

### HIGHLIGHTS

- Humanitarians and the Government plan to help 78,000 families to get through winter warmly.
- Civilian casualties recorded in the first nine months of the year remain close to record levels.
- Biosand filters provide clean drinking water to families in Lashkargah.
- More than 160 humanitarian partners ensure good coverage and capacities across the country.
- Eradication of Polio in Afghanistan has never been so close, but much work remains to be done.
- Why the Republic of Korea supports Country-Based Pooled Funds.

### HUMANITARIAN RESPONSE PLAN FUNDING 69% FUNDED

**409.4 million**  
requested (US\$)

**283.1 million**  
Received (US\$)



Temperatures recently started to drop across the country.  
Photo: UNAMA Archive

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## Families facing harsh winter temperatures

“Winter is coming, it is getting cold and I do not know how to pay for firewood,” says Bibi Hawa, a returnee who left Pakistan four years ago and has since lived in one of Kabul’s informal settlements. She recently received US\$33 to buy food from the World Food Programme (WFP) as part of winter assistance.

She and her six children survive on such humanitarian handouts and the little money she makes from selling the trash that her children collect in the streets. Bibi and her family are one of an estimated 78,000 families - more than half a million people - in need of humanitarian assistance to get through winter.

### Families lack heaters, fuel, clothing and food

While temperatures have recently started to drop across the country, planning for winterisation started already as far back as June. As part of a coordinated approach led by the Ministry of Refugees and Repatriations (MoRR), the humanitarian community developed a strategy to deliver winter support to people most in need.

More than 3,000 internally displaced families have found shelter in districts classified as extreme winter areas based on the elevation and more than 15,000 displaced families are facing severe winter conditions. The highest number of families in need are estimated to be in Badakhshan, Bamyán, Daykundi and Kabul.

Based on humanitarian assessments, families selected for assistance all have low income, lack adequate clothing, many have no heater or fuel and nearly half of them say they plan to sleep in overcrowded rooms to survive the cold. As many expect to be forced to reduce the number of meals they eat per day.

### Heating fuel for three months at the centre of assistance plan

The Office of the United Nations High Commissioner for Refugees (UNHCR), as cluster lead of the [Emergency Shelter/Non-Food Items Cluster \(ES/NFI\)](#) and the International Organization for Migration (IOM) as co-chair, coordinate winterisation assistance with the authorities across the country.

At the centre of the joint winterisation plan is cash assistance of \$200 per family to buy fuel to provide warmth during the three coldest months of the year. Cluster members who are part of the joint plan include the NGOs Adventist Development Relief Agency, CARE International, Islamic Relief, Save the Children, Welthungerhilfe and Mission East. IOM has also secured just over \$188,000 towards the winterisation response.

UNHCR has committed to assisting 40,000 displaced, returnee and host community families with \$9.5 million funding, working across the country with its partners. With separate funds, UNHCR and partners will support more than 13,000 refugee families from Pakistan and host communities with cash for heating fuel, blankets tarps and tents.

### Climatic outlook

Temperatures this year are expected to remain above average, however routinely dip to minus 10°C during the coldest month of January.

#### Average January temperatures in °C

Darwaz	-9.3
Maydanschahr	-6.4
Bamyán	-5
Kabul	-2.9
Gizab / Patoó	-1
Fayzabad	0.9
Kunduz	2.8
Herat	3.7
Mazar-e-Sharif	3.7
Jalalabad	5.7
Lashkargah	7.6

Source: OCHA

By 11 November 2017, only nominal **snowfall** had been registered in the north-eastern part of Afghanistan, contrary to the heavy snowfall mid-November in 2014 and 2015.



*The Humanitarian Coordinator for Afghanistan, Toby Lanzer, is working with senior Afghan leadership in key line ministries, the European Union and other donors on securing the funding to reach all 78,000 families.*



In early November, UNAMA published a [Special Report on Attacks on Places of Worship](#).

Since 1 January 2016, a total of 51 attacks directed against mosques, shrines and other places of worship killed more than 240 people and injured nearly 500 across the country.

