

HUMANITARIAN NEEDS OVERVIEW

AFGHANISTAN

HUMANITARIAN
PROGRAMME CYCLE
2020

ISSUED DECEMBER 2019



About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report 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.

PHOTO ON COVER

Mazar-e-Sharif, November 2019: Mariam, 9 years old, and her family fled conflict and found refuge in this village, set in a barren land, 20 kilometers away from Mazar. They survive mainly on tea, bread and rice. Mariam would like to become a doctor when she grows up. Photo: OCHA/Charlotte Cans

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fts.org/appeals/2019

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Summary of Humanitarian Needs

TOTAL POPULATION

37.6M

PEOPLE IN NEED 2019

6.3M

PEOPLE IN NEED 2020

9.4M

PEOPLE IN NEED 2021

9M



Context & humanitarian impact of the crisis

Afghanistan is now the scene of the deadliest conflict on earth. Fighting continues to rage, exposing civilians, particularly women and children, to daily deadly risks, prompting mass displacement and choking the country's unstable economy. Years of shocks have left an acutely vulnerable population with few economic resources, an eroded capacity to cope with the unfolding crisis and little hope of recovery if the current conditions persist.

Scope of the analysis

The Humanitarian Needs Overview (HNO) is based around a common projected scenario for 2020 which expects the status quo to continue or conditions to slightly worsen over the year ahead. This scenario would see a continuation of the highest levels of violence, protection

risks for civilians and ongoing violations of international humanitarian law.

In view of the bleak outlook, the Humanitarian Country Team conducted a mid-term review of multi-year planning parameters. It concluded that the scope of humanitarian analysis and action during the past two years in Afghanistan was too restrictive and not aligned with the current trajectory of needs, which have reverted to past levels. It was agreed that due to the continued high tempo of the conflict and the setbacks created by the drought, the current multi-year projections and framework for action required a course adjustment in 2020 and 2021, broadening of the scope of humanitarian action and resulting in a significant increase in people in need.

Severity of Needs



Humanitarian consequences

The humanitarian consequences of the crisis now affect every aspect of life in all corners of the country. People's **survival and well-being** is threatened by ongoing conflict, inflicting high levels of civilian casualties and life-altering traumatic injuries. Afghanistan is the world's deadliest conflict for children.¹ Around four million people are estimated to live with physical disability.² Constant exposure to high-stress, conflict situations and repeated loss of friends and family members are taking their toll on the mental health of people living in Afghanistan. Hunger and malnutrition remain at dangerously high levels despite the passing of the drought with 14.28 million people forecast to be in crisis or emergency food insecurity in the first months of 2020. People's **living conditions** have been eroded by years of war and disaster. Inability to access services is a key consequence of the crisis and is a product of a range of factors including conflict, insecurity and fear, poverty and under-investment. Across the country, 3.7 million children are out of school and millions of displaced families lack permanent shelters and appropriate sanitation. About one third of the population (mostly those living in hard-to-reach areas) does not have access to a functional health centre within two hours of their home. The country is facing a **protection** crisis where people's rights to safety, security and well-being under international law are regularly threatened. Conflict and displacement have resulted in internally displaced persons (IDPs) and vulnerable people resorting to severe negative coping mechanisms such as early/forced marriages, child labour and begging. Women and girls are deprived of basic rights, particularly education, and gender based violence is pervasive. Afghanistan is littered with landmines and other explosive hazards (new and old), exposing civilians to daily risks. Insecure housing, land and property rights are a key source of vulnerability for many Afghans, particularly IDPs, returnees and women. The cumulative impacts of decades of war, combined with repeated displacement, grinding poverty, a lack of jobs and crippling debt have eroded people's **resilience** and capacity to cope with recurrent shocks. A

large proportion of the population now lacks the emotional strength or resources to support their own recovery, perpetuating a cycle of aid dependency.

People in need

As a result of the new scope of analysis and the cumulative impact of conflict and disaster, almost a quarter of the country's population (9.4 million people out of a population of almost 38 million) is now estimated to be in need of humanitarian assistance in 2020. The majority of those in need are children (56 per cent). Upward adjustments in needs have been made across every sector with Protection needs showing the largest change (2.4 million in 2019, 7 million in 2020). Looking forward to 2021, the final year of the current multi-year HRP, clusters have projected a similar figure for people in need, based on a continuation of the current security scenario. Overall the PIN figure will decrease slightly to 9 million in 2021.

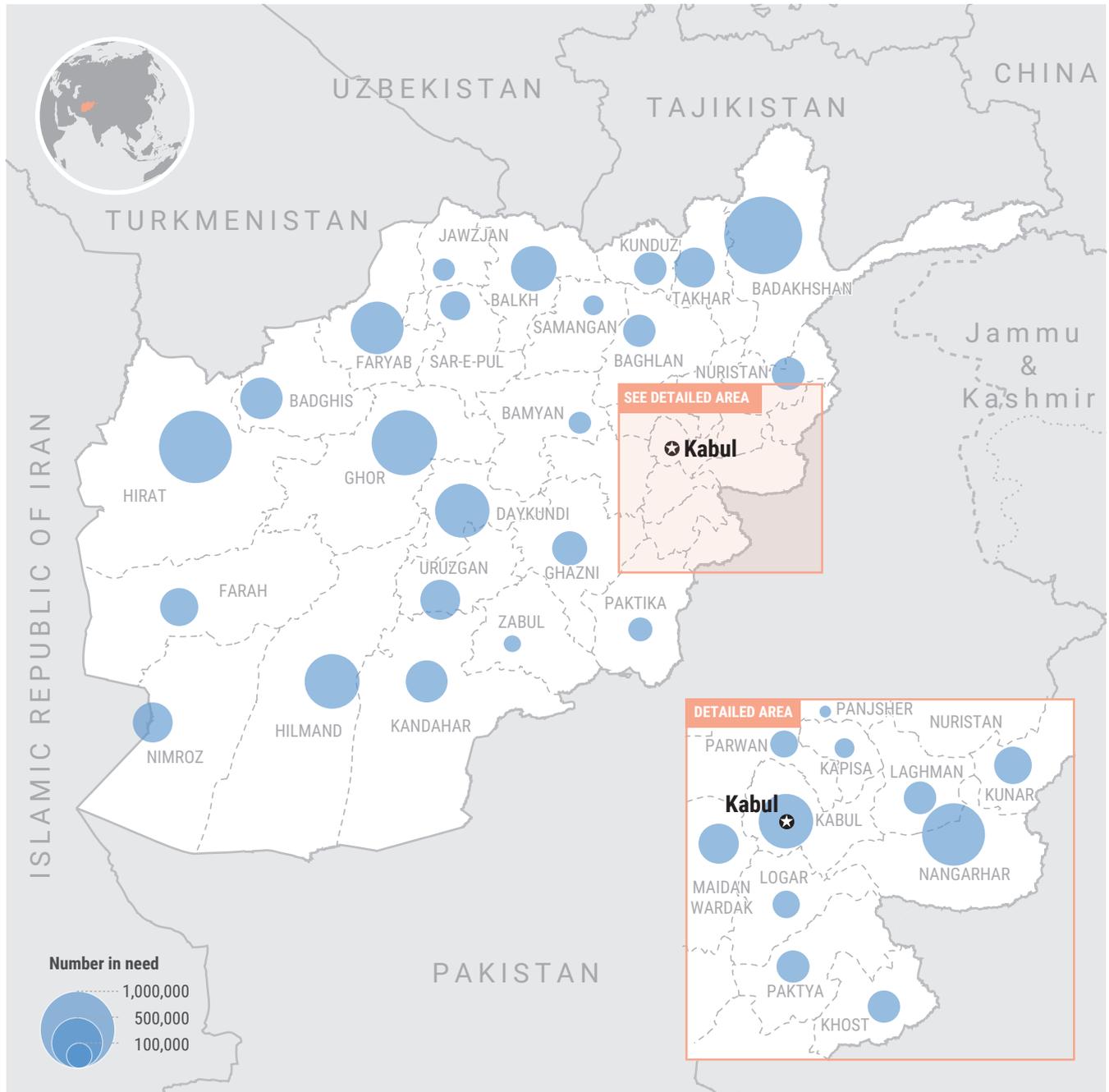
Severity of needs

The crisis in Afghanistan is now affecting every province in the country with shock-affected households³ facing multiple humanitarian needs simultaneously, undermining their capacity to cope and recover. In the Whole of Afghanistan (WOA) Assessment, 62 per cent of shock-affected households nationally were found to have concurrent sectoral needs in two or more sectors.⁴ Inter-sectoral needs were prevalent across all geographical areas suggesting a necessity for a stronger focus on integrated response across the country. Overlapping sectoral needs were highest among shock-affected households in Uruzgan in the south and Takhar in the north-east. Both provinces have been heavily affected by conflict and displacement, overloading existing basic services and stretching the capacity of aid agencies for a comprehensive response. Shock-affected households in rural areas are significantly more likely to face at least two simultaneous sectoral needs (71 per cent) compared to households living in urban areas (55 per cent).

KANDAHAR / SOUTHERN AFGHANISTAN

March 2019. Community elders in Dand district sharing their stories and challenges with OCHA staff. Photo: OCHA/Jawad Hamdard

Overview map



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Key Findings

PEOPLE IN NEED

9.4M

TREND (2015-2021)



WOMEN

22%

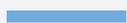
CHILDREN

56%

WITH DISABILITY

11%

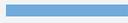
By Population Groups

POPULATION GROUP	PEOPLE IN NEED	% PIN
Vulnerable people with humanitarian needs	7.9 m 	84%
Shock-affected non-displaced people	675 k 	7%
Internally displaced people	500 k 	5%
Cross-border returnees	265 k 	3%
Refugees & asylum seekers	72 k 	1%

With Disability

AGE	PEOPLE IN NEED	% PIN
People with disabilities	1 m 	11%

By Sex

SEX	PEOPLE IN NEED	% PIN
Girls	2.5 m 	27%
Women	2.1 m 	22%
Boys	2.7m 	29%
Men	2.1 m 	22%

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	5.3 m 	56.1%
Adults (18 - 64)	3.9 m 	41.2%
Elderly (65+)	239 k 	2.7%

Part 1

Impact of the Crisis and Humanitarian Consequences

SURKH ROD EASTERN AFGHANISTAN

November 2019. This boy and his family were displaced by conflict to the Surkh Rod area in the eastern province of Nangahar. The community will receive core relief items including items for winter from implementing partner IMC, through a project supported by the AHF.

Photo: OCHA



1.1

Context of the Crisis

In 2020, the people of Afghanistan will spend their 40th year grappling with the safety, security, financial and emotional consequences of war. Conflict now shapes all aspects of everyday life, posing terrifying protection risks but also having a devastating impact on the country's development. Political uncertainty, grinding poverty, escalating personal debt and repeated exposure to natural disasters has eroded coping capacities, pushing vulnerable people into dire humanitarian need.

Security environment

In 2019, the people of Afghanistan have showed a strong appetite for peace in the country. In a recently published, long running public perception poll,⁵ almost 89 per cent of people surveyed said they either strongly or somewhat support efforts to negotiate peace with the Taliban, while some 64 per cent of people surveyed believed reconciliation with the Taliban is possible, up 10 percent points on 2019. While the situation is uncertain, the security outlook for at least early 2020 looks mostly unchanged from 2019 which has been characterized by high levels of civilian casualties due to the use of suicide and non-suicide Improvised Explosive Device (IED) attacks in civilian populated areas, a continued escalation of air strikes and, deliberate attacks against civilians and civilian sites, including election-related violence. July 2019 recorded the highest number of civilian casualties since UNAMA began systematic documentation in 2009. Women and children accounted for 41 per cent of casualties in the first 3 quarters of 2019. Fighting creates both an immediate and long-lasting burden for civilians, exposing them to sudden and terrifying violence and leaving them vulnerable to unexploded ordnance, both of which generate significant trauma-related needs. Afghanistan is also witnessing fighting between Non-State Armed Groups (NSAGs) generating new humanitarian needs, compromising access and further complicating developments over the months ahead. Violations of international humanitarian law, including attacks on health and education facilities and protected personnel have continued to be commonplace in 2019. Afghanistan is one of the most dangerous countries in the world for aid agencies and the delivery of assistance continues to be delayed by access constraints and illegal taxation.

Political, social, cultural, demographic, economy

At the time of publication, the political situation in Afghanistan remained volatile with results of the 2019 presidential election yet to be announced. Election-related violence in 2019 caused over 450 civilian casualties from the start of the top-up voter registration period through to polling day (and the immediate aftermath), with almost 280 civilian casualties on polling day alone. Over one-third of victims on polling day were children, with the Taliban causing the majority

of election-related civilian casualties. The Taliban also carried out a campaign of threats, intimidation, harassment and abductions to disrupt the electoral process. Low turn-out following threats of violence, reports of voting irregularities and the delayed election results have undermined confidence the electoral process in some sections of the community.

With the lingering impacts of the drought, continued insecurity and the impact of the ongoing election impasse coupled with slow economic growth and a labour market unable to absorb the available workforce, a large proportion of the population is finding it increasingly difficult to cope with the daily hardships. A quarter of the country's labour force is currently unemployed,⁶ and with nearly 400,000 new job seekers entering the workforce annually, unemployment continues to grow. The situation is even more dire for those who are displaced. As a result of the severe drought in 2018 and dented business and investor confidence, the economy only grew by an estimated 1.8 per cent in 2018.⁷ Real GDP growth is expected to have accelerated during the first half of 2019, mainly driven by the easing of the drought conditions. However, the intensifying political uncertainties and increasing insecurity will continue to impact private sector confidence and investment.

Poverty is climbing, and indebtedness remains high, especially among internally displaced people (IDPs). Over 80 per cent of people are living on less than the internationally applied poverty line (US\$1.90 per day)⁸ to meet their needs, undermining the dignity of their living conditions and reducing the community's resilience to shock. Results from the recent WOA Assessment show the financial situation of displaced people worsens over the first two years of displacement. It is only after an average of two years, that IDP households begin to reduce their overall debt, but they still fall short of ever recovering to a pre-displacement debt level.

Regional geo-political issues may have a significant impact on the economy over the year ahead. While returns from Pakistan are low, with just over 25,000 people recorded up to November 2019, 430,000 people have come back to Afghanistan from Iran. While high, this is still only a little over half the peak of returns from Iran in 2018. Reductions in remittances from Iran to Afghanistan due to the economic situation are having a dire effect on the economy.

Afghanistan's population is estimated to be 37.6 million people in 2020⁹ of which 51 per cent are men and 49 per cent are women. Afghanistan has a population growth rate of three per cent per annum¹⁰ which is among the highest in the world. The most striking feature of the population profile of Afghanistan is its very young average age. Almost half of the population (47.8 per cent) are under



BAMYAN, CENTRAL AFGHANISTAN

August 2019. At a Medair and UNICEF supported nutrition project in Bamyan. The 2018 drought exacerbated the nutritional status of children and pregnant and lactating women (PLW) in Bamyan, leading to a steep increase malnutrition in the province. Photo: OCHA/Fariba Housaini

the age of 15 years which is the highest in the world and significantly higher than that of neighbouring countries.¹¹ Older people (aged 65 and above) make-up just 2.7 per cent of the population.

Rapid population growth, rural-urban migration and continued displacement are further compounding the stress on urban centres, increasing competition for local resources and basic services. It is estimated that more than 4.1 million people displaced since 2012 remain displaced from their villages,¹² many into urban areas, and are showing no signs they intend to return home.

Natural environment/disaster risk

Conflict remains the main driver of displacement, however natural hazards (both slow and sudden onset) also contribute to, and trigger, population movements and humanitarian needs in affected locations. Afghanistan is highly prone to natural disasters, whose frequency and intensity are exacerbated by the effects of climate change, increasing humanitarian needs. Afghanistan has an INFORM Risk Index¹³ of 7.9 the fifth highest risk country out of 191 profiled. At the same time, the Notre Dame Global Adaptation Index¹⁴ ranks it as one of the least prepared countries against climatic shocks and the 11th most vulnerable country in the world to climate change. Drought

was a major driver of humanitarian need in 2018 and early 2019, and recent food security assessments have confirmed that hunger and malnutrition still remain disturbingly high despite a massive effort to support food insecure communities. Many rural parts of the country are still struggling to recover, particularly in terms of agriculture and livestock. Heavy rainfall caused unseasonal flooding in atypical locations in 2019 affecting some 280,000 people. Average rainfall is expected in 2020 and the annual risk of flooding remains present. The country remains highly susceptible to the risk of earthquakes with potentially catastrophic consequences if a major quake occurred near a major population centre.

Infrastructure, technology and access to services

Needs arising from years of under-investment in basic services, government inefficiencies, and economic stagnation are also increasing. Active conflict, large-scale population movements, and limited livelihood options continue to disrupt and deprive people of access to essential services, particularly health, water and education. There is currently no functioning social safety net although tentative efforts have begun to develop one. The country has struggled to cope with the urban planning challenges resulting from such massive

internal displacement. Shelter needs are extreme with over one third of households displaced for more than 6 months (1.36 million people)¹⁵ still living in makeshift shelter or tents, in overcrowded conditions, with little access to services.

Roads in more remote areas are often of poor quality and are regularly closed due to flooding, landslides, snow or avalanches in high altitude areas. A recent exercise by the Humanitarian Access Group ranked those districts where physical barriers severely undermine access to people in need and affected people's ability to access services. Several provinces – including Baghlan, Kunar, Logar, Maidan Wardak, Nuristan, Panjshir, Samangan and Sar-e-Pul – have no functioning airstrips and air traffic is regularly interrupted by poor weather. The 2019 Hard-to-Reach Assessment found that 'inaccessibility due to physical constraints' was strongly linked to lower access to education, health, and WASH facilities, as well as access to markets with basic supplies.

Electricity is unreliable across the country as a result of both infrastructure deficiencies and conflict although the public's perception of the nation's electricity supply has improved slightly according to perception surveys in 2019, with 20 per cent of respondents reporting that the situation has gotten better, up from 16 per cent in 2018. The vast majority of urban respondents (91%) get their power from the grid, while over half (53%) of rural respondents get their power from solar panels and almost 28 per cent get their power from the grid.¹⁶ Attacks by NSAGs on power infrastructure caused significant outages in the capital in September 2019. Phone services have been regularly interrupted in conflict areas by parties to the conflict, particularly in the north and south, hindering the collection of needs data through phone surveys. The reach of phone and internet services varies across the country, depending on the physical terrain and population demographics. The WoA assessment found that displaced female-headed households had a much lower access to registered mobile phones,¹⁷ which impacts not only on their ability to send and receive information, but also their ability to access fledgling mobile banking services.

Legal and policy issues

Ownership of identity documents is a key determinant of people's ability to access the limited Government services which do exist. It is estimated that 90 per cent of men but only 38 per cent of women have a Tazkera.¹⁸ While limited access to essential services affects all members of the population, IDPs and returnees (particularly female IDPs) are especially disenfranchised due to either their loss or lack of appropriate civil documentation. Many IDPs (estimated at 2.2m in 2017)¹⁹ are also living at constant risk from insecure land tenure

and the threat of eviction from the private land on which informal settlements have been established around the country.

Enforcement of legislation aimed at protecting women from violence remains a challenge. UNAMA's 2018 report *'Injustice and Impunity'*²⁰ notes women's access to justice remained limited and women continue to face inequality before the law. The report notes that failures in investigatory process and prosecutions have contributed to high rates of impunity and have strengthened the normalisation of violence against women in society. UNAMA also documented consistent countrywide patterns of women being routinely subjected to pressure by authorities, family members and perpetrators to withdraw criminal cases and consent to resolving these issues through mediation which is not appropriate for cases of criminal violence.

Complex bureaucracy makes it difficult for vulnerable people, particularly those with disabilities, to access Government services. The complex petition system established by the Government to verify IDPs over recent years was time consuming and had been causing significant delays in the delivery of assistance. After several years of negotiations by OCHA on behalf of the humanitarian community, new Standard Operating Procedures (SOPs) were signed by the Government and the Humanitarian Coordinator in May 2019. The new SOPs confirm that the petition system is no longer the primary entry point for IDPs to receive humanitarian assistance, making the process of verifying and responding to displacement more efficient and flexible. A regional awareness-raising programme is now underway to ensure that the SOPs are disseminated to relevant humanitarian personnel and government officials in the field with clear instructions about their immediate implementation.

Refugees also face legal challenges when it comes to accessing Government services. A UNHCR-issued refugee certificate guarantees a refugees' right to freedom of movement, however pending the approval of a national asylum law, refugees cannot access social services, legal employment or education. In practice, non-Afghan children have been granted, in some cases, access to education facilities.

Despite efforts to improve governance through the adoption of a new anti-corruption law in 2017 and the planned establishment of the Independent Anti-corruption Commission, Afghanistan continues to rank poorly (172 out of 180 countries) on the global corruption perception index.²¹ In a recent perception survey, almost 82 per cent of said corruption is a major problem in Afghanistan and almost 68 per cent identified corruption is a major problem in their daily life.²²



1.2 Humanitarian Impact of the Crisis

Impact on People

Civilian safety

Ongoing hostilities across large parts of the country, including ground engagements, aerial attacks, and the use of IEDs are causing extreme levels of physical and psychological harm. From 1 July to 30 September 2019, UNAMA documented the highest number of civilian casualties that it has recorded in a single quarter since it began systematic documentation in 2009. From 1 January to 30 September 2019, UNAMA documented 8,239 civilian casualties (2,563 deaths and 5,676 injured), similar to the same period in 2018. Civilians living in the provinces of Kabul, Nangarhar, Hilmand, Ghazni, and Faryab were most directly impacted by the conflict (in that order). Additional systematic violations of international humanitarian law (IHL) and international human rights law (IHRL) continue to be reported, mainly by NSAGs, ranging from attacks on health and education facilities to targeted killings, and the recruitment and use of children, including in fighting roles.

Fighting creates both an immediate and long-lasting burden for civilians, exposing them to sudden and terrifying violence and leaving them vulnerable to unexploded ordnance, both of which generate significant trauma-related needs. Over the first nine months of 2019, nearly 73,000 trauma cases were recorded, a 28 per cent increase from the same period in 2018. Fatalities among these trauma cases were unusually high (18 per cent) compared to recent years, underscoring the increasing deadliness of the conflict. Some 47 per cent of the trauma patients seen in 2019 were left with a permanent disability.

Women and children

Children are disproportionately affected by Afghanistan's protection crisis. In 2020, children comprise 56 per cent of people in need. Persistent violence, discrimination, and denial of access to essential services – particularly education and healthcare – undermine their right to a safe and secure environment, compromising their physical

MAZAR-E-SHARIF, NORTHERN AFGHANISTAN

November 2019. A girl with her younger baby brother, who was born disabled, and cannot walk. She and her family fled conflict and found refuge in Nahr-e-Shahi village, set in a barren land, 20 kilometers away from Mazar. Photo: OCHA/Charlotte Cans

and psychological well-being. Children made-up the majority - 77 per cent - of civilian casualties from explosive remnants of war in the first nine months of 2019.

Women across Afghanistan continue to be subject to high rates of violence related to their gender, although this remains difficult to quantify due to suspected under-reporting and overall lack of data. The 2016 Afghanistan Demographic Health Survey (DHS) findings showed that 53 per cent of women in Afghanistan have experienced physical violence since the age of 15, 52 per cent of ever-married women have suffered from spousal violence, 46 per cent of them from physical violence, 6 per cent from sexual violence, and 34 per cent from psychological or emotional violence.

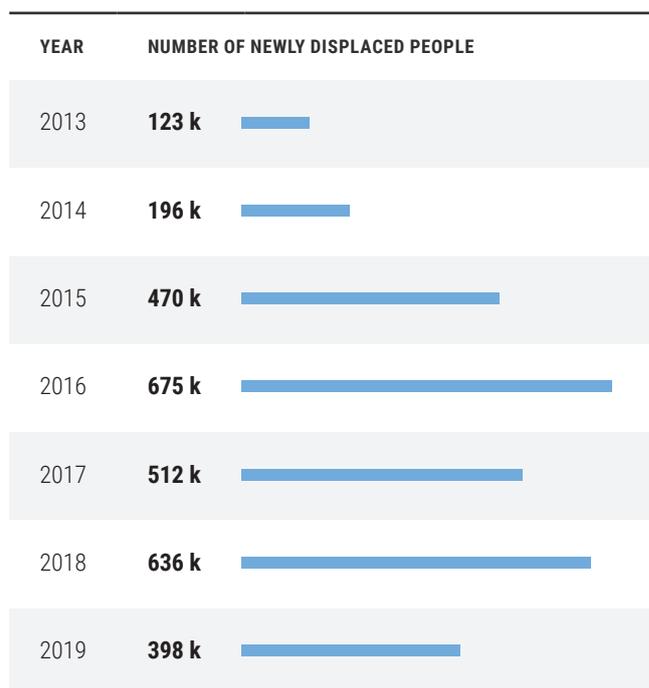
A recently conducted study²³ also found that 42 per cent of households across the surveyed provinces had at least one household member who was married before the age of 18. The same research highlights the particular vulnerability of girls to violence. Girls, in particular, are used for domestic labour, and the extreme inequality between genders and strict adherence to gender roles contributes to the devaluing of young girls as individuals and a focus on their economic potential as part of the marriage transaction. For example, in domestic labour for their husband’s household, rather than as economic agents or individuals with legal rights.

People on the move

Chronic political instability, under-development, poverty, natural disasters, and food insecurity continue to conspire to push significant numbers of people on the move. Populations who are forcibly displaced, internally or cross-border, are exposed to a host of protection risks both pre- and post-flight, including insecure tenure, and secondary and multiple displacement. They are also more likely to face health issues and more likely to have higher levels of debt due to limited livelihoods opportunities given their reliance on humanitarian assistance or unskilled, physical labour. Conflict displaced 398,000 people in the first 11 months of 2019 (averaging 36,181 people per month). Natural disasters were not a major displacement driver in 2019 with flooding affecting many communities but only very short-term displacement occurring, typically limited to the immediate duration of the emergency. This is in contrast to 2018 when more than 200,000 people were displaced by drought in the country’s west.

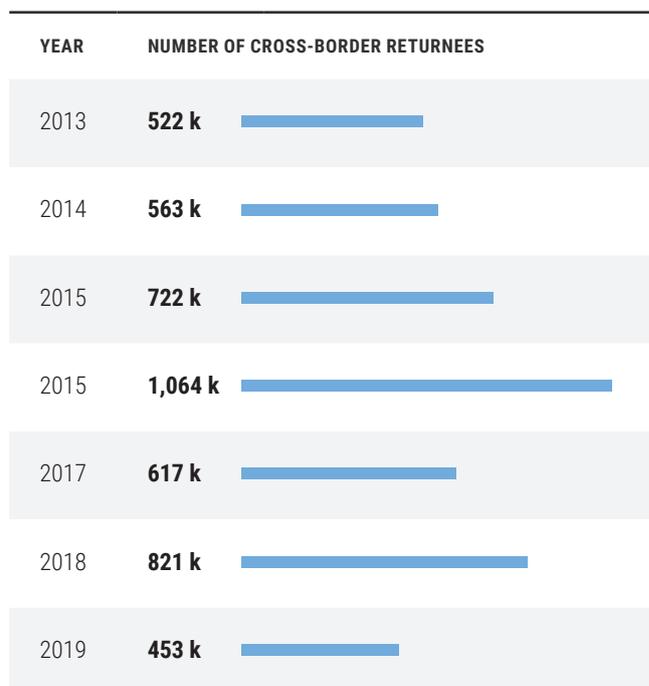
While numbers have not significantly changed over recent years, geographical patterns of displacement have. In 2019, displacement was more pronounced in the east, north east and north of the country (81 per cent of all displacement occurred in these three areas), partially driven by intra-NSAG fighting, especially in the east. New patterns of movement across Afghanistan’s borders are also raising concerns about the safety, humanitarian and transitional needs of

Internally Displaced People



Source: OCHA DTS. 2018 figure also includes people displaced due to drought.

Returnees from Iran and Pakistan



Source: IOM and UNHCR

returnees. While returns from Pakistan are low (25,000 up to end November 2019), 430,000 people have come back to Afghanistan from Iran, driven by that country's economic decline. Deportations from Iran (over 50 per cent of the total), Turkey (nearly 16,000) and European countries (543) are also an escalating dimension of the crisis.

Hunger and malnutrition

The lingering impact of the drought in rural communities, combined with consecutive years of conflict, widespread displacement, annual exposure to flooding and the resulting interruption to agriculture, have resulted in dangerously high levels of hunger and malnutrition. As a result of these combined factors, 14.28 million people are estimated to be in either crisis or emergency food insecurity (IPC 3 & 4) in the first three months of the year, based on Flowminder population projections for 2020. This worrying situation continues despite an enormous humanitarian effort in 2018-19 which reached more than 5.2 million people with drought support and the climate event itself now having passed. This is largely because of an expansion of the Seasonal Food Security Assessment (SFSA) methodology to include urban, as well as rural areas, keeping the figure at similar levels for 2019 and 2020. Of all calls handled by Awaaz (a multi-agency call centre which receives beneficiary feedback on needs and complaints) in 2019, the highest reported need by callers was for food assistance, reflecting the centrality of this issue to the country's crisis. The most recent nutrition surveys across Afghanistan showed that 25 out of 34 provinces are currently above the emergency level threshold of acute malnutrition. Annually, an estimated 2 million children under the age of five and

485,000 pregnant and lactating women (PLW) are affected by acute malnutrition.

Disaster impacts

In 2018 and 2019 drought affected more than two-thirds of Afghanistan, devastating the agricultural sector and leaving 3.9 million people in need of food and livelihoods support. The drought unleashed a host of problems on already impoverished communities, particularly in the country's west, reducing incomes by half, debilitating people's health and causing households to engage in negative coping mechanisms – all of which have had an adverse impact on their financial, physical and psychological well-being. More than five million people were assisted during the drought response in 2018-19. While the drought has passed and is not considered likely to re-emerge in 2020, communities continue to have recovery support needs, which, if unmet, may see people slip back into acute humanitarian need or become re-displaced. The WOA Assessment 2019 found that IDP returnees in Badghis had the highest proportion of households relying on negative livelihoods coping strategies nationwide (61 per cent), compared to the average for other shock-affected households (30 per cent).

In 2020, it is anticipated that 200,000 people will need humanitarian assistance due to sudden-onset disasters, including avalanches, landslides and flash floods. Average rainfall patterns are predicted for 2020.

Impact on Services

Vulnerability

Active conflict, large-scale population movements, and limited livelihoods options continue to disrupt and deprive people of access to essential services, particularly health and education. Chronic needs arising from years of destruction and under-investment in basic services, government inefficiencies, and economic stagnation are also increasing. Under-investment in health, education and water infrastructure and personnel is a product of the country's economic situation. With continued insecurity expected in 2020, it is estimated that there are 7.9 million vulnerable people in need in Afghanistan as a result of a range of factors including their living conditions, their household situation, protracted displacement, exposure to drought and a lack of access to basic services. It is estimated that at least 11 per cent of the overall population are living with a disability²⁴ – some as a direct result of conflict but also caused by people's inability to access proper medical care and rehabilitation services.

Under-investment in services and infrastructure

About one third of the population (mostly those living in hard-to-reach areas) does not have access to a functional health centre within two hours of their home. Access to the national Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) remains uneven across the country with surveys consistently showing imbalances across socio-economic levels, including a clear urban/rural divide and high out of pocket expenses. At the same time, mental health, control of epidemics and non-communicable diseases are all inadequately addressed by the current system. More than 3.7 million children are currently out of school. These children are out of school due to a variety of reasons such as poverty, damaged and inadequate supply of classrooms, shortage of teachers (especially female teachers), insufficient relevant learning and teaching resources, lack of inclusive facilities at schools, cultural norms which de-prioritise education for girls, and long travel distances to schools for many children. Only 67 per cent of the population has access to at least basic (improved) drinking water services, with huge disparities

between urban (96 per cent) and rural (57 per cent) population groups. These figures are even worse if the impact of water contamination is considered. With regard to sanitation, only 43 per cent of the population has access to at least basic sanitation facilities, with an equally large disparity between urban (57 per cent) and rural areas (38 per cent). Almost 14 per cent of the population still practice open defecation in Afghanistan.²⁵ In the latest Asia Foundation perceptions survey, these service access issues rate highly among the problems people are encountering in their local area. The lack of utilities/public services was cited as the biggest problem being faced locally by almost 40 per cent of respondents, ahead of insecurity/crime (36%), a lack of employment opportunities (33%), a lack of infrastructure (21%) and economic issues (18%). In the same survey, respondents were most likely to say that lack of educational opportunities is the biggest problem facing women (43%), followed by lack of rights (34%).²⁶

Lack of legal documentation

The lack of legal documents for a large proportion of the population, particularly women, inhibits access Government services. The WOA

Assessment demonstrated a strong perception among shock-affected people that not having a Tazkera prevents them from accessing services such as health and education, even when this is not the case. Sixty-four per cent of displaced households in which no members had a Tazkera also claimed that they could not access services at a comprehensive health centre in the three months prior to data collection, compared to 30 per cent of other households.²⁷ This figure points to the need for significant awareness-raising efforts around the reality that access to health services is not dependent on having a Tazkera. Although it is not a legal requirement, lack of documentation (both Tazkera and education records) frequently affects the ability of IDP children to attend school. Eighty-nine per cent of school-aged children from households where no members own a Tazkera reported not attending formal schooling at least three days per week in the latest school term, according to the WOA assessment. Tazkeras are required to get a registered mobile phone SIM card which, in turn, is required to open a mobile banking account. Sixty-nine per cent of displaced households in which no one had a Tazkera reported that they also didn't have a mobile phone with a registered sim card, compared to 43 per cent of other displaced households.²⁸

Impact on Access

The security situation presents serious challenges in terms of both humanitarian access to people in need and affected people's access to services. In 2019, aid agencies met the challenge.

