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HIGHLIGHTS

- \$405 million needed for humanitarian action in Afghanistan in 2015
- Winterization activities commenced in the Kabul Informal Settlements
- Report provides new insight into urban poverty
- \$5 million contribution from Republic of Korea support air services and winterization to refugees



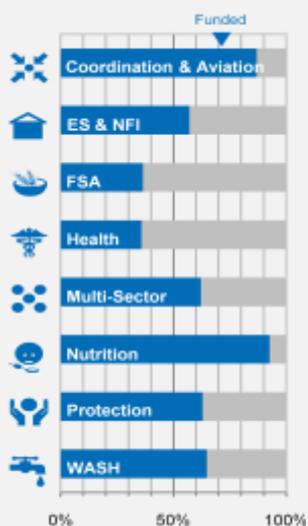
Reuters

2014 FUNDING

406 million
requested (US\$)

64% funded

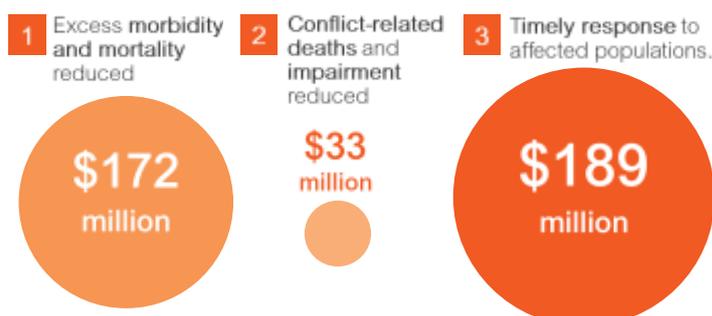
FUNDING BY CLUSTER



\$405 million for humanitarian action in 2015

The government of Afghanistan and the humanitarian community launched the 2015, Humanitarian Response Plan (HRP) on 26 November. The overall requirement of \$405 million is for life saving assistance to 3.8 million most vulnerable Afghans with food, health care, nutrition, water and sanitation; with a focus on insecure, under-served and hard to reach areas.

\$405 million requested



The amount requested in 2015 is comparable in scale to 2014 requirements. The priorities for the humanitarian community are to assist people who were displaced by conflict or natural disasters; to provide lifesaving nutrition to the nearly 500,000 children under the age of five who suffer from severe acute malnutrition; and, to support the 30,000 Pakistani families who have sought refuge in Afghanistan and families who host them. The HRP reflects both the most acute and life saving needs as well as what can be realistically achieved through a collective response by humanitarian partners.

Afghanistan's Chief Executive Abdullah Abdullah hosted the launch. He stated "Significant achievements were made in 2014 and the fact that the current appeal is 60 per cent funded is a mark of the commitment of donors and the humanitarian community to the people of Afghanistan.. For example, life-saving food assistance was provided to more than 1.2 million people and an estimated 390,000 people affected by conflict and natural disasters were supported with emergency humanitarian assistance. "

Three strategic priorities inform the 2015 HRP

Strategic Priority 1: Reduce excess morbidity and mortality, including maternal and child, and acute malnutrition, through support to basic health care services in high vulnerability areas; provision of food and nutritional assistance; support to safe delivery services for pregnant women, and water, sanitation and hygiene activities.

Afghanistan must not be allowed to become one of the world's forgotten emergencies

Strategic Priority 2: Reduce conflict related deaths and impairment, and strengthen protection of civilians by supporting stabilisation and advanced trauma care facilities and referral mechanisms, and mine clearance action.

Strategic Priority 3: Timely response, including lifesaving assistance, to meet the needs of highly vulnerable internally displaced by conflict or natural disaster persons, as well as the needs of Pakistan refugees, Afghan refugee returnees and undocumented vulnerable returnees. This priority will focus on effective preparedness and contingency planning for responding to conflict and natural disaster affected communities. It builds upon a resilience focused approach, emphasizing preparedness, early action and the goal of moving towards national ownership of response. The incorporation of specific outputs around preparedness and contingency planning will ensure a more proactive, preparatory approach that strengthens national risk analysis, capacity mapping and development of emergency response tools and coordination mechanisms, which ultimately enable rapid and effectively coordinated mobilization of resources as and when required.