The vast majority of casualties were Shi'a Muslim worshippers. The pattern of attacks against Shia worshippers emerged only in the past year, with four attacks in 2016 and eight attacks in 2017.

UNAMA further documented a consistent pattern of killings, abductions, threats and intimidation of religious figures: since 1 January 2016, 27 incidents of targeted killings of religious figures were registered, killing 28 people and injuring 23. Most of these attacks occurred in 2017.

“For over a decade, UNHCR has coordinated and provided live-saving winter assistance to vulnerable Afghans,” said Fathia Abdalla, UNHCR Representative in Afghanistan. “Thanks to the continued donors’ support, nearly 300,000 people or 40,000 families will receive winter assistance under UNHCR’s winterisation efforts this year, however needs remain far greater.”

The Humanitarian Coordinator (HC) for Afghanistan, Toby Lanzer, is working with senior Afghan leadership in key line ministries, the European Union and other donors on securing the funding to cover the remaining gap of \$7.6 million to reach all 78,000 families.

### Winter clothing, plastic sheeting, blankets, pneumonia kits and food

In addition to the official joint winterization plan, the United Nations Children’s Fund (UNICEF) is planning to support 26,300 families with winter clothing, blankets and plastic sheeting with a grant of \$3 million. The Health Cluster via the World Health Organization (WHO) is prepositioning pneumonia kits across the country so that hospitals can deal with the expected increase of pneumonia and respiratory diseases, often affecting children.

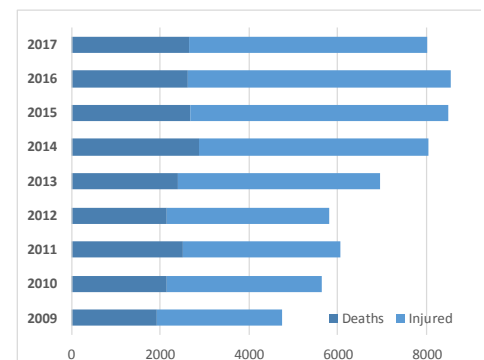
WFP plans to support 9,500 households like Bibi Hawa’s in informal settlements in Kabul City with cash to buy food for three months and will provide food ration or cash to more than 57,000 families in other areas of the country. The Education in Emergencies Working Group is working on providing fuel to heat schools in eight provinces.

## Civilian casualties hover near record high

The UN Assistance Mission in Afghanistan (UNAMA) published its [quarterly report on the protection of civilians in armed conflict](#) mid-October. From January to end of September, UNAMA documented a total of 8,019 civilian casualties, 2,640 deaths and 5,379 injuries.

This is an overall decrease of civilian casualties of six per cent compared to the same period in 2016. Nevertheless, the number of civilian casualties in the first three quarters of the year remains close to the record levels of the past three years and markedly above the average of just below 6,920 casualties (*see graph*).

The report denounces the failure of parties to the conflict to take adequate precautions to prevent harm to civilians once again manifested in high levels of women and children being wounded or killed. UNAMA documented 1,007 women casualties including 298 deaths during the first three quarters of 2017, plus 13 per cent.



Civilian deaths and injuries from January to September 2009 to 2017. Source: UNAMA

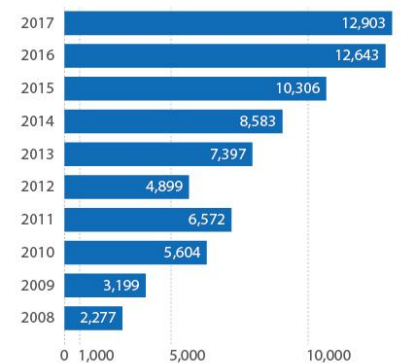
### Low intensity conflict escalates into war with growing number of trauma wounded

Amidst growing signs that what was once a low intensity conflict has escalated into a war, the UN strategic review of 2017 reclassified Afghanistan from a post-conflict country to one in active conflict.