Movement constraints

Where limited services do exist, people are often not able to access them because of their fears of moving around, because it is too dangerous to go, because women are not free to travel alone, because they cannot afford the cost of transport or because of the weather/geography, especially in winter. The WOA Assessment found that almost half (48 per cent) of the shock-affected households who said they couldn't reach a health centre in the three months prior to data collection, were unable to do so because they felt unsafe travelling to/being at the health facility or couldn't get there because of a lack of transport.

Risks to aid workers and the delivery of assistance

Aid workers in Afghanistan face extreme risks, forcing humanitarian agencies into difficult decisions regarding when and where to stay and deliver. Between 1 January and 31 October 2019, 31 aid workers had been killed, 39 injured and 51 abducted. There has been persistent targeting of aid workers over the past year, particularly those implementing health and de-mining programmes in the east and south, where humanitarian staff, compounds and health facilities have been attacked. A total 380 cases of restricted humanitarian

access were reported by aid agencies to the Humanitarian Access Group in Afghanistan in 2018. As of 31 October 2019, 417 access-related incidents had been reported including 170 incidents against health personnel, assets or facilities (73 of those involving violence). Recorded incidents do not include illegal demands of taxation, which – although widely underreported – have increased substantially in 2019 and continue to delay or derail humanitarian activities. Despite these challenges, humanitarian partners were able to provide some level of support to people in need in 93 per cent of the country's 401 districts, demonstrating humanitarian organisations' capacity to access communities and deliver. Nevertheless, access challenges continue to have a significant impact on organisations' capacity to access areas outside of district administrative centres (DAC), as well as the speed and efficiency of the humanitarian response to people's needs. As a result of these constraints, national organisations continue to shoulder a heavy burden in meeting humanitarian need in hard-to-reach areas.

The demand of levies by NSAGs against both humanitarian organisations and directly from aid recipients restricts delivery of assistance. Such demands deprive beneficiaries of life saving support. Negotiating humanitarian exemptions to such demands is difficult and time-consuming, and regularly delays the distribution of assistance to people in need. Incidents of aid diversion continue to be reported against parties to the conflict through the Awaaz call centre and other accountability mechanisms.

1.3 Scope of Analysis

Major changes in context and needs since the start of 2019

Both the political and security environments have become more unstable over the past year as parties attempted to position themselves during the peace talks and election period. Low turnout and allegations of electoral irregularities regarding the 2019 presidential election have resulted in a volatile political climate. Afghanistan has also witnessed a fragmentation of the conflict with new patterns of fighting between Non-State Armed Groups and between those groups and pro-government forces, causing significant displacement, particularly in the country's east.

The devastating drought drove a large proportion of humanitarian needs in 2019 particularly in terms of displacement and food insecurity. Heading into 2020, the drought emergency has itself passed, however its impacts continue to linger, as millions of rural families struggle to recover from the stress, debts and loss of assets they have incurred. The return of rains after the drought in early-mid 2019 also saw a dramatic increase in the number of people affected by flooding. Many farmers have struggled to recover from the damage to their crops, fodder and seed reserves.

People's capacity to cope with repeated shocks has continued to be eroded with yet another year of war. Where once people would have had some internal emotional and financial reserves to cope with conflict and natural disaster impacts, their resilience to these crises is progressively diminished with every year of war, pushing more people into humanitarian need, more quickly and for longer.

Poverty has continued to climb during 2019. It is estimated that more than 80 per cent of the population is now living on less than \$1.90 per day, reducing their financial

resilience to shocks, and pushing people into debilitating debt from which they are unlikely to recover. Almost a quarter of the population is unemployed and this number is growing.²⁹ The situation is particularly dire for those who are displaced. In 2019, the WOA Assessment found IDP households to be, on average, significantly more indebted than they were in 2018, with households in drought-affected regions the worst affected. The financial impact of the drought should not be underestimated in this regard, particularly for rural communities. The WOA Assessment found a strong link between being in debt and having to rely on negative coping strategies. Ninety-five per cent of displaced households with a severe or extreme livelihoods coping strategy index (LCSI) score reported being in debt, compared to 61 per cent of those with a low (minimal or stress) LCSI score. The economic situation in Iran has also deteriorated significantly during 2019 due to tightened sanctions. While returns in 2019 were lower than the 2018 peak, the lack of economic opportunity in Iran is reducing remittances coming into Afghanistan. During 2019, Turkey also expanded its deportations

Scope of Analysis Matrix

Population Groups

	Internally displaced people	Cross-border returnees	Shock-affected non-displaced people	Vul. people with humanitarian needs	Refugees & asylum seekers
Capital	Yes	Yes	Yes	Yes	Yes
Central Highland	Yes	Yes	Yes	Yes	No
Eastern	Yes	Yes	Yes	Yes	No
North-Eastern	Yes	Yes	Yes	Yes	No
Northern	Yes	Yes	Yes	Yes	No
South Eastern	Yes	Yes	Yes	Yes	Yes
Southern	Yes	Yes	Yes	Yes	No
Western	Yes	Yes	Yes	Yes	No

of people to Afghanistan by plane, however, the anticipated scale of the deportations in 2020 remains difficult to quantify and negotiations are ongoing with the Government of Turkey to ensure that returns are safe, voluntary, dignified and informed.

Outlook for 2020

2020 calculations are based on the joint planning assumption that the current security and political context is unlikely to improve over the year ahead. This would see a continuation of the highest levels of violence, protection risks for civilians and ongoing violations of international humanitarian law. Under this scenario for 2020, humanitarian partners do not foresee a significant improvement in the access situation with challenges persisting and continued engagement with armed groups imperative to maintaining access to affected people. A global ACAPS humanitarian access overview published in October 2019,³⁰ noted that access constraints remain high and that Afghanistan was one of 17 countries in the world in the high and extreme categories.³¹ The WOA Assessment³² results show that 92 per cent of displaced people do not intend to return in the next six months, thus levels of displacement and need are likely to remain similar over the immediate term and the challenges facing protracted IDPs are likely to continue. Instability from the delayed announcement of the 2019 presidential election results may continue into 2020. Regional geo-political issues may have a significant impact on the economy over the year ahead. The unstable economic situation in Iran continues to prompt returns to Afghanistan and reduce the availability of life-sustaining remittance income. While unanimously endorsed by the HCT and technical experts as the most likely outlook, this scenario is by no means certain. Please see the Risk Analysis section for more details of potential threats to these planning assumptions.

Revised scope of humanitarian action in Afghanistan

Given the unimproved outlook for 2020, the Humanitarian Country Team (HCT) conducted a mid-term review of multi-year planning parameters. It was agreed that due to the continued high tempo of the conflict and the setbacks created by the drought, the current multi-year projections and framework for action required a course adjustment. A revised, broader definition of humanitarian action was agreed in September 2019 which more accurately reflects the current scale and trajectory of needs in a highly volatile security environment. The revised definition maintains the HCT's prioritisation of emergency needs but also extends the scope of analysis to include vulnerable people with ongoing need for support, as well as people who require resilience and recovery assistance to prevent them slipping into worse humanitarian need.

Approach to analysis for 2020

Given that Afghanistan is in the middle of a multi-year Humanitarian Response Plan (HRP) (2018-2021), the HCT has opted not to adopt all elements on the new Humanitarian Programme Cycle (HPC) approach in the HNO for 2020, as this may reduce alignment between the two documents. Instead a hybrid approach has been employed reflecting the spirit of the new analysis in the narrative, while still aligning with the structure and objectives of the ongoing multi-year HRP.

Revised definition of humanitarian action

"Humanitarian action in Afghanistan provides life-saving emergency assistance to people in need, whether they are displaced or not. It also supports the most vulnerable people who are unable to access basic services or ensure their own survival, aspiring to leave no one behind. It aims to preserve people's dignity, improve their living conditions, and strengthen their coping capacity and resilience. Humanitarian action also assists host communities to cope with accommodating IDPs, refugees and returnees.

Humanitarian action in Afghanistan aims to protect people's rights and safety under international law and support those with special needs. The humanitarian community responds to people with physical and psychological trauma to foster their recovery and ability to play an active role in society. Humanitarian action opens the way for recovery of vulnerable populations through livelihood, asset-creation, cash-for-work and system strengthening programmes, bridging people to more sustainable development assistance.

Humanitarian action aims to be integrated, coordinated, principled, rapid, effective and accountable, and guided by multi-year planning. It includes the use of cash where appropriate and aims to address people's needs across all sectors. The humanitarian community supports affected people to make decisions about the assistance they receive and to safely access complaints mechanisms."

Population groups and lenses of analysis

The revised definition of humanitarian action has required changes to the population groups prioritised in the HNO and subsequently the revised multi-year HRP. Some people who in the past largely fell outside the humanitarian planning categories but who continue to need life-saving support and protection are now accommodated in a new list of population groups for 2020. There has also been a substantial effort to move away from status-based language in the expression of population groups in the HNO and in the response more generally. The 2018-19 drought response demonstrated the reality that the drivers of displacement in Afghanistan are often multi-dimensional in nature. While a single shock may trigger people to move, their overall vulnerability to this shock, and thus their lack of capacity to cope with it in situ, are usually the product of a range of factors over time. The HCT acknowledges that different drivers of displacement and need sometimes require different responses and so recognises that disaggregated data (e.g conflict vs disaster displaced, documented vs undocumented returnees) should be available to clusters to support technical response planning. The list of population groups has been reduced to five core categories:

- People displaced in 2020
- People affected by shocks in 2020
- Returnees in 2020
- Refugees living in Afghanistan
- Acutely vulnerable people with humanitarian needs

As usual, HNO needs figures are disaggregated and analysed in a number of ways including through the following lenses: Sectoral needs, inter-sectoral needs, severity and geographic spread of needs, the specific needs of men, women, children, people with disability, the elderly and people with mental health issues. This approach is directly in line with the 2019 IASC guidelines on inclusion of persons with disabilities in humanitarian action which call for the examination of the impacts of a humanitarian situation on vulnerable persons, specifically, people with disabilities and their families.

Concerns and preferences of affected people

The 2020 Humanitarian Needs Overview brings together quantitative and qualitative data from a range of sources, to hear directly from affected people about their priority concerns, preferences and needs. Primary among these sources is the annual multi-sector Whole of Afghanistan (WoA) Assessment, which is now in its second year and has been refined based on feedback from 2019. The WOA Assessment complements a range of other multi-sector and sector-specific humanitarian assessments (SFSA 2019, IPC Analysis 2019/2020, Hard-to-Reach Assessment, Protection Assessment of Conflict Affected Populations 2018), as well as feedback received through Awaaz Afghanistan (Awaaz).

In addition to data collected by humanitarian partners through assessments, the HNO draws heavily from the country's longest

running barometer of public opinion - Afghanistan in 2019: A Survey of the Afghan People. This newly published edition is The Asia Foundation's 15th annual public opinion survey in Afghanistan and focuses on issues including security, elections, governance, the economy, and other essential themes. The annual survey provides a longitudinal perception study of the population in all 34 provinces. The Survey has gathered the views of more than 129,800 Afghans since 2004.

Please see data gaps and limitation section of the HNO for further analysis of these sources.

Vulnerability profile

Vulnerability takes on many overlapping dimensions in Afghanistan which the revised definition of humanitarian action and new population groups attempt to capture more comprehensively. Afghanistan is the world's deadliest conflict for children³³ and women across Afghanistan also continue to be subject to violence related to their gender. Social and cultural norms limit the role of women outside the home and reduce their access to services. The high numbers of men killed in combat or as a result of violence over the past four decades have disrupted traditional family units, forcing women, the elderly and sometimes children to take the role of leader and breadwinner in their households. At least 11 per cent of the population is estimated to have a physical disability while an unknown number of people are suffering from mental health issues largely as a result of their constant exposure to conflict. People who have been displaced multiple times are acutely vulnerable due to their depleted financial and emotional reserves. Poor shelter and unhygienic conditions, particularly in displacement, leave people vulnerable to disease and unable to cope with Afghanistan's harsh winters.

JALALABAD, EASTERN AFGHANISTAN

November 2019. A young patient receives medical treatment at the trauma centre in a hospital supported by the AHF in 2017. Photo: OCHA/Charlotte Cans



1.4

Humanitarian Consequences of the Crisis

Critical problems related to mental and physical well-being

Death, injury and breaches of International Law

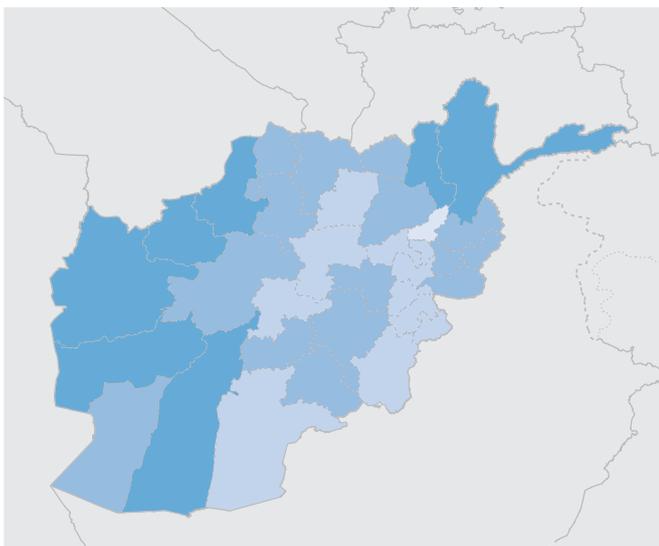
Ongoing conflict continues to drive humanitarian needs across Afghanistan, inflicting high levels of civilian casualties, triggering displacement, causing collateral damage to health and education facilities, as well as disrupting and destroying other life-sustaining civilian infrastructure such as water, electricity and telecommunication systems. In 2019, for the sixth year in a row, UNAMA recorded more than 8,000 civilian casualties in the first nine months of the year. According to UNAMA's Protection of Civilians Report,³⁴ the leading cause of civilian casualties during the first nine months of 2019 was the combined use of suicide and non-suicide IEDs, followed by ground engagements and aerial attacks. Aerial attacks and search operations continued to cause rising numbers of civilian casualties. Anti-Government Elements (AGEs) caused slightly more civilian deaths

than Pro-Government Forces in the first nine months of 2019, contrary to the first half of 2019 when Pro-Government Forces caused more civilian deaths.³⁵ Civilian casualties attributed to Islamic State of Khorasan (ISK)/Daesh dropped in 2019 compared to 2018 when there was a spike resulting from several high-profile attacks in urban areas. An average of 443 security incidents were recorded every week in the first ten months of 2019, consistent with reported incidents in 2018.³⁶ Violations and abuses of International Humanitarian and Human Rights law continue despite advocacy by the UN, the Red Cross and Red Crescent Movement and partners, undermining the rights, well-being and safety of people in Afghanistan.

In 2020, it is estimated that as many as 250,000 Afghans will require emergency medical treatment as a result of continued conflict. Traumatic amputations, many of which are now bilateral and trilateral,

Severity of Needs

Critical problems related to mental and physical well-being



constitute a significant and growing burden on civilians. Improvements in trauma capacity, including the creation of new first aid trauma posts close to conflict lines, have meant that many of those who previously would have died from their injuries now survive. However there has not been a commensurate investment in post-operative physical rehabilitation, leaving many survivors to struggle with severe disabilities and without prosthetics. Currently rehabilitation services are mostly offered in tertiary health facilities, concentrated mainly in urban areas, far from where most affected people live.

Disability

The overall prevalence of physical disability in Afghanistan is difficult to measure precisely due to the quality of available data and gaps in health coverage. An analysis of results from the 2018 WOA and the 2018 Protection Assessment of Conflict-Affected Populations (PACAP) assessment suggests that an estimated 10-11 per cent of the population are living with a physical disability. The WoA Assessment's heavier focus on displaced people may mean that this figure is an under-estimate, since disability is often cited as a barrier to movement. Given the population's high exposure to Explosive Remnants of War (ERW) and under-development of the health system, it is likely the prevalence in Afghanistan is much higher, making this a priority need and consideration in planning for 2020. This estimate does not include other types of mental, intellectual or sensory impairments which – when combined with other barriers – may also hinder people's full, effective and equal participation in society.

The consequences of living with a disability in Afghanistan are multi-layered, affecting people's survival particularly in terms of access to services and livelihoods, trapping them in a vicious cycle of isolation and poverty. Limited access to services such as rehabilitation and education mean that in adult life, it is difficult for the person with disability to compete in the job market, perpetuating a cycle of

dependency. Conflict and disasters disproportionately place people with disabilities and their families in vulnerable situations. People with disabilities are at increased risk of family separation, loss of assistive and mobility devices, and difficulties with accessing information in crisis situations.

The 2019 WoA Assessment focused its information gathering on heads of household and the kinds of disability being experienced by this group. Seventeen per cent of displaced households reported that their head had a disability including difficulty walking or climbing steps (14 per cent), seeing (10 per cent), hearing (8 per cent) and self-care (6 per cent). Displaced households headed by a person with disability were more likely to have sectoral needs across all sectors, most predominantly in health and protection. A higher proportion of displaced households headed by a person with disability reported struggling to obtain food or not having enough money to obtain food in the 30 days prior to data collection (51 per cent compared to 39 per cent of other households -). More households headed by a person with disability have a poor food consumption score (56 per cent) as a result. Households headed by a person with disability were also more likely to have multiple needs. Nineteen per cent of displaced households headed by a person with disability reported being aware of humanitarian assistance distributions but unable to reach them in the past six months, compared to 10 per cent for other households. Distance and lack of transport were the main reasons for this difference.

It is also important to note how the disability of a household head impacts on service access for other household members, particularly women who often rely on men to accompany them to access services and who carry the burden of care-giving. The 2018 PACAP for instance found that women who live in a household headed by someone with a disability had significantly less access to WASH facilities, compared to their counterparts living in other households. The financial struggle of these households also manifests in increased risks for children. Households headed by a person with disability reported a higher proportion of children (11-17 years) working outside the house (24 per cent compared to 19 per cent for other households). Twenty-four per cent of these households reported that children having to earn money was a factor in their boys not attending school, compared to 19 per cent for other households.

In Afghanistan, people with disabilities often have to overcome negative stigma and attitudinal barriers in order to survive. They are often less involved in community decision-making, even when it affects their lives. Women with disabilities face double discrimination due to their disability and their gender, perpetuated by social and cultural norms. There is a general lack of awareness of or investment in realising the rights of people with a disability in Afghanistan, particularly in workplaces.

Mental health issues

Constant exposure to high-stress, conflict situations is taking its toll on the mental health of people living in Afghanistan. Repeated loss is also

Summary of Needs

Critical problems related to mental and physical well-being

PRIORITY PROBLEMS	MOST-AFFECTED PEOPLE
Death, injury and violations of International Law <ul style="list-style-type: none"> ■ Civilian casualties ■ Damage to health and education facilities ■ Traumatic injury and amputations 	<ul style="list-style-type: none"> ■ Men ■ Children ■ IDPs and returnees unfamiliar with local risks ■ Civilians nationwide but particularly those living in conflict-affected rural areas – especially in Nangarhar, Hilmand, Ghazni, and Faryab.
Disability <ul style="list-style-type: none"> ■ Physical disability due to direct conflict ■ Physical disability due to exposure to ERW ■ Physical disability due to poor access to preventive and primary health care/rehabilitation services 	<ul style="list-style-type: none"> ■ Children and IDPs ■ People with traumatic injuries ■ People living in hard-to-reach and conflict-affected districts ■ The elderly ■ People affected by natural disasters
Mental health issues <ul style="list-style-type: none"> ■ Behaviour change ■ Psychological distress ■ Post-Traumatic Stress Disorder ■ Untreated psychiatric illness 	<ul style="list-style-type: none"> ■ IDPs affected by shocks or displaced multiple times ■ People living in conflict-affected areas ■ People with disability ■ Families of civilian casualties ■ Children
Specific dangers for children <ul style="list-style-type: none"> ■ Conflict-related deaths and injuries ■ Recruitment by armed groups ■ Attacks on schools 	<ul style="list-style-type: none"> ■ Children living in ERW contaminated areas ■ School-aged children and adolescents living in hard-to-reach and conflict-affected areas
Acute food insecurity <ul style="list-style-type: none"> ■ Crisis and emergency levels of food insecurity 	<ul style="list-style-type: none"> ■ IDPs both urban and rural ■ Refugees and cross-border returnees ■ IDP returnees in the west ■ Communities reeling from the 2018/19 drought (missed production and employment opportunities) ■ Disabled, female and elderly-headed households ■ People who had been dependent on remittances from family members working in Iran
Malnutrition <ul style="list-style-type: none"> ■ Severe and Moderate Acute Malnutrition 	<ul style="list-style-type: none"> ■ Children with SAM and MAM, especially under 5s ■ Pregnant and lactating women ■ Refugees and returnees

an ever-present part of life with survivors left to cope with their grief and, when breadwinners are killed, the added financial struggle that follows. While the number of people now suffering from psychological trauma is difficult to quantify due to low reporting and diagnosis, the likelihood of significant portions of the population suffering mental health issues as a result of conflict is thought to be very high. With extremely low availability of psychosocial support services and repeated exposure to traumatic shocks, recovery opportunities are likely to be minimal, with people instead resorting to negative coping mechanisms.

One of the only nationwide studies of the mental health situation in Afghanistan conducted in 2018 indicated consistently high levels of mental distress. According to this survey, one in every two people (50 per cent) is suffering from psychological distress and one out of five (20 per cent) face functional limitations to his or her role because of mental health problems.³⁸ According to the survey, almost 10 per cent of children encounter challenges in fulfilling life habits (going to school, playing etc.) due to mental health problems, with grave consequences for their education and development. The survey showed that a staggering 85 per cent of respondents had either

personally experienced or witnessed a traumatic event. Post-Traumatic Stress Disorder (PTSD) risks are especially pronounced for those living in conflict areas, although those living in Kabul are also exposed to the impacts from attacks in the city, as well as criminal activity.

In 2019, the WOA Assessment attempted to provide some measurement of the recent trajectory of mental health issues in the community by asking household heads whether family members had experienced the various types of behavioural change in the year prior to data collection. Overall, 38 per cent of displaced households reported at least one member (adult or child) having experienced behavioural change. These changes included headaches, upset stomach, nightmares, bed wetting, excessive emotional outbursts, changes in appetite or eating habits, social isolation or inability to be alone and substance abuse. Thirty-five per cent of displaced households reported adults with behavioral changes and 27 per cent of displaced households reported children experiencing behavioural changes. Two thirds of displaced households where someone was reported as having experienced behavioural change believed this was as a result of conflict. In the WOA assessment, those with unaddressed sectoral needs were significantly more likely to report signs of mental health concerns/behavioural change in at least one household member. However, the causal relationship between these factors is yet to be confirmed. In the WOA Assessment, mental health concerns were found to be strongly correlated with people who had faced protection issues/incidents, including GBV.

Dangers for children

Children continue to bear a heavy burden of conflict-related deaths and injuries with over 2,400 killed in the first 9 months of 2019 - an 11 per cent increase from the same period in 2018.³⁹ Save the Children's 2019 *'Stop the war on children'*⁴⁰ report confirms Afghanistan is now the world's deadliest conflict for children and the Secretary General's most recent annual report on Children and Armed Conflict⁴¹ listed Afghanistan as having the highest number of child casualties of any listed country.

The report, delivered to the Security Council in September 2019,⁴² highlighted the heavy price paid by children from the conflict between 2015 and 2018. The report notes that there were 14,200 grave violations against children between 2015 and 2018. The UN Secretary General voiced particular concern about the 82 per cent increase in the number of child casualties in 2015-2018, compared to the previous four years.⁴³ Nearly 12,600 children were verified to have been killed or injured in 2015-2018 predominantly from ground engagements, explosive remnants of war and aerial attacks. This figure represents almost one-third of all civilian casualties.. Overall deaths from air strikes have significantly increased since 2015, reversing the downward trend of the four preceding years. Some 1,049 child casualties were recorded as a result of air strikes in 2015-2018, including 464 children killed. From 2015-2018 armed groups were responsible for 43 per cent of child casualties - 3,450 killed and 9,149 wounded. Over the four years, the UN also verified the recruitment

and use of 274 children by all parties to the conflict, sexual violence against 13 boys and 4 girls, and 467 attacks on schools and education personnel. However, the actual number of children recruited and used by parties to the conflict is estimated to be much higher. The figures for sexual violence against children also do not reflect the extent of the incidents countrywide, as sexual violence is known to be under-reported as a result of prevailing social norms, fear of retaliation and impunity. Children who have witnessed extreme violence, including the killing or maiming of family members, frequently report disturbed memories and sleep, muteness, difficulty concentrating and aggressive behaviour as a result.⁴⁴

Acute food insecurity

The Integrated Food Security Phase Classification (IPC) analysis for 2019/2020 paints a disturbing picture of food insecurity in Afghanistan with hunger and malnutrition remaining at dangerously high levels, despite the passing of the drought. Based on Flowminder population projections, 14.28 million people are estimated to be in either crisis or emergency food insecurity (IPC 3 & 4) from November 2019 to March 2020. In 2020, 8.21 million vulnerable people (including all of those in IPC 4 and the most vulnerable from IPC 3) are need of urgent food and livelihoods assistance to reduce food consumption gaps, protect livelihoods and reduce malnutrition. The number of Phase 4 provinces is expected to increase to six in 2020 (up from two in 2019), adding Ghor, Nimroz, Badakhshan, and Daykundi to Uruzgan and Nuristan (if an appropriate response is not provided). Out of 11 provinces classified as being in Phase 2 in the 2019 analysis, only 3 provinces (Panjshir, Khost and Kapisa) will remain in IPC Phase 2 in 2020, while the remaining provinces will slip into Phase 3 in the projection period.

Key drivers of acute food insecurity include: high unemployment that has cut household income; reduced purchasing power and access to food; ongoing conflict leading to displacement; loss of livelihoods and reduced agricultural production because farmers don't have access to their agricultural lands for cultivation and harvesting at the right time; high food prices; natural disasters including floods which have destroyed shelters and affected farm land; and the residual impacts of the 2018/19 drought. In the WOA Assessment, 92 per cent of shock-affected and displaced households reported that the majority of their household members had directly experienced major conflict and/or natural disaster events in the year prior to data collection. Of those households, around half said the events had had a negative impact on livestock (50 per cent) and agriculture (52 per cent).

Based on Famine Early Warning System Network (FEWSNET) precipitation forecasts, for the beginning of 2020 near average rainfall conditions are expected country-wide.⁴⁵ Inaccessibility to markets and road blockages in some areas of the country (Central Highland, Ghor, some districts of Badakhshan and a few districts in the north of the country) may limit the access of people to food due to heavy snowfall. According to the IPC analysis,⁴⁶ on the other hand, above average temperatures will decrease the density of snowpack and result in river/flash floods in some areas. Flash floods may threaten soil fertility,



SURKH ROD, EASTERN AFGHANISTAN

November 2019. This girl was displaced by conflict in Khogyani to the Surkh Rod area in the eastern province of Nangahar. Her father was killed by the conflict and she does not go to school as she supports her family. Photo: OCHA/Charlotte Cans

pastures and fields and could potentially prevent successful planting as experienced in 2019. Lack of employment opportunities during winter can affect vulnerable food insecure people who mainly rely on wage labour for their main livelihood. The IPC analysis notes that prices of staple food items are also expected to increase during the projection period in high altitude or hard-to-reach areas. Food prices over the projected period are likely to be the key factor that determines extent of household access to food and food consumption.

Malnutrition

The nutritional status of children under five years continues to deteriorate in most parts of Afghanistan. The findings of the most recent nutrition surveys across the country show that 25 out of 34 provinces (Kapisa, Wardak, Nangarhar, Laghman, Bamyan, Paktika, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Samangan, Balkh, Sar-e-Pul, Ghor, Daykundi, Uruzgan, Zabul, Jawzjan, Faryab, Helmand, Badghis, Herat, Farah)⁴⁷ are currently above the emergency level threshold for acute malnutrition. The deterioration in nutrition status has seen an increase in the number of children under five and pregnant and lactating women (PLW) in need of life-saving emergency

nutrition assistance. In 2020, an estimated 2.54 million children under five will be acutely malnourished and require lifesaving treatment services. Two in five children are estimated to be affected by stunting. Interruptions to treatment for acute malnutrition (resulting from conflict, access constraints, pipeline breaks or lack of funding) are also extremely dangerous, with treatment having to restart if an initial full course is not completed.

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. In low income countries like Afghanistan, under-nutrition is associated with more than 50 per cent of all child deaths.⁴⁸ Among the 2.5 million children under the age of five who are suffering from acute malnutrition in Afghanistan, 690,000 children (27 per cent) are suffering from severe acute malnutrition (SAM). SAM is a life-threatening condition which, if left untreated, can lead to an elevated increased risk of death. Children suffering from SAM are nine times more likely to die than their healthy peers⁴⁹ and those suffering from prolonged under-nutrition who do survive often become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. The World Bank estimates

that under-nourished children are at risk of losing more than 10 per cent of their lifetime earning potential.

In addition, women of reproductive age and adolescent girls affected by under-nutrition suffer adverse impacts on their own health, as well

as later, on the birth outcome of their children. In Afghanistan, 563,000 women of reproductive age are under-nourished, leaving their children predisposed to low birth weight, short stature, low resistance to infections, and higher risk of disease and mortality.

Critical problems related to living standards

Fear

Inability to access services is a key consequence of the crisis affecting Afghanistan. Pervasive fear is now severely inhibiting many people's ability to participate in society, access services and earn an income. According to the most recent edition of the country's longest running perceptions survey,⁵⁰ the number of people reporting that they fear for their safety or that of their family remains very high and has slightly increased (from 71 per cent in 2018 to almost 75 per cent in 2019). This presents an almost 100 per cent increase from the first time the question was asked in 2006 (40 per cent). Anxieties are so pronounced that people have restricted their movements in response – 79 per cent of people reported some or a lot of fear when traveling.⁵¹ Turn-out for the 2019 presidential election was extremely low amid threats of attacks by NSAGs and the resulting fears of voters for their safety at polling places. According to the Asia Foundation 2019 survey, fear while participating in an election is also at its highest recorded level (63 per cent) indicative of a longitudinal trend of rising fear and insecurity across much of the country. More than a quarter of shock-affected households (27 per cent) surveyed as part of the 2019 WOA Assessment indicated that household members were worried about killing and maiming, physical injuries due to violence, abduction/forced to work, and/or explosive hazards in the 30 days prior to the survey.

Access to health

Conflict denies people access to vital medical treatment by interrupting services where they do exist and preventing a scale-up of services in new areas. In the first eleven months of 2019, around 24,000 hours of healthcare delivery were lost, and 41,000 consultations missed, due to the forced closure and destruction of health facilities, as attacks against health workers and medical assets mount in both frequency and deadliness. Ongoing conflict continues to hamper maternal and child health service delivery, particularly in rural areas where some 75 per cent of women live. Thirty-four per cent of shock-affected households reported that they did not have access to a comprehensive health centre in or close to their village in the three months prior to data collection for the WOA Assessment.

Due to unaddressed gaps in the international donor-funded public health system, trauma provision is almost exclusively delivered by humanitarian partners in Afghanistan. Indeed, despite the high prevalence of mass casualty incidents, basic and essential surgical care remains outside the seven major elements of the BPHS. Nationwide there remain extreme shortage of emergency surgical capacities, ranging from oxygen supplies, blood banks, and electrical

power through to dedicated and qualified personnel – including surgeons and anaesthetists, weakening the trauma care that is available for patients in need. Despite significant improvements in assisting people closer to the geographic location of their injury, especially through first aid trauma posts, high rates of referral continue to be seen from conflict-affected districts, suggesting that need is outstripping response capacity in many parts of the country.

One in three children is not immunised – a situation which has been worsened by the Taliban's ban on house-to-house polio activities. Afghanistan remains one of just three countries in the world where polio is yet to be eradicated. A total of 21 new cases have been recorded in Afghanistan since the start of 2019. Vaccination campaigns were interrupted in 2019 due to a ban imposed by the Taliban against house-to-house immunisation efforts. The ban has since been partially lifted, however more than three million children missed out on vaccinations in October as a result of the restrictions imposed by Taliban. The programme is making every possible effort to reach maximum children with vaccines and is planning to provide integrated services along with polio vaccination to improve acceptance by communities.

Women and girls face additional specific obstacles in obtaining the healthcare they require to meet their different needs. Volatile security, as well as harmful cultural and traditional practices which see the rightful place of women as being in the home; the imposition of strict gender segregation rules; and prohibitions on men providing medical treatment to women, all compromise their access to sustained and quality healthcare, exposing women to avoidable morbidity and mortality. Across Afghanistan today, only 15 per cent of nurses and two per cent of medical doctors are female. Despite having one of the highest fertility rates in the world, there are only 37 dedicated maternity hospitals. The critical shortage of female medical practitioners and their inability to leave the house endangers women.

Access to education

Children are being kept out of school for a range of reasons including security issues and cultural beliefs. Attacks on schools have undermined the right of children to a safe and secure environment, compromising their physical and psychological well-being. 2019 has also seen a high number of schools attacked and closed as a result of election-related violence, general insecurity, cross-fire, intimidation and threats disrupting and diminishing children's access to essential education. As of October 2019, 722 schools had been forcibly closed

and remained closed due to insecurity, affecting the education of around 328,094 children (113,597 girls and 214,497 boys). Uruzgan and Nangarhar (both 89 schools) and Hilmand (77), are the top three provinces with the highest percentage of closed/damaged schools.⁵² This constant interruption to education, as well as the inadequate availability of schools and teachers have grave consequences for children's capacity to thrive and contribute to the economic and society future of their country. Girls – who are already less likely to go to school – have been particularly impacted by violence. The combination of actual exposure to and potential fear of violence has left parents with little choice but to take pre-emptive measures to protect their children from harm. According to the WOA Assessment, some 18 per cent of shock-affected households who reported their girls not attending school in the current school year noted that this was due to security concerns about their child travelling to or being at school. Thirty-two per cent reported cultural reasons as the main barrier.

