreased by 70 per cent and bloody diarrhea by 100 per cent. A nearby health facility also confirmed a 50 per cent decrease in severe acute malnutrition (SAM), the most dangerous form of malnutrition and a major cause of death in children belonging to this age group.

A mother and her nine-month old malnourished daughter, Tena received a visit by an ACF medical team at one of the Kabul Informal Settlement sites. Photo credit: ACF

Tackling malnutrition requires a coordinated and comprehensive approach. ACF asserts that malnutrition rates will decrease only when food-based emergency responses are combined with access to safe water and improved sanitation along with good hygiene practices.

Consequently, ACF is also currently implementing integrated WASH and nutrition programming in Ghor and Helmand provinces as well as providing training for more than 3,500 health workers. ACF routinely work with communities to help construct and rehabilitate water points and latrines as well as handwashing facilities, while providing complementary hygiene promotion messaging and capacity building in waste management. As an increasing body of evidence shows, the creation of infrastructural hardware is insufficient if communities don't also have the software (awareness, understanding and tools) to know how to use it or what to do if a child becomes ill.

Meeting the needs of malnourished children

IOM delivers humanitarian assistance to Afghan families returning from Pakistan at the Torkham border. Photo credit: IOM

Displaced communities are particularly vulnerable to food shortages, lack of access to health and nutrition services and poor living conditions.

In Kandahar, one of the provinces most affected by conflict- induced displacement, more than 3,000 children under the age of five are been treated per month by CHF-funded Medair as malnutrition levels continue to breach 'serious' thresholds. Medair has been able to expand its activities over the past couple of years from 8 facilities in 2014 to 35 today. Nevertheless, the scale of the problem continues to outstrip available services, with only three organisations currently implementing preventive and curative nutrition programmes across the troubled province and an estimated burden of more than 93,000 children needing treatment.

Medair's decision to set up mobile nutrition services has been critical to increased coverage in recent years, enabling families who would otherwise not be able to access

[1] Case study : Access to clean water and sanitation – crucial in preventing malnutrition in Deh Hassan village, Balkh province, ACF International Afghanistan : http://www.actioncontrelafaim.org/

treatment – either because of the prohibitive costs of travel or insecurity – to get their children the life-saving assistance they need. “First my child was so skinny, we travelled to many doctors but nothing helped, and we had almost given up hope – we thought we would lose our child, but then Medair started a nutrition clinic in our area. Our child recovered really quickly, going from being skinny like a skeleton and not able to play, to now healthy, playing outside and smiling at us all the time,” said Naiiba, a mother whose child received assistance at a Medair clinic.

‘When they (Medair) first did an assessment in our area we did not believe they would actually visit us. For 10 years, no organization had come to our area. But now, Medair visits regularly, setting up the clinic, spending time with us, and treating us and our children with respect.’

Medair supports children suffering from both moderate and severe acute malnutrition through a combination of food-based and behavioral change techniques aimed at promoting better feeding and hygiene practices. The organization claims that malnutrition is often more pronounced in girls than boys due to deeply embedded cultural practices which mean girls are often overlooked or receive less attention at meal times. The inability of women to travel outside of their home without a male relative can also reinforce negative practices such as missing treatment days. “It was clear that there was a need for mobile nutrition assistance, because insecurity makes it very difficult for people to travel from their homes to find help”, says a former Medair Country Director who established the organisation’s nutritional programme in Kandahar in 2014.

A mother feeds her child a nutritional supplement packet at a Medair clinic in Khandarhar. Photo credit: Medair

Although the establishment of mobile nutrition clinics, which rotate between rural and urban areas has enabled Medair to reach more children, intensified conflict in the last year has become the biggest constraint to reversing existing malnutrition trends, the organisation reports. In 2015, Medair permanently closed four clinics in rural districts due to increased fighting and delayed the opening of new sites in an additional area meaning that some children who had already started treatment programmes – which last for at least three months – defaulted, while many others were simply not admitted.