The humanitarian strategy revolves around five key elements



The Humanitarian Coordinator, Mark Bowden, called on the donor community to continue its strong support for humanitarian action in Afghanistan adding, "Afghanistan must not be allowed to become one of the world's forgotten emergencies."

Despite more than a decade of international and government development efforts, from a humanitarian perspective Afghanistan remains a protracted complex emergency where more than 7 million people are in need of humanitarian assistance. This does not include the many more millions who are suffering the effects of chronic poverty.

A cyclical humanitarian response is neither dignified for people in need nor cost-effective for donors. Addressing the fundamental fragilities that make Afghanistan one of the poorest countries in the world is critical to systematically reducing the burden of people in humanitarian need. Progress is needed in four key developmental areas to break the cycle of humanitarian dependence, including an effective and responsive health care system, durable solutions for internally displaced persons and refugee returnees, water management, and Disaster Risk Reduction and Management (DRRM).



The Afghanistan 2015 Humanitarian Response Plan can be found at:

<http://bit.ly/15LWQXO>

Winter support starts to Kabul Informal Settlements

November marked the start of the humanitarian winter response in the Kabul Informal Settlements (KIS) with joint assessment and verification exercises to improve targeting of assistance. The needs assessment included interviews with 1,456 families (approximately 20 per cent of the total population) in all KIS locations. According to the needs assessment, overall income decreased to 883 Afghanis per week compared to 915 in 2013. Overall expenditures increased with food being the top expense, followed by health, firewood and shelter. Sub-standard shelter for more than 50 percent of the population was identified in 32 out of 53 sites and all shelters in four sites were considered inadequate.



Credit: UNOCHA
Kabul Informal Settlement November 2014
Verification exercise

To complement the needs assessment, a joint verification, led UNHCR and the Ministry of Refugees, was conducted in all sites. The findings indicated that the original estimated population of 5,800 families rose by 27 per cent, or approximately 8,000 families. The increase is due to a number of factors; including increased number of conflict-induced displaced persons, loss of employment and high cost of living in Kabul, and perceived hope for land tenure due to electoral promises.

Planned winter assistance

The KIS Task force will target the most vulnerable sites, with distributions of firewood; the preferred mode of heating by a majority of the KIS beneficiaries. Due to funding constraints, WFP food assistance will be 50 per cent of the normal ration size. Johanniter will provide clothing to all children under five years old, Welthungerhilfe (WHH) will distribute clothing to 500 children above five years old, and VUSAF will distribute clothing to children under 12 years old in two pre-identified sites. Serve Health Relief & Development Organization (SHRDO) and WHH will provide health services. DACAAR supports overall WASH activities on a needs basis. Due to funding shortfalls, distributions of tarpaulins or blankets are not planned.

Based on previous experience, private businesspeople and smaller NGOs will contribute winter assistance efforts. The Taskforce is working closely with the government to ensure any additional assistance is either targeted to KIS residents who are most in need or re-distributed to other vulnerable areas outside of Kabul.

*The Afghanistan 2015
Humanitarian Response
Plan can be found at:*

<http://bit.ly/15LWQXO>

Case study

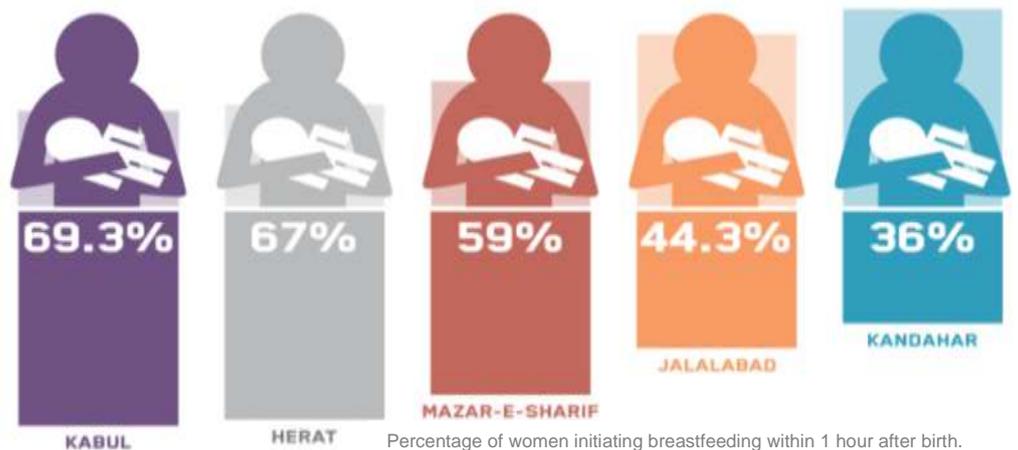
Urban Poverty Report: A Study of Poverty, Food Insecurity and Resilience in Afghan Cities

