REPORT

AFGHANISTAN: WHERE HUMANITARIAN CONCERNS DO NOT MATCH INTERNATIONAL ACTION

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ACF INTERNATIONAL

CONTENTS

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AFGHANISTAN IN TRANSITION
INTRODUCTION

The security situation in Afghanistan has continued to deteriorate in the last years despite the attempts from many international actors to stabilize it. The withdrawal of NATO-led International Security Assistance Forces (ISAF) on 31 December 2014 officially marked Afghanistan as a post-conflict nation. However, whilst the war was officially declared over, the internal conflict among different actors intensified. In 2016, the security context of Afghanistan can be described by a growing number of attacks on civilians, health facilities and humanitarian workers. With a number of areas under de facto control of Armed Opposition Groups, the Afghan state is supposed to take more responsibilities in the management of foreign aid.

The withdrawal of foreign troops was to be accompanied by a gradual transfer of the management of international aid to the Government of Afghanistan (GoA), through a rapid "Afghanization" of the system, which focuses solely on increasing investment in governance and state building. This transition is to be completed by 2024.

During the Senior Official's Meeting held in Kabul on 5 September 2015, the National Unity Government (NUG) repeated its call for continued donor support, under a narrative of self-reliance and economic development. President Ashraf Ghani called for donor governments to reaffirm their support towards reinforcing security, governance and the rule of law, stability in finance, economic development, private sector and aid effectiveness. As a result of the Kabul meeting, the Self-Reliance Mutual Accountability Framework (SMAF)[1] was adopted, detailing the partnership between donors and the Government regarding the reconstruction of Afghanistan in the next decade.

In the meantime, the civil society actors emphasize the need for greater donor accountability towards human rights and humanitarian needs of the Afghan people. Donors need to recognize that Afghans continue to suffer in a state of emergency which cannot be erased from Afghanistan's journey to development progress and economic independence. The current aid system does not sufficiently address the real needs of Afghan people: as more funding is currently allocated to development aid and although this funding is very necessary, the programs designed according to this model often do not take into account recurring urgent needs of the people and are not flexible enough to respond to reappearing emergencies. In addition, although the state building and governance approach, dominating development programs, seeks to provide long term economic, social and political solutions for the people of Afghanistan, the immediate needs in this highly unstable country have to be addressed promptly.

This report provides an update on the humanitarian situation in Afghanistan past 2014 and once again highlights the poor national planning to respond to what the reality of needs is in the country of chronic crisis. Through analysis of recent political events as well as evidence from ACF programs, the report demonstrates that the Afghan population's humanitarian needs are still undermined and should be addressed urgently.

On the 4th-5th October 2016, European decision makers and donors together with Afghan representatives and other partners will gather in Brussels to reaffirm financial commitments to the Afghan self-governance. Security and development challenges facing Afghanistan will be discussed, in addition to the need to work together for ensuring Afghanistan's way to self-

1 - Islamic Republic of Afghanistan, Self-Reliance through Mutual Accountability Framework, Kabul, 5 September 2015, available at: http://www.mofa.go.jp/mofaj/files/000102254.pdf

reliance. From a humanitarian perspective, ACF would like to highlight the crucial need for aid and development policies that reflect and aim to address the direct needs of the Afghan population.

The Brussels Conference provides an important time to highlight priorities in aid as well as challenges addressing needs in Afghanistan. ACF thinks that the Brussels meeting should bring all involved parties to a commitment for a better inclusion of frequent emergencies in their financial allocations, including population's health needs, by assigning funds to contingency planning in mid and long term programs. In addition, the Brussels final statement should explicitly acknowledge that the purpose of aid is primary to address the needs of the population in Afghanistan. This to be achieved by setting not only long term development, but also short term clearly defined and measurable population based goals (including specific benchmarks that would ensure better accountability), that are aligned with the long term development objectives of Afghanistan to strengthen the capacity of its national institutions.

Moreover, during the Brussels meeting, the government of Afghanistan should commit to improved civil society involvement in the formulation and the delivery of development policies. This to be done by giving local NGOs and other relevant actors improved access to information of national policies development as well as an increased role in the implementation of development projects.

THE REALITY OF NEEDS: STILL TO BE TAKEN INTO ACCOUNT

PART I

I / THE HUMANITARIAN CONTEXT

Afghanistan is facing a widespread humanitarian crisis where humanitarian needs are fast growing, especially due to the increase of civilian casualties and displaced populations. Simultaneously, obstacles to humanitarian aid are rising, with an escalation of attacks against health workers and shrinking humanitarian space.