Children who are able to attend classes mostly have to contend with poor quality education due to unsafe and improper infrastructure – with dark classrooms and crumbling walls frequently reported – as well as insufficient teaching materials, and overcrowding. Although widespread, areas of the country hosting large concentrations of IDPs and returnees, such as Kunar and Nangarhar provinces in the eastern region, have been especially affected, with teacher-student ratios in these locations regularly as high as 1:180 and even, in some cases, 1:250.

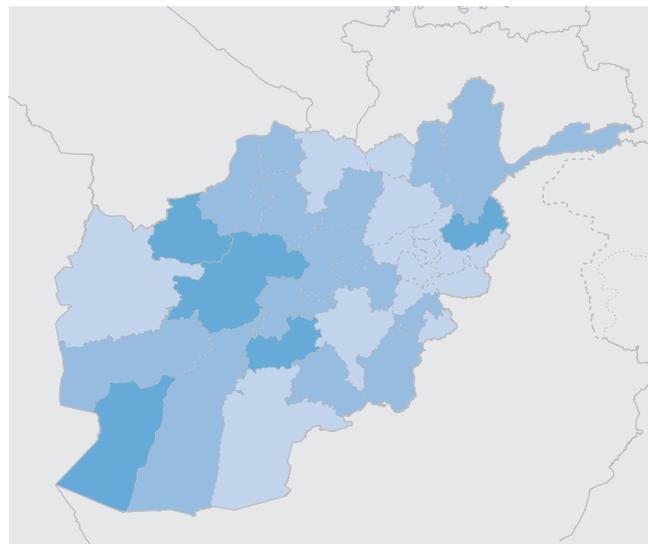
Access to safe shelter, clean water and sanitation

A lack of appropriate shelter and safe water exposes vulnerable households, including women, children and older people, to the elements, lack of privacy and dignity, and overcrowding (sometimes with 4-5 households sharing a shelter). Furthermore, the lack of adequate weatherproof insulation, particularly in high altitude areas, limits people's capacity to cope with Afghanistan's harsh winters contributing to increased incidence of, and under-5 child mortality from, acute respiratory infection.

The scale, severity and complexity of needs for emergency and transitional shelter remains high. Overall, displaced households nominated shelter as among their top three priority needs.⁵³ Around two-thirds of displaced households (65 per cent) reported that they do not live in a permanent shelter (10 per cent live in tents, 19 per cent in makeshift shelters and 36 per cent in mud/brick shelters). Almost half of displaced households (45 per cent) report their shelter was damaged in the past six months due to conflict or natural disaster. Worryingly, 80 per cent of those displaced households with damaged shelters reported that they were unable to make repairs, with the majority reporting inability to afford this work (materials or labour) as the main reason. The burden of shelter repair was particularly high for non-displaced, natural disaster-affected households, with 41 per cent reporting shelter repair costs as the primary reason for taking on debt.⁵⁴

Severity of Needs

Critical problems related to living standards



Health indicators for those living in makeshift and emergency shelter in drought-affected areas and among drought-affected populations are particularly concerning. The WOA Assessment 2019 found that households residing in makeshift shelter or emergency tents had a higher unmet sectoral health need compared to other households (38 per cent vs 32 per cent). Housing Land and Property issues remain a challenge on many fronts. IDPs in informal and formal settlements are increasingly exposed to forced evictions due to weak or insecure land/housing tenure. A lack of clarity on the extent of rights and responsibilities of landowners, beneficiaries and other stakeholders, greatly contributes to the need for continued emergency shelter responses and impedes the provision of more durable shelter.

Poor access to basic WASH services in communities across the country (displaced and non-displaced) has directly impacted on the survival of the most vulnerable segments of the population, particularly children under the age of five. According to the 2019 WOA Assessment, 39 per cent of children had been exposed to Acute Watery Diarrhea (AWD) in the preceding two weeks. Hence, there is an continually extreme risk of disease outbreak, including cholera.

Displacement

Such is the violence and hardship facing many households in conflict-affected parts of Afghanistan, that displacement remains a constant feature of the crisis. Repeated displacement is common as the conflict moves around the country, affecting people firstly in their place of origin and then in their initial place of displacement. People who have been displaced multiple times are acutely vulnerable due to their increasingly depleted financial and emotional reserves, with higher proportions of households in debt and with members facing mental health issues.⁵⁵ It is anticipated that 500,000 civilians will be newly displaced in 2020, which is broadly consistent with trends over the past 4 years, although numbers have fluctuated with a peak in

Summary of Needs

Critical problems related to living standards

PRIORITY PROBLEMS	MOST-AFFECTED PEOPLE
<p>Fear-driven inability to access services</p> <ul style="list-style-type: none"> ■ Restrictions on movement ■ Low/interrupted school attendance ■ Restrictions in exercising voting and other rights 	<ul style="list-style-type: none"> ■ All sectors of the community but especially women and children ■ School-aged girls, especially those living in NSAG-controlled areas ■ People living in conflict-affected/hard-to-reach areas, but also in Kabul and Jalalabad where attacks are most frequent
<p>Impeded access to health services</p> <ul style="list-style-type: none"> ■ Interruption of health services due to destruction of health facilities and restrictions on vaccination campaigns ■ Prevention of the scale-up of health services in new locations due to funding limitations, lack of trained staff and security ■ Impairment of health service delivery due to attacks against health workers and medical assets ■ Limited number of women health personnel 	<ul style="list-style-type: none"> ■ IDPs and IDP returnees, especially in the west ■ Cross-border returnees ■ Refugees ■ Women, particularly pregnant women ■ Children, especially those living in areas where polio vaccination has been hampered ■ People living in hard-to-reach and conflict-affected areas ■ Over-burdened host communities ■ People living in informal settlements ■ Vulnerable people living in poverty who cannot afford to travel to health centres or pay for medicine
<p>Impeded access to education</p> <ul style="list-style-type: none"> ■ Attacks on schools ■ Forced closure of schools ■ Intimidation of and threats to students who attend school (particularly girls) ■ Unsafe and improper infrastructure ■ Insufficient teaching materials, teachers and overcrowding 	<ul style="list-style-type: none"> ■ School-aged children ■ Especially IDP and returnee children ■ Girls, especially those living in NSAG-controlled areas ■ Children affected by natural disasters ■ Children living in high altitude areas which are heavily affected by snow in winter
<p>Impeded access to appropriate shelter, clean water and sanitation</p> <ul style="list-style-type: none"> ■ Damage and destruction of shelters ■ Inability to repair damaged shelters due to cost ■ Exposure to communicable disease outbreaks, including Acute Watery Diarrhea and Cholera. 	<ul style="list-style-type: none"> ■ IDPs – both new and protracted ■ People living in informal settlements ■ People living in natural disaster-prone areas ■ Vulnerable people living in poverty, without livelihoods ■ Disabled, female and elderly-headed households ■ People living in high altitude areas ■ People living in over-burdened host communities ■ Refugees ■ Cross-border returnees ■ People without identification or secure land tenure
<p>Displacement</p> <ul style="list-style-type: none"> ■ Depleted financial reserves and staggering levels of debt ■ Depleted emotional reserves and mental health issues ■ Protracted state of displacement with almost no likelihood immediate returns ■ Overcrowding and access to limited resources ■ Insecure land/shelter tenure ■ Lack of documentation 	<ul style="list-style-type: none"> ■ People living in conflict-affected areas ■ People living in disaster-prone areas ■ People who have faced repeated shocks and whose coping capacity is depleted

PRIORITY PROBLEMS	MOST-AFFECTED PEOPLE
<p>Cross-border movement</p> <ul style="list-style-type: none"> ■ Poor health conditions ■ High protection needs ■ Repeated displacement ■ Poor or border-line food consumption scores ■ Poor sanitation and hygiene practices including open defecation 	<ul style="list-style-type: none"> ■ People who have been living abroad for long periods and no longer have support networks in Afghanistan ■ People whose place of origin is affected by conflict ■ People returning with health issues, including drug addiction ■ Unaccompanied minors, single females ■ Refugees who do not have the ability to work
<p>Disruption in livelihoods and income generation</p> <ul style="list-style-type: none"> ■ Conflict or natural disaster-driven disruption to livelihoods ■ Risky irregular migration for work ■ High levels of debt ■ Unstable alternative income sources and employment particularly for women and people with disability 	<ul style="list-style-type: none"> ■ IDPs and IDP returnees, especially those from rural areas living in urban settings ■ Cross-border returnees ■ People affected by conflict and disaster ■ Vulnerable people with specific needs – people with a disability, female-headed households, mentally ill ■ Urban youth ■ Drought-affected rural communities

2016 after the fall of Kunduz. This adds to a growing cohort of people who are vulnerable and are living in protracted displacement with no immediate intention of returning home.

The WOA Assessment revealed that the vast majority of IDPs (92 per cent) do not intend to return in the next six months (88 per cent intend to stay in their current displacement location and 4 per cent intend to move somewhere other than their place of origin). Of those IDPs, 55 per cent never intend to return to their places of origin, having established new lives in their places of displacement, albeit precarious ones in most cases. In WOA Assessment Focus Group Discussions, people repeatedly expressed doubts about the likelihood of sustained peace in their home villages, regardless of any peace agreements that might be signed and noted that this was a factor in their decision not to go home. A sustained demographic shift towards urban centres will have a profound effect on needs, services and programming over the years ahead, especially for the Government, but also development donors and organisations. It is estimated that at least 6.75 million people across Afghanistan now reside in overburdened communities, where more than one in four people is an IDP or returnee.⁵⁶ Health facilities in these locations are particularly overstretched. Years of limited investment in the public health system have been exacerbated by high levels of population mobility where resource allocation does not address mobile and displaced populations. For example, in Nangarhar, among all 141 health facilities, 81 (57 per cent) are over-burdened and serving over 3.9 million host, IDPs and returnees. Moreover, there are more than 730,000 under-served Afghans in Nangarhar with no access to health services within 5 km of their

homes.⁵⁷ Population movement is placing enormous pressure on hosts through overcrowding and competition for access to limited resources and livelihoods. Many in protracted displacement are living under the constant threat of eviction because they do not have secure land tenure. Sixty per cent of IDP households displaced for more than six months reported not having secure tenure.⁵⁸

IDP families residing in informal settlements report that they earn on average 32 per cent less than other IDP households, more frequently do not have Tazkeras (national ID cards) and have children who are less likely to attend school. In the WOA Assessment, displaced households reported that they are spending 75 per cent of their total income on basic needs (food, water for drinking, and rent and shelter materials/labour), with the majority of total income, (63 per cent) being spent on food, leaving little room for other expenses. The main sources of income reported by displaced households in the 30 days prior to data collection were from unsustainable sources including unskilled labour (average of 599 AFN/\$7.58 per household member per month) and borrowing/loans (average of 546 AFN/ \$6.92 per household member per month). As such, living conditions for IDPs in displacement sites are especially harsh. Poor shelter and unhygienic WASH conditions leave people vulnerable to disease and unable to cope with Afghanistan's harsh winters. Some 95,000 households (667,450 people) were estimated to be in need of winterisation support in 2019. Communities who are hosting IDPs are also being placed under increased stress with overcrowded housing. Limited water resources are being stretched in many locations due to the arrival of displaced relatives or neighbours.

Triggers for displacement are usually complex and cumulative. The WOA assessment found that 56 per cent of IDP households reported a combination of active conflict, anticipated conflict, and natural disaster (slow or sudden onset) caused their displacement. Only 44 per cent noted that there was only a single shock factor (conflict or natural disaster) for their displacement, underscoring the complexity of needs and planning. For example, while drought distress was the immediate catalyst for many people fleeing their homes in Hirat and Badghis in 2018/19, the cumulative impact of years of conflict and poverty in people's places of origin is likely to have reduced their capacity to cope with this shock, thus making them more likely to flee. While the numbers of displaced people in the west of the country have dramatically decreased since the height of the drought, at least 84,000 people remain in displacement sites and an unknown number have been absorbed into the general urban population, mostly unwilling or unable to return to their place of origin due to conflict. The most vulnerable people among these groups require ongoing humanitarian assistance. Additionally, those who have returned to their places of origin, mainly from displacement sites in Badghis, report significant ongoing needs, particularly for agricultural inputs which they cannot afford to replenish due to severe debt.

Cross-border movement

The return of hundreds of thousands of citizens of Afghanistan from Iran, Pakistan, Turkey and Europe each year, combined with the loss of remittances which are vital to the survival of their families at home, is having a de-stabilising impact on peace, prosperity and security in Afghanistan. While return numbers are well below the 2018 peak for Iran, those returning are often suffering from health conditions and are more vulnerable with increasing needs, particularly for health and protection assistance. Of particular concern is the higher prevalence of especially vulnerable individuals among the returnees, including unaccompanied minors and single women, as well as hundreds of critical trauma cases. The humanitarian community's capacity to address these escalating needs is also gravely challenged by funding shortfalls.

Of the 430,000 returnees who came back to Afghanistan from Iran in the first 11 months of 2019, about 20 per cent were estimated to have humanitarian needs. Due to a lack of funding, partners were only able to reach six per cent of people with assistance, leaving many severe and critical humanitarian needs unaddressed, which they then carry with them into their place of return. Sometimes this burden of needs is transferred to returnees' families who are already struggling due to the loss of remittances. The sharp drop in remittances from Iran, following the depreciation in the value of the Iranian Rial by more than 300 per cent, has diminished the purchasing power of communities who have been heavily reliant on remittance payments over recent years. Alternatively, returnees sometimes become de-facto IDPs as conflict

and lost community networks prevent them from returning to their places of origin, exposing them to the risks associated with further displacement.

According to the WOA Assessment, 70 per cent of cross-border returnees reported that after they returned from Iran or Pakistan, they were not able to remain in their initial return location but were actually displaced within Afghanistan again. Where previously there was a perceived circular pattern of return to/from Iran, according to Displacement Tracking Matrix (DTM), only 12 per cent of returnees surveyed had previously migrated for more than six months, and only 11 per cent reported that they intended to migrate again.⁵⁹ This suggests that migrants are now less likely to attempt another border crossing once they have returned, due to the economic situation in Iran. Eighteen per cent of returnees cited poor living conditions and lack of livelihoods as their reason for return to Afghanistan but overall, deportation is cited as the predominant reason for return (71 per cent of returnees surveyed).⁶⁰

Deportations from Turkey and other European countries are also a new and escalating dynamic in the crisis. Forced deportations from Turkey are currently occurring by plane with many people arriving in poor health and without the financial capacity or connections to re-establish their lives back in Afghanistan. Turkey had threatened to deport up to 100,000 people back to Afghanistan in 2019 but ultimately 15,800 had been returned by the mid-November. Exact projections of the number of deportees for 2020 are not possible and are dependent on ongoing political negotiations.

Encouraged by a series of discussions with government counterparts and relevant stakeholders, UNHCR determined in early 2018 to transition the coordination of the response to more than 72,000 persons of concern in Khost and Paktika to the Government of Afghanistan as of 1 January 2020. The assumption of responsibility for this population by the Government of Afghanistan is a positive development and takes fully into account the strong social and cultural ties between the displaced people (primarily from the Waziri, Dawar, Saidgi and Masood tribes) and their host communities.

Currently, approximately 12,000 people among the population of concern reside in Gulan settlement in Khost. The others reside outside the settlement. Most of the key needs of these people (birth registration, education, livelihoods, water and sanitation, health) are common to the broader population and are beyond the ability of any individual organisation to address. The Government will require continued support from humanitarian and development actors including UNHCR.

Whether as internally displaced persons or otherwise, it is anticipated that the population of concern in Khost and Paktika will be granted improved access to legal employment and other services enabling

them to become more self-reliant. The Government has indicated its intention to register and issue legal documentation to the people in the coming months and UNHCR has assured the Government of its technical support for these efforts.

Livelihoods

The high poverty rate is being driven by conflict which constantly disrupts livelihoods, particularly when people are displaced and are no longer able to continue with their normal work. This is especially true for many rural households who have been displaced into urban areas and are no longer able to continue agricultural activities. WOA Assessment Focus Group Discussions highlighted how people had changed their employment and sources of income as a result of displacement or conflict/natural disaster. Participants explained that they previously worked as farmers on their lands or engaged in breeding livestock and were now having to work in daily manual work (e.g. construction) to support their families. Several participants also mentioned that young men facing a lack of job opportunities often feel pressured to engage in criminal activities (selling drugs, robbery, petty crime), to join security forces or armed groups, or to migrate for work to support their family.

In the Seasonal Food Security Assessment, the reasons given for households experiencing a reduction of income were: a reduction in employment opportunities (61 per cent), conflict (24 per cent), natural disasters (6 per cent), death or serious injury to the breadwinner (3 per cent), increased competition for jobs due to the presence of IDPs/returnees (2 per cent) and migration (2 per cent).

Women are largely excluded from the workforce outside the main urban centres as a result of socio-cultural norms. A recent survey⁶¹ showed that nationwide, 24 per cent of people believe women should not work outside the home – an improvement compared to past years. In rural areas, this figure jumps to 28 per cent. Most women are also not able to attain the same educational level as men, if they are allowed to attend school at all, limiting their job opportunities later in life. The 2019 WOA Assessment found that 73 per cent of displaced households had no literate woman above the age of 10. Where women do work, it tends to be through income-generating activities they can engage in inside their home or the homes of friends or relatives such as weaving carpets, selling handicrafts, working as tailors, working as household help or washing clothes. In the WOA Assessment, female-headed displaced households were more vulnerable in relation to unstable income sources, employment, and access to markets,

reducing their level of resilience. Displaced households headed by a person with disability are also less resilient in terms of livelihoods, reporting lower levels of employment of household members and a higher reliance on borrowing/loans.

Access to markets

Even after years of conflict, markets in Afghanistan remain remarkably functional, physically accessible (with the exception of disability-access) and generally able to meet demand. Even through the 2018/19 drought, research showed that there was a steady supply of wheat flour and that prices were relatively stable. Indeed, contrary to prevailing assumptions that the main factors influencing local prices in Afghanistan are conflict, increased demand, or drops in local agricultural production, in fact the biggest determinants of market prices are macro-economic factors – in particular, fluctuations between the currencies of the US, Afghanistan, Pakistan and Iran; changes in global food prices; or changes in trade agreements/border closures with Pakistan, Iran or Uzbekistan (the three neighbouring countries through which Afghanistan imports most of its staple foods). Thus it will be important to closely monitor geo-political developments in Iran, in particular, as a possible influence on food availability. This does not mean that temporary fluctuations in prices do not occur as a result of shocks (e.g., as a result of higher transportation costs as traders seek to avoid insecure routes), but that these impacts tend to be smaller and more short-lived than others, and at the national-level are dwarfed by wider trade conditions. Nor should it be assumed that the stability of prices for staple goods lessened the ongoing legacy of the drought on agriculture-dependent rural populations. Indeed, for families engaged in agriculture who have lost their entire crops, livestock and seeds and who have often gone into debt to survive, they have simply been left unable to afford the produce that is locally available.

The WOA Assessment confirms displaced people's confidence in markets and their desire to receive assistance via cash modalities, where possible. Seventy-five per cent of displaced people with self-reported needs indicated they would prefer their needs were met in cash. A similar proportion of host community households reported preferring cash for receiving assistance (77 per cent). However, access to markets for displaced female-headed households remains challenging due to their relative lack of mobility. In the WOA Assessment, a higher proportion of female-headed displaced households reported not having had access to a marketplace or grocery store in or close to their village where they could buy food and non-food items in the week prior to data collection, than male-headed displaced households.

Critical problems related to protection

Protection crisis

Decades of conflict have trapped civilians in a pervasive protection crisis where people's rights to safety, security and well-being under international law are regularly threatened. Gross violations of IHL and IHRL continue to have a huge impact on civilians, causing high-levels of casualties, psychological trauma, and displacement, and creating urgent humanitarian needs. Insecure housing, land and property rights are a key source of vulnerability for many people, particularly IDPs, returnees and women. Following decades of conflict, people in Afghanistan rate their own quality of life as being lower than any other population worldwide. When asked to rate their quality of life in 2018 on a scale where "0" represents their worst possible life and "10" their best possible life, people in Afghanistan gave an average rating of 2.7 in 2018, down from 4.2 in 2016 and the joint lowest figure Gallup has recorded in any country since it began tracking these measures in 2006.⁶²

While children are bearing a heavy burden from the conflict, young adults (under-25), who now make-up two-thirds of the population, are also showing signs of heavy stress. With the current conflict now into its 19th year, many in this group have known nothing other than a lifetime of crisis and conflict. The Asia Foundation perception survey⁶³ looked at the biggest problems facing youth in 2019. Lack of employment opportunities was by far the most cited issue (72 per cent), followed by lack of educational opportunities (39 per cent), personal/mental health issues (19 per cent), economic concerns (15 per cent), and violence/insecurity (9 per cent). A combination of unravelling security, increasing poverty, and a lack of productive employment, have all contributed to a growing loss of confidence in government – that is seemingly unable to safeguard their protection. According to a recent perception survey, almost 38 per cent of the

population would leave the country if they had the opportunity to do so, with insecurity (78 per cent) and unemployment (52 per cent) given as the top reasons.⁶⁴

Negative coping mechanisms

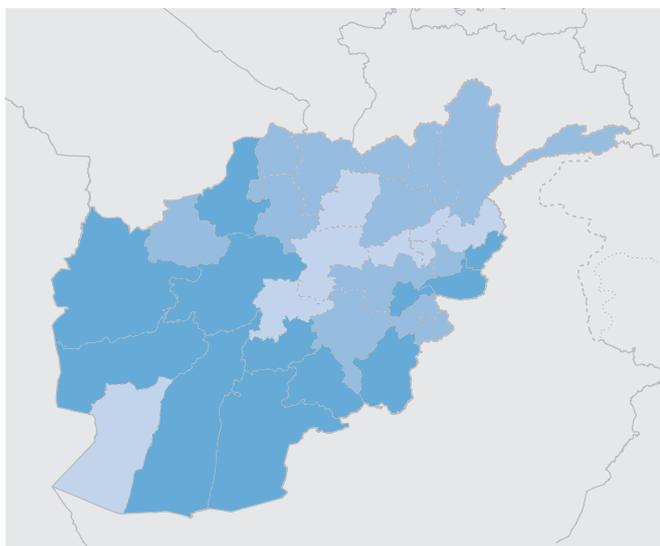
Conflict and displacement have resulted in IDPs resorting to severe negative coping mechanisms, especially among marginalised households and those headed by a woman, as people scramble to feed their families and repay debts. Households are exposed to multiple shocks. In the SFSA 2019, 63 per cent of people reported that they experienced shocks including reduced income (25 per cent), loss of employment (29 per cent), natural disaster (12 per cent) and huge increases in food prices (9 per cent). These shocks have gradually eroded rural livelihoods and pushed more than one fifth of the population to resort to negative emergency coping strategies. According to the WOA Assessment, around a third of shock-affected and displaced households (30 per cent) reported having to adopt severe or extreme negative coping strategies as a result of their struggle to meet their food needs. This proportion was higher for households in rural areas and those with high/medium debt levels. Of those displaced households that reported struggling to obtain food or meet their food needs, the most common coping mechanisms being used or already exhausted within the last 12 months were borrowing food or money for food (80 per cent), increasing daily labour (58 per cent), decreased expenditure on health, education, and other services (53 per cent) and migration to look for work (34 per cent). Displaced households headed by a person with disability were more likely to rely on negative coping strategies than other households. Forty per cent of displaced households headed by a person with disability had a severe or extreme coping (LCSI) score, compared to 28 per cent of other displaced households.

Harmful traditional practices and negative coping mechanisms such as early or forced marriages, child labour and begging, as well as lack of access to basic health, psychosocial and legal services, which are exacerbated by conflict and displacement, contribute to an already fragile situation. Women and girls are deprived of basic rights, including education and land ownership, despite being granted rights under the constitution and sharia law. Twenty-seven per cent of households in provinces with the highest proportion of their population displaced (Farah, Hilmand, Khost, Uruzgan and Zabul), reported GBV incidents in the community in the 30 days prior to assessment.⁶⁵ Similarly, the 2019 WOA Assessment shows Uruzgan to be the province with the highest proportion of displaced households reporting violence targeting women, children or boys in the 3 months prior to data collection.

Recent protection monitoring data⁶⁶ in the west has shown the dire effects of protracted displacement on vulnerable families, with many people suffering severe protection concerns and negative coping mechanisms as a result of their displacement. Many families are unable to afford basic services which has resulted in reports of the

Severity of Needs

Critical problems related to protection



Summary of Needs

Critical problems related to protection

PRIORITY PROBLEMS	MOST-AFFECTED PEOPLE
<p>Pervasive protection crisis</p> <ul style="list-style-type: none"> ■ Endangered physical safety ■ Psychological trauma and heavy stress ■ Underlying inequalities between women and men (girls and boys) ■ Wide-spread gender-based violence ■ A pervasive sense of despair and hopelessness 	<ul style="list-style-type: none"> ■ Civilians in conflict areas ■ People with eroded coping capacity due to repeated shocks ■ Women and girls ■ People with disabilities
<p>Negative coping mechanisms</p> <ul style="list-style-type: none"> ■ Unsustainable borrowing and high debt ■ Forgoing expenditures on health and education ■ Risky irregular migration ■ Early/forced marriages ■ Child labour ■ Begging 	<ul style="list-style-type: none"> ■ Vulnerable people with depleted financial reserves ■ People who cannot carry on their normal livelihoods ■ Especially large families ■ Disabled-headed and female-headed households ■ Children ■ Girls ■ Refugees ■ Returnees, especially those who have lost connection with their local support networks
<p>Landmines and other Explosive Remnants of War</p> <ul style="list-style-type: none"> ■ Landmines and other ERW related deaths, injuries and disability 	<ul style="list-style-type: none"> ■ Children ■ Men ■ IDPs, refugees and returnees unfamiliar with local risks
<p>Gender issues</p> <ul style="list-style-type: none"> ■ Restrictions on women's involvement in society ■ Limited legal documentation for women ■ Discrimination-related to socio-cultural practices ■ Weaknesses in the legal system, engrained social norms and a lack of social safety networks 	<ul style="list-style-type: none"> ■ Women ■ Girls and boys ■ Women without legal documentation
<p>Insecure land tenure</p> <ul style="list-style-type: none"> ■ Susceptibility to land-related exploitation as well as disputes ■ Exclusion of women from accessing, owning, leasing, renting and/or inheriting property 	<ul style="list-style-type: none"> ■ IDPs – both new and protracted ■ People whose land/homes have been occupied ■ Female-headed households ■ Women

selling of children to pay-off debts, child marriage and child labour. Rates of child marriage in Badghis province are 13 per cent higher than the national average, while cases of child labour, child abandonment, and child-selling have all been reported in recent months as families have resorted to negative coping mechanisms to survive severe financial hardship, including debt accumulation.⁶⁷

Landmines and other explosive remnants of war

Four decades of war have left Afghanistan riddled with landmines and other explosive hazards (new and old), exposing civilians to daily risks. Two and a half million people in Afghanistan now live within one kilometre of areas known to be polluted with explosive hazards and in need of immediate mine clearance. In 2018, approximately 120 people per month were killed or injured by landmines, ERW and/

or landmines of an improvised nature⁶⁸ in Afghanistan. These figures made Afghanistan the country with the highest number of recorded landmine and ERW casualties in 2018, as it was in 2017. Similar trends are becoming visible for 2019. A total of 1,057 explosives-related casualties have been recorded in the first 9 months of the year, 77 per cent of whom were children. Of these casualties, 897 were men and boys, whose deaths and injuries place a significant burden on women, who often have to become the head of household, while carrying out their prior duties and tending to their injured family member at the same time. Mine and ERW casualties among women and girls increased five-fold over the last five years. While explosive hazards remain a humanitarian concern right across Afghanistan, the south (Kandahar, Hilmand, Zabul, Uruzgan), south-east (Ghazni, Paktya), and east of the country (Nangarhar, Kunar) are most affected. Other

significantly impacted provinces include Faryab (north), Hirat and Farah (both west). These eleven provinces saw 70 per cent of mine and ERW casualties between 2011 and 2018, with the same trend continuing in 2019.

Gender

The Women, Peace and Security Index cites Afghanistan as the second worst place on earth to be a woman due to restrictions on women's involvement in society, outside the home. UNAMA's 2018 report *'Injustice and Impunity'*⁶⁹ notes that violence against women – including murder, beatings, mutilation, child marriage, giving away girls for dispute resolution (baad) and other harmful practices – remain widespread throughout Afghanistan, notwithstanding the Government's efforts to stop them. Miserable living conditions, drug addiction, and poor psychological health are among the most reported causes of increasing levels of family violence, in addition to pre-existing, persistent gender and social inequalities, as well as discrimination-related to socio-cultural practices. Hard data on the prevalence of Gender Based Violence (GBV) is scarce due to inherent weaknesses in the legal system, a fragile health system, engrained social norms and a lack of social safety networks, which all conspire to make reporting challenging for most victims. For many GBV survivors, reaching available services such as the police, the judiciary and healthcare requires an untenable investment of time, resources and determination to overcome socio-cultural barriers, especially for women who are displaced. The consequences of GBV can be fatal (homicide, suicide, self-immolation); or non-fatal (chronic pain, traumatic injury, or traumatic obstetric fistula).

Family separation has a huge impact on the lives of women. Men often leave their families to seek livelihoods opportunities in urban areas, in addition to undertaking irregular migration to Iran, which is exposing them to potential violence, detention and deportation. Women are left as single-headed households (eight per cent of all shock-affected households), and their families often struggle to access basic services.⁷⁰ The high numbers of men killed in combat or as a result of violence over many decades have disrupted traditional family units, forcing women, the elderly and sometimes children to take on the role of leader and breadwinner in their households. The lack of legal documentation for women adds another layer of vulnerability. In the WOA Assessment, the percentage female-headed households reporting no members owning a Tazkera (18 per cent) was double that of male-headed households (9 per cent).

Lack of access to appropriate services is a major driver of disadvantage and need for women. For almost a quarter (23 per cent) of female-headed displaced households who reported not having had access to a health facility in the last three months, the reason was a lack of insufficient female medical staff or staff refusing treatment without an explanation.⁷¹

Insecure land tenure

Decades of armed conflict, and internal displacement, lack of job opportunities, denial of access to basic services, coupled with insecurity and drought causing destruction of agricultural lands and livestock, homes and other property in Afghanistan have increased vulnerabilities and HLP related protection risks among IDPs, returnees, refugees and host communities. Disputes over land pose immediate protection and early recovery challenges in humanitarian operations. Without access to land, homes and property, people are often deprived of their main source of physical and socio-economic security. The scarcity of arable land in Afghanistan renders it extremely valuable and essential for economic and political reasons. Ownership of such land is crucial for the empowerment of women, but social and cultural traditions often mean that women are precluded from accessing such land. Discriminatory laws and practices frequently prevent women and girls from owning, leasing, renting and/or inheriting property. For many Afghan women, security of tenure is only achieved through their relationship with men – their fathers, husbands, brothers or sons. Inheritance and dowry (mahr) represent two of the main opportunities for women to acquire ownership of land and housing and achieve security of tenure. At the end of their relationships with men (through either death or divorce) women become vulnerable to losing their possessions and security against the competing interests of dominant family members.

IDPs are increasingly exposed to weak tenure and forced evictions. People who are forcibly displaced need to find somewhere to live and may be prevented from returning to their homes, even after the conflict is over. More than half (52 per cent) of IDP households in the 2019 WoA Assessment noted that they live in their current shelter without any written documentation. A lack of clarity on the extent of respective rights and responsibilities of landowners, beneficiaries and other stakeholders, greatly contributes to the success or failure of emergency shelter responses and limits provision of transitional shelter. There are gaps in land mapping that add to this confusion, even between different layers of government.

Critical problems related to resilience and recovery

Coping capacity

Conflict, repeated displacement, poverty, indebtedness, continual worry and feelings of insecurity, and the wide-ranging consequences of under-investment in services, have resulted in a population that is understandably focused on daily survival. Not all recovery needs are humanitarian in nature but it is true that without peace and substantial support, the population will find it difficult to move from an acute

emergency outlook, to one that is focused on recovery and rebuilding. Humanitarians have a role to play in addressing this need, kick-starting recovery and bridging people to more sustainable development assistance, particularly preventing people who are already in humanitarian need from slipping backwards into a worse situation.

Debt

With more than 80 per cent of the population living in extreme poverty, it is not surprising that rates of indebtedness are climbing, giving affected people little hope of pulling themselves into recovery. This is especially true for displaced households. Seventy-one per cent of all displaced households report that they have some level of debt. Thirty per cent of displaced households owe 50,000 AFN/\$633 or more. The primary reason behind taking on debt for displaced households was to buy food (36 per cent), with 20 per cent of IDP households reporting that their main source of food in the past week was borrowing on credit. After food, the cost of accessing healthcare was the second most common reason for shock-affected households to take on any debt and the most common reason for households to end-up with severe levels of debt (>50,000 AFN).