The challenges faced by Medair are common with other partners trying to find and treat malnourished children. All IMAM programmes across the country and typically plagued by low coverage and frequent high defaulting.

Spike in numbers of returnees from Pakistan

More than 5,000 Afghans are returning from Pakistan each day. Half of the returnees come back with official documents, the other half without any identity documentation at all, some of them deported after having been under detention in Pakistan. In total, over 140,000 Afghans have returned from Pakistan since the beginning of the year, 101,000 of which are undocumented and most of them through the Tokhram border [2].

Numbers in the last weeks, particularly after the Eid in mid-July, have rocketed. In comparison, June saw 210 people crossing the border per day as an average. The pressure on Afghans residing in Pakistan has been mounting. Several factors have been pushing Afghans to leave the neighbouring country: since June, Pakistan established new visa requirements, a challenge for communities who have no passports or money for a visa, and again made just a temporary extension to the proof of registration for those residing in the country so far only until the end of the year.

Moreover, the escalated political tensions between Afghanistan and Pakistan are adversely affecting the wellbeing of Afghans in Pakistan, especially those without legal documentation. The increase in detentions and fear of forced eviction, limited and restricted access to livelihoods, health care and education as well as lack of employment opportunities are the main reasons behind this increasing flight across the border.

[2] Sources: IOM, UNHCR and MoRR

"We have been beaten and harassed by Pakistani police, others have been imprisoned and sent to Afghanistan under detention", described Zaheer. "Our rental agreement was not renewed". Other returnees interviewed by IOM and partners cited additional reasons for their return including demolition of several camps, especially in the north of Pakistan; police and military raids on homes and work places, or refused access to services. "The first thing which I will do upon my return to my village in Kunar is to admit my grand-children in the school, said Mr. Faiz Mohammad, a 90 year old Afghan returning home after 30 years living in Pakistan.

Afghan returnees with their trucks full of belongings arriving from Pakistan at the Torkham border in the Eastern region. Photo credit: OCHA

IOM, WHO and OCHA carried out a joint mission to the Torkham border, called the Zero Point, in the last week of July. There were queues of fully laden trucks filled with the possessions of families waiting to be registered by DoRR and CHA (Coordination Humanitarian Assistance, an implementing partner of IOM). When families arrive at the border, those with legal documents receive a medical check, which includes polio vaccination for children and later on, a repatriation grant provided by UNHCR. This grant was doubled in July from USD 200 to USD 400. Those undocumented, after the medical check and vaccination, are checked against certain criteria to identify the most vulnerable. They receive a package of support including food for one month, hygiene sets, kitchen sets and blankets, facilitated by IOM. The high increase in numbers is sparking concern amongst the humanitarian community as resources are being pushed to near capacity. As a result, partners are looking for alternative and additional sources of funding.

Conflict takes a toll on civilian population as casualties reach all-time high

"Almost one out of three casualties from this conflict is a child" -Danielle Bell, UNAMA's Director for Human Rights

"A mortar round exploded in my house, killing my eight year-old daughter and injuring my seven year-old son and my wife. Now I cannot afford their treatment or to feed my mother and the rest of my family." The words of a father and husband of victims killed in Kandahar province open the 2016 mid-year report of UNAMA on the protection of civilians.

The number of civilian casualties for the first six months of 2016 is the highest ever recorded in Afghanistan. It is the most vulnerable groups that remain the primary victims of war: Almost one-third of these fatalities were children as reported by UNAMA. The recruitment of children by armed forces in any capacity continues. Almost 11 per cent of the casualties were women.