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20 per cent of urban Afghans suffer from poor food consumption

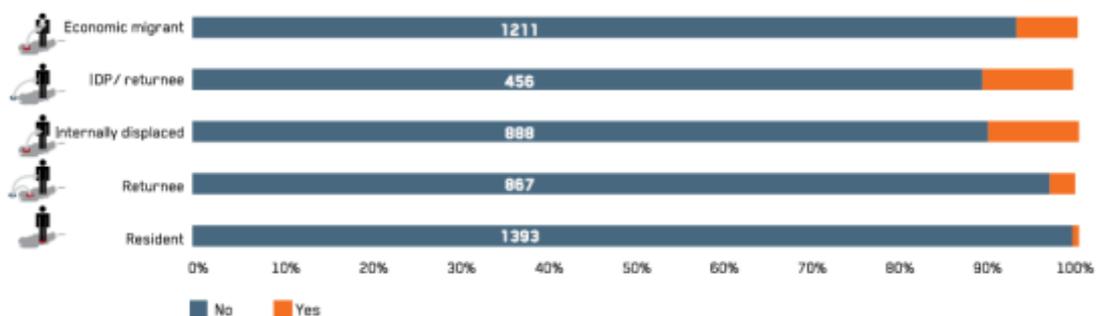
A recently published report on urban poverty provides new insight into the nature, level and complexity of poverty, food security and resilience issues among city-dwelling households in Afghanistan. The Urban Poverty Report compares the experience of host communities, internally displaced persons and returnees across the five major Afghan cities and provides evidence-based recommendations for practical action and policy reform to more effectively combat urban poverty. The study was funded by the European Union and conducted by Samuel Hall, People in Need and the Danish Refugee Council.

Urban areas are characterised by high levels of food insecurity and poor diets. A look at Food Consumption Scores (FCS) in major Afghan cities shows that 20 per cent of urban Afghans suffer from poor food consumption, while a further one third shows borderline food consumption, meaning less than half of the urban population has acceptable levels of consumption. Dietary diversity is low across the board with poor diets based on cereals and vegetables and protein largely missing. There are marked differences between cities when it comes to dietary diversity, with households in Kandahar reporting a more diversified diet especially compared to Mazar-e-Sharif, which has a significantly poorer profile.



Early child development is also at risk in the five main cities: the survey reveals that only 54 per cent of mothers breastfed their infants within the first hour after birth. Additionally, the majority of mothers extended exclusive breastfeeding beyond six months, failing to introduce complementary foods appropriately.

Poverty and food insecurity characterise a majority of urban households in all five cities. Certain sub-groups stand out as particularly vulnerable: internally displaced persons—especially recently-displaced—are at a clear disadvantage. While returnees may benefit



Willingness of migrant groups to return to place of origin

from social networks and assistance upon return, and economic migrants are often able to prepare for their migration in advance, displaced persons are swept away from their place of origin by conflict and natural-disaster. The study also disproved a common myth that urban assistance increases rural-urban migration and creates more displacement, as data showed 80.9 per cent of displaced people moved to the city to escape conflict, not to benefit from aid.

Only 10 per cent of displaced households would like to go back to their place of origin. This points to the necessity of facilitating local integration as a durable solution for displaced people in the city. Those living in the informal settlements that have been identified by humanitarian actors as areas of particular vulnerability show lower levels of resilience than other groups. Some of the strongest determinants for vulnerability are having addicted members of households or being a female headed household.

The main difference in the level of resilience between different migrant groups comes from access to basic services, for which displaced people are disadvantaged. Statistical evidence suggests an impact of specific social vulnerabilities on food security and poverty. The absence of male income-earners, the presence of addicted member(s) of household and the reliance on a single source of income, all put urban households at great risk and significantly lower their resilience.