WOA Assessment Focus Group Discussion participants discussed borrowing money or taking loans from relatives, family members, neighbours or banks to help them cope with conflict and displacement. Some participants noted that they have to pay their debts back with unsustainable interest rates due to a high demand in the community for borrowed money, pushing people further into poverty. The debt situation is extreme among returnees in Badghis according to both the WOA Assessment and DTM monitoring. DTM⁷² estimates it will take the average returnee from Badghis 16 years to repay their drought-debts, dramatically reducing their chances of independent recovery and increasing their need for livelihoods support.

The WOA Assessment highlighted a potential link between debt and stress. Findings showed that displaced households with least one member experiencing mental health concerns/behaviour changes were more likely to report being in debt (81 per cent), compared to those without (65 per cent). The relationship between psychological issues and debt/resilience was also found in the 2018 PACAP assessment, which found that people with mental health issues took much longer to pay back loans. The causality of this relationship is not clear, i.e. it is not known if the mental health issues are the cause of the inability to find work and therefore debt, or whether the stress of debt is generating the mental health issues. Regardless, the two issues seem integrally linked.

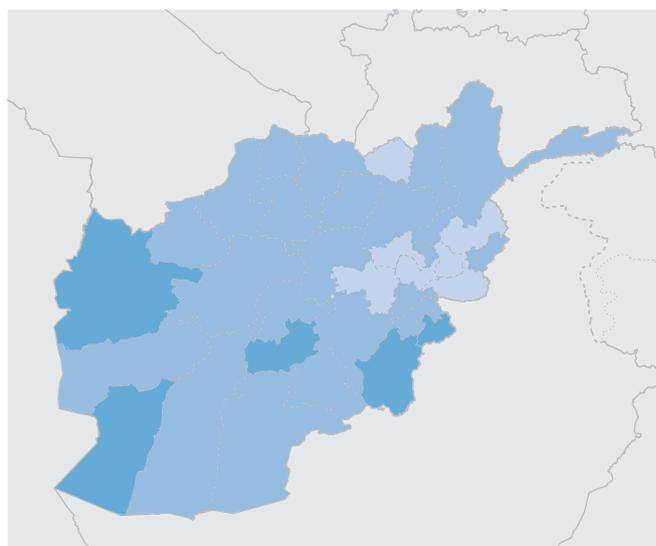
Furthermore, the 2019 WOA Assessment highlighted the higher debt burden endured by families headed by someone with a disability. Eighty-three per cent of households headed by a person with disability are in debt compared to 69 per cent of other households, leaving them mainly reliant on borrowing/loans for their survival. More than a quarter of displaced households headed by a person with disability reported that borrowing food on credit was their primary source of food in the week prior to the survey, compared with 18 per cent for other households.

Durable solutions

While emergency support is vital to safeguard the lives and protection of IDPs and returnees, ultimately, they require longer-term assistance to facilitate return or local reintegration, providing a pathway to recovery. This is especially true given that 92 per cent of current IDPs indicate they do not intend to return in the next six months, while

Severity of Needs

Critical problems related to resilience and recovery



the majority of those say they never intend to return to their place of origin. The lack of durable solutions for the estimated four million IDPs⁷³ displaced since 2012 and still living in some form of protracted displacement across Afghanistan remains a key barrier to recovery. The WOA Assessment results show that the worst-off households are those displaced between 6-24 months. These households a) have the highest debt load b) are most often reliant on negative coping strategies, and c) are more likely to face multiple unmet sectoral needs. IDPs eventually find alternate ways to cope and address some of their needs after two years, but on average they are never able to fight their way back to the debt and coping level they had during their first six months of displacement.

Despite being displaced for more than a year in many cases, 84,000 IDPs in the west are facing their second winter in tents, mainly as a result of several overlapping issues related to conflict and insecure land tenure. A lack of clarity on the rights and responsibilities of landowners and IDPs has resulted in ongoing needs for emergency assistance and continues to limit the provision of transitional shelter and the establishment of sustainable water systems. Most IDPs are living either on private land or government land on which they do not have permission to build transitional shelter; with limited access to water until the drilling of boreholes was recently completed. They are also exposed to demands from private land holders for compensation. There is a lack of clarity over procedures for negotiating land access and a strong government desire to avoid assistance becoming a 'pull factor' into major centres. The chances of recovery are greatly inhibited by the absence of a clear pathway for the IDPs to access development programming (e.g. livelihoods support) and integrate into local communities. In Hirat, efforts to relocate a small number of IDPs into available rental accommodation in 2019 were met with some push-back from the local community and had limited impact.

The resilience of displaced people is threatened by the insecurity of their land tenure. The lack of land deprives people of a sense of stability and physical security, but it also inhibits humanitarian and development organisations from providing more durable solutions, when the longevity of these more expensive longer-term initiatives cannot be guaranteed. Where government land is provided for IDPs, authorities are often reluctant to allow more transitional shelter and permanent infrastructure to be built in displacement sites because they want to encourage returns. The lack of an updated national ‘cadastral’ map of land ownership creates confusion between the differing ministries involved in managing land title and land-use permits at the national and provincial levels.

Rental market options have been explored to try and alleviate IDP shelter needs particularly in urban areas. However, to date these have

remained small-scale due to difficulties in finding willing landlords and available properties. Acceptance by host communities is also a concern. Currently available data strongly suggests that the housing market is not effective at the national level – characterised by weak relationships between the concerned parties; poor service support; a weak enabling environment (including a lack of rules and norms to regulate the market); a lack of incentives to increase housing stock and an associated slow increase in supply; a focus from suppliers on building new units that are unaffordable for the vast majority of the population and are concentrated in urban centres; as well as unpredictable demand (due to uncertain returnee influxes and changes in the duration and pattern of internal displacement).

Summary of Needs

Critical problems related to resilience and recovery

PRIORITY PROBLEMS	MOST-AFFECTED PEOPLE
<p>Coping capacity</p> <ul style="list-style-type: none"> ■ Deteriorated humanitarian needs due to cumulative impact of conflict, repeated displacement, poverty, indebtedness, natural disaster and under-investment in services 	<ul style="list-style-type: none"> ■ People have endured multiple displacements ■ People with specific needs – the disabled, people with mental illness, female-headed households ■ Agricultural families impacted by the drought ■ People with high debt and limited livelihoods ■ People affected by repeated natural disasters ■ Returnees, especially those with broken family/community links ■ Refugees without the capacity to work ■ People living in informal settlements ■ People with depleted financial and emotional reserves
<p>Debt</p> <ul style="list-style-type: none"> ■ Financial stress ■ Higher burden endured by families headed by someone with a disability 	<ul style="list-style-type: none"> ■ Female-headed households ■ People with disabilities ■ IDPs ■ IDP returnees – especially in the west ■ Agricultural families, still recovering from the drought and/or flooding ■ Especially large families
<p>Lack of transitional and durable solutions</p> <ul style="list-style-type: none"> ■ Protracted displacement ■ Reduction in past coping capacities ■ Reduced rental market options ■ Diminished acceptance by host communities ■ Insecure land tenure deters investment in durable solutions 	<ul style="list-style-type: none"> ■ IDPs – new and protracted ■ Female, disabled and elderly-headed households ■ People living with insecure land tenure

MAZAR-E-SHARIF, NORTHERN AFGHANISTAN

Mah Gul is cuddling her grandchild Saleema, a 3 days old baby, in the Mazar-e-Sharif Hospital, in the north of Afghanistan.

Photo: UNICEF/UN0339443/Frank Dejo



1.5

People in Need

People in need 2020

A mid-term review of the four-year HRP concluded that the scope of humanitarian analysis and action during the past two years in Afghanistan was too restrictive and inadequate for addressing the current trajectory of needs. With the current conflict entering into its 19th year, people's capacity to cope with constant shocks has been eroded, pushing them into need faster and making them vulnerable for longer. This, combined with the impacts of the devastating 2018/19 drought, drove the Humanitarian Country Team to re-think the parameters for action in 2020 and 2021. The result has been an extension in the scope of humanitarian action, in keeping with international applications, to better address the nature and extent of needs in 2020 and beyond. The revised definition prioritises three main groups of people in need – shock-affected people in need of emergency assistance (including new IDPs, cross-border returnees,

natural disaster affected people), vulnerable people with ongoing requirements for support (including protracted IDPs, refugees in Afghanistan, people with specific needs such as people with disability, the elderly, female-headed households) and people who require resilience and recovery assistance to prevent them slipping into worse humanitarian need.

This has resulted in a higher, but more representative PiN figure of 9.38m for 2020. This is against a PiN of 6.3 million people in 2019 and an original projection of 4.29 million in 2020. For 2020, upward adjustments have been made across every sector with Protection needs showing the largest change (2.4 million in 2019, 7 million in 2020), based on current assessments of risk to civilians on the ground and the cumulative impact of war. Based on results from the recent WOA Assessment, the Emergency Shelter and NFI Cluster has also attempted to better reflect the full scale of shelter needs in the country

People in need by region

Millions/thousands of people

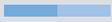
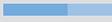
REGION	TOTAL POPULATION	PEOPLE IN NEED 2020	OF WHICH: EXTREME / SEVERE	PIN VARIATION WITH 2019 (%)	PEOPLE IN NEED 2021
Capital	7.98 M	1.07 M	- 0.24 M	180% ^	0.99 M
Central Highland	1.25 M	0.56 M	- 0.47 M	38% ^	0.53 M
Eastern	4.82 M	1.18 M	- 1.18 M	54% ^	1.14 M
North Eastern	4.97 M	1.56 M	- 1.56 M	76% ^	1.51 M
Northern	4.91 M	1.08 M	0.45 M 0.56 M	47% ^	1.06 M
South Eastern	3.51 M	0.68 M	- 0.68 M	31% ^	0.63 M
Southern	4.78 M	1.34 M	0.73 M 0.62 M	50% ^	1.22 M
Western	5.42 M	2.06 M	1.2 M 0.85 M	13% ^	1.93 M
Total	37.63 M	9.38 M	2.38 M 6.17 M	49% ^	9.00 M

(3.7 million in 2020, up from 1 million in 2019) and the correlation between this housing situation and the annual need for hundreds of thousands of people to receive support so that they can survive the harsh winter. Food security and agriculture needs have also increased substantially (4.9m in 2019, 8.2m in 2020) due to a combination of factors, including the lingering impact of the drought, the wider definition of vulnerability and a better understanding of needs in urban areas. Education in Emergencies partners have more than tripled the number of children estimated to be in need from 0.5 million people in 2019 to 1.73 million in 2020, now including vulnerable out of school children in the scope of their analysis. WASH partners have more than doubled their estimate of people in need of support from 2.1 million in 2019 to 4.9 million in 2020, better reflecting the scale of WASH service deficiencies and their impacts on public health, as well as needs for more resilient WASH infrastructure. Health has doubled its estimate of needs, up from 1.9 million in 2019 to 3.7 million in 2020 in an effort

to more appropriately reflect service gaps and challenges for affected people in accessing assistance.

Evolution of needs - 2021

Looking forward to 2021, the final year of the current multi-year HRP, clusters have projected a similar figure for people in need, based on a continuation of the current security scenario. Overall the PiN figure will decrease slightly to 9 million in 2021, down from 9.38 in 2020. This compares to an original projection of 3.66 million people for 2021 when the HNO was last published. Most sectors have predicted a slight reduction in need, particularly as the country recovers more from the 2018-19 drought and due to a modest positive impact from much-needed resilience and recovery activities supporting people to break their dependence on humanitarian assistance. Health is the only exception to this, predicting a slight increase in needs for 2021.

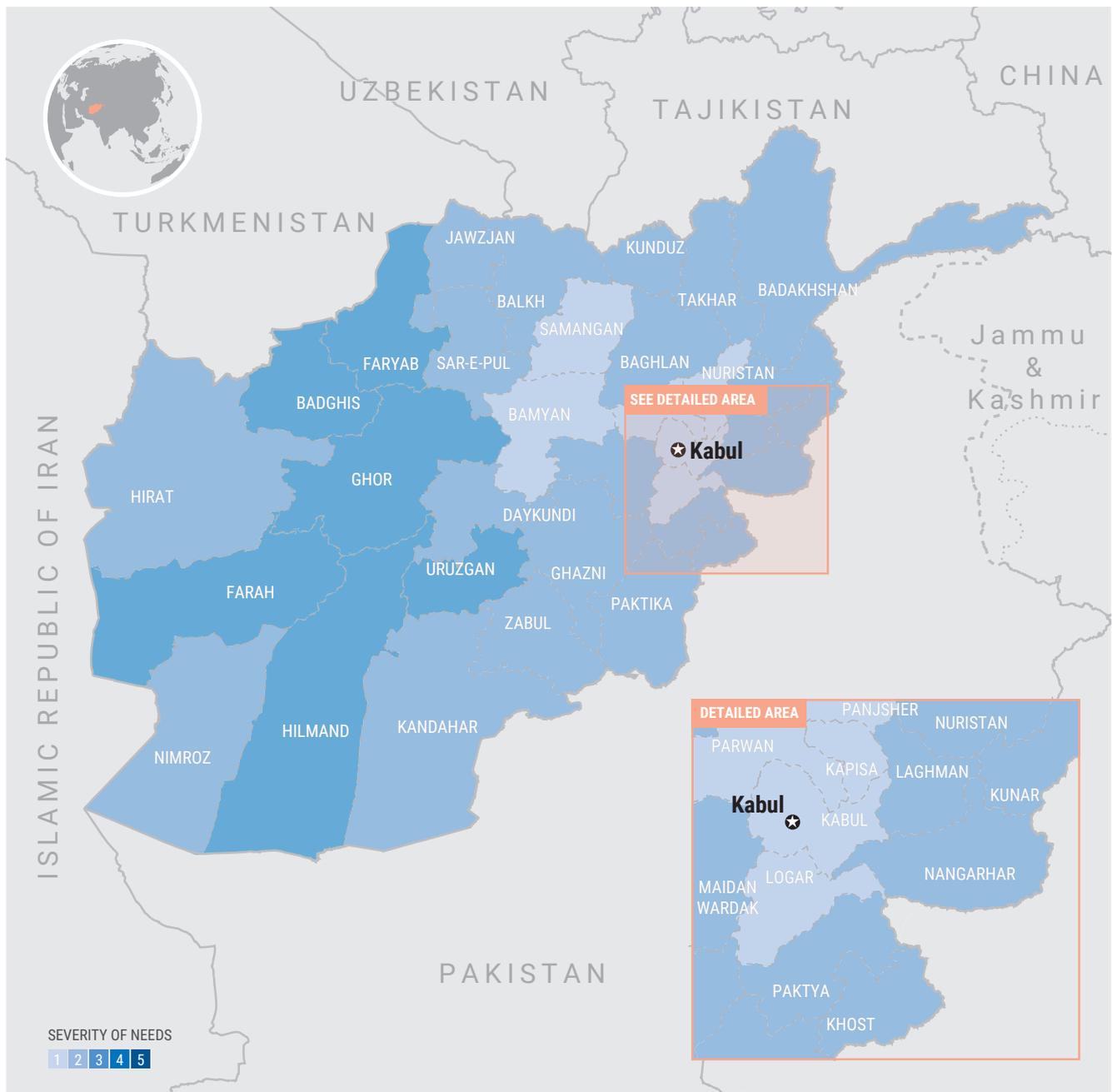
BY GENDER (%) WOMEN / MEN	BY AGE (%) CHILDREN / ADULTS / ELDERERS	WITH DISABILITY	IDPS	RETURNEES	SHOCK- AFFECTED	VUL. PEOPLE	REFUGEES
50 / 50 	62 / 35 / 3 	118 k	25 k	59 k	50 k	938 k	0.4 k
50 / 50 	54 / 42 / 3 	61 k	5 k	3 k	3 k	546 k	-
50 / 50 	56 / 42 / 2 	130 k	115 k	68 k	106 k	889 k	-
50 / 50 	56 / 41 / 3 	172 k	128 k	47 k	88 k	1.30M	-
50 / 50 	56 / 41 / 3 	119 k	105 k	30 k	127 k	821 k	-
50 / 50 	58 / 40 / 2 	75 k	39 k	10 k	50 k	508 k	72 k
51 / 49 	55 / 44 / 1 	148 k	31 k	118 k	136 k	1.06M	-
51 / 49 	54 / 43 / 3 	226 k	52 k	75 k	115 k	1.81M	-
50 / 50 	56 / 41 / 3 	1.03 M	500 k	255 k	675 k	7.87M	72.4 k

1.6

Severity of Needs



Intersectoral severity of needs



The designations employed and the presentation of material in the report 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.

1.7

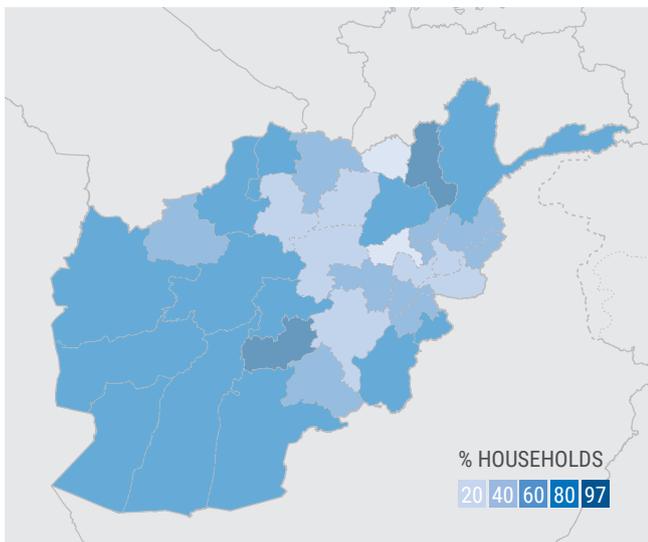
Inter-Sectoral Analysis

An inter-sectoral analysis of needs in Afghanistan reveals a clear pattern of overlapping sectoral requirements, which is intensified by conflict, displacement (frequency and duration) and vulnerability factors. This nationwide spread of simultaneous and complex needs sends a strong message about the corresponding need for integrated responses which address affected people's needs more holistically and efficiently from multiple angles, rather than through siloed, cluster-based activities.

Geographical distribution of needs

A high proportion of shock-affected households⁷⁴ in Afghanistan are facing multiple humanitarian needs simultaneously, severely undermining their capacity to cope. In the WOA Assessment, 62 per cent of shock-affected households nationally were found to have concurrent sectoral needs in two or more sectors.⁷⁵ Inter-sectoral needs were prevalent across all geographical areas suggesting a necessity for a stronger focus on integrated response across the country. However, there were some provinces in which it was particularly common for shock-affected households to face a multitude of needs at the same time, including Uruzgan in the south and Takhar in the north-east. Both provinces have been heavily affected by conflict and displacement, overloading existing basic services and limiting the humanitarian space for a comprehensive response.

% of shock-affected households with two or more sectoral needs



Shock-affected households in rural areas were significantly more likely to face at least two simultaneous sectoral needs (71 per cent) compared to households living in urban areas (55 per cent). This may reflect that humanitarian assistance is more effectively reaching households or addressing their needs in urban areas. Alternatively, it may evidence the fact that households living in rural areas are struggling more because they generally had lower access to basic services such as improved sources of drinking water.

Complexity of needs

A high proportion of multi-sectoral needs were found amongst households across all population groups, with IDP, cross-border returnee, and non-displaced, shock-affected households reporting a similar prevalence of multiple unmet needs. However, the particular combination of sectoral overlap differed according to each population group.

The two sectoral needs that most commonly overlapped for IDP households in Afghanistan were food security and WASH, closely followed by health and WASH. For cross-border returnees, the most common combination of needs was Protection and WASH, again followed by Health and WASH. For non-displaced, shock-affected households, the sectors that most commonly overlapped were Protection and Health. This combination was significantly more prevalent than any other sectoral combination, reflecting the long-lasting burden of protracted conflict on the safety and health of the civilian population in Afghanistan. The next most frequent combination of needs for non-displaced, shock-affected households were Food Security and Protection, followed closely by Health and WASH.

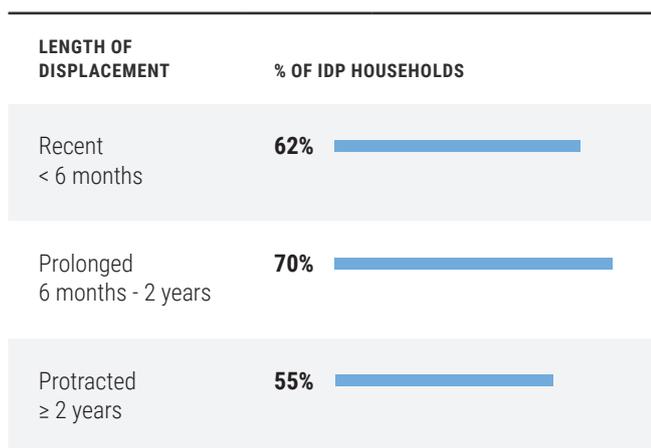
Despite the differences in combinations of need for population groups, it is important to note that all sectors strongly overlapped with other sectors in terms of needs, with no single sector manifesting as an isolated concern. For instance, over a third of displaced households with sectoral needs in Education were also found to have needs in Food Security and similarly, in WASH.

Duration of displacement

The complexity of needs was also impacted by the experience of prolonged displacement for IDP households, with significant discrepancies relative to the duration of displacement: prolonged IDP households (6 months - < 2 years) were most likely to have two or more sectoral needs (70 per cent) followed by recent IDP households (< 6 months) (62 per cent) and, finally, protracted households (≥

2 years) (55 per cent). This suggests that multi-sectoral needs tend to increase after the first six months of displacement, as the initial response of the humanitarian community phases out. The evidence suggests that only after more than two years of their latest displacement, do households start having the capacity to address some of their sectoral needs. This demonstrates the potential effect of prolonged displacement in compounding sectoral needs, as well as reducing the resilience of IDP households. It also demonstrates the need for a humanitarian response which phases vulnerable people out of assistance more gradually, supporting people as they rebuild coping capacities. Furthermore, the types of multi-sectoral needs changed over time, as recent IDP households were most likely to have a combination of Health needs with other sectoral needs, namely Food Security and WASH, while the most common combination for households displaced more than 6 months was Food Security and WASH, with ESNFI replacing health needs in the second most common combination with WASH.

% IDP households found to have two or more sectoral needs, by length of displacement



Source: WoA Assessment, 2019

Vulnerable groups

Vulnerable shock-affected households were more likely to experience inter-sectoral needs compared to other households. Gender was a key element that increased the vulnerability of households, with 72 per cent of female-headed households simultaneously having at least two sectoral needs, compared to 62 per cent of male-headed households. Households including people with physical disabilities or people with indications of mental health concerns were also more likely to have multiple sectoral needs: 69 per cent of households headed by a person with physical disability⁷⁷ had two or more needs, compared to 61 per cent of other households. Meanwhile, 75 per cent of households with at least one person experiencing signs of mental health challenges⁷⁸ reported two or more sectoral needs, compared to 55 per cent of other households. While there is no clear causal direction for the mental health correlation, it may indicate that the presence of sectoral needs could worsen the impact of shock on mental health and hinder recovery.

A key vulnerability criterion that was most likely to result in households experiencing complex sectoral needs was ownership of legal identification, showing the association between a lack of legal documentation and restricted access to basic services. Seventy-seven per cent of households in which no members reported owning a Tazkera had two or more sectoral needs, compared to 61 per cent of other households. Finally, household debt was also found to be strongly correlated to vulnerability in terms of sectoral needs, with the proportion of households with multiple sectoral needs increasing as the level of debt increased. Seventy-two per cent of households with a high level of debt (> 200,000 AFN) had two or more sectoral needs compared to 56 per cent of households with no debt.

Part 2

Risk Analysis and Monitoring of Situation and Needs

BADGHIS, WESTERN AFGHANISTAN

January 2019. IDP site in Badghis. Photo: OCHA



2.1 Risk Analysis

This section outlines potential threats to the planning assumptions relied on for this Humanitarian Needs Overview and subsequently the Humanitarian Response Plan. If any of these alternative scenarios occur, the humanitarian community would need to re-evaluate its planning and adjust figures accordingly.

Security and the political environment

Afghanistan is experiencing a period of increased political and security volatility and it remains difficult to predict how the situation will unfold. While there was unanimous agreement that the most likely scenario is continuation of the status quo, with perhaps a slight deterioration in conditions, this scenario is by no means certain. It is also possible that the situation could deteriorate significantly due to a range of factors, including reaction to the 2019 presidential election results, once announced, and the draw-down of international military forces. To ensure operational preparedness for any deterioration in the security situation and significant new displacement, the inter-cluster coordination team (ICCT) is producing a quarterly stock pipeline tracking snapshot, to provide early warning of looming pipeline breaks and to support donor advocacy so that needs can be met.

On the other hand, there are also some tentative signs that talks between the United States and the Taliban could be gaining renewed momentum after their interruption in September 2019. An agreement has the potential to reduce hostilities, as well as deepen humanitarian access to hard-to-reach areas with known need, if successful. In this event, there would likely be a substantial additional demand for humanitarian action and funding to respond in new locations, including activities which bridge people to development assistance. In preparation

for such an eventuality, the humanitarian community developed an integrated a 90-day plan in 2019 identifying priority areas for response where access has previously been limited and where there are willing responders and likely needs. This is part of the HRP and will be updated in 2020 to ensure changes in need, access and response are reflected.

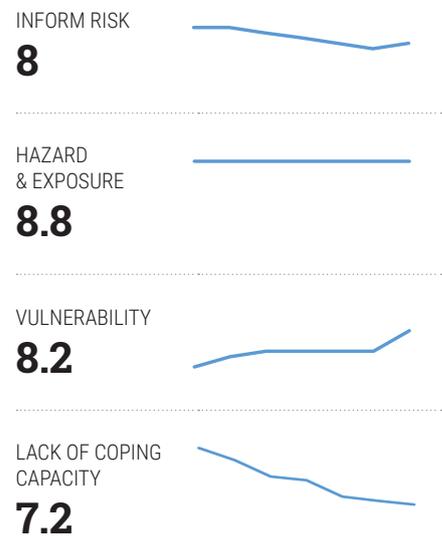
It is anticipated that significant negotiations would still be required to ensure any high-level agreement translates into deeper access at the field level. In the event of peace talks, it is possible that spoilers may restrict humanitarian access to people in need, as well as beneficiaries' access to services. The Islamic State of Khorasan and other NSAGs would not be covered by a peace agreement between the US and the Taliban and it is expected that civilian casualties and needs would continue to be high in areas affected by intra-NSAG fighting. Increased displacement in the east, as a result of this fighting, would require humanitarians to navigate significant additional access and funding challenges. Peace itself, i.e., an intra-Afghan agreement, is likely to take much longer to finalise, although tentative steps have begun to explore such discussions. If realised, the potential gains are enormous for a country so fatigued by war and mired in humanitarian need.

Cross-border and IDP movements

Regional geo-political developments will play a major role in determining the humanitarian situation facing Afghanistan over the year ahead, with sanctions against Iran already causing enormous economic stress for Afghanistan citizens working in Iran and to their families at home who are reliant on remittance payments. The World Bank notes that remittances to Afghanistan may account for as much as 18 per cent of the nation's entire GDP. A further deterioration

in the economic, political or security situation in Iran could prompt additional, sudden returns to Afghanistan from Iran and further reduce a vital source of income for struggling families. Many of those returning from Iran come back to communities devastated by conflict, climate change and chronic under-development in rural areas. Given that the health and protection needs of those returning are also escalating and the humanitarian community's capacity to respond to those needs is currently limited by a lack of funding, a significant additional injection will be required from donors to meet needs in the case of additional cross-border influxes. Due consideration should also be given to financing for preparedness actions

INFORM Index



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so that if and when returns occur staffing and supplies are ready and in place and unnecessary delays for people in urgent need are mitigated.

With regard to returns from Pakistan, these have remained low in 2018/19 and are only likely to significantly increase if the protection environment for Afghanistan citizens changes, as it did in 2016. In the longer term, should peace negotiations between the Taliban and the US Government bear fruit and an eventual intra-Afghan dialogue conclude in some form of lasting peace or cessation of hostilities, it is likely that Afghanistan citizens in neighbouring countries would watch the situation closely before taking any decision to return home permanently, given their past experiences with war and peace, and the fact that many are relatively well integrated in their country of asylum.

IDP returns from current places of displacement inside the country would similarly depend on levels of confidence in any peace deal, as well as agricultural cycles. However, mass returns are considered unlikely based on data from the WOA Assessment. More than 90 per cent of current IDPs indicate they do not intend to return in the next six months, and half of those say they never intend to return, no matter what improvements occur in their places of origin or what services are provided.⁷⁹ This means that there will be a substantial needy group of protracted IDPs remaining in displacement sites regardless of any peace agreement.

Disaster

In terms of disaster risk, Afghanistan has an INFORM Risk Index of 7.9 which is the fifth highest risk country out of the 191 profiled. Afghanistan is highly prone to natural hazards, whose frequency and intensity are exacerbated by the effects of climate change, increasing humanitarian needs. While conflict remains the main driver of displacement, climate also contributes to, and triggers, humanitarian need and population movements.

While the 2018/2019 drought has now passed, its impacts are still being felt with 14.28 million people considered to be in IPC 3 and 4 food insecurity (based on 2020 Flowminder population projections), 8.2 million of whom are estimated to be in humanitarian need because of the scale of their insecurity and their use of negative coping practices. The drought has contributed to an overall trend of shrinking availability of arable land. Only two million out of Afghanistan's eight million hectares of arable land is irrigated, leaving farmers especially vulnerable to low rainfall in times of drought.⁸⁰ As a direct consequence of the drought, irrigated land reduced by almost 12 per cent and rain-fed land reduced by almost 18 per cent from 2017 to 2018.⁸¹ The scarcity of arable land in Afghanistan renders it extremely valuable for economic and political reasons and a driver of recovery needs. Additionally, due to recurring drought, below average precipitation, water mismanagement, and increased consumption, the groundwater level in Kabul is estimated to have decreased by 20 metres over the last few years.⁸² This is a potential source of community tension over the years ahead given the growth of the city's informal settlements.

While people are affected by seasonal disaster (floods, landslide, heavy snow) at a fairly consistent rate every year, 2019 proved that even small changes in the pattern of these regular weather events can take people by surprise. In 2019, Afghanistan had an unusually high number of people affected by flooding compared to the previous year, as the drought broke. The pattern of flooding was atypical with early season floods affecting locations where flooding is less common (e.g. Kandahar). This created unexpected needs, put pressure on contingency stocks and required supplies to be relocated. Tracking of stock pipelines has improved in the past six months and would assist in better response to people in need moving forward, but this must be matched with commensurate advocacy and funding to ensure pipeline breaks are avoided and needs can be addressed. After several years dominated by extreme weather due to drought and El Nino weather patterns, average rainfall is predicted for 2020 and flood patterns are expected to return to normal.⁸³ To support natural disaster preparedness, a series of emergency response plans are prepared at the regional level including tracking of local stocks of essential supplies. At the national level, the ICCT is committed to producing up to date and issue-specific emergency contingency plans as needed, in addition to its pipeline tracking.

Given the ever-present risk of earthquakes in the most populated zone of the country, an initial earthquake contingency plan⁸⁴ has been produced by the ICCT with support from the OCHA Regional Office for Asia and the Pacific. While more work is needed on this in terms of cluster-specific details, it paints a sobering picture of the humanitarian impact a large earthquake could have, particularly on Kabul. An earthquake in or near a major city would threaten lives, generate significant humanitarian need, cause widespread destruction of infrastructure, interrupt access to basic services and create logistical challenges. It would be likely to limit the humanitarian community's capacity to continue existing programming, with resources diverted to the earthquake emergency, at least in the short term. In the planning scenario, a magnitude 7.6 earthquake impacts Kabul and 14 other provinces, resulting in some 4,400 deaths, with 7 million people affected and 2.9 million people being pushed into humanitarian need. Needs may be higher in the event that the earthquake strikes in the cold winter months, increasing the urgency of action on shelter. It is expected that such an earthquake would cause extensive infrastructure damage in Kabul, as well as in Jalalabad. Significant damage and destruction of houses would result in large numbers of people being displaced. It is highly probable that a sizeable earthquake would cause multiple landslides that would result in significant loss of human life. As well as damage to poorly constructed housing, hospitals and other health facilities, schools and government buildings damage can be expected to other infrastructure, including roads, bridges and water systems. Landslides would also compound access challenges by blocking transport routes to affected communities, including the main access road between Kabul and Jalalabad.

2.2 Timeline of Events January - December 2019



JANUARY 2019

Emergency Shelter

AHF partners distributed up to 15,000 tents to displaced households in Hirat and Badghis.



FEBRUARY 2019

Early Flooding Begins

More than 250,000 people affected by severe early spring flooding across 31 provinces.



MARCH 2019

Displacement in the East

More than 25,000 civilians displaced due to intra-NSAG clashes in Chapa Dara district in Kunar province.



APRIL 2019

Peer-2-Peer Mission

P-2-P mission to Afghanistan to review and support strengthening of humanitarian operations.



APRIL 2019

Polio Ban

The Taliban ban polio immunisation activities of the World Health Organization in areas they control.



MAY 2019

IDP SOPs

New IDP SOPs signed confirming the petition system is no longer the primary entry point for IDPs to receive humanitarian assistance.



JUNE 2019

Drought Response

2018/19 drought response winds down after reaching 5.2 million people with assistance.



JULY 2019

Record Civilian Casualties

July sees the highest monthly number of civilian casualties recorded since 2009, when counting began.



JUNE - SEPTEMBER 2019

North-Eastern Displacement

More than 130,000 people displaced in north-eastern Afghanistan due to fighting between the Taliban and Government forces.



SEPTEMBER 2019

Food Insecurity

IPC analysis finds 33 per cent of the population is currently facing severe acute food insecurity.