Increasing Humanitarian Needs

2015 marked an increase of violence performed by all conflict parties and rise in counterinsurgency operations. These operations have increasingly involved the use of mortars, rockets and grenades and were carried out in populated areas. Consequently, the conflict in Afghanistan continued to cause extreme harm to the civilian population, with the highest number of total civilian casualties recorded since 2009 and rapidly increasing numbers of displaced populations. **In 2015, overall civilian casualties from conflict related violence increased by four per cent compared with 2014**.[2]

The UN Special Representative for Afghanistan declared that: "The conflict continues to take a horrid toll on Afghan civilians.[3] Between 1 January and 31 December 2015, UNAMA documented 11,002 civilian casualties (3,545 civilian deaths and 7,457 injured), marking a four per cent decrease in civilian deaths and a nine per cent increase in civilians injured compared to 2014.[4] Conflict-related violence increasingly harmed the most vulnerable: in 2015, one in four civilian casualties was a child making it a **14 per cent increase in child casualties** comparing with 2014. In addition, 2015 witnessed **37 per cent increase in women casualties**.[5] The last months of 2015 have demonstrated to be particularly violent, with the re-escalation of drone strikes and on the ground conflict, especially in already vulnerable provinces in the country's south-east. Particularly affected by the insecure context are rural communities, Internally Displaced People (IDP) and returnee populations.

2015 also registered an increase in displaced populations. It is estimated that during 2015 some 384,480 individuals/ 63,432 families have been forced to leave their places of origin due to conflict. **This figure represents an increase of 96% compared with 2014**.[6] Moreover, it should be noted that this figure does not include the estimated 87,000 people displaced following the September 2015 attack on Kunduz, due to the relatively quick return of IDPs to the province following the restoration of government authority in October. Had UNHCR included Kunduz in the year-end total, the overall conflict-induced displacement in 2015 would exceed 470,000 individuals. By the end of 2015, **Afghanistan hosted some 1.2 million IDPs**, in emergency and as in longstanding, protracted situations.

The most commonly reported cause of displacement continues to be ground engagements between Pro-Government Forces and Anti-Government Elements including both large-scale operations and sporadic low-level clashes. For example, the last days of September, 2015 saw a significant deterioration of the security situation in Kunduz province. An offensive by non-State Armed Groups against the city provoked a

2 - UNAMA, Protection of Civilians in Armed Conflict, Annual Report, 2016.

3 - Haysom N., Security Council briefing on the situation in Afghanistan, 17 September 2015, available at: http://www.un.org/undpa/speeches-statements/17092015/Afghanistan

4 - UNAMA, Protection of Civilians in Armed Conflict, Annual Report, 2016.

5 - Ibid.

6 - UNHCR, Conflict Induced Internal Displacement 2015: The Year in Review, 2016.

massive displacement across the North Eastern Region and Northern region, and to Kabul[7]. As from ACF field experience, ground engagements between pro-Government Forces and anti-Government Elements are the main causes of high displacement numbers in Helmand province, where most of the IDPs are moving to Lashkargah city from instable areas around such as Marja, Nadali, Sangin and Nahre Seraj. Other drivers of displacement include intimidation, general insecurity, high criminality and cross border shelling in the eastern region.

In addition, a significant increase in voluntary returns to Afghanistan has been reported since the start of 2015. In the first ten months of 2015, between 56,000[8] and 81,000[9] Afghan refugees returned to Afghanistan from abroad. As noted by the UNHCR, "the return trend this year represents a substantial increase, far surpassing the total return in 2014 (16,995)"[10]. Among these returns, high numbers of returnees are coming from Pakistan. More than just an active desire to come back to Afghanistan, some of the important return push factors are economic situation in Pakistan, abuse by police or state authorities, camp closures or relocation of camps, fear of arrest or deportation and deteriorating security situation in the camps. In January 2015 only, International Organisation for Migration (IOM) registered the highest figure of returnees recorded for the month of January since 2003, which approximately represents the same number for the whole of 2014[11]. Also, migration trends towards Europe are intensifying rapidly: deteriorating humanitarian and security situation in Afghanistan with no sight of improvement has led to the fact that in 2015, Afghani nationals accounted the second highest number of first time asylum applications in Europe.[12]

As a result of the conflict and the continuous influx of refugees, humanitarian agencies need to continue to respond to both emergency needs as well as address longer term protection, social and economic concerns. According to the ICRC's Director of Operations reporting in April 2015, "Humanitarian needs in Afghanistan are not diminishing. They are growing"[13]. Yet despite these urgent needs, obstacles to humanitarian aid are increasing.

Obstacles to Humanitarian Assistance

Insecurity has increasingly impeded humanitarian access in different parts of Afghanistan. As stated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in the eastern region of Afghanistan, humanitarian access has significantly worsened, mainly in Kunar, Nangarhar and Helmand provinces. The deteriorating security situation restricts humanitarian access where humanitarian actors are less and less able to assist the most vulnerable. For example in Helmand province, ACF restricts its activities to Lashkargah city only although the needs are identified outside the city borders. More concretely, ACF planned to implement WASH project in the villages of Abbazan and Grishk (both around 20 km outside Lashkargah). However, few days after the project has started security became very volatile on the main road connecting ACF office and the villages. Finally, after a serious security incident was reported on the same road, ACF had to change the area of intervention and proceed with the implementation inside Lashkargah city.