Low levels of education also put households at a greater risk of food insecurity and lower access to basic services. Interestingly however, the study showed that disability was a counter-indication for food insecurity, a fact that can be explained by the social protection mechanisms that effectively reach households with a

disabled member or a UXO survivor. This illustrates the relevance and potential efficiency of social protection mechanisms in a context of general vulnerability and food insecurity.

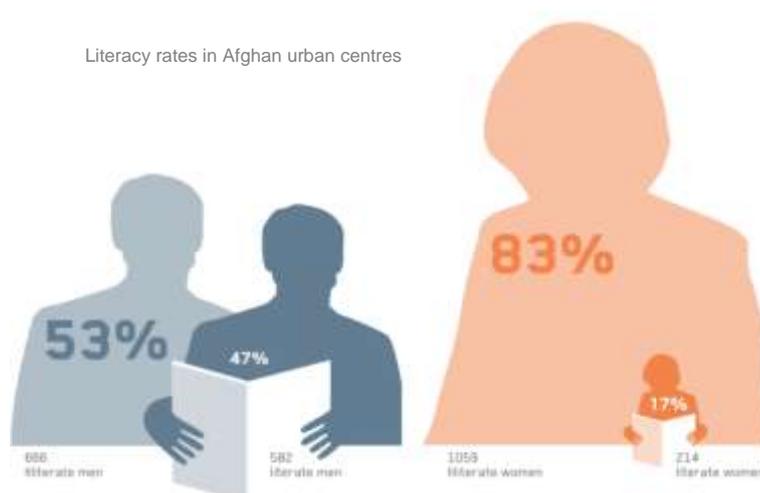
Based on these and further findings, the following recommendations are made for all stakeholder

Access to basic services: Bridge the gap between cities in terms of access to basic services, as they play a key role in building resilience in the long run. Community-based programming, based on community contribution in cash and labour force, is a sustainable way of improving and maintaining basic services in the city and should be further supported.

Access to education and literacy: Education is a determinant of household resilience. It is also a safeguard against inter-generational transmission of poverty. Yet, access to education is still unevenly distributed across the five major cities and by gender: living in the city does not guarantee access to education. Long-term commitment to education projects – especially aimed at girls - should still be at the top of the agenda.

Workforce qualification: Vulnerability in the cities is first and foremost a problem of access to stable livelihoods. Structural changes are required for the urban workforce to diversify their skills and move away from casual labour that keeps households in a circle of debt and poverty. Designing long-term programmes of qualification for urban skills – specialising in services and business management in particular – would help reduce the increasing gap between the urban labour supply and demand.

Vulnerability in the cities is first and foremost a problem of access to stable livelihoods