On average, 80 conflict incidents were recorded each day from July to September 2017 – the highest number in six years. In the first nine months of the year, a total of over 12,900 conflict incidents were reported, more than five times the figure of 2008.

The intensification of the conflict, combined with a surge in sectarian violence in Kabul, has led to very high numbers of war wounded on both sides of the conflict.

Already this year, health partners report more than 69,000 trauma cases – a 21 per cent increase on those reported at the same time in 2016.



Armed clashes from January 2008 to October 2017. Source: OCHA

## Clean water for families in Lashkargah

*The NGO Action Contre La Faim (ACF) contributed to this article*

“Many of us adults had stomach cramps, diarrhoea and kidney problems. Two of our children were suffering from chronic diarrhoea, lost weight and were dehydrated, all because of contaminated water, according to the doctors”, remembers Allah Noori living in an outskirt of Lashkargah in Hilmand Province.

“We spent lots of money to treat our children again and again,” remembers another resident, Haji Ghulam. “We took them to clinics in Lashkargah and Kandahar where doctors advised us to only give them clean and safe water. We tried to use only bottled water from the shop, but we only could afford it for a few days. In the end, one of my boys died.”

In 2016, an estimated 2.3 million people were in need of humanitarian assistance in the sector of Water, Hygiene and Sanitation (WASH), according to the WASH Cluster. More than two thirds of all Afghans have no access to improved sanitation facilities and 45 per cent rely on water from unimproved sources. Diarrheal diseases that go untreated can trap young children in a vicious cycle of malnutrition and diarrhoea, leading to chronic malnutrition.

### The community lacked expertise and money to rehabilitate a defunct borehole

In 2016, ACF started an emergency water and hygiene intervention in Lashkargah and its semi-urban outskirts. The area has been strongly affected by fighting and displacement in the past and suffers from limited availability of public services and lack of economic development. The project intends to reach more than 3,000 families with just under \$488,000 from the CHF-Afghanistan.

In Haji Ghulam’s village, families collected water from open wells inside their compounds or women, girls and boys would fetch it from the river. A borehole drilled by provincial authorities had been defunct for two years, the community lacking the expertise and money to fix it.

Following consultations with local elders, ACF committed to rehabilitate the borehole and trained five community members on a committee how to take care of it and ensure its functioning in the future. ACF staff members also promoted good hygiene practices and the importance of washing the hand with soap in the community. “Since one month, no one of the whole family has been sick,” says Haji Ghulam.

### Innovative gravel-sand-filters need no electricity to render water safe to drink

In Allah Noori’s neighbourhood there was no borehole that could be rehabilitated. Instead, his family was one of 50 who received a so-called biosand filter. The container is filled with layers of sieved and washed gravel and sand on which a biological layer of microorganisms develops (see box).

“From the day we received the filter we have not drunk untreated water anymore. We collect the water from an open well and then run it through the filter. It looks like mineral water and has a good taste and colour,” Allah Noori says.

“No one in the community had heard about this method and everyone is surprised how well it works.” The filter, he adds, is well suited for the environment: “It does not need electricity to clean the water and it is very simple to use.”



No one in Allah Noori’s family has been sick since they pass the drinking water through a biosand filter provided by ACF.  
Photo: ACF/Abdul Hadi Shirzad

The biosand filter concept was developed in the 90’s in Canada and is promoted by the non-profit organization CAWST.

It is being used in more than 70 countries, according to the non-profit. The filter container can be made of concrete or plastic and is filled with layers of specially selected and prepared sand and gravel.

An invisible biolayer is the key component of the filter removing the pathogens. It forms within the first month of use. Filtered water is freed from bacteria (96.5%), viruses (99.9%), protozoa (99.9%) and turbidity (95%), according to CAWST.