The shifting security environment also hampers access to health and other essential services to populations in active fighting areas such as Nangarhar, Helmand or Kandahar with an increase of targeted attacks towards medical aid. Many of these attacks directly targeted health facilities, staff and patients. Such incidents involved: sieging of clinics, looting or destroying of medical supplies, restriction of movement for the health personnel and the civil population, stoppage of ambulance and immunization services, cross fighting in the immediate facility area. An increase in numbers of incidents affecting access to health care was documented, with 125 incidents reported in 2015, compared to 59 in 2014 and 33 in 2013.[14] UNAMA also reported that the majority of attacks on health facilities and health workers involved threats, intimidation and harassment, followed by abductions and targeted killings of medical personnel - 64 such incidents of intimidation were registered.[15] Incidents were reported to be conducted by both pro-Government Forces (including International Military Forces) and anti-Government Forces.

7 - UNHCR, Conflict-Induced Internal Displacement Monthly Update September 2015, September 2015, available at: http://www.refworld.org/docid/565554b14.html

8 - UNHCR, Afghanistan voluntary repatriation and border monitoring monthly update, 01 January—31 October 2015, Voluntary return to Afghanistan, available at: https://www.humanitarianresponse.info/en/system/files/documents/files/october_2015_volrep_635829237477940000.pdf

9 - International Office for Migration, Return of Undocumented Afghans from Pakistan, Update as of 17 October 2015, available at: https://afghanistan.iom.int/sites/default/files/Reports/return_of_undocumented_afghans_from_pakistan_-_update_as_of_17_oct_2015.pdf

10 - UNHCR, Afghanistan voluntary repatriation and border monitoring monthly update, 01 January—31 October 2015.

11 - International Office for Migration, Return of Undocumented Afghans from Pakistan, Update as of 2 February 2015, available at: http://afghanistan.iom.int/sites/default/files/migrated_files/2015/02/Return-of-Undocumented-Afghans-from-Pakistan-2-Feb-2015.pdf

12 - Eurostat, Asylum Statistics, 2016, available at: http://ec.europa.eu/eurostat/statistics-explained/index.php/Asylum_statistics

13 - ICRC, Afghanistan: Concern over growing number of civilian casualties, 30 April 2015, available at: https://www.icrc.org/en/document/afghanistan-concern-over-growing-number-civilian-casualties

14 - UN, Education and Health Care at Risk: Key Trends and Incidents Affecting Children's Access to Healthcare and Education in Afghanistan, 2016.

15 - UNAMA, Afghanistan Midyear Report, Protection of Civilians in Armed Conflict, Kabul, 5 August 2015, available at: http://reliefweb.int/report/afghanistan/afghanistan-midyear-report-2015-protection-civilians-armed-conflict

Overall, Anti-Government Elements perpetrated 109 of all verified cases affecting access to health services in 2015. 15 incidents were attributed to Pro-Government Forces and one remains unknown.[16] For example, the attacks on Medecins Sans Frontieres trauma centre in Kunduz were conducted by both Afghan Military Forces and International Military Forces. Killing patients and health workers is a grave violation of International Humanitarian Law as health staff, health structures and patients in conflict zones should remain protected.

Such attacks besides being a grave violation of IHL also cause significant disruption of services. The military use of clinics remains a concern. In 2015, ten incidents of military use of clinics were registered of which Anti-Government Elements perpetrated eight and two were attributed to Pro-Government Forces. NGOs and government representatives in the south and east provinces reported closure of health facilities, cessation of services and delays in establishment of essential health services such as Therapeutic Feeding Units. Some health facilities such as Nangarhar Regional Hospital have resorted to an armed patrol by private security contractors, in an effort to prevent similar incidents. ACTD[17] clinic in Mosa Qala, Helmand province was burned down during the conflict and it is currently used as a war base by AoGs. Similarly, ACTD clinics in Marja DAC and Marja Camp areas, Helmand province are closed for the last couple of months due to the active armed conflict in the area. Moreover, even if the health facility remains open in an active armed conflict area, its capable staff – doctors and nurses – are not willing to continue working in these areas due to the risks related to security. Also, the provision of supplies becomes challenging due to the roads insecurity in such areas.

For most of the last decade, violence between the Afghan government, international military forces and armed opposition groups (particularly, but not only, the Taliban) has been intense, but recently reached its peak. The growing number of troops on the ground, US special forces stepping up their direct intervention in provinces where government of Afghanistan has crippling control and repeated disrespect of International Humanitarian Law by all parties involved in the conflict are the root causes of the sharply deteriorating security context of the country, increasing numbers of IDPs and thus severely impacts the wealth of the population. The trend of not respecting IHL (and attacking health facilities in particular) warns about the complete lack of concern to protect the civilian population by all sides involved in the conflict.

16 - UN, Education and Health Care at Risk: Key Trends and Incidents Affecting Children's Access to Healthcare and Education in Afghanistan, 2016.

17 - ACTD is health service provider in Helmand province supported by ACF.