SEPTEMBER 2019

Presidential Election

Voting held on 28 September with low turn-out and more than 100 security incidents causing 277 casualties on polling day.



SEPTEMBER 2019

Ban Lifted

On 25 September, the Taliban announces that it would lift its ban on WHO activities in areas under its control but house-to-house vaccinations remain stalled.



MAZAR-E-SHARIF, NORTHERN AFGHANISTAN

Children play at Nahr-e-Shahi village outside of Mazar City where hundreds of families have settled after fleeing from conflict-affected areas of Faryab and Balkh. As the conflict is still ongoing, they have not been able to return home. Photo: OCHA/Charlotte Cans

2.3 Monitoring of Situation and Needs

In addition to the annual multi-sector needs assessment (WOA Assessment), the SFSA, the IPC Analysis, the Protection Assessment of Conflict Affected Populations (PACAP) and other regular sectoral assessments, Clusters have committed to monitoring a series of both cross-cutting and sectoral needs indicators throughout 2020 – please see table below for cross-cutting indicators and individual cluster pages for sectoral indicators.

These indicators will be reviewed at the mid-year point to allow Clusters to analyse trends and emerging needs, and then consider if any course corrections are required. A narrative update on needs trends will be included as an annex to the mid-year HRP monitoring report. Where possible, this will include updated quantitative data,

however this may not be available in all categories as the WOA Assessment is only conducted once a year, in the third quarter, and this is the main data source for many Clusters. Other proxy sources will be sought but direct numerical comparisons may not be possible. Where this is the case narrative observations will be included in the mid-year publication to provide a guide to the current trajectory of needs in each category.

Humanitarian partners will also continue to monitor displacement, cross-border movement and disaster impact data throughout the year to guide preparedness and response. OCHA publishes a series of interactive dashboards that provide nearly real-time data for partners on these trends.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	# of civilian casualties	8,239 (2,563 killed, 5,676 injured)	UNAMA HR/POC Report, Sep 2019
02	# of attacks on schools and health facilities	381 attacks on health facilities, 396 schools closed	Education & Health Cluster Data, Sep 2019
03	# of people newly displaced by shocks (conflict + disaster) - 2019, 2020 projected,	399,000 people	OCHA DTS, Nov 2019
04	# of people newly affected by shocks (conflict + disaster)	73,000 trauma cases, 296,000 affected by natural disasters	Health cluster, Sep 2019, OCHA NDTS, Nov 2019
05	% of shock-affected people aware of and able to access feedback or complaints mechanisms	7%	WoA Assessment, 2019
06	% of the population living in poverty (less than \$1.25 per day)	80%	World Bank, 2019
07	% of the population living in areas highly affected by conflict	29%	HTR Districts Analysis, Jun 2019
08	% of people who believe women should not be allowed to work (outside the home) - Rural vs urban	Urban: 14.7% Rural: 27.2%	Asia Foundation, 2019
09	% of people reporting negative behaviour changes as a result of conflict (mental health/trauma)	26%	WoA Assessment, 2019
10	% of displaced people without a Tazkera (identity document)	64%	WoA Assessment, 2019
11	% of people saying they fear for their safety or that of their family always, often or sometimes	74.5%	Asia Foundation, 2019

Part 3

Sectoral Analysis

JALALABAD, EASTERN AFGHANISTAN

November 2019. At an NGO office, IDPs receive cash assistance to help them get through the winter in Jalalabad city. Photo: OCHA



3.1 Education in Emergencies

PEOPLE IN NEED

1.73M

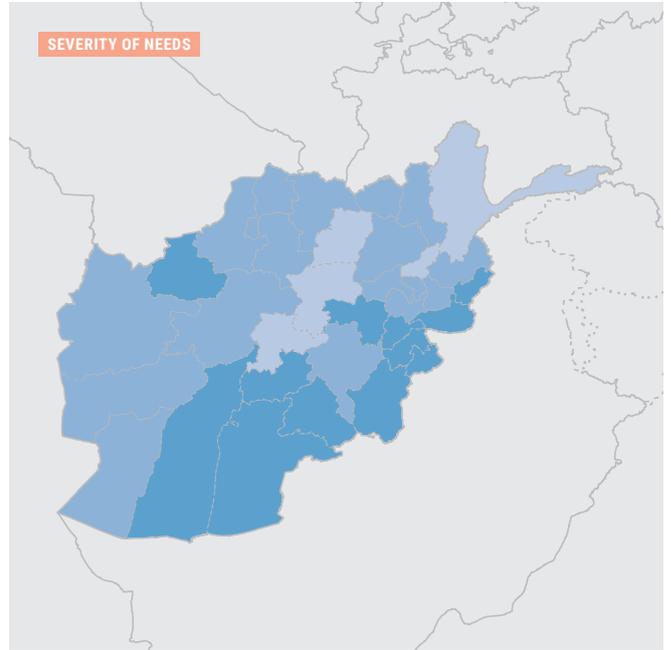
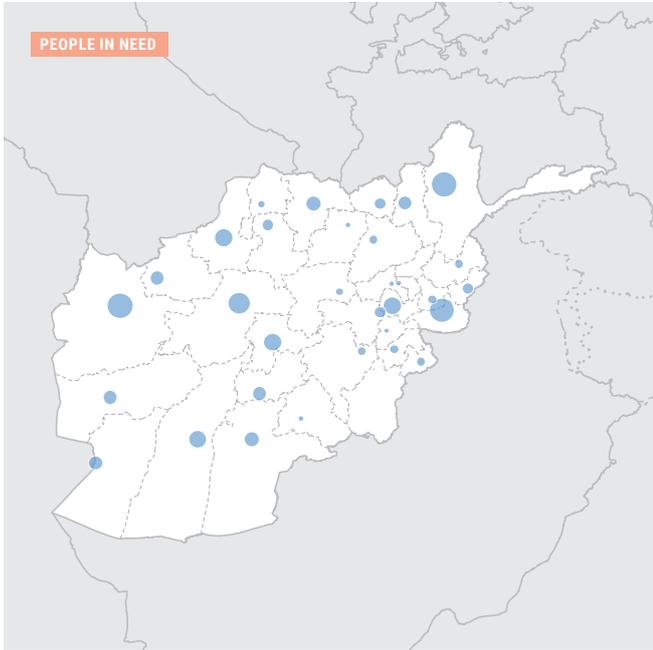
TREND (2017-2021)



SEVERITY OF NEEDS

Minimal **0%**
Stress **17%**

Severe **52%**
Extreme **31%**



3.2 Emergency Shelter and NFI

PEOPLE IN NEED

3.69M

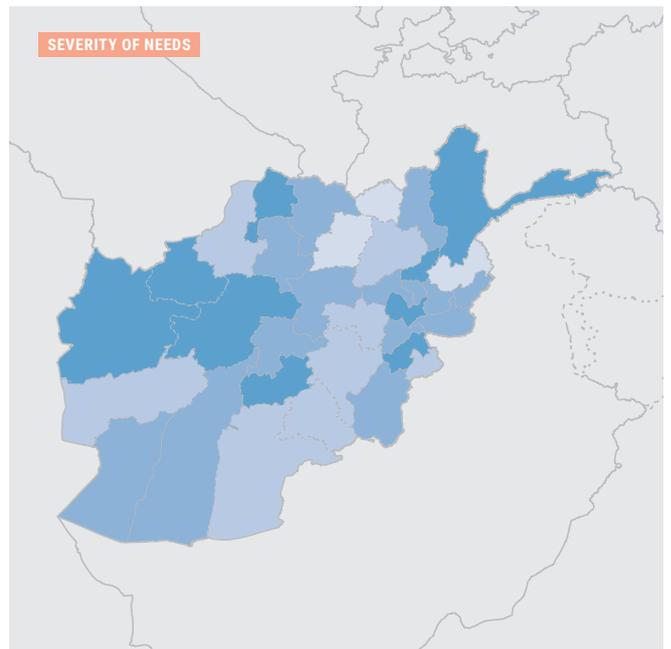
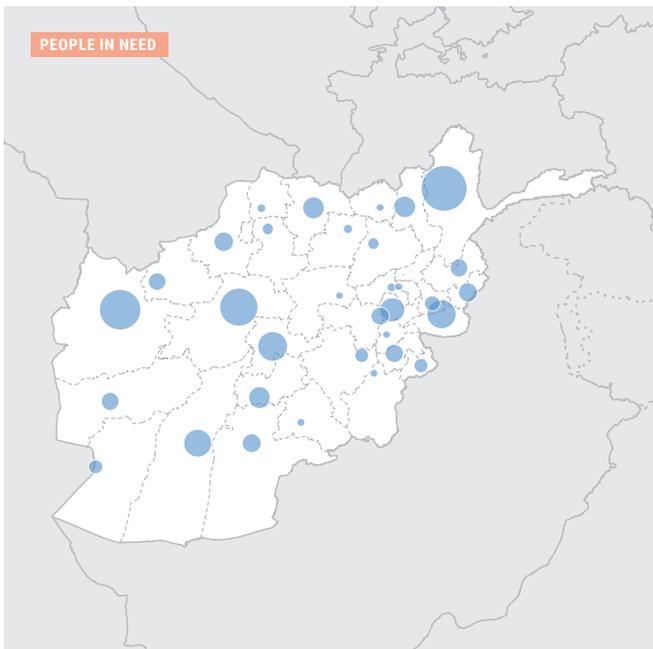
TREND (2015-2021)



SEVERITY OF NEEDS

Minimal **4%**
Stress **15%**

Severe **34%**
Extreme **47%**



3.3 Food Security and Agriculture

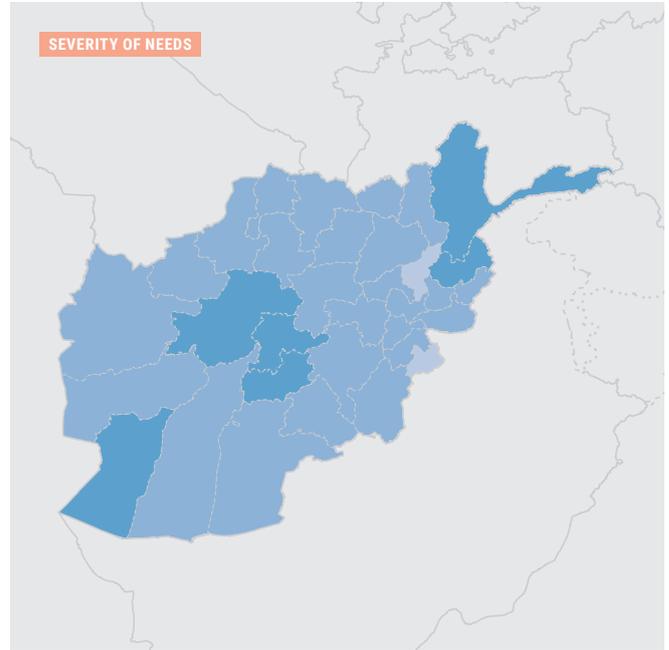
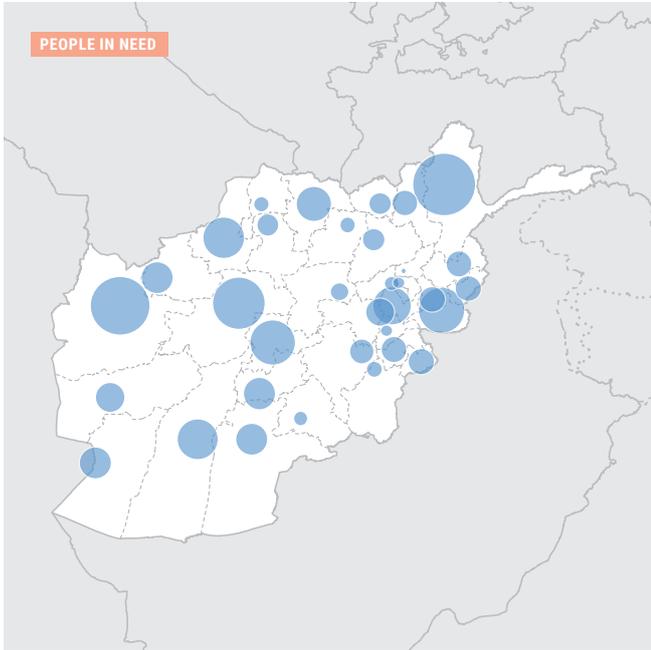
PEOPLE IN NEED

8.21M

TREND (2015-2021)



SEVERITY OF NEEDS



3.4 Health

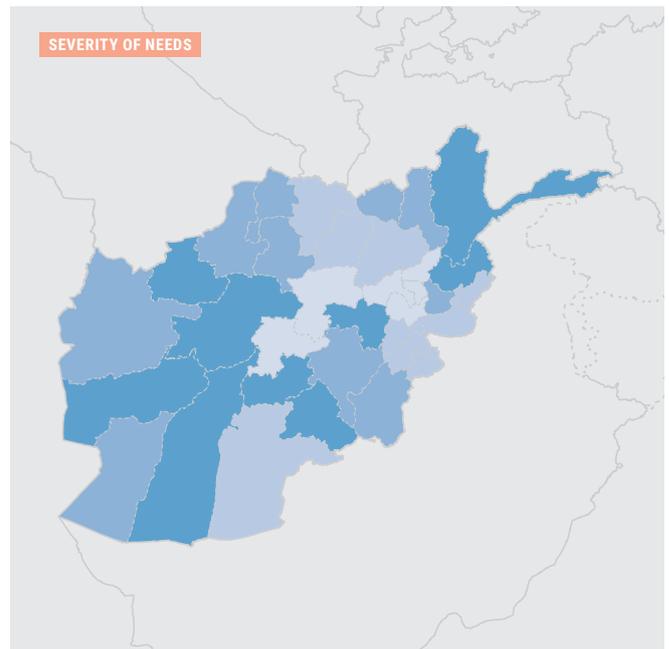
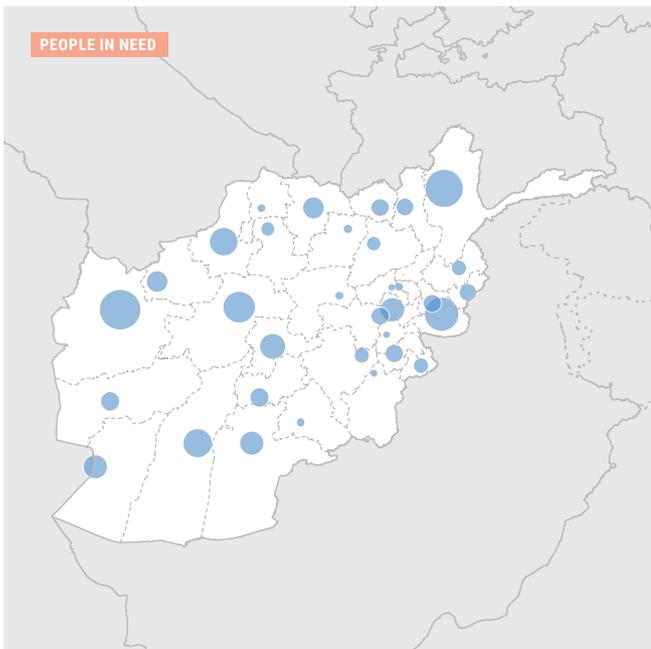
PEOPLE IN NEED

3.72M

TREND (2015-2021)



SEVERITY OF NEEDS



3.5 Nutrition

PEOPLE IN NEED

3.35M

TREND (2015-2021)



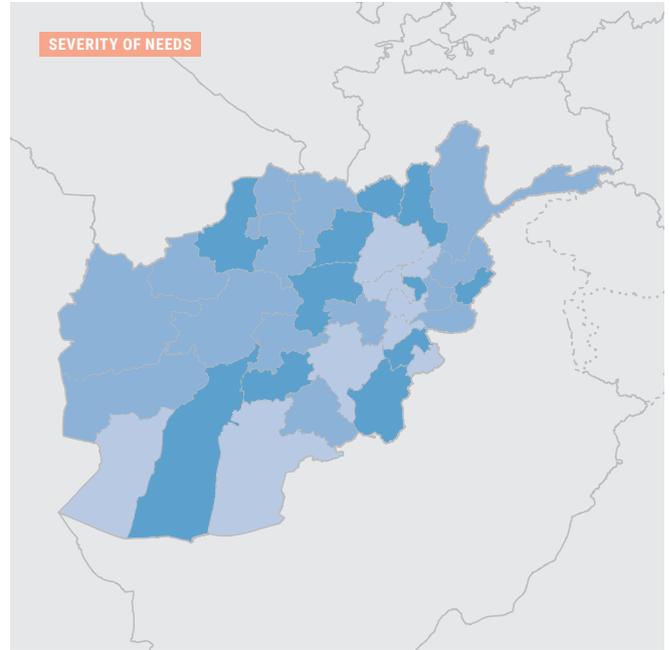
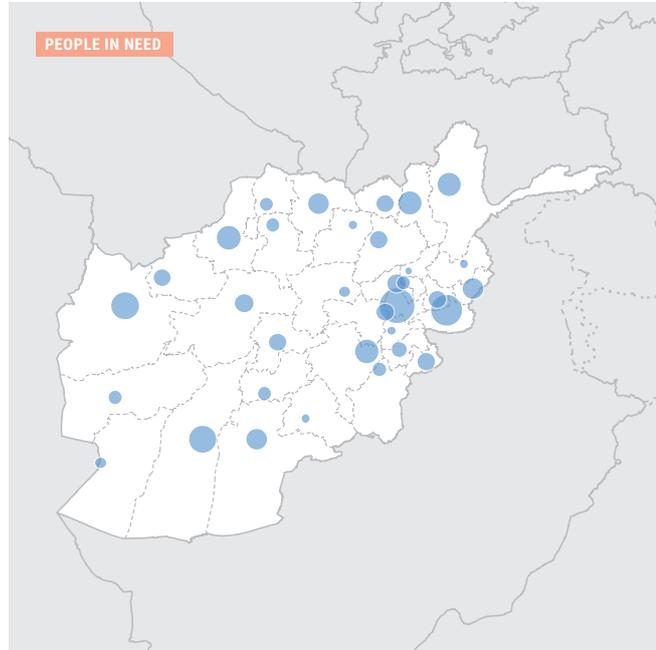
SEVERITY OF NEEDS

Minimal Stress **0%**

28%

Severe Extreme

42%
30%



3.6 Protection

PEOPLE IN NEED

6.99M

TREND (2015-2021)



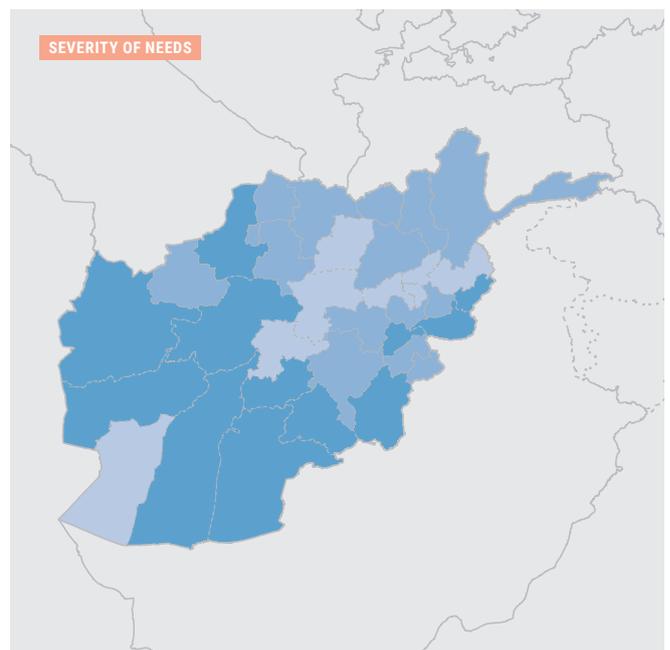
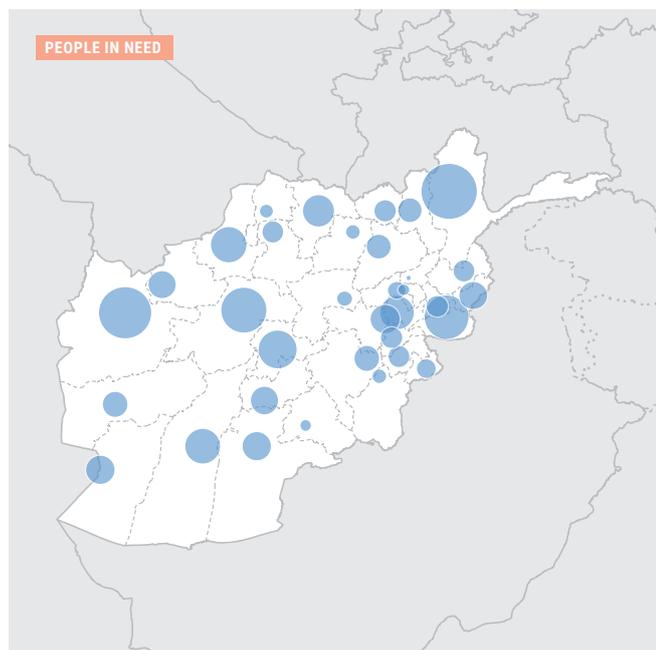
SEVERITY OF NEEDS

Minimal Stress **0%**

13%

Severe Extreme

41%
46%



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED

4.87M

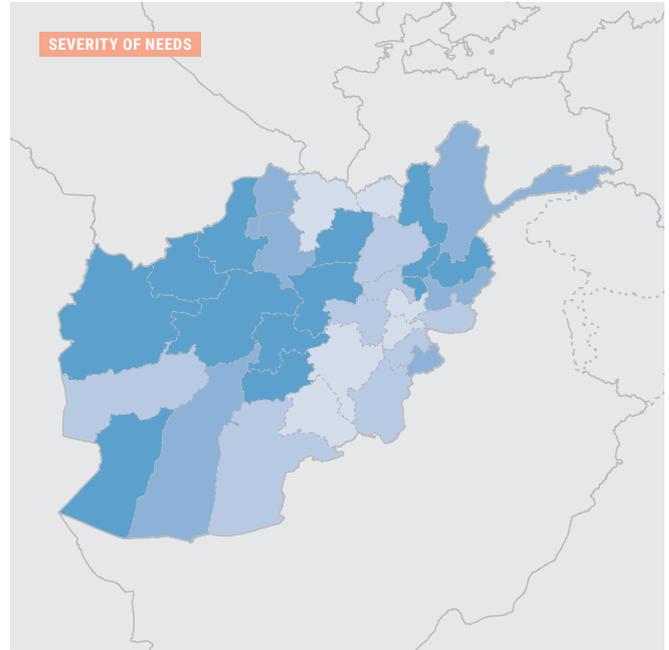
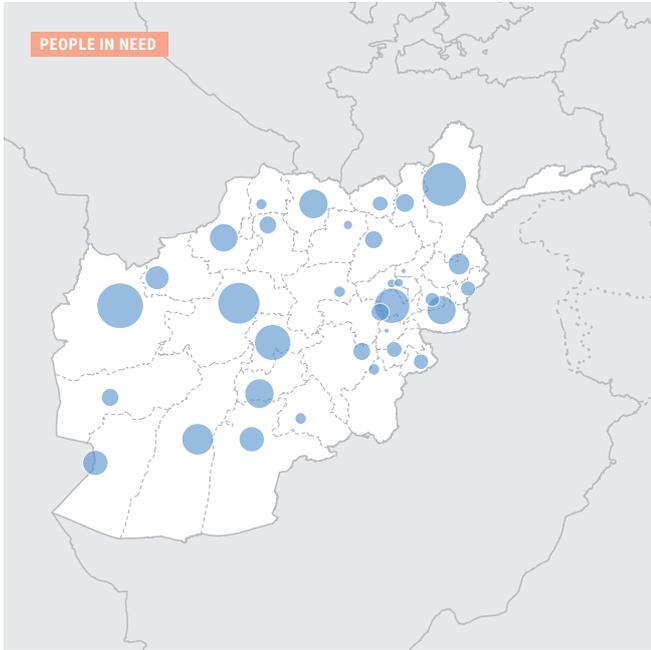
TREND (2015-2021)



SEVERITY OF NEEDS

Minimal 15%
Stress 16%

Severe 21%
Extreme 48%



KUNDUZ CITY, KUNDUZ

May 2018. A baby in an improvised cradle under a tarp with displaced women and children, part of 370 families displaced from Qala-e-Zal district in Kunduz Province. Photo: OCHA/Philippe Kropf



3.1

Education in Emergencies



PEOPLE IN NEED	GIRLS	BOYS	WITH DISABILITY	OUT-OF-SCHOOL CHILDREN	SCHOOLS CLOSED*
1.73M	0.8M	0.9M	0.2M	3.7M	722

* Schools forcibly closed or closed due to insecurity in 2019

Overview

Prolonged conflict has severely strained the education system in Afghanistan. The situation is made worse by under-development, whereby public schools do not have enough capacity to meet educational demands in the country and are not able to ensure minimum quality standards are met. Continued conflict and targeting of schools over-burdens the already stretched education system. About one third of school-aged children in the country (3.7 million children) are out of school.⁸⁵ These children are out of school as a result of multiple underlying factors such as poverty, damaged schools and inadequate supply of classrooms, a shortage of teachers (especially female teachers), insufficient relevant learning and teaching resources, lack of inclusive facilities at schools especially for children with disability, cultural norms which de-prioritise education for girls, and the long distances required to reach school for many children. Continuity of education is another significant problem in Afghanistan, with many girls and boys unable to progress from one stage of study to the next, largely due to capacity limitations in the nearest formal schools to the location where they are receiving Community-Based Education or Education-in-Emergencies assistance.

Conflict continues to deprive Afghan children of an education in situations where their schools are occupied or damaged during fighting; when parents withdraw their children due to insecurity; or because of overcrowding in instances of IDP and returnee influxes. In the first 10 months of 2019, 722 schools were forcibly closed and remained closed due to insecurity, affecting around 328,094 (113,597 girls and 214,497 boys) children.⁸⁶ Nangarhar (89 schools), Uruzgan (89 schools) and Hilmand (77 schools) are the top three provinces with the highest percentage of closed/damaged schools. Where there is a high concentration of IDPs or returnees, schools have been left overloaded and unable to cope with the influx of children received. Many returnee children are unable to enroll in schools due to insufficient or inappropriate documentation, while others are forced to enter in the wrong grade or be taught via an entirely unfamiliar curriculum or language. The upshot is that a generation of children is at risk of missing out on essential education in their most formative years with grave consequences for their development and later prosperity.

Affected population

The number of children in need of basic education remains significant due to ongoing conflict and high-levels of population movement. Parental level of education, general poverty and the ancillary costs of schooling are key additional barriers to education. Loss of livelihoods has led families to use negative coping mechanisms, such as removing children from school or marrying them off early (in the case of girls), depriving them of essential learning and exposing them to additional protection risks. The 2019 WOA Assessment shows that at least 21 per cent of households with at least one child not attending school reported withdrawing children from school in order to bring in extra income. The WOA Assessment data also indicates that more than half (52 per cent) of children in hard-to-reach areas need education in emergency support.

The Education in Emergencies Working Group (EiEWG) estimates that some 1.7 million children (902,400 boys and 817,600 girls) will be in need of education in emergencies support in 2020. These include IDPs affected by conflict and natural disasters, returnees from Iran and Pakistan, and vulnerable out of school children.

Analysis of humanitarian needs

Inability to access education has a direct impact on children's immediate psychosocial well-being and critical early childhood development (a formative phase for the emotional, social and physical growth of young children, directly shaping their overall cognitive development and the adult they will become). Missing the critical early childhood window increases the chances of school drop-out and these children may become slow learners. There is an additional longer-term impact on their ability to build individual and community resilience, and to contribute towards the country's economy as adults. Children who are unable to access education lose their right to a dignified living standard and of acquiring essential knowledge and understanding. Afghanistan's labour market already suffers from a labour force that is poorly educated, informal and lacking the requisite skills to develop their career further.⁸⁷ UNICEF estimates suggest that for a child, poor pre-primary and primary education could mean they earn around one-quarter less in income as an adult.⁸⁸

Despite school authorities operating multiple and extended shifts, formal government schools in Afghanistan remain overcrowded. This negatively affects the time and quality of teaching and learning,

KANDAHAR, SOUTHERN AFGHANISTAN

March 2019. Children at a transitional center for returnees and IDPs Kandahar City. The center provides a short-term shelter to returnees and IDPs with facilities for children to play. Photo: OCHA/Jawad Hamdard



as well as community integration and cohesion. As documented by previous EIEWG assessments,⁸⁹ enrolment rates of IDP children are significantly lower in the east, west and south of Afghanistan compared to children from respective host communities. Shock-affected school-aged children are deprived of their right to education and if timely education support is not provided, their protection, development and lives will also be at risk. Education restores a sense of 'normalcy' in the lives of children (particularly those who are shock-affected) by restoring familiar routines, instilling hope for the future, and mitigating the psychosocial impact of violence and displacement. It also provides parents with the space they need to work or reorganise their lives after a shock. Children who are deprived of the right to education are more exposed to other kinds of risks to their health and well-being – including psychological stress, susceptibility to recruitment in armed activities, and being coerced into child marriage (for girls specifically).⁹⁰

Active conflict, including aerial and ground attacks impacting on civilians (including children) as well as attacks on schools, undermines children's fundamental right to life and often causes life-long physical

disabilities. The cumulative stress of daily insecurity can undermine a child's ability to learn, grow and develop. There is, on average, nine per cent lower enrolment in education in areas that had a "security incident" the previous year.⁹¹ Children in hard-to-reach areas of Afghanistan need urgent education support. The overall situation is more pronounced for girls. Constant fear for safety results in families not allowing girls to walk to school and migrating to urban areas or abroad.⁹² While girls' access to education may be limited by cultural expectations; these are, in many cases, also tied to perceived and real security risks, as well as the appropriateness of the school curriculum and physical set-up to local cultural norms. The WoA Assessment shows that in 91 per cent of settlements in hard-to-reach districts with physical access barriers most girls aged 6-17 were not able to attend school in 2019.

Projection of needs

Drawing from the WOA Assessment, trends in displacement in Afghanistan, and the SFSA findings, the EIEWG estimates that 1.7 million school-aged children between 6 and 18 years old (902,397 boys

Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.22M	0.10M	0.08M	1.32M	-	1.73M
2021	0.19M	0.09M	0.07M	1.12M	-	1.47M

and 824,078 girls) will require education in emergencies support in 2020. These include 405,723 (190,117 girls, 215,605 boys) IDP children and returnees from Iran and Pakistan, and 1.3 million out of school children identified to be acutely vulnerable and under IPC Phase 3 and 4. Of these, some 189,912 are children with disability.

For 2021, 1.5 million school-aged children (813,023 boys, 742,460 girls) are projected to have education needs. This projection is based on a scenario that many of the underlying factors impeding access to education (absorption capacity of government schools, conflict and poverty) will largely remain unchanged. The EiEWG however estimates that some of the children who are enrolled in the Community Based Education (CBE) classes will be transitioned to nearest government or hub-schools, reducing the projected people in need of education in emergencies assistance in 2021 to a modest degree.

Monitoring

The EiEWG developed a standardised monitoring tool, monitoring plan and database which will be used by all Education implementing partners to monitor the education situation and quality of EiE programming across all areas of operation in 2020. Regular joint monitoring visits to different provinces/districts with ongoing EiE programming will also be conducted with participation of EiEWG coordinators, the Ministry of Education (MoE), Provincial/District Education Departments (PEDs/DEDs) and the partners/NGOs. The monitoring tools will be entered into a single database managed by the EiEWG and the education situation will be evaluated throughout the country. The Cluster will also provide a mid-year status update on the three sectoral needs indicators listed below, adjusting course as necessary, based on the results.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	# of children without access to quality learning	3.7M (1.5M boys, 2.2M girls)	UNICEF Out of School Children (OOSC) study
02	# of children without access to education (formal and non-formal) in a safe and protective learning environment with a minimum WASH package available	3.9M (2.4M boys, 1.6M girls)	EiEWG monitoring database
03	# of community/School Management Shura members in need of sensitisation/training	109K	EiEWG monitoring database

HIRAT, WESTERN AFGHANISTAN

Due to the drought, thousands of people have moved from rural areas in neighbouring Badghis and Ghor provinces to Hirat City into informal settlements, where they live interspersed with protracted displaced families and poor host communities. Photo: OCHA/Philippe Kropf

3.2

Emergency Shelter and NFI



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	SHELTER NEEDS	NFI NEEDS
3.69M	0.8M	2M	0.4M	1.3M	2.7M

Overview

Conflict, natural disasters and poverty continue to drive shelter and NFI needs across different population groups in Afghanistan. The scale, severity and complexity of emergency and transitional shelter needs remains high, particularly among new and protracted IDPs who require core, supplementary and seasonal assistance, as well as longer-term support to rebuild their resilience. Often having fled with nothing more than personal possessions, hundreds of thousands of IDPs require basic shelter to maintain their well-being/survival. Many of those who fled also remain in a state of displacement for prolonged periods, with no short-term plans to return to places of origin (nearly 90 per cent of IDPs)⁹³. IOM's DTM data⁹⁴ shows that 4.1 million IDPs who have been displaced since 2012 remain in urban and rural settlements residing in sub-standard shelters providing inadequate privacy and dignity; poor protection from harsh weather (particularly during winter); inadequate access to safe water and sanitation facilities; lack of connection to basic infrastructure and services; poor/non-existent security of tenure and with a lack of adequate settlement planning. Seventy per cent of Afghanistan is mountainous, with many people living in high altitude areas that are susceptible to harsher weather conditions.