*“We tried to use only bottled water from the shop, but we could not afford it for more than a few days. In the end, one of my boys died.”*

*“We collect the water from an open well and then run it through the filter. It looks like mineral water and has a good taste and color.”*



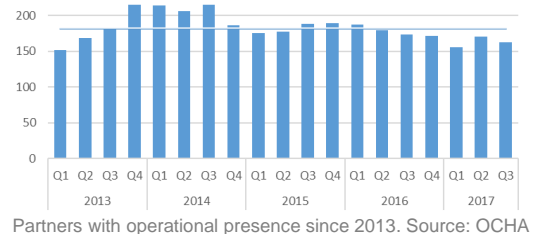
Common  
Humanitarian  
Fund

## Countrywide coverage with fewer partners

*Humanitarian partners in Afghanistan include 80 national NGOs, 73 international NGOs and 10 UN Agencies, Funds or Programmes.*

The number of humanitarian partners with an operational presence in Afghanistan declined slightly to 163 organizations by end of September compared to 170 organizations three months earlier, according to the latest quarterly **3W** published by OCHA. Partners included 80 national NGOs, 73 international NGOs and 10 UN Agencies, Funds or Programmes. The majority of organizations is working in protection (92), followed by food security (63), health (61), nutrition (43), emergency shelter and non-food items (43) and Water, hygiene and sanitation (41).

Compared to the past years, the overall number of partners is considerably lower than at its peak of 215 partners three years ago. The number is also below the average of 182 humanitarian partners since beginning of 2013, a general trend that persists since middle of 2015.



### Humanitarian partners with a good coverage of the whole country

Despite the reduction in numbers, humanitarian partners have a solid coverage of the whole country. Humanitarian presence in relation to the severity of the humanitarian situation shows a good coverage of partners in Kabul, Kandahar, Kunduz and Nangarhar, the four provinces with the highest needs.

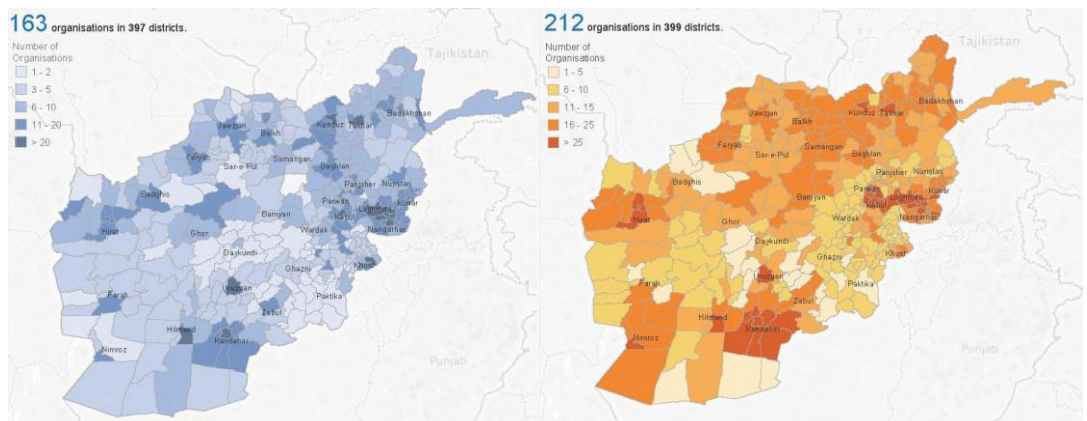
Taking into consideration the number of more than 210 partners with the ability to access affected communities and deliver humanitarian assistance if needed, partners can potentially reach and work in every one of the 399 districts. Project partners of the Common Humanitarian Fund – Afghanistan (CHF – Afghanistan) are present in every province of the country, coupling operational presence with the possibility of rapid scaling up if the need should arise (see *Financial Update at the end of this Bulletin*). CHF-partners currently are rolling out projects in 45 hard to reach and neglected districts, many of them contested or under control of armed groups.

### Limited capacities outside of provincial capitals in Nimroz, Farah and Uruzgan

Many organizations not only have offices in the provincial urban centres, but also outside: Of the 35 organizations with an operational presence in Kabul City more than half also have a presence outside of the capital and their overall number is further dwarfed by the 57 partners in Nangarhar, 48 of which have offices outside of Jalalabad.