PART II

THE TRANSFORMATION DECADE: IN NEED OF AID EFFECTIVNESS

I / PAST COMMITMENTS: THE EXCLUSIVE STATE-BUILDING APPROACH

Endorsed on 8 July 2012, **the Tokyo Mutual Accountability Framework** (TMAF)[19] is the primary development agreement between international donors and the Afghan Government. The TMAF aimed at coordinating development aid and Government reforms from 2014 through 2024 and at gradually moving away from international aid[20]. In this regard, it provided political guidelines for Afghan reform and confirmed continued donor support in five areas:

- elections;
- human rights, gender, and rule of law;
- public finance and commercial banking;
- Government revenues;
- sustained growth and development.

A series of further commitments followed the in Tokyo set agreements, but all of them further aligned with the TMAF. During the **London Conference in December 2014**, the Government of Afghanistan and its international partners repeated their joint commitments to peace and development. The Conference was a milestone in this dialogue and an entry point to what has been called the 'Transformation Decade' (2015-2024). The pledges were made to sustain financial and technical support to Afghanistan through 2015 to 2017, "at or near the levels of the past decade"[21].

Participants of the Conference acknowledged that among other priorities, their long-term commitment would be to create "progress in social development including health"[22], whilst dually acknowledging the role of INGO's in the humanitarian and development assistance and coordination process[23]. **A focus on 'Aid effectiveness'**[24] **was listed as a top priority in the transformation agenda**. Aid, however, was conceived as a mean to build Afghan capacity to run a well-functioning state.

Although these resolutions are directed towards the development of Afghanistan state, security and economic sectors are prioritized as can be seen from financial allocations, while ensuring that the health needs of the population are covered in sustainable way is not considered a priority. Moreover, although the State of Afghanistan experiences an alarming rate of under-nutrition - stunting and malnutrition, particularly among women and children, affect big numbers of the population - these resolutions do not set any indicators or targets to tackle this country wide problem. It focuses narrowly on institutional state building, not responding to the needs of the population.

Further, the Second Senior Official's Meeting (SOM) was held **in Kabul on 5 September 2015**[25] to elaborate more on the London agreement and came to an adoption of a new framework. As a result, the TMAF and the reform agenda of the Government have been consolidated in a single document - the Self-Reliance through Mutual Accountability Framework (SMAF)[26]. The SMAF defines GoA's partnership with the international community over the next four years.

19 - Senior Official Meetings, Joint Report, Tokyo Mutual Accountability Framework, Kabul, 3 July 2013, available at: http://mof.gov.af/Content/files/TMAF_SOM_Report_Final_English.pdf

20 - Grosjean L., Action Against Hunger, Afghanistan: Back to the reality of needs, Paris, September 2014.

21 - Department for International Development, Afghanistan and International Community: Commitments to Reforms and Renewed Partnership. International treaty: Communiqué from the London Conference on Afghanistan. 4 December 2014, paragraph 4, available at : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383205/The-London-Conference-on-Afghanistan-Communique.pdf.

22 - Ibid, paragraph 11.

23 - Ibid, paragraph 24.

24 - Ibid, paragraph 22.

25 - Islamic Republic of Afghanistan, Co-Chairs' Statement, Self-Reliance through Mutual Accountability Framework (SMAF), Kabul, 5 September 2015, Available at: http://www.mofa.go.jp/mofaj/files/000102254.pdf

26 - Ibid, p.2.

Like in the TMAF, the new approach remains extremely focused on security, governance, economic and financial management. In a paragraph dedicated to the need to ensure "Citizen's Development Rights[27]", the SMAF sets a new goal, the "delivery of essential services", but does not give any further details, nor provide any recommendations or steps forward. Despite the worsening situation of health and nutrition, the urge for the improvement of the health sector is barely addressed within the SMAF. The reference to health is barely done and appears only through the prism of corruption, not the population needs: "The government has flagged concerns over corruption and performance in both government and donor programs for health and education"[28]. The report does not set any action plan towards the improvement of health service delivery.

The sole focus on security and the State-building approach in these agreements and the neglect of increasing humanitarian needs are of concern to the humanitarian community. Without addressing the need for sustained humanitarian assistance to vulnerable populations, as well as the need for a specific focus on health and nutrition, which are the areas of key importance for national development, Afghanistan is in a great danger of backsliding into a deeper humanitarian crisis, jeopardizing gains already achieved by the Unity Government and partners. Moreover, the clear lack of respect of IHL in terms of the conduct of hostilities by all actors is worrying and clearly shows that the protection of the population is not the primary focus.

In addition, a new trend of channeling development aid in order to **reduce migration push factors** in Afghanistan is occurring among European donors, but also supported by the Government of Afghanistan. Several EU leaders have called for development aid to be targeted toward countries, Afghanistan included, which are a major source of immigration to Europe. This kind of politicized aid aims at reducing immigration numbers from Afghanistan, as opposed to being based on the real needs of Afghan people.

27 - Ibid, p. 5.

28 - Ibid, p. 16.

II / THE EXAMPLE OF AFGHAN HEALTH SYSTEM

The current state of the health system in Afghanistan serves as an example of continuous neglect of the basic population needs by the government. Today, the health system is burdened by many internal and external factors and needs additional support. Various internal bottlenecks related to human resources, information management, health system financing and governance as well as supply chain issues trouble the health system as observed by ACF while supporting the delivery of Integrated Management of Acute Malnutrition (IMAM) by health services providers. Although progress has been reported in the health sector in Afghanistan the reality of needs remains worrying. A closer look is needed to better understand these impediments.