In the past, emergency shelter assistance had mainly been provided to people who have been displaced within a period of up to three months, predominantly oriented towards emergency items such as tents and basic NFI (including tarpaulins). While these solutions act as a life-saving measure at the onset of an emergency, they are also inflexible and do not allow for an incremental transition towards a more durable shelter. This approach has largely resulted in a prolonged state of need with many people still requiring annual winterisation support and transitional shelter solutions, and consequently being unable to contribute to their own recovery. 2020 will see an adjustment in this approach in line with the revised definition of humanitarian need. General poverty also contributes to the poor housing conditions for the population more widely. With limited access to land, homes and property, people are deprived of their main source of physical and socio-economic security, as well as the ability to earn their livelihood.

Affected population

In 2020, 3.68 million people will either have shelter and NFI needs or will require support to cope with the harsh winter season across 34 provinces in Afghanistan. The affected population groups include



Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.23M	0.12M	0.14M	3.20M	-	3.69M
2021	0.23M	0.12M	0.14M	3.29M	-	3.77M

newly displaced and non-displaced people, cross-border returnees, refugees and acutely vulnerable people with life-saving needs. At least 57 per cent of the acutely vulnerable population group have either severe (51 per cent) or extreme (6 per cent) ES-NFI needs – based on a composite index⁹⁵ that considers numerous thresholds to define each household's severity of need. This is based on their type of shelter, extent of damage, security of tenure, and household access to priority relief items and blankets for winter season.

While families are sometimes displaced to neighbouring villages where they can take-up accommodation with relatives, it is often the case that many relocate to district centres and provincial capitals in their province of origin or in neighbouring provinces, where they may not have existing kinship or support networks. According to the 2019 WOA Assessment, needs of displaced households are spread across various settlement typologies, with 27 per cent of IDP households in urban areas and 42 per cent of households in rural settlements found to have ES-NFI needs.

Many of these people (including two-thirds of IDPs) reside in non permanent shelter – which is exceptionally difficult in Afghanistan's hot summers and freezing winters. The need for shelter was reported to be the highest among refugees in the south east (68 per cent), followed by protracted IDPs (34 per cent), new IDPs (28 per cent), non-displaced natural disaster-affected people (17 per cent), cross-border returnees (13 per cent), host communities (9 per cent), non-displaced conflict-affected people (8 per cent), and IDP returnees (7 per cent). Over 40 per cent of the population in Nangarhar, Nimroz, Nuristan and Laghman provinces remain in makeshift shelters, while 45 per cent of the people in need in Hirat Province are staying in emergency tents.

Insufficient access to blankets and heating materials for the winter season drove nearly 64 per cent of IDPs to use waste (paper, plastic, carton board, etc.), wood or bushes as their main source of energy for heating in 2019. A staggering 58 per cent of IDPs has less than 1 blanket per person in their household.

Analysis of humanitarian needs

Sub-standard living conditions in Afghanistan have threatened the well-being of its people and resulted in poor protection and health

outcomes across the country. The 2019 WOA Assessment highlights that 71 per cent of displaced households reported shelter needs as one of their top 3 priority needs, second only to food for survival. Families often live in conditions that lack of dignity, privacy, safety and security. These concerns disproportionately affect persons with specific needs: women, girls, children, people with disabilities and the elderly. Those who are socio-economically vulnerable, including households head by a single female with a low income to dependency ratio, are more prone to sub-standard living conditions. The 2019 WOA Assessment shows that at least 42 per cent of female-headed households; 30 per cent of households headed by the elderly and 35 per cent of households headed by a person with disability reported having either severe or extreme shelter and NFI sectoral needs.

Eroded livelihoods and coping capacities have also driven a considerable portion of the affected population to have poor living standards and remain in impoverished conditions. Forty-nine per cent of shock-affected households who have been affected by natural disasters and conflict have damaged shelters. Of these, a staggering majority (around 80 per cent) are unable to repair their own shelters due to high repair costs, in turn serving as the main reason for taking on debt for non-displaced natural disaster affected households. Others are challenged by an inability to return to areas of origin and resume their normal lives and livelihoods as a result of conflict or poverty. Twenty-five per cent of displaced households that returned to their area of origin, reported to have found their houses occupied by other persons upon return.

Cultural norms often dictate that host communities, despite their own poor socio-economic standing, take on much of the responsibility for supporting displaced families to meet their basic shelter needs, at least for a short period of time. This is, however, shortly expended, owing to the eroded coping capacities of the host communities and protracted nature of displacement. Displaced families often contribute to host household living expenses but have limited capacity to sustain this. Over time, displaced households struggle to sustain the cost of rent as displacement periods become prolonged and job opportunities remain low. Overall, 81 per cent of people affected by conflict or natural disasters indicated a need for rental support, with rent payment being one of the main reasons for incurring debt.

Some IDPs (in excess of 10 per cent) do not have proper documentation (either having never had formal documents or having lost them during displacement). While the processes and infrastructure to formalise or re-issue their documents is not uniformly functional or accessible, IDPs continue to face potential risk of eviction, exploitation, or rights violations (by landlords) and possible disputes in the future due to the difficulties in demonstrating ownership of land/shelter.

Projection of needs

In comparison to 2019, the number of people in need of Shelter and NFI assistance has increased from 1 million to 3.68 million and included acutely vulnerable people who may have been displaced for longer than 3 months, in line with the course correction in humanitarian planning in Afghanistan that revised the way humanitarian action was viewed. This course correction gave scope to partners to identify those in acute need among protracted IDPs with a view to building resilience and preventing recovering households from slipping into worse need through the provision of transitional shelter assistance. Of the 3.68 million people identified as being in need of shelter and NFI; 2.66 million people will require NFI; 3.27 million people need assistance to cover their winterisation needs, and 1.26 million people require either transitional shelter support or shelter repair/upgrade assistance to rebuild damaged shelters. The shelter needs vary from emergency to transitional shelter support including rental subsidies for affected households and host communities impacted by conflict and natural disasters. Access to services for people living in hard-to-reach areas remains limited. An estimated nine per cent of people living in hard-to-reach areas have either severe or extreme ESNFI sectoral needs.⁹⁶ Restrictions on freedom of movement, high levels of destruction, constrained services, limited access by humanitarian and commercial actors, and accessibility to markets contributes to high levels of vulnerability.

The ES-NFI Cluster anticipates that the current volatile security situation will continue into 2021 and may even deteriorate, depending

on political developments over the next 12 months and has planned accordingly. Ongoing conflict, recurrent natural disasters and poverty will continue to drive humanitarian needs in 2021. With more than 80 per cent of people in Afghanistan living in poverty, having less than \$1.90 per day, their limited ability to cope and recover will continue to drive shelter and NFI needs across the country. In 2021, 3.77 million people are anticipated to need shelter, NFI and winterisation support. The scale, severity and complexity of needs for emergency and transitional shelter is anticipated to remain significantly high, particularly among protracted and newly displaced IDPs, requiring core, supplementary and seasonal assistance, as well as longer-term support to build their resilience.

Monitoring

Throughout 2020, the severity of sectoral needs will be regularly monitored by ES-NFI partners to identify any changes and corresponding geographic shifts that may occur, and support coordination among partners on where strengthening of sectoral programming is required. The monitoring of activities and stock updates will continue through report hub, the Financial Tracking Service (FTS), as well as through the inclusion of new data assessment results as they become available. Impact monitoring will be done through post distribution monitoring and lessons learned will inform further cluster interventions. Moreover, the ESNFI Cluster has developed an improved monitoring framework to track the performance of the cluster response over the three-year period (2019 – 2021) and associated trends in need.

The Cluster plans to undertake sector specific assessments through 2020 with a view to providing a more nuanced understanding of the key ES-NFI challenges and coping strategies in 10 high priority provinces across the country. This will also include a rental market assessment in the eastern region to inform alternative emergency solutions in urban settlements. These assessments will feed into mid-year reporting of ESNFI needs indicators.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	Number of people in need of shelter assistance	1.27M	WoA Assessment and SFSA
02	Number of people in need of shelter assistance	2.67M	WoA Assessment and SFSA
03	Number of people requiring assistance to cover their winterisation needs	3.28M	WoA Assessment, SFSA, 2019-2020 Winterisation Strategy

3.3

Food Security and Agriculture



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	IPC PHASE 3 & 4	HIGHLY INDEBTED
8.2M	1.9M	4.5M	0.9M	14.3M	71% IDPs

Overview

The cumulative impact of conflict and natural disaster-driven shocks; loss of employment and reduced income; and elevated food prices (that have stagnated at raised levels since the drought in 2018) has resulted in high levels of food insecurity and eroded livelihoods in Afghanistan. This has negatively affected the survival, living standards and resilience capacities of millions of people. Despite good precipitation and a better harvest in 2019, the food security situation remains alarming, with the residual impact of the drought still biting. Based on the 2019 IPC analysis, between August and October 2019, a total of 12.5 million people (34 per cent of the total population) are in a state of severe acute food insecurity. These include around 9.5 million people in crisis (IPC 3) and 3 million people in emergency (IPC 4) phases. The same results show that the situation will deteriorate between November 2019 and March 2020; with around 14.28 million⁹⁷ people (38 per cent of the total population) expected to experience severe acute food insecurity, out of which an estimated 3.45 million people projected to be in emergency (IPC 4) and another 10.8 million in crisis (IPC 3) phases of food insecurity. Of these 8.2 million people are estimated to be in humanitarian need.

Various food security indicators assessed as part of the SFSA confirm this situation. A large proportion of surveyed households reported poor and borderline food consumption (19 and 40 per cent, respectively). People's capacity to cope with the severity of food insecurity is also eroded – with about 21 per cent of surveyed households resorting to 'emergency' strategies; 27 per cent 'crisis' coping mechanisms; and another 30 per cent 'stress' strategies to meet their basic food needs. This measure considers the coping strategies that households resorted to and exhausted within a given year, showing the prolonged and frequent nature of these negative coping mechanisms.

Households are exposed to multiple shocks which undermine their food security. Some 63 per cent of those surveyed under the SFSA have experienced shocks – 25 per cent experienced reduced income; 29 per cent suffered loss of employment; 10 per cent were affected by natural disasters; and some 8 per cent were challenged by increase in food prices. These shocks – in time – have pushed almost half of the population to resort to negative (emergency & crisis) emergency coping strategies.

The impact of the 2018 drought is also still visible in rural areas. Livestock destocking due to the drought has affected the livestock-based livelihoods of the rural community. Seasonal employment

opportunities and incomes that were lost were not re-gained in many cases. Families displaced due to continued conflict, as well as returnees and refugees from Iran and Pakistan, also present an added strain to the food security situation across the country. Urban food insecurity is also challenged by the inflow of a considerable number of migrants, returnees and IDPs, that settle in urban areas and often have to compete for limited employment opportunities. This has created an imbalance in the supply of labour and demand of jobs and has caused plummeting daily wage rates.

Affected population

Almost 38 per cent of the population in Afghanistan is either severely or moderately food insecure. 14.28 million people are projected to be in crisis and emergency phases of food insecurity for the period between November 2019 to March 2020. For 2020, the Food Security and Agriculture Cluster (FSAC) has identified 8.2 million people in need of urgent life-saving food and livelihoods assistance across the country. From the overall population identified to be acutely food insecure, four groups have been identified to be of concern. These include those vulnerable people (falling into IPC phases 3 and 4) who are reeling from multi-faceted recent and past shocks; those displaced by conflict and natural disasters; those affected by natural disasters who remain in their homes; and refugees and returnees coming into Afghanistan.

Under HNO 2020 those acutely food insecure who experienced multiple shocks such as reduction in income, loss of employment, natural disasters, conflict and increased food prices are counted as being in need of emergency food and livelihoods assistance to survive and prevent people falling into an even more serious food insecurity situation.

Drawing from past years' trends and a 'likely' scenario analysis, some 500,000 people are expected to be displaced due to conflict and natural disaster in 2020 with a majority needing food security support. The WOA Assessment results show that 75 per cent of recent IDPs have either poor or borderline food consumption. FSAC, therefore, projects that 375,000 IDPs will need immediate life-saving food across the country in 2020. IDPs displaced by conflict show a higher level of humanitarian needs as they have either depleted their assets or cannot access them. The WOA Assessment reveals that 31 per cent of households displaced by conflict have either severe or moderate hunger.

Food Security

PEOPLE IN NEED	WOMEN	CHILDREN
8.2M	1.9M	4.5M

In 2019, almost 300,000 people were affected by a typically severe floods in 24 provinces, including many that are not usually affected by flooding at all. Some of those affected, especially in rural areas, continue to have emergency food and livelihoods needs to maintain their well-being and support recovery from this state of acute vulnerability. Projections show that another 200,000 people will be newly affected by floods, avalanches and landslides across Afghanistan in 2020. Based on the WoA Assessment and FSAC partner response data, 170,000 non-displaced natural disaster-affected people will need food and livelihoods assistance in 2020.

Cross-border movement remains another key challenge for the humanitarian situation in Afghanistan which generates vulnerability and food security needs. According to IOM projections, 195,000 Afghan returnees will return to Afghanistan from Iran and Pakistan in 2020. This is due to a combination of factors including loss of remittances driven by Iran's economic decline, loss of livelihood opportunities in places of return, loss of ties and family networks that serve as first-line responders and the inability of families or host communities to support returnees. Based on the WOA Assessment findings, it is anticipated that 174,625 of these returnees will have borderline or poor consumption scores. Additionally, of the more than 72,000 refugees that are expected to remain in Afghanistan in 2020, 45,000 are expected to require emergency food assistance.

Analysis of humanitarian needs

The 2019 IPC analysis employed a more compelling needs analysis, utilising a more up-to-date population estimation and covering a broader range of vulnerabilities, including those facing urban households for the first time. While food and livelihoods needs remain severe, there has been a nine per cent overall decrease in those that are projected to be in IPC phase 4 in 2019/20 from the same period in 2018. While good precipitation and a favorable harvest have supported this improvement, the figures can also be partially attributed to the significant scale of food and livelihoods/agriculture assistance provided by FSAC partners in 2019, which helped avert additional deaths. Some 3.9 million people were reached with food security support in the first nine months of 2019. In particular, the 3.4 million people projected to be in emergency food insecurity (IPC 4) in 2020 require urgent action to reduce food consumption gaps and prevent them from falling into a state of acute malnutrition and reduce the associated risks of morbidity and mortality. The provinces of Ghor, Badakhshan, Daykundi, Nimroz, Nuristan and Uruzgan have

Livelihoods

PEOPLE IN NEED	WOMEN	CHILDREN
2.2M	0.5M	1.2M

been classified as being in IPC Phase 4. More than half of the entire population of these provinces are in either Phase 3 and Phase 4. The provinces of Kabul, Hirat, Nangarhar, Balkh and Badakhshan have the highest number of people in Phases 3 and 4.

Livelihoods needs are very high across Afghanistan. DTM data, the SFSA and other datasets all show that a lack of access to livelihood opportunities/cash income is among people's top three priority needs. Twenty-nine per cent of respondents in the 2019 SFSA listed loss of employment as a major shock. This pushes people to resort to negative coping mechanisms such as going into debt, sending children to work instead of school, and selling household assets. The WOA Assessment shows that displaced households reported spending 75 per cent of their total income on basic needs (food, water for drinking, and rent and shelter materials), with the majority of total income, 63 per cent, being spent on food. The situation is more pronounced for those who have been displaced for longer (more than 6 months) and for women-headed households who already have very limited access to employment opportunities, often due to security and cultural constraints. Eighty-three per cent of IDP households headed by a person with disability also report high levels of debt. Without any opportunity to recover and with further accumulation of debt, these people risk slipping into an even more serious state of food insecurity.

The winter season is critical for successful agriculture and food production throughout the year. According to the 2019 SFSA, 42 per cent of farmers have no seeds and another 40 per cent reported insufficient seeds for the winter planting window. Families need early and preventative support to avoid seasonal food insecurity – particularly during the winter lean season. Flash floods, delayed rainfalls, crop pests and animal diseases will add extra strain to the food security situation in the country if they eventuate. Farah, Badghis, Kandahar, Hilmand, Hirat, Faryab, Balkh, Kunar, Zabul, Paktia, Jawzjan and Badakhshan are provinces that are most affected by flash floods.

The food security situation for those people who are acutely vulnerable in urban settings is also serious. The 2019 SFSA findings show that 16 per cent of the urban population have poor and 47 per cent have borderline food consumption scores (as compared to 20 per cent and 38 per cent in rural areas, respectively). Food-based coping strategies show little difference between rural and urban food insecurity. Forty-nine per cent of the urban population are either severely or moderately food insecure (compared to 41 per cent of the rural population).

Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.38M	0.22M	0.17M	7.37M	0.072M	8.21M
2021	0.38M	0.22M	0.17M	7.00M	0.050M	7.82M

Projection of needs

The Cluster has identified food and livelihoods needs for various vulnerable groups in 2020 and estimates that 8.2 million people will require immediate food and livelihood assistance across the country. The number of people in need will slightly decrease in 2021 with further distance from the drought. Although it is almost impossible to predict the number of people falling under IPC Phase 3 and 4 in 2021 at this distance, preliminarily forecasts indicate average precipitation and above average temperature in the 2021 winter season. Average precipitation indicates an average year in terms of wheat and other crop production, so the food security situation looks likely to either remain the same or become slightly better in 2021 in comparison to 2020 – reducing the number of people in need of food and livelihood assistance from 8.2 million to 7 million in 2021. This reduction can also be attributed to the significant scale of food and livelihoods assistance which is already planned to be provided by FSAC partners in 2020. The projected number of conflict and natural disaster IDPs, natural disaster-affected non-displaced people and refugees and returnees needing food security support in 2021 will probably remain similar to 2020.

Monitoring

Throughout 2020, FSAC will monitor the humanitarian situation of different vulnerable groups across the country. FSAC will provide

technical support to its partners in conducting localised assessments in the areas where shocks threaten people's lives and livelihoods. Besides that, FSAC will conduct joint field missions in hotspot areas to monitor the food security situation. At the mid-year point, FSAC will provide a narrative (and where possible quantitative) update against all the three needs indicators below. For the number of people falling under IPC Phase 3 and 4, FSAC will monitor changes in food prices (especially the price of wheat, rice, maize and pulses). Precipitation will also be closely monitored as sufficient rainfall is critical for the planting season and crop performance. Food Consumption Score (FCS) data will be collected through post distribution monitoring by FSAC partners since this is one of the key indicators for any food security analysis. Throughout the year, FSAC will collect this data from its partners and will gauge the food consumption situation of IDPs, returnees and refugees in particular. At the mid-year point, FSAC will provide a narrative update on the food security situation of these vulnerable people against this indicator. Households' source of income is one of the key questions in the Household Emergency Assessment Tool (HEAT). FSAC will collect this data from its partners and will monitor changes in income for shock-affected households. Using this data, FSAC will be able to provide both a qualitative and quantitative update on household income change. FSAC will also undertake an IPC/SFSA lessons learned exercise with all stakeholders in 2020 to look into improving quality of the analysis and strengthening its use.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	# of people in IPC phase 3 and 4	14.28M	IPC Acute Analysis 2020
02	% of shock-affected HHs with a poor food consumption score	22%	SFSA, Post Distribution Monitoring and WOA Assessment 2020
03	% of HHs who have lost their source of income due to conflict, natural disaster or reduced employment opportunities	47% reported decrease of income	HEAT assessments and Seasonal Food Security Assessment (SFSA) 2020

3.4 Health



PEOPLE IN NEED

3.7M

WOMEN

0.8M

CHILDREN

2M

WITH DISABILITY

0.4M

LIMITED HEALTH ACCESS

30%

INCREASE IN TRAUMA

28%

Overview

Afghanistan's under-developed health system is thinly spread across the country, due to ongoing conflict and insecurity, as well as infrastructure challenges. Around 30 per cent of the population has limited access to basic health services within a 2-hour travel radius and maternal mortality is among the highest in the world.⁹⁸ Only 50 per cent of children under five have received the full suite of recommended vaccinations to keep them safe and healthy. The fragile health system is further overburdened by mass casualty incidents and recurrent outbreaks of communicable diseases, especially among IDPs.

Over the first nine months of 2019, nearly 73,000 trauma cases were recorded, a 28 per cent increase on the same period in 2018. Direct conflict and the lack of sufficient rehabilitative care have left many victims permanently disabled (an estimated 47 per cent of all trauma cases in 2019). In displacement sites/settlements, the risk of communicable disease is high. AWD affects more than 37 per cent of displaced households with children under the age of 5.⁹⁹ Measles and the Crimean Congo Hemorrhagic Fever (CCHF) outbreaks also persist across a majority of provinces. Afghanistan remains one of the last three countries in the world yet to have eradicated polio. Districts that reports polio cases are often the most underserved and conflict-affected, which has had negative implications on the overall effectiveness of the Polio Eradication Programme. Existing health services are unable to cope with the sustained surge in demand for support and repeatedly experience inadequate availability of essential medicines and breaks in supply pipelines.

Owing to decades of conflict, deep social trauma, double-digit unemployment, acute poverty, and inadequate access or lack of access to mental health services, Afghanistan bears a high burden of mental disorders amongst its people. It is anticipated that 50 per cent of people in Afghanistan are suffering from some form of psychological distress and some 20 per cent of the population is impaired in his or her role due to mental health issues.¹⁰⁰ Traditional barriers hinder many from having mental disorders diagnosed and from seeking appropriate services. There is also limited mental health training among health personnel leaving many sufferers to live with their conditions without support.

Affected population

People displaced from conflict and natural disasters have difficulties in accessing primary health services, including antenatal care and mental health support. Amongst displaced households, some 32 per cent report unavailability of antenatal care where they live due to a combination of factors including a lack of health facilities within an accessible distance, an inadequate number of qualified health staff, and unavailability of female health workers. The situation is worse in provinces that have been affected by prolonged conflict and those which are hosting people with protracted needs. More than 400,000 returnees from Iran required additional health services at border points in 2019, including mental health and psychosocial support, as well as treatment for communicable diseases. Compared to 2018, the trends suggest that more returnees from Iran are arriving with deteriorated physical and mental health conditions, requiring urgent health services including trauma care.

In 2019, more than 30,000 people needed full trauma care (including secondary and tertiary care). Of those, some 15,000 had life threatening injuries and required major surgery. The provinces with the highest burden of conflict-related trauma were Kandahar, Hilmand, Farah, Hirat, Nangarhar, Logar, Kunar and Kunduz – collectively representing some 40 per cent of the national trauma burden. Of those who recovered from major trauma surgery, some 47 per cent reported a permanent disability including loss of limbs, loss of vision and neurological deficits. Disability services (prosthetics and rehabilitation) are not readily available in public health facilities. In 2020, the Health Cluster expects up to 15,000 people will need immediate trauma care at the place of conflict primarily at first aid trauma posts which have been significantly scaled-up over recent years. In addition, it is expected that the need for prosthetics, rehabilitation, mental health and psychosocial support will increase due to the cumulative and continuing impact of the conflict.

People living in hard-to-reach districts are most likely to be deprived of essential primary health services. The Health Cluster identifies the most vulnerable groups to be in Kandahar, Zabol, Uruzgan, Nangarhar, Kunduz and Takhar provinces. In 2019, there was a 24 per cent increase in the number of trauma consultations provided to people in need in these hard-to-reach districts. In 2020, the number of people seeking consultations is expected to be sustained at this elevated level or further increase with a deterioration of the political situation.

Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.13M	0.21M	0.52M	2.85M	0.012M	3.72M
2021	0.16M	0.17M	0.59M	3.20M	0.010M	4.13M

Recent assessments also show a high burden of mental health and psychosocial issues in conflict-affected populations. According to the 2019 WOA Assessment, some 38 per cent of conflict and other shock-affected households reported changes in behaviors that affect their normal functioning and that are potentially indicative of an emerging mental health issue. Of these assessed household, 17 per cent were headed by someone who also reports a disability, escalating their needs.

Attacks on health facilities breach International Humanitarian Law and add further risks to people who need health care. In the first 11 months of 2019, there were 113 attacks on health care facilities and workers in Afghanistan – an increase from 90 attacks in 2018 according to Health Cluster monitoring. In 2019, the trend has now shifted to more directed and violent attacks. In the first eleven months of 2019, around 24,000 hours of healthcare delivery were lost and 41,000 consultations were missed due to the forced closure and destruction of health facilities. Overall, an estimated 6.6 million people have had reduced access to health services because of these incidents.

Amongst those displaced, IDPs who have been affected by drought are particularly prone to diseases including AWD, respiratory and skin infections. In the west, a staggering 48 per cent of households who were displaced during the drought report cases of AWD. Thirty-seven per cent of women of reproductive age also do not have access to any antenatal care in the west.

In 2020, the Health Cluster estimates as many as 250,000 Afghans will require emergency medical treatment as a result of continued conflict. An additional 320,000 IDPs displaced by conflict will need assistance, along with over 72,000 refugees living in Khost and Paktika who need emergency primary health care including maternal and child care, vaccination, and mental health services. Long-term poor nutrition, lack of preventative healthcare, and limited access to health services have made this population particularly vulnerable to disease. The maternal mortality rate in Hilmand, Nangarhar and Faryab exceeds the already high national average. The unavailability of emergency obstetric care, in conjunction with lack of qualified female healthcare workers, has compounded the situation. Among IDPs forced on the move by conflict, the incidence of measles, AWD in children under-five and

tuberculosis - 42 per cent, 56 per cent and 41 per cent, respectively – is higher than the national average.

256,000 people returning from Iran and Pakistan will be in need of emergency primary healthcare in 2020. People returning from Iran are in increasingly poor health, requiring antenatal care, immunisation, mental health care and treatment for substance addiction. 47 per cent of people returning from Iran will seek medical assistance as they return to Afghanistan.

The geographic needs continue to be concentrated in the west (Hirat, Baghis, Ghor), south (Kandahar, Zabul, Uruzgan, Hilmand), east (Nangarhar, Laghman) and north (Kunduz, Takhar). However, some provinces that are especially hard-to-reach (Nuristan and Kunar in particular) have higher health needs.

Analysis of humanitarian needs

Conflict inflicts short and longer-term implications on the health of people in Afghanistan. It directly affects the survival/well-being of people who have experienced varying degrees of trauma. Of the 73,00 trauma cases seen in the first nine months of 2019, 18 per cent of patients died. At the same time, 47 per cent of the trauma patients were left with permanent disability, hindering their access to basic services and future employment opportunities, preventing them from realising their full potential.

Challenges in accessing basic health services compromise people's protection from preventable suffering and death, as well as their ability to sustain their lives, safety and dignity. Women and girls particularly face additional challenges in accessing healthcare. The combination of restrictions on men providing medical treatment to women and a shortage of women health professionals (particularly in rural areas), compromises their access to sustained and quality healthcare. Across the country, only 15 per cent of nurses and two per cent of medical doctors are women. Despite having one of the highest fertility rates in the world, there are only 37 dedicated maternity hospitals. Only 30 per cent of the population living in hard-to-reach and conflict-affected areas have access to essential health services. Women are particularly affected as some 75 per cent of the female population live rural areas, some of them hard-to-reach.

The lack of recovery from past emergencies, combined with the community's lack of resilience to new shocks continues to stretch health systems and services. An increase in the Severe Acute Malnutrition rate is escalating the burden on health services which deliver acute malnutrition treatment across the country. The lack of access basic services including WASH, shelter and food also affects the overall health status of the population by driving up the rate at which communicable diseases prevail and spread, overburdening the already fragile health system.

Projection of needs

Based on a scenario of current conditions continuing into 2020 and 2021 and analysis of past and present trends in health needs, some 3.9 million people will require trauma care and emergency health services in 2020 and some 4.13 million in 2021.

Monitoring

Health Cluster continues to do assessments throughout the year. Under the guidance of the Ministry of Public Health, the Health Cluster has developed a guideline for emergency health services and corresponding assessment tools on trauma care and emergency health mobile health teams. The assessment tools were tested in 2019 and will become standard in 2020.

Regional Health clusters will continue to do monthly monitoring visits on humanitarian projects in the field. It is also expected that Health Cluster partners will also conduct their own assessments and be shared with and analysed by the Health Cluster for greater situational awareness on continued and emerging needs.

The cluster will also provide a mid-year status update on the three sectoral needs indicators listed below, adjusting course as necessary, based on the results.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	Percentage of people who need to travel more than two hours to access basic health services.	29%	M&EHIS report MoPH
02	Percentage of women who received at least 2 antenatal visits.	51%	HMIS report MoPH
03	Percentage of trauma patient that resulted permanent disability.	47%	Health cluster data on trauma

3.5

Nutrition



PEOPLE IN NEED	CHILDREN	U5 SAM	U5 MAM	AT RISK CHILDREN	UNDERNOURISHED PLW
3.3M	2.7M	0.7M	1.9M	165k	0.6M

Overview

Acute malnutrition is a public health issue, predominantly affecting children under the age of five, as well as pregnant and lactating women (PLW). Malnutrition in both childhood and pregnancy has adverse consequences for immediate child survival and long-term well-being. In low income countries like Afghanistan, under-nutrition is associated with more than 50 per cent of all child deaths.¹⁰¹ The nutritional status of children under five continues to deteriorate in most parts of Afghanistan, directly threatening their lives. This partly stems from the surge in food insecurity over recent years, including as a result of the 2018/19 drought, but also because of chronic issues. The findings of the most recent nutrition surveys across Afghanistan show that 25¹⁰² out of 34 provinces are currently above the emergency level threshold of acute malnutrition based on the WHO classification of wasting rates for children under the age of five (>15 per cent Global Acute Malnutrition (GAM) and/or ≥10 per cent with aggravating factors).¹⁰³ These provinces are Kapisa, Wardak, Nangarhar, Laghman, Bamyan, Paktika, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Samangan, Balkh, Sar-e-Pul, Ghor, Daykundi, Uruzgan, Zabul, Jawzjan, Faryab, Hilmand, Badghis, Hirat, and Farah. In 2020, an estimated 2.5 million children under five and 563,000 PLW will be acutely malnourished and require life-saving treatment – a 20 per cent increase compared to 2019.

Affected population

Among the 2.5 million children under the age of five who will suffer acute malnutrition in Afghanistan in 2020, a staggering 690,000 children (27 per cent) will suffer from Severe Acute Malnutrition (SAM) – the most critical and deadly form of acute malnutrition. SAM is a life-threatening condition requiring additional specialised nutrition supplies and medicines to avert morbidity and mortality. If left untreated, it can lead to an elevated increased risk of death. Children suffering from SAM are nine times more likely to die than their healthy peers¹⁰⁴ and those suffering from prolonged under-nutrition who survive often become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. In the long-term, this impacts on their ability to attend school and to get a job as an adult. The World Bank¹⁰⁵ estimates that under-nourished children are at risk of losing more than 10 per cent of their lifetime earning potential, creating huge implications for national productivity. For those suffering as a result

of stunting, estimates suggest their earning capacity may be reduced by as much as 22 per cent.¹⁰⁶ In addition, women of reproductive age and adolescent girls affected by under-nutrition suffer adverse effects on their own health, as well as later on the birth outcome of their infants. An additional 563,000 PLW are under-nourished, leaving their children pre-disposed to low birth weight, short stature, low resistance to infections, and high risk of disease and mortality. IDP women and children, returnees, and people affected by rapid-onset emergencies face heightened risk that their nutritional status will deteriorate. Annually, about a quarter of a million children under five and lactating women including IDPs, returnees and shock-affected people face increased risk of acute malnutrition and hence require comprehensive nutrition services to mitigate the chance of a deterioration in their nutritional status.

In 2020, the Nutrition Cluster has identified 3.35 million children, boys, girls and women who will need emergency nutrition services to prevent increased mortality and morbidity amongst the most vulnerable; and avoid preventable health complications amongst those with highest risk of deterioration of their nutritional status if tailored care is not provided. These include – 690,000 SAM children under five; 1.85 million moderate acute malnourished (MAM) children under five; 563,000 acutely under-nourished PLW; and an additional 165,000 children under five and 80,000 lactating women identified to be nutritionally at risk among IDPs, returnees, and populations affected by rapid onset emergencies.

Analysis of humanitarian needs

The analysis of most recent data from nutrition assessments shows the nutritional status of children under the age of five and PLW continues to worsen due to multiple underlying factors. A mean increase of 4.1 per cent in GAM was seen across 23 provinces, with the situation remaining the same in only 3 provinces in late 2019, compared to 2018. The deterioration of the nutrition situation across most parts of the country is being driven by a series of complex factors – including poor access to health services, acute household food insecurity (due to shocks and chronic poverty), sub-optimal childcare and feeding practices, poor access to water and sanitation, as well as conflict-related shocks.

The Nutrition Cluster's analysis of aggravating factors confirms provinces with high levels of acute malnutrition concurrently have a

JALALABAD, EASTERN AFGHANISTAN

November 2019. A young patient receives medical treatment at the trauma center in a hospital supported by the AHF in 2017. OCHA/Charlotte Cans



higher proportion of acutely food insecure people (over 38 per cent of people classified as being in crisis and emergency phases of food insecurity - IPC phase 3 and above); higher rates of diarrheal morbidity among children (over 18 per cent); and a higher concentration of internally displaced people (above the national median IDP population of 3,150 people). According to the latest IPC analysis, a total of 14.28 million people are projected to be in crisis and emergency levels of food insecurity (IPC Phase 3 and 4) in 2020 and about a fifth of this population are children under the age of 5 years who are more vulnerable to malnutrition due to the acute shortage of food.