Limited capacities however exist in Nimroz, where only two NGOs have an operational presence outside of the provincial capital, one working in WASH and the other in protection. In Farah province, also only two partners have a presence outside of the urban centre, one working in mine action and the other implementing health services. In Uruzgan, a province reporting a high number of displaced people, only one 21 organizations present, the NGO implementing health services for the Ministry of Public Health, has a presence outside of Tirinkot.

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Operational presence (left) and operational capacity (right) of humanitarian partners in Afghanistan.

An interactive version of the **Who Does What and Where (3W)** detailing operational presence and capacity across Afghanistan can be found on HR.info: <https://goo.gl/xYmtQV>

ICRC's orthopaedic centre in Mazar-e-Sharif resumed activities and is now operating again at full capacity.

## Reduction of activities of ICRC takes shape

ICRC recently was forced to reduce its activities after a series of attacks over the past months after three decades of continuous presence (see *Humanitarian Bulletin No 68, September 2017*). Notably, the organization will close two of its offices in Faryab and Kunduz provinces and reduce its footprint in other parts of the country.

Following the latest incident last September when a patient fatally shot a physiotherapist in ICRC's orthopaedic centre in Mazar-e-Sharif, Balkh, the health facility was closed for over a month before it resumed activities and is now operating again at full capacity with 100 beds for hospitalised patients and around 150 outpatients a day.

The organization will explore the possibility to hand over the centre to a reliable institution, governmental or private, a process that could take several months, in order to ensure the same level of quality and care to the patients, according to ICRC.

"Where gaps are becoming apparent, the Health Cluster is working with its partners on increasing access to rehabilitation, physiotherapy and psychosocial support to make sure that the most vulnerable people are receiving the care they need," explained David Lai, Health Cluster Coordinator.

The reduction of activities and footprint of the ICRC will mainly leave a gap in the emergency assistance provided to communities in rural areas, including the local and displaced population. In 2016, more than 150,000 displaced people received assistance from ICRC working together with the Afghan Red Crescent Society (ARCS) which often has access to communities in need as the only humanitarian partner.

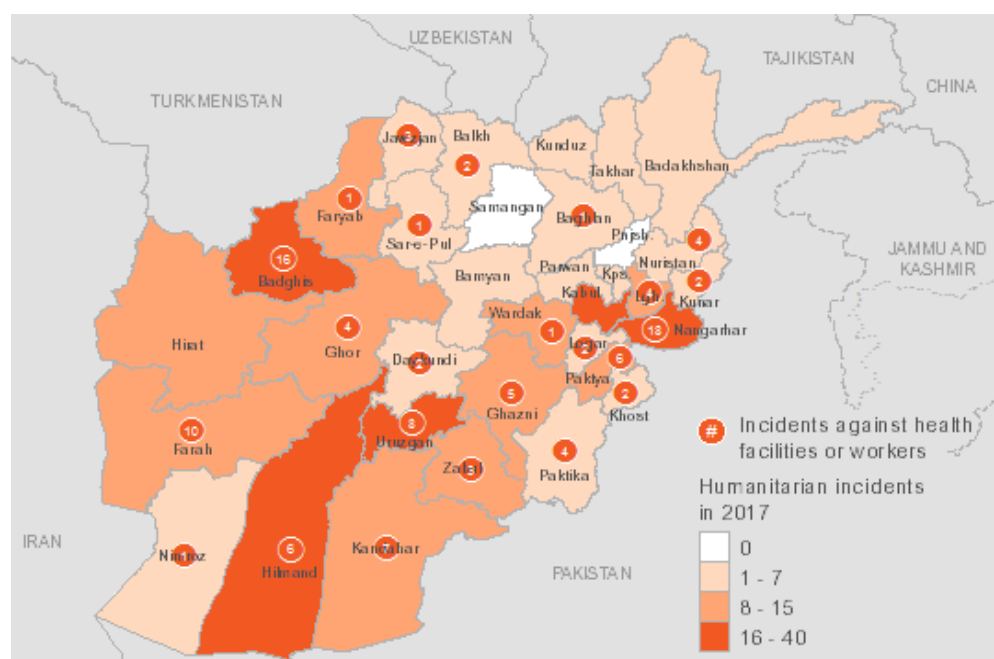
## Humanitarian access and aid worker incidents

In October, 47 incidents of access constraints were recorded, an increase of 15 incidents compared to the previous month, bringing the total number of such incidents to 305 in 2017. Of all these incidents, the majority was violence against humanitarian workers, assets or facilities, followed by restriction or obstruction of people in need accessing aid.