Lack of flexibility in a volatile context

The chronic conflict hampers the delivery of health services: "Deteriorating security situation in some areas becomes a key barrier for program implementation, accessibility of program to beneficiaries and vice-versa"[29]. Widespread IDPs movements also create a challenge to the already congested health services as these groups become more vulnerable to both disease and malnutrition[30]. The conflict, particularly in the east, has led communities to move to larger towns seeking for protection. This has caused the closure of some facilities and put an additional strain on services in the host communities. Many displaced children receiving IMAM services in their previous residences were however unable to access these in host communities, given the absence of BPHS provider's capacity to offer these services in some health facilities.

Insufficient prioritization of malnutrition management

Severe Acute Malnutrition (SAM) is a widespread problem in Afghanistan. The Nutrition Cluster estimates that 2.9 million people are affected by

29 - OCHA, Humanitarian Response Monitoring: Nutrition Cluster Narrative Report, July-September 2015, available at: https://www.humanitarianresponse.info/en/system/files/documents/files/nutrition_cluster_quarter_3_cluster_narrative_report_jul_-_sep_2015_october_2015.pdf

30 - FAO, Impact of armed conflict on the nutritional situation of children, available at: http://www.fao.org/docrep/005/w2357e/W2357E02.htm

malnutrition, of which 365,000 and 632,000 cases are SAM and MAM (Moderate Acute Malnutrition) respectively, and in need of treatment for acute malnutrition.[31] Afghanistan has one of the highest rates of stunting in children under-five.[32] Stunted children are more likely to contract diseases and girls who are stunted are more likely to give birth to babies who have a higher chance of becoming stunted. In addition, Afghanistan has the second highest rate of under-five mortality in the world[33], with thousands of children dying every year. Nutrition is both an immediate and an underlying cause of maternal and under-five mortalities in Afghanistan. Yet, the malnutrition treatment in Afghanistan can be characterized by lack of consolidation and integration within the national health system, lack of human and technical capacity of national nutrition governance, poor quality of service delivery and low coverage.[34]

Integrated Management of Acute Malnutrition (IMAM), while officially included in the basic package of health services (BPHS) since 2010, is still implemented as a vertical intervention and is not allocated sufficient resources for its effective rollout. IMAM services are supposed to be regular, however they are very much dependent on external funding as IMAM is neither costed nor planned in BPHS proposals which means that the majority of IMAM programs are funded by the humanitarian donors in order to address the gaps within BPHS system. Yet, the funding coming through the SEHAT[35] mechanism in theory should be sufficient to efficiently implement IMAM services. However, due to SEHAT funding procedures, funds are often released too late, which delays purchases of supplies or necessary recruitments[36]. The funding for nutrition supplies is also not integrated into the same funding mechanism of SEHAT and requires a separate funding mechanism which adds time and management constraints on the health workers.

Challenges surrounding SEHAT and implementation of BPHS/EPHS are well known to the key stakeholders. As foreign aid is meant to become more "afghanised", errors in the health system should in theory be corrected by a sound monitoring done by responsible state actors. However, the Ministry of Public Health, which is responsible for the SEHAT monitoring, currently has insufficient capacity to address these shortcomings, proving the state monitoring to be limited in practice. Among other reasons, the effective implementation of this monitoring depends on the security context of each province. Insecurity prevents the supervision teams from accessing many districts in the country and no remote monitoring tool is in place. Few monitoring visits mean that corrections to the SEHAT and, thus, health system strengthening mechanisms, are less likely to succeed[37]. Moreover, as various teams designed by the MoPH are responsible for supervision and monitoring of services, this could harm the neutrality of the monitoring process and also indicates overlapping interests. In addition, there should be a stronger interest among the donors themselves to improve the monitoring mechanism, in order to increase their accountability to the Afghan people.

Maternal and child health: life-saving aid is needed

In an attempt to reach the 2030 Sustainable Development Goals and World Health Assembly targets by 2025, the Government of Afghanistan and key partners have also committed to improve maternal and child health and signed the Kabul Declaration on Maternal Neonatal Child Health on 12 May 2015[38]. This Declaration aims to renew commitments to reduce preventable deaths among women and children. MoPH, with support of partners, committed to increase the treatment of severe acute malnutrition to at least 50% and equip at least 50% of health workers with skills in nutrition counseling, including the promotion of infant and young child feeding practices by 2020.[39]

Despite some improvement in maternal mortality figures, significant change is needed to make these commitments turn into concrete improvements of the health status of the most vulnerable Afghans. Moreover, other health and nutrition indicators show grimmer trends. The rates of malnutrition among children remain highly worrying as malnutrition is an underlying cause in more than one third of under-five deaths in Afghanistan.[40]

Stunting rates are of great concern as well, ranging from 30% to above 60 % in some provinces[41]. Babies

31 - Humanitarian Response Plan, Afghanistan, 2016.