In Afghanistan, chronic vulnerability and under-nutrition significantly overlap. People's eroded resilience capacities make them susceptible to sliding down into acute malnutrition status, irrespective of the degree/scale of severity of the shock. This reduced coping capacity has been compounded by years of repeated shock. Analysis of SMART surveys indicates a significant proportion of children under five are considered borderline in terms of acute malnutrition status. Whilst those that fit into this category are not directly admitted into treatment programmes, it is most often the case that these children rapidly fall into a state of acute malnutrition due to a worsening of

one or more underlying factors. These include overall food security of families, eroded livelihoods, predictable seasonal natural disaster-driven shocks, and disease outbreaks. Continued displacement and poor WASH conditions contribute to disease outbreaks, especially diarrhea, that spread at a rapid pace. The immune response of children affected by acute malnutrition is highly compromised, increasing their risk of dying when affected by these outbreaks. The period between June and September presents the peak time when diarrhea and acute malnutrition admissions surge, showing a direct correlation in the prevalence between these two elements. In line with the course correction agreed by the HCT regarding the scope of humanitarian action in Afghanistan, the Nutrition Cluster considers the needs of these 'borderline' cases of acute malnutrition as critical.

Projection of needs

Whilst a surge in the number of acutely malnourished children and lactating women was seen in the past two years, scenario analyses indicate that the socio-economic, political and security situation in Afghanistan will largely continue in line with the 'status quo' into 2020. The agro-climatic forecast for 2020 also does not show any

Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.17M	0.08M	0.07M	3.02M	0.015M	3.35M
2021	0.17M	0.08M	0.07M	3.02M	0.015M	3.35M

anticipated abnormal shocks, that would in turn have a trickle-down effect on 2021. The Nutrition Cluster therefore anticipates 3.43 million children, boys, girls and women will require emergency nutrition services in 2021.

Monitoring

The Nutrition Cluster uses various mechanisms to monitor the nutrition situation across the country, identify nutrition needs; and determine underlying factors inducing these needs. These include:

- Conducting periodic provincial and localised integrated SMART nutrition surveys which allow collection of data on children and women's nutritional status, as well as on determinant factors such as household food insecurity, morbidity status of children, access to health, and water, hygiene and sanitation services.
- The Nutrition Cluster coordinates with OCHA and other clusters in joint assessments to identify the needs of conflict IDPs, returnees and natural disaster affected people.
- The Nutrition Cluster's collaboration with FSAC in the SFSA will enable the collection of child nutritional status (anthropometric data) across the country. The nutritional status data from the SFSA complements the results of provincial SMART surveys.
- Analysis of MUAC screening data is routinely collected from over 2500 health facilities across the country and compiled at national level through the MoPH Health Management Information System (HMIS). This is an important source of data for tracking the trend of acute malnutrition among children under five.
- The Cluster will also provide a mid-year status update on the three sectoral needs indicators listed below, adjusting course as necessary, based on the results.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	# of acutely malnourished children under five	2.54M	National Nutrition Database, SMART survey reports, SFSA, WoAA
02	# of undernourished pregnant and lactating women	563K	National Nutrition Database
03	% of acutely malnourished children under five who do not have access to treatment services	70%	National Nutrition Database, SQUEAC reports

3.6

Protection



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	CIVILIAN CASUALTIES	NEGATIVE COPING STRAT.
7M	1.6M*	3.8M	0.8M	> 8K	7M

* The HCT notes that the near equal split of the PiN for Protection between men and women is not in line with the disproportionate protection needs outlined in the narrative. The Protection Cluster will continue to analyse this through the year to ensure a more aligned reflection of gender specific needs.

Overview

Marred by decades of conflict, Afghanistan faces a protracted protection crisis characterised by a high rate of civilian casualties; widespread risk of explosive hazards, grave physical and psychological trauma, targeted attacks against schools and health facilities, high prevalence of gender-based violence, and limited access to secure land tenure and documentation. The overall protection environment is also compounded by an underlying inequality between various population groups in the country – with women and girls, most often at the bottom of societal structures.

Analysis of humanitarian needs

Protection violations in Afghanistan have directly affected the physical and psychological well-being of the community. 2018 saw a surge in the number of civilian casualties (10,993 people), of which 3,804 civilians died – a 5 and 7 per cent increase, respectively, as compared to 2017. In 2019, the number of civilian casualties remained at elevated levels. In the first nine months of the year, UNAMA documented 8,239 civilian casualties, with a significant spike in violence registered during the third quarter. Between July and September 2019, the highest number of casualties were seen since systematic recording began in 2009. The combined use of suicide and non-suicide improvised explosive devices (IEDs) is the leading cause of civilian casualties (42 per cent), followed by ground engagements (29 per cent) and then by aerial attacks (11 per cent). Aerial attacks continue to be the leading cause of civilian deaths (accounting for some 23 per cent). Badakhshan, Badghis, Farah, Faryab, Ghazni, Kunduz, Laghman and Nangarhar are the main provinces of origin and displacement for conflict-affected communities.

In addition to civilian deaths and displacement, the conflict has had grave consequences for the physical status of millions of people across Afghanistan. Some 11 per cent of people in Afghanistan are estimated to have at least one form of physical disability, many caused by the conflict. The landmine and ERW situation poses serious risks to those who have remained in conflict-affected areas or have returned to their place of origin after a period of displacement. The 2019 WoA Assessment shows that prevalence of disability was four per cent higher amongst host communities and non-displaced shock-affected households as compared to IDP households. The impact on the conflict on mental well-being is also severe. One out of two Afghans

is suffering from psychological distress and some 20 per cent of the population is impaired in his or her role due to mental health issues.¹⁰⁷

Protection risks have also affected people's ability to attain safe and dignified living standards and their ability to access their basic rights - rights under IHRL and IHL, as well as those rights that relate to equality in the community. IDP households that reported the existence of mines, explosive remnants of war (ERW) and pressure plate improvised explosive devices (PPIEDs) around their community before displacement more often reported having had no access to at least one basic service (education or health facilities) – nearly 21 per cent in comparison to 12 per cent of households that did not report the presence of such mines.¹⁰⁸ These households stated that existence of mines negatively impacted their daily routines, restricting access to certain areas in/around the community. With regard to the protection of children, education facilities continue to be heavily affected by ongoing conflict – often destroyed, forced to close or used for military purposes. The EiEWG notes that in the first 10 months of 2019, 722 schools were forcibly closed and remained closed due to insecurity. When schools closed, 328,094 (113,597 girls and 214,497 boys) children¹⁰⁹ were prevented from learning, missing the chance to build their future, and often risking engagement in dangerous work. When armed actors are present in the immediate vicinity of education facilities, children are exposed to physical threats both on their way to and from school and while at school. This ranges from verbal and physical harassment, to recruitment by parties to the conflict, as well as direct attacks by those who oppose the provision of education, especially for girls. The case is similar when it comes to accessing health care. In the first eleven months of 2019, an estimated 41,000 health consultations missed due to the forced closure and destruction of health facilities in violation of IHL.

When accumulated, protection concerns have also had a flow-on effect on people's resilience, reducing their ability to quickly overcome/recover from the impact of other recurring shocks and often forcing them to resort to negative and irreversible coping mechanisms. Conflict breaks the social networks of many communities that could have provided some form of first-line support or protection mechanisms. Recent protection monitoring data in the west has shown the dire effects of protracted displacement on vulnerable families, with many employing severe negative coping mechanisms. Many of these families are unable to afford food and basic services

such as health care and education (due to higher ancillary costs), as well as basic hygiene products. Many have been seen to rely on child marriage and child labour (sometimes using children as young as 2 and 3 years old). The debt situation has reportedly resulted in serious safety concerns for IDPs. Discussions with IDPs shows there are a few extreme cases where creditors have abducted or kidnapped children as a way of pressuring parents to repay their debts. The ability of IDPs to repay remains limited. IOM data reveals that in Badghis, it would take an IDP family 16 years, on average, to repay their debt if they were able to earn the same income they earned prior to displacement.¹¹⁰

The severity of protection concerns is felt differently across the

different layers of societal groups with people who have a disability being especially impacted. Nearly half of displaced households headed by a person with disability reported at least one member of their family showing signs of a deteriorated mental health conditions -twice the prevalence of other households. In the west, where the impact of the 2018 drought was felt more powerfully, protection monitoring reports show that as many as 39 per cent of the displaced households in Hirat and Badghis provinces include people with disability, and over 60 per cent are single-headed households.

Sub-Sector
Child Protection

PEOPLE IN NEED

1M

GIRLS

0.5M

BOYS

0.5M

WITH DISABILITY

115K

ERW CASUALTIES

3/4 are children

Overview and affected population

The ongoing armed conflict in the country continues to distress children and their caregivers. Overall, children make-up 56 per cent of all people in need in 2020. Nearly 12,600 children were verified to have been killed or injured from 2015-2018, predominantly as a result of ground engagements, non-suicide IED attacks, explosive remnants of war, aerial attacks and suicide IED attacks (in that order). In the first nine months of 2019, children made-up nearly 30 per cent of all casualties¹¹¹ (2,461 children). Normal structures that protect children at national, local and community level have broken down during conflict and natural disasters. This has created an environment with a high risk of separation of children from their families; psychosocial distress; recruitment into the armed forces and armed groups (particularly for boys); exploitation of boys and girls through child labour; early and forced marriages (especially for girls), denial of education opportunities; and sexual

exploitation. Given the way that traditional kinships are structured, many children who are affected by displacement are either left with elderly and single grandparents, who are unable physically to support the family, or are left unaccompanied altogether. Almost 10 per cent of children are impaired in their daily lives by a mental health problem,¹¹² affecting their ability to absorb knowledge at school and their overall cognitive development. Due to limited availability of mental health care and the social stigma people face around mental health and the absence of conceptual frameworks within communities to identify and seek support for mental health issues, many of these children will remain untreated. Although it is difficult to know the exact number of those who have been recruited by parties of the conflict, the UN documented some 274¹¹³ children as having been recruited by armed groups between 2015 and 2018. Poverty and eroded livelihoods continue to further sway parents and communities to use negative coping strategies which

expose children to further risks and child rights violations. This is particularly the case for more vulnerable households. The WOA Assessment shows that households headed by a person with disability report a higher proportion of children working outside the house (24 per cent compared to 19 per cent for other households). Thirty-four per cent of these households headed by a person with disability also reported that children having to earn money was a factor in their male children not attending school, compared to 18 per cent for other households. Young boys have additionally been exposed to illicit activities at a young age, such as the opium trade.

The Protection Cluster estimates that around 1.04 million children will have child protection needs in 2020.

Sub-Sector Gender-based Violence

PEOPLE IN NEED

3.6M

WOMEN

1.5M

CHILDREN

2M

WITH DISABILITY

399K

GBV FACED BY

53% women

Overview and affected population

Afghanistan has pre-existing gender and social inequalities that disadvantage women and girls. Women and girls are deprived of basic rights, including land ownership, despite being granted rights under the constitution and Islamic laws. The protracted crisis context adds to the already-compromised protection environment, especially for women. Women and girls have much lower access to basic services such as education. In addition to negative cultural beliefs about girls' education, specific barriers to girls' education are partly associated with risks of verbal and physical harassment as well as safe facilities in schools such as toilets and the existence of surrounding walls.¹¹⁴ At lower secondary level, girls are more than twice as likely (8.3 per cent vs. 4.1 per cent) to drop out than boys.

Denial of resources, opportunities, or services, emotional abuse, and forced

marriage were the most highly-reported types of GBV. According to the 2018 WOA Assessment, 72 per cent of respondents reported GBV situations where resources, opportunities, or services were denied; 71 per cent reported situations of emotional abuse; and 59 per cent reported forced marriage. Twenty-seven per cent of households in provinces with the highest proportion of their population displaced (Hilmand, Uruzgan, Zabul, Khost and Paktya), reported GBV incidents in the community in the 30 days prior to assessment. Similarly, 61 per cent of households indicated that women feel less safe when travelling to or at specific locations or can be subject/vulnerable to violence.

The 2018 PACAP corroborates the above and shows that the situation is more severe in the south, where 40 per cent of displaced households reported to know of harassment or violent attacks against women, girls or boys in their community in the 30 days

prior to data collection, compared to a national average of 7 per cent of displaced households. The three provinces with the highest proportion of households knowing of harassment or attacks against women or children were Uruzgan (81 per cent), Zabul (50 per cent), and Hilmand (47 per cent).¹¹⁵

The inherent weakness of the legal system, the fragility of the health system and the lack of social safety networks further increase the vulnerability of women and girls to repeated violence. For many GBV survivors reaching available services such as police, the courts and healthcare requires considerable investment of time, resources and determination to overcome socio-cultural barriers, especially when displaced. The consequences of GBV can be both fatal (homicide and suicide) or non-fatal (chronic pain, traumatic injury or traumatic obstetric fistula).

Sub-Sector Mine action

PEOPLE IN NEED

2.5M

WOMEN

0.6M

CHILDREN

1.4M

WITH DISABILITY

280K

ERW CASUALTIES/ MONTH

120

Overview and affected population

2019 saw a continuation of trends in explosive hazards as 2018 (where an average of 120 people per month who were either killed or injured by landmines, ERW and/or landmines of an improvised nature in Afghanistan). Afghanistan is on track to becoming the country with the highest number of recorded landmine and ERW

casualties in 2019, as was seen in 2018 and 2017.

A total of 1058 (72 women, 419 men, 89 girls, 478 boys) explosives-related casualties were recorded in the first nine months of 2019. While this shows that men and boys are more impacted by explosive devices, their death and injury usually results in a significant burden on women (and their families), who

often have to become the head of household, while carrying out their prior duties and tending to their injured family member at the same time. Children comprised the majority - 77 per cent - of civilian casualties from explosive remnants of war. While explosive hazards remain a humanitarian concern right across Afghanistan, the south (Kandahar, Hilmand, Zabul, Uruzgan), south-east (Ghazni,

Paktya), and east of the country (Nangarhar, Kunar) are mosy affected. Other significantly impacted provinces include Faryab (north), Hirat and Farah (both west). These eleven

provinces made up 70% of mine and ERW casualties between 2011 and 2018, with the same trend continuing in 2019.

Sub-Sector
Housing, land and property



Overview and affected population

Around 3.5 million Afghans suffer as a result of land tenure insecurity.¹¹⁶ Recently displaced and returnee households often face highly insecure tenure, immediate threats of eviction and severe restrictions placed on much-needed upgrades to shelter and infrastructure (e.g. WASH). Many IDPs and returnees are in a protracted state of displacement, facing many years of tenure insecurity, shelter and infrastructure deficits. Land often cannot be made readily available

to accommodate the influx of IDPs and returnees due to the complexity of land allocation processes and lack of clarity over ownership/property rights, even of government land.

It is estimated that less than two per cent of land is held or owned by women.¹¹⁷ Inequitable cultural models of gender mean women face additional barriers to accessing HLP rights, because they have more difficulty accessing legal documentation to support their occupancy claims. At the national level,

it is estimated that 90 per cent of men and 38 per cent of women possess a Tazkera.¹¹⁸ In urban displacement settings, a UN-Habitat survey has shown that less than eight per cent of women who were in a protracted state of displacement were in possession of a Tazkera. This exacerbates the insecurity faced by female-headed IDP households, a third of whom say they are unable to return to their areas of origin due to land occupation.¹¹⁹

Projection of needs

With conflict sustained at heightened levels, it is anticipated that the protection environment for 2020 will remain similar to 2019. Analysis of the 2019 PiN figure shows that it did not accurately reflect the protection needs of the people of Afghanistan – representing only 33 per cent of the overall PiN figure at a time when millions are grappling with the impact of continued conflict, poverty and natural disasters. In line with the new definition of humanitarian action in Afghanistan agreed by the Humanitarian Country Team, the Protection Cluster has adjusted course and now estimates that in 2020, some 6.99 million people will have protection needs that should be addressed.

Looking forward, the projected number of people in need of protection support in 2021 currently stands at 5.5 million people. The estimate is based on a similar security and internal displacement scenario to 2020. Although the protection environment in neighbouring countries remains subject to political and regional dynamics, it is expected that returns from Pakistan at least will remain low. Furthermore, the Cluster

anticipates a minimal increase in undocumented returnees from Iran and a small decrease of returnees from Pakistan. The bulk of the people in need for 2021 will likely fall under the category of ‘acutely vulnerable people with humanitarian needs’. The Cluster estimates that 4.6 million people, whose needs will not be fully met in 2020, will require protection assistance into 2021.

Monitoring

Building on the foundation of the existing Response Planning and Monitoring Module (RPM), the Protection Cluster will strengthen its monitoring framework across the country with the aim of ensuring better compliance with reporting requirements across sub-clusters and regions and a clearer understanding of protection needs throughout the year. The Cluster will also take extra care to ensure national partners can report by offering the possibility of reporting into the RPM and ReportHub in local languages. Within the Protection Cluster there is a large untapped resource of information in the form

Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.50M	0.26M	0.20M	6.02M	0.013M	6.99M
2021	0.50M	0.26M	0.20M	4.60M	-	5.55M

of ongoing protection monitoring across the country. Before the start of 2020, the Protection Cluster will attempt a significant overhaul of these various monitoring systems in order to harmonise them with its overall monitoring framework. In addition, the Cluster will expand the use of the extensive Awaaz network to gather additional needs data which will contribute to its overall reporting. The Cluster will also provide a mid-year status update on the five sectoral needs indicators listed below, adjusting course as necessary, based on the results.

Mine action needs are analysed by the national mine action authority

(Directorate of Mine Action Coordination – DMAC) based on a monthly quantitative report prepared by its Management Information Systems department, which manages the Information Management System for Mine Action (IMSMA). DMAC also hosts a monthly stakeholder meeting, where mine action implementing agencies, donors and the DMAC analyse relevant issues. In addition, UNMAS formally analyses mine and ERW civilian casualty trends on a quarterly basis, both at the national and the regional level. Communities provide input and feedback through the Awaaz and DMAC hotline.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	Ratio of persons with vulnerabilities/specific needs to entire population	1.7%	WoA Assessment
02	Number of children on the move who receive protective services through CPiE-supported programmes	15,000	CPiE Sub-Cluster
03	Number of women, girls, boys and men reached with life-saving, survivor centered, multi-sectoral GBV services, awareness and dignity kits	152,000	GBVIMS
04	Number of people with unmet need for occupancy documents	564,000	WoA Assessment
05	Number of people killed or injured by landmines, Explosive Remnants of War (ERW) and/or landmines of an improvised nature	1,060	Information Management System for Mine Action - IMSMA

3.7

Water, Sanitation and Hygiene



PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY	STRESS/SEVERE NEEDS	NO HYGIENE ACCESS
4.9M	1.1M	2.7M	0.5M	81% dists.	68% IDPs

Overview

A considerable proportion of the population in Afghanistan has limited access to safe water, adequate sanitation facilities and hygiene practices. This is primarily attributed to decades of conflict in the country and repeated sudden-onset natural disasters that damage the limited infrastructure that does exist. Unavailability of basic WASH services is more pronounced in districts that are hard-to-reach – where 59 per cent¹²⁰ of the districts were found to be in WASH stress and another 22 per cent are in severe need. The underpinning factor, however, is underdevelopment – which has inhibited the widespread availability of adequate basic water and sanitation infrastructure in the country. For many safe water is not available within 0.5 km of their home (as per SPHERE standards). This is particularly the case for displaced households, as 57 per cent¹²¹ of displaced households with insufficient or barely enough water indicated that water points are too far to allow them to collect water to meet their water demands, while 15 per cent of households confirmed that water is not available within 0.5 km of their homes. This does not include the level of access in the 100 hard to reach districts where needs are more acute and access is more restricted. Hosting large numbers of IDPs and returnees puts an added strain on the pre-existing poor infrastructure in host communities. Disrupted livelihoods and reduced income, coupled with chronic underlying poverty, further challenge families' capacity to purchase essential hygiene supplies. As many as 68 per cent of displaced households reported not having access to or being unable to afford basic hygiene items according to the 2019 WOA Assessment.

Open defecation is widespread in Afghanistan, exacerbating the risk factors for diarrhoeal epidemics and other disease outbreaks. An assessment of 10 provinces in 2017¹²² showed that 58 per cent of the drinking water sources across these districts were contaminated with *E. coli*.

The severity of hazards; the level of resilience and preparedness capacities; and the type and functionality of existing water and sanitation infrastructure all determine how well people are able to cope and meet their basic WASH needs during sudden-onset shocks. In Afghanistan, indicators suggest that people's coping capacity and ability to meet their WASH needs are badly eroded by conflict, disaster and poverty.

Affected population

People affected by conflict and natural disaster, who are displaced and or who remain affected in their homes, continue to be exposed to risks from using unsafe water sources and unimproved sanitation facilities. The situation has affected children, in particular, with 37 per cent of displaced households reporting at least one child under five years having experienced AWD in the two weeks prior to the WOA Assessment.

Natural disasters have either fully or partially damaged many water supply schemes in the east and west of Afghanistan – affecting people residing in Nangarhar, Laghman, Badghis, Faryab, and Hirat provinces. The impact of conflict on WASH infrastructure has been more widespread with people living in Kunduz, Uruzgan, Maidan Wardak, Laghman, Kandahar, Baglan and Farah provinces more critically affected. Some 42 per cent¹²³ of settlements in hard-to-reach districts use unimproved water sources. Their needs are exacerbated by the inability to easily undertake repairs to damaged infrastructure or deliver assistance to meet their minimum water, sanitation and hygiene needs.

In 2020, it is estimated that over 195,000 additional returnees and more than 72,000 refugees will face severe livelihoods challenges and will stay in impoverished host communities. This is likely to leave them with little capacity to procure basic hygiene supplies, driving them to resort to poor hygiene behaviours. More than 65 per cent of returnees live in settlements that do not have access to any WASH services, whilst others stay with host communities where services are already over-stretched.¹²⁴ The WASH Cluster has identified Nangarhar, Kabul, Khost, Nimroz and Kandahar provinces as critical areas of concern.

Based on past trends, the WASH Cluster estimates that out of some 500,000 IDPs, around 90 per cent (450,000 people) will have life-saving WASH needs in 2020, predominantly in 21 provinces where the concentration of IDPs is high. Some 180,000 shock-affected, non-displaced people (conflict and natural disasters), will have critical WASH needs across 14 densely populated provinces. Additionally, over 3.9 million acutely vulnerable people are struggling as result of escalating WASH needs induced by cumulative years of shocks and their inability to subsequently recover from these shocks. Overall, some 4.8 million people will have critical WASH needs in 2020.

BETWEEN BADGHIS AND HIRAT, WESTERN AFGHANISTAN

July 2018. Residents collect water in a nearly dry river bed. Photo: OCHA/Philippe Kropf

**Analysis of humanitarian needs**

Water and sanitation are critical determinants of survival in the initial stages of a disaster. People affected by disasters are generally much more susceptible to illness and death from diseases, largely related to inadequate sanitation, inadequate water supply and the inability to maintain good hygiene. Outbreaks of diarrheal diseases, including dysentery and cholera, are common in such emergencies. WHO reports over 1.25 million cases of AWD in Afghanistan in 2019.¹²⁵ This has disproportionate life-threatening implications for children. Fecal-oral diseases may account for more than 40 per cent¹²⁶ of deaths in the acute phase of an emergency, with greater than 80 per cent of related deaths being among children under five years. For Afghanistan, in a 'normal' year, 13 per cent of all deaths among children under five are associated with diarrhoeal diseases.¹²⁷

Access to adequate water, sanitation and hygiene is also a critical element for a safe and dignified living standard. It hinders children from attending school – partly due to de-prioritisation of education if water is immediately unavailable and also because it deters those with specific hygiene needs from accessing public areas. Sixty per cent of schools in Afghanistan lack basic water supply and sanitation

services, including menstrual hygiene considerations for girls. The latter poses an immediate risk of intermittent school attendance or drop out amongst female students. Assessments in informal IDP sites confirm that the lack of door locks (both from inside and outside) on toilets, adequate lighting, appropriate bathing facilities, as well as the lack of privacy and the fear of harassment on the way to WASH facilities are considerable protection concerns for women and girls. Facilities adapted for people with disability are often unavailable, making this group susceptible to high risks associated with safety and dignity.

Lack of recovery from previous conflict and natural disaster shocks (in terms of disrupted access to water and sanitation services as well as hygiene practices) and the previously short-term nature of assistance that does not address medium/long term needs of people, have combined to create a higher degree of WASH needs. This is particularly the case amongst protracted IDPs and those acutely vulnerable people who have been affected by past shocks. It is more acute in Hilmand, Khost, Takhar, Zabul, Badghis, Kunduz and Faryab provinces. The absence of water and sanitation also induces recurrent disease outbreaks and forces families to spend more money on

Projected needs (2020-2021)

YEAR	PEOPLE DISPLACED IN 2020 & 2021	RETURNEES IN 2020 & 2021	PEOPLE AFFECTED BY SHOCKS IN 2020 & 2021	ACUTELY VULNERABLE PEOPLE WITH HUMANITARIAN NEEDS	REFUGEES LIVING IN AFGHANISTAN	TOTAL
2020	0.45M	0.23M	0.18M	3.97M	0.040M	4.87M
2021	0.45M	0.23M	0.18M	3.40M	0.040M	4.30M

curative treatment of preventable diseases, to spend more time caring for sick children and to lose income from missed work. This adds to the underlying poverty across the community.

Projection of needs

For 2020, the overall number of people with water, sanitation and hygiene needs is 4.9 million. This includes all population groups – internally displaced people, shock-affected, non-displaced (conflict and natural disaster), returnees, refugees and acutely vulnerable people (those reeling from past shocks). Some 450,000 IDPs, 180,000 shock-affected, non-displaced people, 3.9 million acutely vulnerable people without access to adequate and safe water, sanitation and hygiene, as well as 175,000 new returnees and some 94,000 past returnees require WASH services in 2020.

Based on a scenario forecast of largely similar conditions continuing into 2021, the WASH Cluster projects some 4.3 million people will be in need of WASH services. The inclusion of a modest range of more sustainable types of WASH response is anticipated to contribute to reducing the people requiring assistance in 2021.

Monitoring

The WASH Cluster will monitor its three needs indicators through updated data obtained from Geological Information System (GIS)

unit of Ministry of Rural Rehabilitation and Development (MRRD). Throughout the humanitarian cycle, WASH partners undertake various needs assessments, both individually and as part of multi-sector needs assessments, through which data on access to functional water sources, improved sanitation facilities and access to soap and other hygiene supplies will be obtained. Through AWAAZ, WASH will also track responses to reports on any of the three WASH indicators from the affected population. Reported data on AWD and SAM cases (by the Health and Nutrition Clusters) will be closely monitored as these are also proxy indicators of either poor or absent WASH services.

WASH partners have indicated their plans to undertake a WASH needs assessment in 2020, particularly focusing on cash needs and opportunities in the sector. A planned Knowledge Attitude and Practice (KAP) survey among IDP settlements in Hirat province, as well as partner rapid needs assessments and multi-sectoral needs assessments will be used to collect data for monitoring needs indicators during emergencies. To the extent possible, the WASH Cluster will also use HEAT data from ERM partners. Changes in emergency context (conflict pattern, onset of emergencies) will be monitored through OCHA data and reports from the Cluster's zonal focal points and partners, as this will give trends and indications of WASH needs.

Indicators

#	INDICATORS	BASELINE 2019	SOURCE
01	% of people who do not have access to an improved and functional water sources.	33% (43% rural, 4% urban)	MRRD GIS Data, WoAA, Partner needs assessments
02	% of HH who do not have improved and functional latrine.	57% (61,7% rural, 43.5 urban)	MRRD GIS Data, WoAA, Partner needs assessments
03	% of people who do not have access to or cannot afford soap for hygiene promotion activities.	67% displaced populations 23.3% non-displaced populations	Partner needs assessments

ANNEXES

Part 4

Overall Methodology

MAZAR-E-SHARIF, NORTHERN AFGHANISTAN

November 2019. Mariam, 9 years old, and her family fled conflict and found refuge in this village, set in a barren land, 20 kilometers away from Mazar. They survive mainly on tea, bread and rice. Mariam would like to become a doctor when she grows up. Photo: OCHA/Charlotte Cans



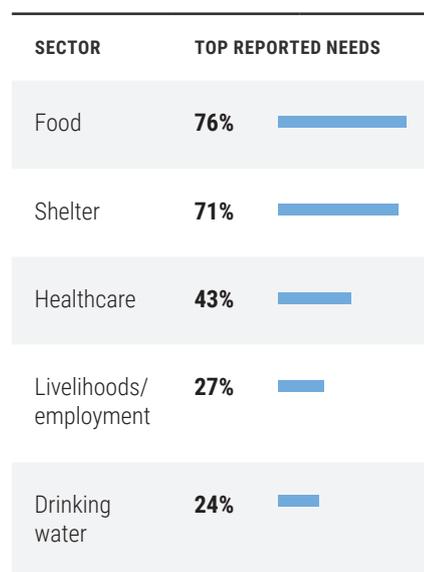
4.1 Data Sources

Whole of Afghanistan Assessment

The second annual multi-sector WOA Assessment was conducted from July to September 2019 to inform the 2020 HNO. The WOA was conducted under the framework of the Inter-Cluster Coordination Team (ICCT) and co-facilitated by REACH, in close collaboration with the UN Office for the Coordination of Humanitarian Affairs (OCHA). A representative sample of 31,343 displaced and shock-affected households was sampled in accessible areas throughout all 34 provinces of Afghanistan, using random cluster sampling. Data collection took place from 17 July to 19 September 2019 by REACH and eight partner organisations. A series of 68 Focal Group Discussions was held with a dedicated Focus Group Discussion held for women in every province. Clusters joined some of these Focus Group Discussions in Mazar-e-Sharif in August 2019 to familiarise themselves with the data collection methodology.

WoA Assessment

Top reported needs by displaced households



Source: WoA Assessment, 2019

Hard-to-Reach Assessment

Due to the volatility of the security and environmental situation in Afghanistan, there are multiple areas across the country that remain 'hard-to-reach'. Such areas remain doubly marginalised, in that there is a lack of information ranging from basic population figures to needs and vulnerability analysis in these areas. This lack of information in turn feeds into a lack of inclusion of these areas into humanitarian planning. To ensure that this analysis and humanitarian response planning for 2020 fully accounts for the needs of these populations, REACH, in coordination with OCHA, the ICCT, and Humanitarian Access Group, conducted an assessment to profile multi- and inter-sectoral needs in prioritised HTR districts in Afghanistan, designed to complement and align with the WOA Assessment.¹²⁸

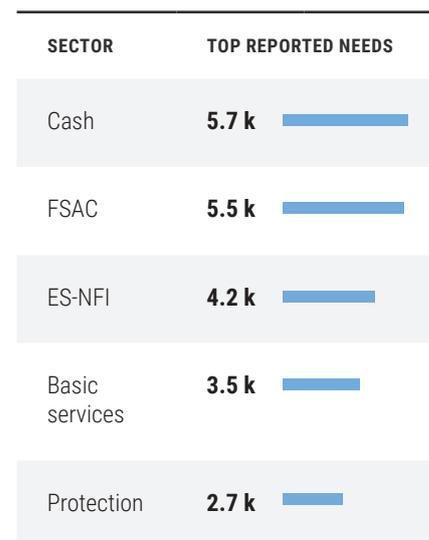
Between July and September 2019, a total of 3,114 Key Informant Interviews (KIIs) were conducted in 100 HTR districts, spread across 23 provinces, giving a stronger voice to these marginalised populations.

Awaaz

Awaaz is a common feedback service that provides accountability to affected populations (AAP) through a shared, national call centre that launched in May 2018. Functioning as a cross-network, toll-free hotline (open seven days a week), Awaaz facilitates a real-time two-way flow of information between affected populations and the humanitarian community at a localised and country-wide level. By dialing 410, any person with access to a mobile phone can speak to one of ten multi-lingual operators (50 per cent of whom are women) in either Dari, Pashto, Urdu or English, to access information on or lodge feedback about ongoing humanitarian activities around the country. Acting as a two-way communication channel, Awaaz provides

Awaaz Afghanistan

Top reported needs by sector



Source: Awaaz Afghanistan

information on humanitarian services to affected populations, enhancing access to humanitarian assistance, linking callers with established referral systems and providing a complementary complaint and feedback mechanism. Relaying this self-identification of needs and priorities to the humanitarian community (disaggregated by gender, age, location and needs) promotes better understanding of the priority concerns and preferences of affected people across the country, improved integration of beneficiaries' feedback into the programme cycle and endorses the Grand Bargain's commitment to the participation revolution. Overall, the nature of the needs expressed via Awaaz is consistent with those identified in assessments and echoes the multi-dimensional and inter-woven humanitarian and development challenges now confronting the population. It is critical to note that Awaaz compliments a range of feedback mechanisms established by individual agencies, results from which also feed into cluster analyses.

Afghanistan in 2019: A Survey of the Afghan People

The Afghanistan in 2019: A Survey of the Afghan People is an annual perception survey conducted by the Asia Foundation which has been conducted since 2004 and is able to provide a picture of longitudinal trends over time. In 2019, a national sample of 17,812 Afghan respondents aged 18 years and above were surveyed face-to-face across all 34 provinces from July 11 to August 7, 2019. A team of 1,279 enumerators (604 females, 675 males) and 35 field supervisors conducted the fieldwork. The sample is 51 per cent male and 49 per cent female, 18 per cent from urban households and 82 per cent from rural households, and weighted to be gender balanced (50:50) and nationally representative (75.1 per cent rural, 24.9 per cent urban) using the most recent 2018–2019 population data from the National Statistics and Information Authority (NSIA). This year's margin of error at the 95 per cent confidence interval with $p=.5$ is ± 1.16 per cent based on a design effect estimate of 2.475. Of the respondents, 15,930 (89 per cent) were randomly selected, while 1,882 (11 per cent) were the subject of "intercept" interviews, which are conducted with individuals

who live in inaccessible areas but are not randomly selected. All data presented in the report represents the 15,930 randomly selected individuals unless otherwise indicated.