Two humanitarian workers were killed and two injured in October, bringing the number of aid workers killed to 17 and 15 injured, respectively. No aid workers were abducted in October, the number for this year remains at 43.

Ten incidents related to health workers or health facilities were recorded in October, bringing the total of such incidents to 113 since January (see map).

### INCIDENTS FROM JAN TO SEPT 2017



Incidents against health facilities and health workers in 2017. Source: OCHA, Health Cluster

## Reaching every child with a polio vaccination

*The World Health Organization (WHO) contributed to this article*

*“Afghans know more and more about the polio vaccine, and are more willing to let their children be vaccinated.”*

By the first days of November, polio vaccination campaigns this year targeted a total of 15 million children. The majority of them were reached, but not all of them: for example, during the campaign in September some 190,000 girls and boys could not be vaccinated. Reasons were active conflict in the Northern Region and denial of access in the Southern and Eastern regions by members of non-state armed groups.

“Access is our biggest problem,” explained Hemant Shukla, leader of WHO’s polio programme in Afghanistan. “To stop polio transmission in Afghanistan we will still need to ensure that we reach every child every time, irrespective of area where they live.”

### Acceptance of polio vaccinations has grown with the parents and communities

To secure access to all regions, polio workers regularly engage with local community elders and decision makers. The programme also draws on support from religious authorities who can reassure communities that vaccinations are in accordance with Islamic law and who can address other misconceptions.

“Afghans know more and more about the polio vaccine, and are more willing to let their children be vaccinated,” says Hemant Shukla. “Gaining the permission for children to be vaccinated is a relatively small problem these days.” The biggest question is getting the vaccines to the children in the first place.

Afghanistan is one of only three countries in the world – together with Pakistan and Nigeria - where transmission of the wild poliovirus has never been interrupted. Polio eradication efforts have taken steady steps forward during the past years and polio cases in Afghanistan have decreased steadily.

In 2015, there were 20 wild polio virus cases, in 2016 13, and in 2017 there have been 9 cases so far. The virus transmission has largely been limited to the southern region, fewer children have been paralyzed this year by polio than ever before, and the number of underimmunized children is going down.

“The vaccine reach has improved significantly – we cover most of the country, with only a few concentrated areas with access issues”, Hemant Shukla adds. The programme focuses efforts now especially in high risk areas of Kandahar, Nangarhar and communities on the move.

### Communities straddling the Afghanistan-Pakistan border of special concern

Communities in the border region between Pakistan and Afghanistan are of special concern due to movement through crossing points that carry a high volume of traffic.

The communities are in some cases very difficult to reach with vaccines either due to conflict, insecurity or remoteness. The populations on the move also have a high risk of missing out on vaccination campaigns.

Out of the 9 polio cases in Afghanistan this year, the majority are connected to the movement of communities across the border. This was also the case of the 15-month old girl in Batikot district, Nangarhar, who tested positive in October: the child was part of a returnee family from an area close to Peshawar, Pakistan. Every month, approximately one million children returning from Pakistan get vaccinated by more than 400 permanent and mobile teams at the border.