32 - UNICEF, Nutrition, available at: http://www.unicef.org/afghanistan/nutrition.html

33 - UNICEF, Health and Nutrition, available at: http://www.unicef.org/afghanistan/health_nutrition.html

34 - Afghanistan National Nutrition Cluster, Advocacy Strategy 2015 – 2016, Kabul, May 2015 – April 2016, Available at: https://www.humanitarianresponse.info/es/system/files/documents/files/ncas_2015-16_final_v1.pdf

35 - The System Enhancement for Health Action in Transition (SEHAT) is a nation-wide project approved on 28 February 2013 that aims to strengthen the national health system.

36 - ACF Afghanistan Mission, Improving the System Enhancement for Health Action in Transition in Afghanistan, Position Paper, 2016.

37 - Ibid.

38 - Islamic Republic of Afghanistan, Kabul Declaration for Maternal & Child Health, Kabul, 12 May 2015, available at: http://calltoactionafghanistan.org/img/declaration.pdf

39 - Ibid.

40 - OCHA, 2015 Humanitarian Needs Overview – Afghanistan, November 2014, available at: http://reliefweb.int/sites/reliefweb.int/files/resources/Afghanistan%20HRP%202015%20HNO%20Final%2023Nov2014%20%281%29.pdf

41 - Pantchova D., ACF France, Strengthening nutrition interventions design, monitoring and evaluation in Afghanistan, Learning document, 2015, p. 36

under 6 months old are particularly affected by acute malnutrition. Furthermore, a significant percentage of Afghan children are wasting and stunting concurrently. Levels of undernutrition are also high among women. For example, the 2014-2015 ACF SMART surveys disclosed that 50% of the women in childbearing age (15-49 years) suffered from under-nutrition in Ghor province of Afghanistan, and even more in Nuristan where under-nutrition rate reaches 51,2%[42]. Maternal malnutrition is one of the factors causing child under-nutrition and mortality. Coupled with iron deficiency, it is also an underlying cause of maternal mortality[43].

Moreover, under-nourished children are more at risk to die if they become sick with other diseases. Yet, the vaccination coverage is insufficient in many provinces of Afghanistan: 2014-2015 SMART surveys revealed that measles and BCG vaccination[44] coverage was alarmingly low in Helmand (38.3%)[45], Kandahar (47.9%)[46], Nuristan (50.2%)[47] and Paktika (54.9%). This indicates low availability of essential health services that are crucial in the current context of alarming malnutrition rates.

As it becomes clear from a number of ACF assessments, there is a crucial need for improved preventative health services, especially for women and children, and stronger health systems. The much-talked about improvements of child and maternal mortality fail to represent a more complex picture about the Afghan health system in which malnutrition levels remain highly worrying. An essential need stands out for increased life-saving aid for health and specifically for more support by partners to make this aid more effective. Unfortunately the current policy framework insufficiently addresses these priorities.

42 - ACF SMART survey conducted in Paroon, Noorgram, Wama in August 2015.

43 - Black, R. E., Allen, L.H. A Bhutta, Z.A., Caulfield, L. E., et al. Maternal and child under-nutrition: global and regional exposures and health consequences, 2008.

44 - A vaccine primarily used against tuberculosis.

45 - ACF SMART survey conducted in Lashkar Gah, Greeshk, Nawa, Nadali and Marjah in March 2015.

46 - ACF SMART survey conducted in Daman, Shah Walikot, Arghistan, Kandahar city in August 2015.

47 - ACF SMART survey conducted in Paroon, Noorgram, Wama in August 2015.

PART III

CONCLUSIONS

I / IN NEED OF HUMANITARIAN AND POPULATION-FOCUSED DEVELOPMENT AID

In the Afghan context of a disaster-prone nation, ACF highlights the crucial need for the continuation of humanitarian aid, and aid focused on the needs of the population. The SMAF and the First Mile Report launched by SOM repeat the unity government's emphasis on the state building approach, underlining the fiscal stimulation as the golden key to self-reliance. Whilst the efforts toward fiscal sustainability and the accountability to Afghan people (as outlined in the SMAF) are very welcome, however the distinct lack of citizen oriented deliverables in the government's development agenda for 2016 holds a grave concern in the chronic emergency setting of Afghanistan. The approach outlined in the SMAF demonstrates a political agenda attached to the development efforts - putting emphasis on strengthening the state of Afghanistan, rather than the wellbeing of the Afghan people through needs based interventions.

Afghanistan is still transitioning from humanitarian crisis and the economic development must not veil the recurring humanitarian emergency. The Afghan Government and international partners should make sure to prioritize health sector strengthening. The development assistance channeled by various donors has to be better oriented towards people's needs, not only designed to achieve state building objectives and better governance. In parallel to the SOM process, there is a need for international donors to also make sure that humanitarian aid is not undermined or forgotten in this unstable environment of chronic crisis, especially as humanitarian needs are to increase as the security situation becomes increasingly more volatile.