The Urban Poverty Report can be found at: <http://bit.ly/1GCMI4n>

Humanitarian access

23 incidents against aid workers

8 aid workers killed

6 wounded

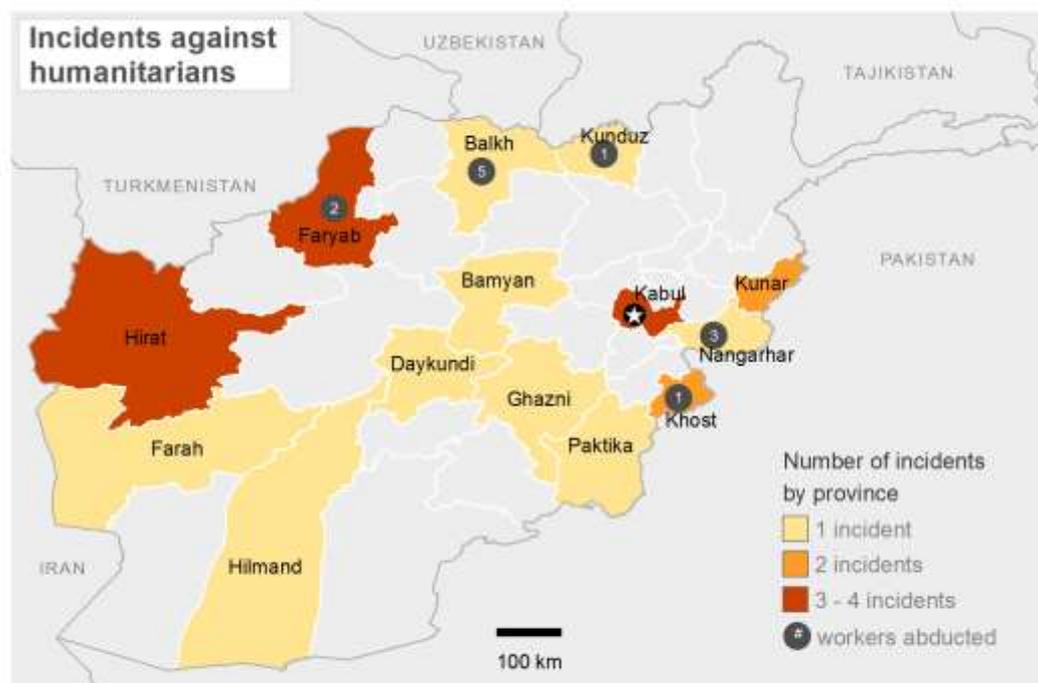
12 abducted

2014	Targeted to	
	All*	NGO/INGO
JAN	21	18
FEB	20	14
MAR	19	10
APR	17	13
MAY	31	20
JUN	33	25
JUL	27	20
AUG	36	29
SEP	29	24
OCT	27	25
NOV	23	19
TOTAL	283	217

* UN/IO/NGO/INGO

Incidents affecting humanitarian action

There were 23 incidents reported against national and international NGOs and international organisations across Afghanistan. These incidents resulted in violence against aid workers, assets or facilities, interference in humanitarian activities, and restrictions in movement. While the number of incidents in November was just below average, there were more fatalities compared to the previous month. Eight aid workers were killed, 12 abducted (compared to four and 13 respectively in October) and six wounded. There were two incidents involving NGO run health facilities, including the burning of medical stock and the killing of anti-polio campaign vaccinator involved.



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Humanitarian financing update

2014 Strategic Response Plan 64 per cent funded (as of 30 November)

Overall funding

Overall humanitarian funding for Afghanistan reached \$ 430 million in November; of which, \$260 million is aligned with the 2014 Strategic Response Plan (SRP). 64% funded, Afghanistan remains one of the top three funded appeals percentage wise compared to 30 humanitarian appeals globally in 2014. NGOs account for 34 percent of the SRP aligned funding, while UN agencies and IOM account for 66 percent.

71 per cent of the total humanitarian financing to the 2014 SRP is supported by five donors: United States of America (39 per cent), Japan (12 per cent), Sweden (7 per cent), UK (7 per cent) and Canada (6 per cent). According to the Financial Tracking Services (FTS), these five donors contributed \$185 million.

Other humanitarian funding

The balance of other humanitarian funding available for Afghanistan is \$170 million; of which, \$68 million is for the ICRC following their own appeals process, and \$63 million is not aligned with the SRP. The European Commission and the USA have committed \$21 million and \$18 million respectively pending a decision on specific allocations.

Afghanistan remains one of the top three funded appeals globally in 2014

In brief

Six projects will support an estimated 3,100 vulnerable families who lost their home to flooding in the north

Common Humanitarian Fund supports refugee response

The Republic of Korea contributed \$5 million to the Common Humanitarian Fund, in late November. This has facilitated a second reserve allocation of the Common Humanitarian Fund (CHF), which will respond to urgent winter needs of vulnerable refugees from Pakistan and undocumented Afghan returnees who are residing in Khost and Paktika. Humanitarian air services (UNHAS) will also be supported, enabling helicopter services to some of the most remote, yet vulnerable communities in Afghanistan.

In October, the Humanitarian Coordinator launched a first CHF Reserve Allocation of \$1 million to support funding gaps in the humanitarian winter support to communities living at high altitudes in Afghanistan. Six cash for fuel projects will start work in December and support an estimated 3,100 vulnerable families who lost their home to flooding in the north and northeast for two to four months. The allocation will also support emergency health services in remote locations of Badakhshan, Bamyán, Daykundi, Ghor, Hirat, and Logar, reaching thousands of vulnerable Afghans in communities that are isolated in the winter by snow and adverse weather conditions.

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OCHA humanitarian bulletins are available at www.unocha.org/Afghanistan | afg.humanitarianresponse.info | www.reliefweb.int