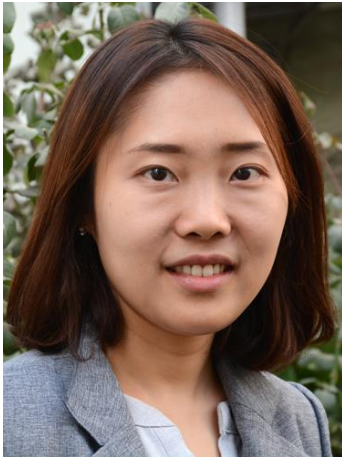
In a speech given on World Polio Day on 24 October, WHO representative in Afghanistan, Rik Peepkorn, stated that although the eradication goal was getting closer, the “the last leg will not be easy”. Eradication of Polio in Afghanistan has never been so close, but much work remains to be done.

*In 2015, there were 20 wild polio virus cases, in 2016 13, and in 2017 there have been 9 cases so far.*

*Eradication of Polio in Afghanistan has never been so close, but much work remains to be done.*



A girl returning from Pakistan with her family was vaccinated at Torkham border crossing. Photo: WHO/Sini Ramo



Heun-jin Kim is the First Secretary of the Embassy of the Republic of Korea in Afghanistan and responsible for economic and social development as well as humanitarian activities. She arrived mid-August 2016 in country.

*“I support the strategy of the CHF [in Afghanistan] to work more with national NGOs to build their capacity and to get better access to local communities.”*

*“As an official accountable to our taxpayers, I cannot accept any aid diversion or corruption. At the same time, we need to gain access to the people in need and that can mean to risk some assistance “*

#### Contributions by the Republic of Korea to the HRP for Afghanistan: \*

2017: \$11 million  
2016: \$19 million  
2015: \$14 million  
2014: \$17 million

\* Funding as reported by FTS towards the HRP and the 2016 Flash Appeal, actual humanitarian funding for Afghanistan can be higher.

## Donor dialogue: Heun-jin Kim, Republic of Korea

*What are the perspectives and priorities of our donors? In this series, OCHA sits down with the people who support the humanitarian response in Afghanistan.*

### What is your Government's perspective of the situation in Afghanistan?

While there has been progress compared to the situation 16 years ago, much effort is still required to achieve stability, prosperity, and self-reliance. Security remains the highest concern of all, and there are challenges in the economic opportunities, livelihoods and people's access to basic services, especially in the contested areas. The Republic of Korea, as a country that overcame devastation of war and poverty to become a donor country, has deep sympathy with the people of Afghanistan and we are ready to share our experiences with them and their Government.

### How – and whom – does the Republic of Korea fund in Afghanistan?

The areas of support of the Korean Government cover security, social and economic development and humanitarian assistance. The majority of our funding goes to international organizations like UN agencies, but we are also contributing to bilateral projects through the Korean International Cooperation Agency (KOICA).

### Where are your priorities funding humanitarian activities in Afghanistan?

The Korean government prioritizes helping the most vulnerable people including returnees and displaced families, women and children, with particular focus on improving health care and education. As the humanitarian crisis is recurrent in Afghanistan, we also try to improve the linkage of humanitarian and development programs and building longer-term resilience of communities. We also aim at building capacities of the Afghan Government to better respond to the crisis.

### How does your government allocate humanitarian and development funding?

One of the advantages of the funding mechanism Korea has in Afghanistan is that we have one funding stream for humanitarian and development projects and flexible arrangements are possible. In 2017, the overall funding for development and humanitarian assistance was \$30 million and we provided half of them to the humanitarian portfolio. We also fund humanitarian activities for several years at a time to improve predictability and long-term planning for the organizations receiving our funding.

### This year, you funded the CHF-Afghanistan again after a break. Why?

The Korean Government is trying to expand its assistance for Country-Based Pooled Funds or softly earmarked projects as a way to ensure effective and flexible humanitarian response. We believe the purpose of the CHF-Afghanistan is to fill the most pressing gaps in humanitarian needs and I support the strategy of the CHF to work more with national NGOs to build their capacity and to get better access to local communities.

### How important is bringing humanitarian and development action closer together?

I think it is becoming more and more important in the Afghan context. The humanitarian crisis in Afghanistan is repetitive, long term and extending, but humanitarian funding and capacity are limited. Every year we see families being displaced by conflict or struggling to get through the lean season. If development does not kick in, the crisis will continue. We need a well-designed linkage – which is easily said but difficult to do. So far, the Republic of Korea has supported humanitarian programs linked with development activities, such as teaching vocational skills in exchange for food or providing economic opportunities for women.