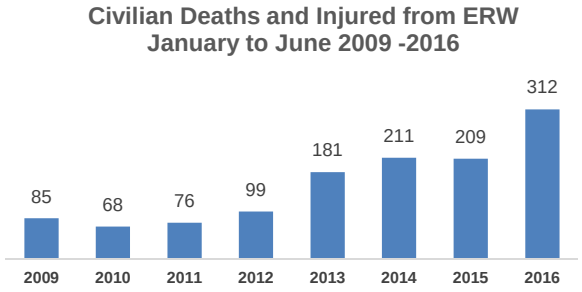
An unprecedented 5,166 civilian casualties (1,601 deaths and 3,565 injuries) were recorded between January and June 2016 as intensified conflict continues to take a huge toll on the Afghan population. Since the Taliban was toppled by coalition forces in 2001, over 31,000 civilians have been killed and more than 40,000 injured since UNAMA started recording in 2009.

The mid-year total, represents a 4 per cent increase on figures recorded during the same period in 2015 and an 18 per cent increase in the number of affected children.

Ground engagements between government and non-state armed groups (NSAGs) are the leading cause of civilian casualties followed by complex and suicide attacks and improvised explosive devices (IEDs).

For more information, please see the full UNAMA report: http://goo.gl/HlUZFl

Prolonged assaults and counter offensives on more densely populated areas, as well as a major increase in aerial operations, have also contributed to a 47 per cent increase in civilian casualties caused by pro-government forces. These represent 23 per cent of the total while 60 per cent were attributed to anti-government elements and 13 per cent attributed to joint fighting, in addition to the remaining four per cent were unattributed explosive remnants of war.



Sources: UNAMA midyear report 2016

In addition to detailing civilian casualties, the Protection of Civilians report, which is published jointly by UNAMA and OHCHR twice a year, documents a range of human rights abuses, from the forced recruitment of children in conflict, sexual violence against boys and girls, frequent attacks on health and education facilities as well as the intimidation and harassment of lawyers, activists and prominent women.

In his introductory comments to the recently issued report, the UN Special Representative for Afghanistan, Tadamichi Yamamoto, said that the indiscriminate targeting of civilians would resonate in the collective memory of the Afghan people for years to come with history judging parties to the conflict according to their behavior and not their words. “Every single casualty documented in this report – people killed while praying, working, studying, fetching water, recovering in hospitals – every civilian casualty represents a failure of commitment and should be a call to action for parties to the conflict to take meaningful, concrete steps to reduce civilians’ suffering and increase protection.”