Despite the promised allocation of funds for security, post 2017 might witness development investments by donor governments trend downward. This indicates that Afghanistan will face increasing budgetary constraints over the coming years and thus have to reprioritize and rethink its strategies already today. It is also very likely that humanitarian funding decreases further, despite growing figures of IDPs and returnees and thus increasing humanitarian needs.

In line with the high likelihood of decreased humanitarian funding, it is fundamentally important to continue to support needs-based principled responses. It is, therefore, essential that the Government and its investment partners work towards programing and budget allocations which are directly reflective of the interests of the Afghan people, especially in the areas of essential needs including health, nutrition, food security, water and sanitation.

II / RECOMMENDATIONS

Given the above and in light with the Brussels Conference on Afghanistan on 4-5 October, 2016, ACF asks the involved actors to ensure that:

The final statement of Brussels Conference brings all parties to a commitment for a better inclusion of frequent emergencies in their financial allocations, including population's health needs, by assigning funds to contingency planning in mid and long term programs. In addition, the Brussels final statement should explicitly acknowledge that the purpose of aid is primary to address the needs of the population in Afghanistan. This to be achieved by setting not only long term development, but also short term clearly defined and measurable population based goals (including specific benchmarks that would ensure better accountability), that are aligned with the long term development objectives of Afghanistan to strengthen the capacity of its national institutions.

During the Brussels meeting, the government of Afghanistan commits to improved civil society involvement in the formulation and the delivery of development policies. This to be done by giving local NGOs and other relevant actors improved access to information of national policies development as well as an increased role in the implementation of development projects.

On a general note, ACF recommends to:

To the Afghan Government:

1. Review policies in aid allocation, so that these focus less on governance and security concerns, and aim more to address the direct needs of the Afghan population, including the need for adequate health services and targeting under nutrition; In order to allow health and nutrition services to be funded adequately, the funding policies have to be based on the findings and recommendations of the BPHS/EPHS costing exercise which is currently being pursued.
2. Address gaps in provision of international assistance to the most vulnerable by pursuing a comprehensive mapping of the existent status of people's needs in various sectors including health, nutrition, food security, water, sanitation and hygiene.
3. Commit to implementing the Kabul declaration on Maternal Neonatal Child Health by prioritizing maternal and child health strategically and financially as these require life-saving assistance from all relevant actors.
4. Ensure protection of civilians in the conduct of hostilities and re-enforce commitments to apply IHL in all circumstances to protect civilians from any harm. This to be done by ensuring accountability for members of the Afghan security forces that violate IHL regulations when conducting hostilities and by regularly condemning these violations of international law.
5. Ensure the rights to healthcare are upheld, in accordance with international humanitarian law and international human rights law.

To the International Donors and International Community:

1. Commit to ad hoc funding of frequent emergency responses by allocating funds to contingency planning, in order to assist the most vulnerable population in a disaster-prone country, including funding needed for effective implementation of malnutrition treatment as these are life-saving interventions.
2. Maintain programs aiming at supporting and further building of transferring capacities from International NGOs and other international actors to Afghan institutions.
3. Ensure dedicated resources and support to the ongoing monitoring and reporting mechanisms of the international aid in order to create effective aid accountability along with the vision of rapid transfer of aid management to national authorities. Call for a better inclusion of the Afghan civil society in the monitoring and accountability processes.
4. Condemn any violations of IHL and promote its respect towards Afghan counterparts as well as encourage stakeholders to advocate for better protection of children impacted by the armed conflict as part of their interactions with the Government of Afghanistan.
5. Focus on needs based approach aiming at alleviating the suffering of the Afghan population and refrain from politicizing aid programs either towards counter-terrorism objectives or limitation of migration.

APPENDICE: ACF ACTIVITIES OVERVIEW IN AFGHANISTAN

Action contre la Faim (ACF-Action Against Hunger) is an international humanitarian Non-Governmental Organisation dedicated to ending hunger. Private, non-political, non-denominational and non-profit, ACF is committed to principled humanitarian action as outlined in our International Charter of Principles: independence, neutrality, non-discrimination, free and direct access to affected populations, professionalism and transparency. The aim of ACF is to save lives by eliminating hunger through the prevention, detection and treatment of malnutrition, especially during and after emergency situations of conflict, war and natural disaster. ACF promotes a comprehensive approach to address the underlying causes of hunger by integrating our competence in nutrition and health; food security and livelihoods; water, sanitation and hygiene; and advocacy. By integrating our programmes with local and national systems we further ensure that short-term interventions become long-term solutions.

The first mission of ACF in 1979 was to support Afghan refugees in Pakistan. ACF has been working in Afghanistan for nearly 20 years and is today active in 4 provinces. The focus of ACF's response in the country is to reduce under-nutrition among children (6-59 months - pregnant/lactating women) through Integrated Management of Acute Malnutrition (IMAM) by supporting and training health staff at the health facilities; to gather information on the population nutrition status and to strengthen national nutrition surveillance by contributing ACF nutrition data; but also to strengthen the food security of the communities dependent on rain fed agriculture; to ensure access to potable water, adequate sanitation and build hygiene awareness in both rural and urban areas. At the same time ACF also continues to respond to emergencies through food and non-food aid and emergency water & sanitation solutions.