### As a donor, can you accept a certain “slippage” in order to reach people in need?

As an official accountable to our taxpayers, I cannot accept any aid diversion or corruption. At the same time, we need to gain access to the people in need and that can mean to risk some assistance. It is a very difficult question of balancing risk versus access. To reduce the risk, donors are working hard to enhance project monitoring, including using technology or networking with receiving communities. If communities are involved in delivery, they are interested that everything is implemented to the fullest extent.

### A last word to our readers?

I see progress and hope for the future in Afghanistan. During my stay in Afghanistan, I met many Afghans, especially the young generation, very talented and enthusiastic for making their own future. The Korean Government will keep up its support for the Afghan people on its journey toward a better future.

## Response Plan funded with 69 per cent

*The largest donors to the HRP this year are the United States of America with an officially reported amount of nearly \$110 million, followed by ECHO with \$38 million and the United Kingdom with \$24 million.*

As of 8 November, OCHA's [Financial Tracking Service](#) reported \$343.7 million of humanitarian funding for Afghanistan. Of this amount, \$283.1 million were reported against the revised 2017 Humanitarian Response Plan (HRP), representing 69 per cent coverage of the reduced funding requirement of \$409.4 million following the Mid-Year review.

The largest donors to the HRP this year are the United States of America with an officially reported amount of nearly \$110 million, followed by the European Civil Protection and Humanitarian Operations (ECHO) with \$38 million and the United Kingdom with \$24 million.

### **\$190 million HRP-funding channelled to UN entities, \$71 million to NGOs**

Of this year's HRP-funding, just below \$72 million went to projects of NGOs and \$190 million to projects put forward by UN Agencies, Funds and Programmes, according to FTS. WFP received the highest share of funding with \$93 million, followed by UNHCR with \$46 million and IOM with \$18.5 million.

Nearly \$40 million of the funding went to the Common Humanitarian Fund (CHF) – Afghanistan under the authority of the Humanitarian Coordinator, Toby Lanzer. This year, the fund supported projects of international NGOs with approximately \$20 million and national NGOs with approximately \$8 million. UN entities received a total of around \$15 million, according to GMS Business Intelligence (*see box*).

#### **GMS Business Intelligence**

displays real-time CHF-Afghanistan data usefully structured for donors and stakeholders to analyze the ongoing processes with a consolidated view. All information can be accessed here: <http://gms.unocha.org/bi>.

### **CHF-Afghanistan Reserve with \$6 million at disposition of the HC**

With the conclusion of the second Standard Allocation in October 2017 of approximately \$20 million, around \$6 million remain in the CHF – Afghanistan Reserve, to be utilized by the HC as and when needs arise.

This year, the HC activated the CHF – Afghanistan Reserve and approved \$115,000 in support of the NGO Danish Refugee Council - Danish Demining Group (DRC-DDG) to cover a critical funding gap to ensure continued mine risk education for returnees from Pakistan, allocated some \$50,000 from to construct a much-needed triage area in the Herat Regional Hospital and spoke \$2.5 million for UNICEF to provide therapeutic food assistance to partners of the CHF – Afghanistan treating children suffering from Severe Acute Malnutrition (SAM).

The FTS team continues their work with OCHA Afghanistan to attribute the still unspecified funding of \$143 million or 40 per cent of the HRP funding towards its intended Clusters. FTS aims to present a complete picture of all international humanitarian funding flows. The system relies upon the commitments of donors, UN agencies and implementing partners to the Grand Bargain regarding improved transparency, through the consistent, comprehensive and timely reporting to FTS in Geneva on the funding allocated to partners in Afghanistan.

*This year, the CHF-Afghanistan supported projects of international NGOs with \$20 million and national NGOs with \$8 million. UN entities received a total of \$15 million.*

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