Humanitarian access: aid workers incidents

INCIDENTS IN JANUARY-JULY 2016

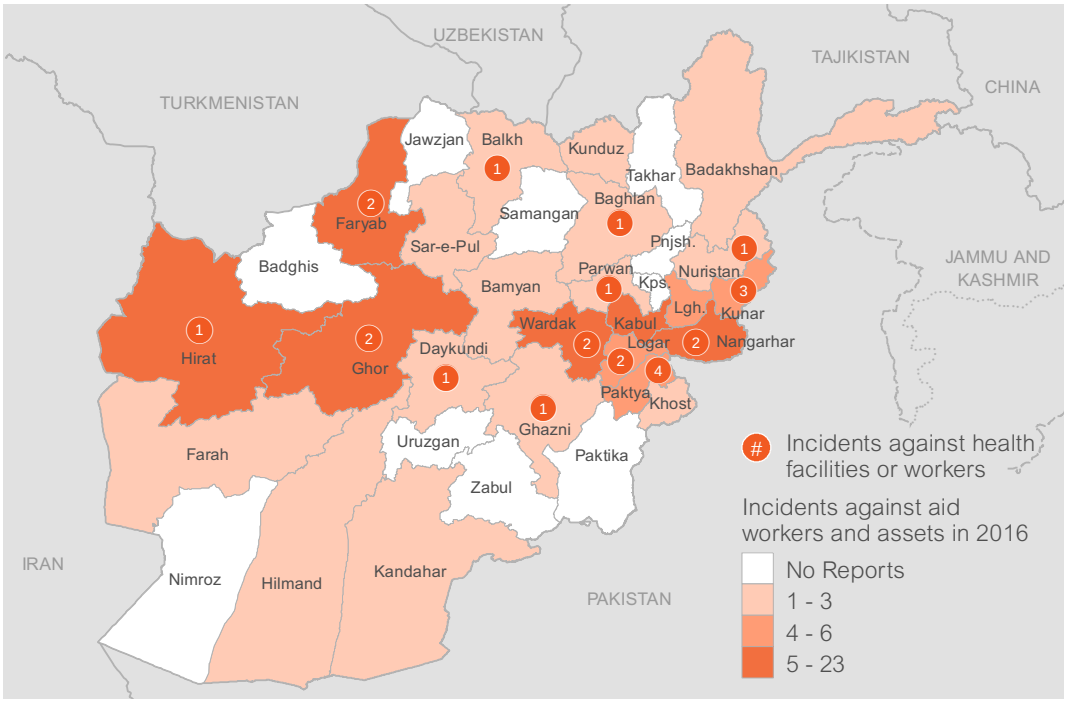
120
Incidents

10
Aid workers killed

14
Aid workers wounded

93
Aid workers abducted

24
Incidents against health facilities and workers



Incidents against aid workers & assets - January to July 2016. Data sources: Various

Funding

Total humanitarian funding for Afghanistan currently stands at US$280 million to provide life-saving assistance through the United Nations, International Organizations, the Red Cross/Red Crescent movement and other humanitarian partners.

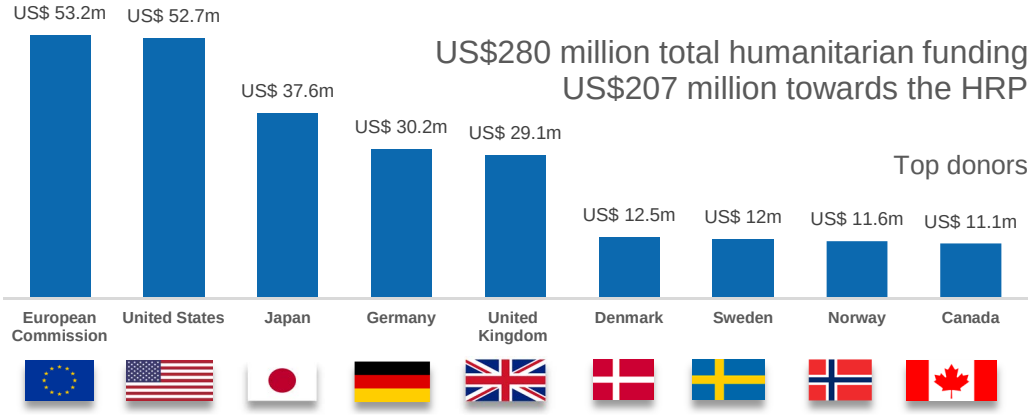
In country Cluster reporting suggests estimated income against the Humanitarian Response Plan (HRP) of US$207 million or 61 per cent of the US$339 million MYR revised requirement.

Mothers and children receive support and verification of nutritional progress. Photo credit: ACF

As far as nutrition is concerned, at the midpoint of 2016, a total of US$ 56 million was reported received by the Nutrition Cluster partners, compared to the US$69 million nutrition financial requirements for 2016. The cluster has revised their admission targets for children under five and pregnant and lactating women up from around 370,000 to 420,000. The increase is a reflection of deteriorating nutrition and an urgent need to provide more treatment services but still accounts for just a fraction of the estimated burden of those in need.

Due to the rapid increase in the numbers of Afghan returnees, and the unanticipated additional assistance needs, the HRP requirement will be revised again to ensure adequate resources to cover their immediate needs, particularly faced with the on-set of winter.

Afghanistan Common Humanitarian Fund: a total of US$43.2 million has been pledged in 2016. The £12 million (US$15.9 million) donation from DFID will take place in September and December and may be affected by the changes in the foreign exchange rate.



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

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