Kabul:

- → Coordination and Representation
- → Water, Sanitation and Hygiene (WASH)
- → Food security and livelihoods (FSL)

Ghor:

- → WASH
- → Integrated Nutrition and WASH
- → FSL
- → Emergency Winterization Interventions
- → Multi-sectorial Nutrition

Helmand:

- → Integrated Emergency Nutrition and WASH
- → WASH

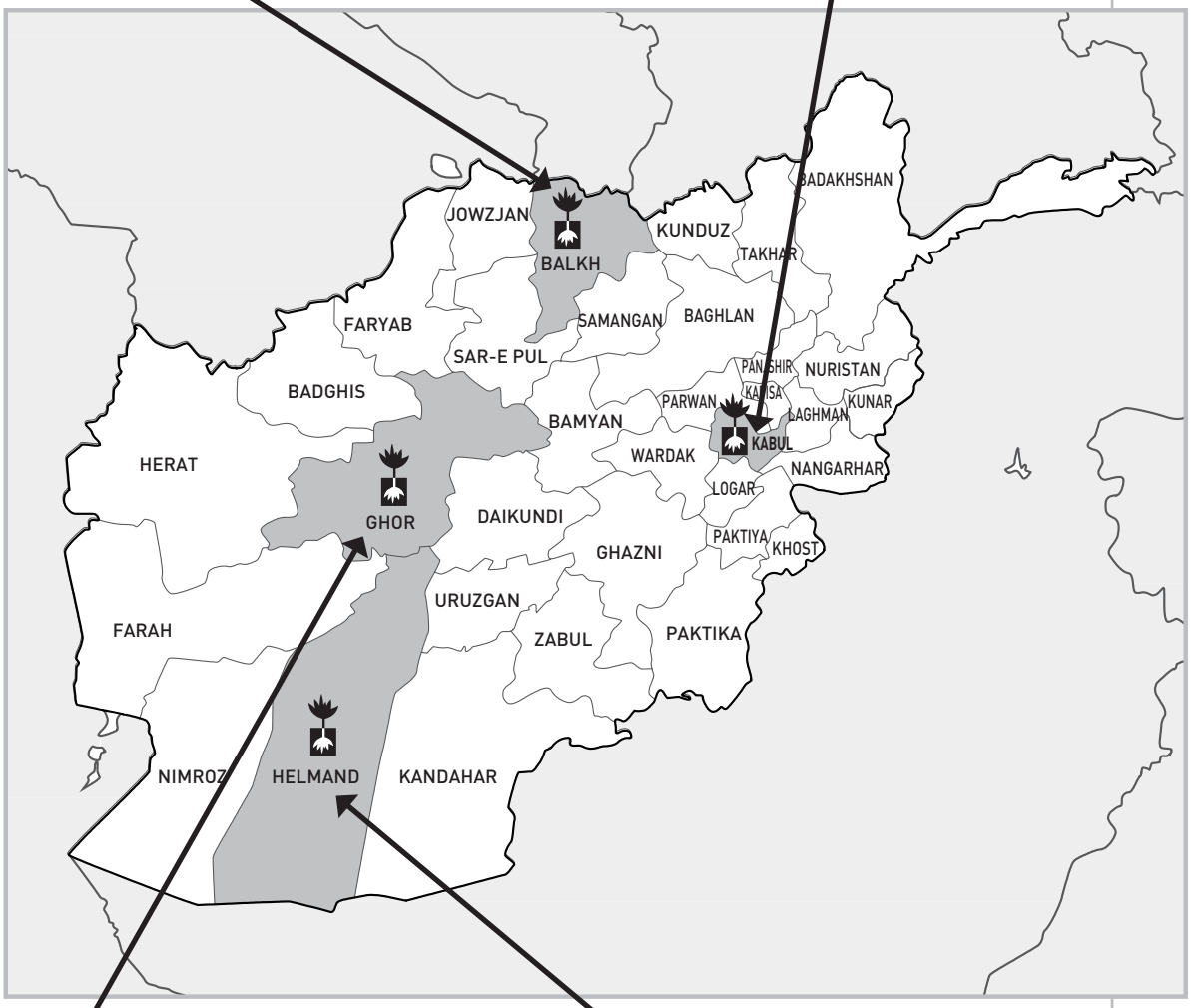
Balkh:

- → Nutrition
- → WASH

ACF also runs Emergency Response Mechanism in Ghor and Helmand provinces and is working in a number of provinces for enhancing coordinated humanitarian nutrition assessments, data quality, sharing and utilization for humanitarian response planning in Afghanistan.

BALKH
- Nutrition
- Wash

KABUL
- Coordination and representation
- WASH and FSL



GHOR
- Integrated Nutrition and WASH
- Emergency Winterization
- Multi-sectorial Nutrition
- WASH

HELMAND
- Integrated Emergency Nutrition and WASH
- WASH

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