Seasonal Food Security Assessment (SFSA) and Integrated Phase Classification (IPC) analysis

Food security and other vulnerability calculations in this HNO were heavily reliant on results from the nationwide SFSA and subsequent IPC analysis. SFSA data was collected from a sample of 22,250 households from 2,225 settlements across 350 urban and rural districts of the country, making it highly representative at the national and provincial level. The scope of the analysis was different this year, with survey coverage of both urban and rural communities for the first time. Thus, the results from the 2018 and 2019 surveys are not directly comparable. Another layer of the sample is used at community level to understand the issues through focus group discussions. The SFSA also collected market information at the district level to provide information on access, availability and prices of different food items. The IPC analysis is the second major set of data which has been used

Number of assessments

NO. OF ASSESSMENTS

1,005

PLANNED ASSESSMENTS

44

PARTNERS

73

TYPE OF ASSESSMENT

Multi-sector
Cluster Specific
HEAT/RAF



	ESNFI	FSAC	Health	Nutrition	Protection	WASH	HEAT/RAF	Multi-sector	Total
Capital	0	1	2	2	6	3	79	4	96
Central Highland	0	1	2	1	5	0	19	3	30
Eastern	2	1	2	2	6	5	238	4	259
North Eastern	0	1	2	0	5	0	128	4	139
Northern	0	1	2	0	6	0	136	4	148
South Eastern	0	1	2	1	5	3	31	4	46
Southern	0	1	2	0	13	4	75	4	98
Western	2	1	2	5	11	6	236	4	266

to identify vulnerable people living in food insecurity. A combination of data is used to feed into this analysis including the SFSA dataset, the WOA Assessment results, Agriculture Prospect Report data, Nutrition SMART surveys, precipitation results, market price data and FSAC partner response data.

The Protection Assessment of Conflict-Affected Populations (PACAP)

The PACAP was last conducted in 2018 and was aimed at identifying the impact of conflict, particularly on the protection concerns of displaced populations before, during and after displacement, as well as outlining the protection environment in the area of residence for conflict-affected people who stayed in their homes. The assessment further differentiates between the protection needs and vulnerabilities of recent IDPs, non-recent IDPs, returnees, as well as refugee households and local households that remain in conflict-affected

areas. This provides depth and breadth to existing information provision, while expanding research to fill information gaps relevant to protection programming in Afghanistan. This assessment was designed by REACH in support of the Afghanistan Protection Cluster and partner organisations, to build an analysis framework that aligns indicators with the programmatic aims of the cluster and its partners. The main PACAP dataset consists of 17,845 structured interviews in all 34 provinces of Afghanistan, collected between the 17 March and 3 May 2018. The interviews were randomly sampled and stratified according to displacement status, including recent IDP, non-recent IDP, returnee, refugee, and host community households. Findings based on the household-level survey are generalisable at the provincial level for displaced populations overall, and at regional level when comparing between displacement groups.



4.2

Methodology

New approach to analysis

Afghanistan is in the middle of a multi-year HRP (2018-2021) and as such has opted not to adopt all elements on the new Humanitarian Programme Cycle approach in the HNO as this may reduce alignment between the two documents. Instead a hybrid approach has been employed reflecting the spirit of the new analysis and key concepts, while still aligning with the structure of the existing multi-year HRP. Afghanistan's methodology reflects the new conceptual framework of context, impact, consequences, risks and inter-sectoral analysis.

As previously described, the HCT has also adopted a broader scope of analysis for 2020/21 which still prioritises emergency needs generated

by sudden shocks, but which also better reflects additional needs faced by vulnerable people and the needs of those whose resilience has been eroded by cumulative shocks, hindering their recovery.

Application of this hybrid methodology and the broader scope of analysis has resulted in a total number of people in need for 2020 of 9.38 million. This was produced via an analysis of existing needs facing vulnerable people, as well as projected needs of people expected to be affected by natural disasters and or displacement/cross-border movement.

Calculation of People in Need (PiN)

Projected needs: 1.43 million

For the shock-affected portion of the population, the ICCT analysed trends in conflict-related trauma, internal displacement, cross-border returns and natural disaster impact and then considered how these might develop under the agreed planning scenario (status quo, with a possibility of some deterioration).

In 2019, it was expected that 500,000 people would be displaced nation-wide. At the time of publication, the 2019 figure stands at 398,000 with further displacement anticipated before the end of the year. As such, it was unanimously agreed that due to the current political and security environment, the planning figure for displacement in 2020 should remain the same as 2019 at 500,000.

For returnees and refugees, IOM and UNHCR produced a series of possible scenarios, of which the ICCT agreed to adopt the worst-case scenario for planning purposes to ensure good preparedness. For planning purposes, the overall figure of 255,000 has been used.

For natural disasters, the ICCT used a longer period of analysis (eight years) as events have been more unpredictable, particularly with the drought, followed by more intense flooding in 2018/19. Given that the drought has now passed, and normal rainfall is expected in the first

months of 2020, it was agreed that an average of disaster impact in 2012-2019 would be used, excluding the years when exceptional events occurred. Thus, a planning figure of 200,000 people was agreed for people affected by natural disasters in 2020.

Existing needs: 7.95 million

Given the revised parameters for analysis in 2020, the ICCT had to develop a new methodology for assessing and quantifying vulnerability and resilience/recovery needs, in addition to the newly shock-affected population already reflected above.

In line with the revised parameters for analysis, clusters used common data sets to identify the number of most vulnerable people who are unable to access basic services, ensure their own survival and dignity, or support their own recovery. The aim was to use available evidence to calculate those cases that are expected to easily slip back into worse humanitarian need, if they are not assisted. This intersectoral analysis was based on the combined results of the WOA Assessment, the SFSA/IPC analysis and a series of cluster-specific surveys where relevant (Health and Nutrition).

In the absence of a sample covering all population groups to produce

DAND, SOUTHERN AFGHANISTAN

March 2019. Community elders meet with OCHA to share their concerns. Photo: OCHA/Jawad Hamdard

a nation-wide vulnerability figure from the WoA Assessment, clusters used the number of people in IPC 3 and 4 as a proxy population baseline for analysis. Based on this, the ICCT calculated the proportion of these households that were found to have at least one vulnerability criteria, as well as a sectoral need. In addition to those in IPC 3 and 4, the following vulnerability criteria were included in the analysis: households headed by a person with disability, households with

high debt (>200k Afs), households where people have no Tazkera, households headed by an elderly person, households headed by a woman, households with someone exhibiting possible signs of mental illness.

In addition, more than 72,000 refugees already in south-eastern Afghanistan were assessed as having humanitarian needs.

Severity of Needs

The four Inter-Sector Severity Maps are based on composite indicators of severity of need for each humanitarian consequence. Each composite indicator has a severity ranking of 1-5 for each province for each consequence.

A full-day ICCT workshop was held to agree on a total of 29 indicators to be used in the analysis for the Inter-Sectoral Severity Maps, covering all humanitarian consequences: nine indicators for critical problems related to well-being/survival; seven for critical problems related to living standards, six for Protection and seven for resilience and recovery. A number of different datasets were used to inform the Inter-Sectoral Severity Maps, including 11 indicators from the WoA Assessment and 18 from sector-specific assessments or other analyses.

A small technical working group was then brought together to support the finalisation of weights and thresholds for each of the indicators to produce severity rankings (1-5). For example, for a province to be determined a level 4 (severe), the average of all (weighted) indicators had to be greater than or equal to 3.5. A level 4 or above thereby identifies those provinces that require an immediate and integrated humanitarian response.

The rankings allowed for a geographical comparison of severity and helped guide analysis of these consequences across the country. Importantly, the maps portray inter-sectoral severity, highlighting areas in which people had multiple sectoral needs. It is important to note, however, that these maps may conceal severe, individual sectoral needs within a province, if this severe sectoral need occurs in isolation and is not aligned with results for other sectors.

4.3

Information Gaps and Limitations

Whole of Afghanistan Assessment

Since finalisation of the previous HNO, there has been progress in improving the quality of available data and analysis from the WOA Assessment, conducted by REACH in collaboration with OCHA and the Inter-Cluster Coordination Team. A thorough lessons learned exercise was conducted after the first assessment was completed in 2018 and adjustments were made as part of the 2019 assessment including revisions to the questionnaire, an increase in the number of households surveyed and additional support for clusters in the results analysis phase. However, there remain limitations to this year's data and plans are already in place for further enhancements in 2020 to overcome them. Encouragingly, work on next year's assessment will be able to start earlier in 2020 due to the receipt of stable, multi-year funding for REACH that will allow staff to be retained all year.

This year's assessment had already been launched and data collection was well underway by the time the revised definition of humanitarian action was approved by the HCT in September. As a result, the assessment was not completely aligned with the wider scope of analysis envisaged by the revised definition, especially with regard to vulnerability among protracted IDPs. For the purposes of the HNO, IOM's Displacement Tracking Matrix (DTM) data has been used to provide estimates of protracted IDPs. This data suggests there are more than four million people who have been displaced since 2012 and not gone home. This is the only source of quantitative protracted IDP data currently available in Afghanistan. It is acknowledged that comprehensive tracking protracted IDPs is a difficult task under the current arrangements and has not been a

humanitarian priority in the past because this group has largely fallen outside the scope of humanitarian action. During 2020, information gathering regarding the needs of this group will be enhanced by planned work by REACH to map and better understand the needs of people living in informal settlements. Results of this work will feed into the mid-year analysis of needs indicators and next year's WOA Assessment. Similarly, efforts will also be made to better capture resilience and recovery needs in 2020, in line with this element of the expanded definition. For both of these categories, supplementary data was available for the purposes of this analysis from the SFSA and other surveys.

OCHA and REACH have committed to enhancing the representation of women in the household-level quantitative surveys for 2020. Currently the vast majority of the enumerators are men and cultural expectations mean that the male head of household is exclusively expected answer questions on behalf of each family. While questions are asked about the needs of female household members as part of the survey, these are generally answered by men on women's behalf. Women are usually only able to answer household level surveys when they are the household head. Conscious of this bias, regular comparisons are drawn between the answers of male and female-headed households on various issues. However, the views of females living in male-headed households remain under-represented in the quantitative data. Moving forward, plans are under development to hire/source sufficient female enumerators to allow for separate male and female household level interviews in enough locations to provide a representative sample next year. Women's views are better captured through the WOA Assessment Focus Group Discussions, with at least one women-only discussion

conducted in every province as part of this year's data collection.

Lastly, insecurity did not allow for household interviews to be conducted in several hard-to-reach districts across Afghanistan, limiting the WoA assessment's scope. To address this gap, the WoA household survey was complemented with a Hard-to-Reach Assessment including 3,114 Key Informant Interviews (KIIs) conducted in 100 hard-to-reach districts, selected in collaboration with the Humanitarian Access Group (HAG). Ensuring this data set is comparable to other standardised sectoral assessments is a priority for 2020.

Disability, mental health and GBV

Due to the ongoing conflict, significant gaps remain in terms of data on the prevalence of disability and mental health issues. The WOA Assessment made some inroads on both issues this year, however, this data is self-reported and reliability is difficult to gauge. That being said, disability data collected did allow for analysis of the situation facing households headed by a person with disability, which is in line with the 2019 IASC guidelines on inclusion of persons with disabilities in humanitarian action. Enhanced use of standardised tools such as the Washington Group Questions (WGQS) should continue in 2020.

Despite acknowledgment that GBV is widespread in the community and a key generator of protection needs among women, data on the prevalence of GBV is scant. The only existing data comes from the very small proportion of survivors who have reported their abuse and this is thought to be only a tiny fraction of the overall problem. This makes it extremely difficult to estimate need. Efforts are underway by the GBV sub-cluster to improve data availability but this is

expected to remain a challenge.

Similarly, mental health data is limited and for the purposes of this analysis was based on the only dedicated national mental health survey conducted in the country, as well as indicative answers from the WOA Assessment. This year the WOA Assessment attempted to measure the number of households where members had observed someone exhibiting 'behaviour changes' that could be proxies for psychosocial issues. While useful, this is not a medical assessment so results are only indicative of possible issues and the perceptions of household heads about their family's mental health. Getting a better snapshot of mental health needs is a priority for 2020.

Awaaz

After more than a year of operation, Awaaz is proving an increasingly useful information source for operational partners on emerging needs and response priorities in conflict and natural-disaster affected areas. Since its inception in May 2018, Awaaz has handled more than 91,000 calls (19 per cent from women and 14 per cent from children). Issues and needs registered through Awaaz, although reflective of the real and immediate issues people face, can, however, only be considered illustrative. Results are limited in their representation to those sections of the community which are aware of the call centre. The WOA Assessment results showed that 93 per cent of respondents were not aware of any feedback or complaint mechanism existing in the country. Of the seven per cent who knew of one, only a quarter were aware of Awaaz. Awaaz has built strong relationships with cluster and agency partners and there is some evidence partners have adjusted their response approach and mitigation measures as a result of needs/complaints data received from Awaaz, however, there is considerable scope to expand this moving forward. There is also scope to expand proactive use of Awaaz in sourcing real-time data inside emergency situations. In 2019, the Protection Cluster attempted to gather information from pre-existing callers inside communities in the north east which had been cut-off by NSAGs. The attempt was a useful exercise but demonstrated the limitations created by interruptions to phone networks in conflict situations. Lessons learned from this exercise will be applied to future efforts.

Afghanistan in 2019: A Survey of the Afghan People

This annual perception survey conducted by the Asia Foundation presents findings that are indicative of perceived not actual issues/obstacle/challenges and should be analysed in combination with other data to give a full picture. Furthermore, the 2019 survey was conducted in July and August – before September's violent presidential election and the initial breakdown of peace talks, so may not be representative of current views.

Response and funding monitoring

2019 has also presented some challenges in terms of response monitoring data which feeds into the HNO analysis. This was largely driven by the drought response for which substantial donor contributions (\$112 million) were received very late in 2018 and only spent in early 2019. While response targets for 2019 have already been

exceeded, this carry-over has skewed the results when compared to funds received. It is expected that a similar problem may be repeated in 2020 due to the receipt of substantial late funding. Data collection on the use of cash in 2019 was problematic due to a gap in leadership of the Cash and Voucher Working Group. A new chair has arrived in country, as well as a CashCap and work to address this gap is now well underway ahead of 2020. FTS reporting has been problematic in 2019 with instances of both under-reporting and inaccurate reporting identified. There is also a disproportionate amount of funding listed under 'Sector not specified', making it difficult to accurately analyse funding levels for different sectors. This all conspires to reduce visibility of funding gaps and the ability of the humanitarian community to meet needs.

Cross-border and other return populations

Additional challenges remain in information gathering related to the cross-border return of Afghanistan citizens from Iran which average 480,000 people per year. This is a result of the nature of the Iran-Afghanistan frontier, as well as present infrastructure and resourcing on this border. Furthermore, there has been significant recent growth in the number of people who are being forcibly deported from Turkey through flights into Kabul, a practice which is presently the subject of high level government negotiations and dialogue. This issue will require active monitoring by the humanitarian community in 2020 and possibly greater resourcing, should it continue to expand at its current pace.

Food security

The cluster is working collaboratively with all partners across the country for the timely provision and dissemination of provincial level information on the food security situation and the Cluster has not encountered significant data gaps. The SFSA 2019 data and the IPC analysis have provided an important snapshot of needs in the country. A change in methodology for 2019 has overcome a past information gap, with data now being collected on food insecurity in urban, as well as rural areas. To capture both the pre- and post-harvest situation, it is recommended that in 2020, two IPC analyses should be conducted.

As with 2018, baseline population data was again a sticking point in the Government endorsement process. The UN prefers to use FlowMinder population projections which account for significant population growth, where the Government relies on NSIA data that is based on a partial census carried out in 1979. For this year, the IPC analysis report included both sets of data but the existence of different data sets undermines clear advocacy on the scale of needs. Resolving this issue on the accuracy of population data remains a priority for the humanitarian community.

Education

Current data on the number of out of school children in Afghanistan dates back from 2018 (Education Information Management System - EMIS) and has not been updated. The EiEWG plans to conduct a country-wide assessment in 2020 to get an updated overview of critical Education in Emergencies needs across multiple crisis-affected

population groups, ensuring more nuanced and localised information to guide programmatic responses. There is also no data available on WASH service levels in schools and other local/community learning centres.

Emergency shelter and NFI

Several sector-specific information sources, as well as the multi-sector WoA Assessment, provided a comprehensive evidence base for the analysis of ES-NFI sectoral needs for 2020. The supporting datasets covered priority provinces of Afghanistan and included information and insights on hard-to-reach districts. However, most of the sector-specific assessments utilised are – by their nature – isolated in their geographic scope and focused on the provinces or regions most relevant to the need under review/assessment. This makes nationwide statistical analysis and comparison more difficult. Furthermore, research frameworks of sector-specific datasets often did not allow for statistically valid findings on the specific needs of the most vulnerable groups (i.e. female-headed households, the disabled, the elderly, etc). The cluster is undertaking a sector-specific assessment starting in November 2019 and continuing into 2020 with a view to providing a more nuanced understanding of the key ES-NFI challenges and coping strategies in 13 high priority provinces in Afghanistan. This will also include a rental market assessment in the east to inform alternative emergency solutions to needs in urban settlements. To inform transitional shelter needs and responses across Afghanistan, the cluster will also undertake a desk and field study on the local earth architecture methods outlining coping mechanisms and traditional construction methodologies that affect people's ability to build, rebuild or rehabilitate their shelters.

Health

In 2020, the Health Cluster plans to expand its assessment of health-related access issues facing those in hard-to-reach areas and conflict-affected locations. Additionally, the Health Cluster will look to improve data analysis of the impact of attacks on health care facilities on local populations. There is also no data available on WASH minimum service levels in health facilities and nutrition centres.

Nutrition

There have been gaps in nutrition data for a number of provinces, including: Sar-e-Pul, Wardak, and Faryab, where there has been no updated representative assessment since NIS 2013; likewise, no representative assessment was conducted since 2016 in 10 provinces.¹²⁹ Conflict in Kunduz, Baghlan, Takhar and Kunar in the second half of 2019 has caused widespread displacement and has meant that existing information on nutrition and other humanitarian needs for these groups is obsolete. There is a need for an urgent assessment of the nutrition status of IDPs in these locations. In light of some of these gaps, the Nutrition cluster has worked to gather relevant information through other multi-sector assessments including the SFSA and WOA Assessment. The Nutrition Cluster will continue to support these supplementary data efforts in 2020. In 2020, the Nutrition Cluster and its partners aim to conduct at least 20 SMART nutrition surveys in Afghanistan. This will give a clear and up to date analysis of the

nutrition situation across the country, informing planning and response activities.

Protection

Women, boys and girls, as well as people living with disabilities remain largely unrepresented in national surveys. As outlined above, during the recent WoA assessment, 92 per cent of all heads of household interviewed were male, leaving insufficient information on the specific needs of other groups, especially women living in male-headed households. In the context of Afghanistan, it remains difficult to engage women in meaningful discussions around their protection needs.

Hard-to-reach areas also remain difficult to assess due to physical and conflict-related access constraints. During the 2019 WOA assessment, the majority of information from hard-to-reach areas was conducted through key informant interviews (KIIs). However, this qualitative methodology does mean that findings are indicative and cannot be generalised to the entire population living in hard-to-reach areas.

A major gap for the GBV sub-cluster is GBV prevalence data. A national magnitude and incident analysis is planned for 2020 to attempt to overcome this. Furthermore, there is a data gap with regard to mine and ERW victim needs which is currently preventing mine action actors from connecting victims and their families to relevant organisations in other sectors that can offer assistance. Further data is also needed to understand how mines and ERW impact the lives of people at a larger scale, particularly regarding decisions on movement.

A more systematic Housing Land and Property analysis of IDP and returnee settlements is required to determine the dynamics of vulnerability across the country. In addition, more detailed household studies are needed to capture the challenges faced by women and other vulnerable groups. HLP-TF members will seek to address these gaps in 2020.

Water, sanitation and hygiene

The WASH cluster has limited data on the water quality of supplied water systems/sources. As part of the capacity building of government counterparts, UNICEF has already agreed to support the Central Statistical Office (CSO) with all required supplies and human resources support to establish baseline data on the microbial water quality in Afghanistan. Also, the Ministry of Rural Rehabilitation and Development (MRRD)-Geographical Information System (GIS) database will be reviewed and updated in 2020 in a number of critical provinces. The 2019 WOA Assessment contained limited information on hygiene behavior and practices and efforts will be made by the cluster to add additional questions on this in 2020.

CASH programming in WASH has not been successfully documented in 2019 and there are plans to rectify this in 2020. WASH partners have planned a range of assessments in 2020 on CASH programming in Kabul informal settlements (NRC/OXFAM joint assessment), CASH and menstrual hygiene management (IRC in five potential provinces – Hilmand, Hirat, Khost, Paktya, Logar). Additionally, WASH cluster partners plan to conduct a nationwide WASH assessment in 2020 to obtain more information and evidence for targeting the most vulnerable and deprived segments of the population in 2021.

4.4

Sectoral Data Sources and Methodology

Assessment type by sector

SECTOR	TYPE OF ASSESSMENT	# PROVINCES	LEAD
Multi-sector	Whole of Afghanistan Assessment	34	REACH
	Hard-to-Reach Districts Assessment	23	REACH
	Displacement Tracking Matrix (DTM)	34	IOM
	HEAT / RAF	32	AAH, ACF, ACTED, AKAH, DACAAR, DRC, IMC, IOM, IRC, NRC, PU-AMI, RI, SFL, UNHCR, WAW, ZOA,
	Awaaz Afghanistan call monitoring	34	UNOPS
	PACAP	34	REACH
ESNFI	PDM Emergency Shelter	2	UNHCR
	Rental Market Assessment	2	DTM/IOM
FSAC	Seasonal Food Security Assessment (SFSA)	34	FAO
Health	Afghanistan Health Survey 2019	34	MoPH
	Health Emergency Risk Assessment	34	MoPH
Nutrition	SMART Surveys	4	ACF, MOVE, OCRD, OHPM
	Rapid SMART Surveys	2	ACF, AYSP, AADA
	SQUEAC Survey	1	

SECTOR	TYPE OF ASSESSMENT	# PROVINCES	LEAD
Protection	Protection Monitoring	8	AAH, CRDSA, DRC, IRC, NRC
	Community-based Protection Monitoring	34	UNHCR
	Child Protection and Gender-based Violence	6	HRDA, INTERSOS, YHDO
	Land suitability analysis for settlement of IDPs and returnees	34	UN HABITAT
	Household survey for HLP rights	1	UN HABITAT
	Prevention of child recruitment in armed forces. CAFAG/ Children and armed conflict	34	UNICEF
	ERM Research (Assessments & Community Based Discussion)	34	IRC
	WASH	WASH needs assessments for affected populations (IDPs, returnees, natural-disaster-affected, host communities and refugees)	25
WASH Market Based Assessment		1	NRC, OXFAM
Comprehensive Needs assessment in Hard to Reach Districts of Badghis and Hirat		2	CRDSA

Sector Methodologies

Education in emergencies

28 per cent of those in IPC 3 or 4 (about 2,064,000 individuals) are school-aged children (6-18 years). Of these children, 64 per cent (1,320,748 children -633,959 girls, 686,789 boys) have been identified as 'unable to access education services' defined as not attending formal schooling or CBE at least 3 days per week.¹³⁰ Furthermore, based on data from the Whole of Afghanistan Assessment, 405,727 children (190,119 girls, 215,608 boys) from new IDP, returnee, shock-affected, and refugee households are estimated to be unable to access education services in 2020. As such, the EiEWG calculates that a total of 1,720,000 children (902,400 boys, 817,600 girls) are in need of education in emergencies support in 2020.

Emergency shelter and NFI

The ESNFI cluster has used WOA Assessment data to calculate its PIN, extrapolating vulnerable groups and projecting numbers of shock-affected people in need of NFI, Shelter assistance and winterisation support. Severity of needs was considered by province. The ES-NFI cluster PIN for 2020 is 3,687,199, which includes individuals found to have NFI, shelter, and/or winterisation needs:

- Out of this total, 2,665,329 are estimated to need NFI support - 218,547 IDPs, 108,831 documented and undocumented refugees and returnees, 94,110 shock-affected, non-displaced people and 2,239,783 vulnerable people with humanitarian needs.
- Shelter needs were based on WoA Assessment data. 1.26 million people are estimated to need shelter assistance - 98,091 IDPs, 68,227 documented and undocumented refugees and returnees, 57,297 shock-affected non-displaced people and 1 million vulnerable people with humanitarian needs.
- Finally, the number of people in need of winterisation support has been generated based on the findings of the WoA Assessment on winterisation-related indicators across different population groups. 3.2 million people in need were identified - 98,091 IDPs, 68,227 documented and undocumented refugee returnees, 127,120 shock-affected non-displaced population, and 3 million vulnerable people with humanitarian needs.

Food security and agriculture

FSAC has incorporated multiple sources of information such as the SFSA, the IPC analysis 2019 and the WOA assessment to calculate the number of people in need for different vulnerable groups (8.21 million total PIN). SFSA data was collected from a sample of 22,250 households from 2,225 settlements across 350 urban and rural

districts of the country. The data is highly representative at national and provincial level with a 95 per cent confidence interval and a 5 per cent margin of error. Findings were further triangulated with qualitative methodologies, to understand issues at the community level through focus group discussions. The SFSA also collected market information at the district level to provide information on access, availability and prices of different food items. The IPC analysis is the second major data set used for identifying the number of people in need. The IPC's analysis is based on a combination of results from the SFSA, the WOA Assessment, the Agriculture Prospect Report, SMART nutrition assessments, precipitation results, market price surveys and FSAC partners' response data. WOA Assessment data was particularly used to identify the number of people in need of FSAC support among shock-affected groups.

Health

People in need of health services are calculated based on population data of people requiring humanitarian assistance. Based on the public health standard, relevant health indicators, such as the maternal mortality rate, under-5 mortality rate, and childhood vaccination coverage, the health needs of the population have been determined.

The Health Cluster PiN has increased because of the revision to the definition of humanitarian assistance in Afghanistan and now includes people with limited access to essential health services in shock-affected areas, who have reduced coping capacity. In conflict and natural disaster-affected areas there is often little capacity for the health system to respond quickly to needs and to manage the subsequent consequences of emerging health issues. As such, these populations are more likely to have a higher risk of morbidity and mortality. This increase in the PiN is also reflective of the new 'system-strengthening' element of the humanitarian definition. For the purposes of the Health Cluster analysis, areas with fragile health systems have been determined using Ministry of Public Health data showing people who live further than two hours from a functional health facility. Conflict and natural disaster-affected areas were defined using the Health Emergency Risk Assessment 2019. The new PIN also includes a wider proportion of people living with disability – specifically those affected by conflicted-related trauma – including those needing rehabilitation, prosthetic care, and mental health and psychosocial support.

Nutrition

For estimating the Nutrition Cluster PIN figure, the Cluster used the most recent population projections issued by the United Nations Population Fund (UNFPA, September 2019) and the combined GAM/

SAM prevalence (cGAM/ cSAM)¹³¹ data drawn from 30 SMART surveys (2015-2019) from 30 provinces. For the remaining four provinces¹³² where SMART survey data was not available, extrapolations were made based on the adjacent provincial survey result for estimating people in need. The number of children under-five is based on the standard percentage of 17.3 per cent from the total population (Afghanistan Updated Population CSO 2018-19). The number of PLW was estimated at 8 per cent of the total population from the 2018-19 estimations from CSO.

The caseloads for SAM and MAM were estimated by multiplying the prevalence of combined GAM/SAM in a particular province by the under-five population, times a correction factor of 2.6 to cater for incidence of acute malnutrition, as recommended by WHO. The caseload for PLW in need of nutrition support was estimated by multiplying the prevalence of acutely malnourished PLW (MUAC<23cm) in a particular province by the PLW population.

The caseload for at-risk children under five and PLW who require Blanket Supplementary Feeding Programs (BSFP), IYCF counselling and Micronutrient Supplementation was estimated by multiplying the number of IDPs, returnees, refugees, and people affected by rapid onset crisis by 25.3 per cent.¹³³

Protection

Based on the overall projected number of people in need in Afghanistan for 2020 per population group, it was determined by the Protection Cluster that all IDPs and returnees/refugees have immense protection needs, as does the non-displaced shock-affected population. It was further recognised that the conditions of vulnerable people in protracted situations have worsened and that they are exhausting their resources due to the ongoing conflict and natural hazards. The total PiN is the combined shock-affected population, as well as the consolidated severity ranking of protection concerns per province, including indicators on Child Protection, Gender-based Violence, Mine Action and Housing Land and Property. A total of 6 million vulnerable people in need of protection were identified. This takes the total of all population groups in need of protection to 7 million:

- Child Protection calculated its PiN across inter-sectoral themes based on a vulnerability analysis including drivers of armed conflict, natural disaster, population movement (displacement/return), and vulnerable people. In addition, WoA Assessment indicators on Child Protection are applied to generate a severity level per province. A million boys and

girls are estimated to be in need of Child Protection, breaking down to 233,000 IDPs, 111,000 refugees and returnees, 82,000 shock-affected non-displaced people and 615,000 vulnerable people with humanitarian needs.

- The PiN of the GBV sub-cluster has been generated based on the findings of the WoA Assessment on GBV-related indicators for boys, girls, women and men across different population groups. A total of 3.6 million people in need were identified by the GBV sub-cluster, breaking down to 277,000 IDPs, 128,000 refugees and returnees, 109,000 shock-affected non-displaced people, and 3.1 million vulnerable people with humanitarian needs.
- The Mine Action Sub-Cluster based its assessment of the mine/ERW affected population on data obtained from the DMAC managed Information Management System for Mine Action (IMSMA), limited to very high and high priority hazards. 2.5 million people are considered to be in need of mine action support covering 250,000 IDPs, 255,000 refugees and returnees, and 2 million vulnerable people with humanitarian needs.
- The HLP sub-cluster calculated its PiN by determining the severity level per province using HLP indicators from the WoA Assessment. A total of 3.5 million people are estimated to be in need of HLP assistance including 215,000 IDPs, 176,000 refugee and returnees, 102,000 shock-affected, non-displaced people and 3 million vulnerable people with humanitarian needs.
- Looking forward, the Protection Cluster PiN for 2021 is estimated to be 5.5 million, less than 2020 PiN of 7 million, due to the impact of a stronger and broader protection response in 2020.

Water, sanitation and hygiene

To arrive at the 2020 PiN of 4.8 million people, the WASH cluster relied on a number of data sets and information from the WoA Assessment 2019. The WASH cluster also analysed trends from its partners' reports and needs assessments, as well as the REACH/Humanitarian Access Group's assessment of hard-to-reach areas and MRRD GiS data on water points and sanitation facilities.

4.5 Inter-Sectoral Severity Scales

Indicators and Thresholds

1 = Minimal 2 = Stressed 3 = Severe 4 = Extreme 5 = Catastrophic

SOURCE	INDICATOR	1	2	3	4	5
WoA Assessment (2019)	% of shock-affected HHs with key vulnerabilities / specific needs	< 30%	30% - 45%	45% - 60%	60% - 75%	> 75%
Information Management System for Mine Action (IMSMA)	# of civilian casualties from mines, including VOIEDs and ERWs, in 2018 and 2019	< 60	60 - 90	90 - 120	120 - 150	> 150
Asia Foundation (2019)	% of people saying they always or often fear for their safety or that of their family	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
WoA Assessment (2019)	% of shock-affected HHs with adults and children who reported protection incidents in the 3 months prior to data collection	< 15%	15% - 25%	25% - 32%	32% - 40%	> 40%
WoA Assessment (2019)	% of shock-affected HHs without access to legal identity documentation	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
WoA Assessment (2019)	% of shock-affected HHs without secure shelter tenancy	< 30%	30% - 40%	40% - 55%	55% - 70%	> 70%
HTR Districts Analysis (2019)	Conflict incidents in the past year	< 600	600 - 900	900 - 1,200	1,200 - 1,500	> 1,500
Seasonal Food Security Assessment (SFSA) (2019)	% HHs relying on an unsustainable source of income	< 40%	40% - 55%	55% - 65%	65% - 80%	>70%
WoA Assessment (2019)	% of shock-affected HHs with debt levels of ≥ 50,000 AFN	< 30%	30% - 40%	40% - 55%	55% - 70%	> 70%
WoA Assessment (2019)	% of shock-affected HHs with no literate female member above the age of 10	< 35%	35% - 55%	55% - 70%	70% - 90%	> 90%
WoA Assessment (2019)	% of shock-affected HHs with access to 3 or less essential services	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
Seasonal Food Security Assessment (SFSA) (2019)	% of HHs in the lowest coping capacity category	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%

SOURCE	INDICATOR	1	2	3	4	5
WoA Assessment (2019)	% of shock-affected HHs having been affected by multiple kinds of shock	< 30%	30% - 40%	40% - 55%	55% - 70%	> 70%
WoA Assessment (2019)	% of shock-affected HHs not owning a mobile phone with a registered sim card	< 30%	30% - 50%	50% - 65%	65% - 80%	> 80%
Seasonal Food Security Assessment (SFSA) (2019)	% of HHs with borderline food consumption	< 25%	25% - 35%	35% - 50%	50% - 60%	> 60%
Seasonal Food Security Assessment (SFSA) (2019)	% of HHs with poor food consumption	< 15%	15% - 25%	25% - 35%	35% - 45%	> 45%
Seasonal Food Security Assessment (SFSA) (2019)	% of HHs that own agricultural land with limited to no access to wheat seed	< 30%	30% - 45%	45% - 60%	60% - 75%	> 75%
Health cluster	% of people living more than two hours away from a functional health facility	< 15%	15% - 25%	25% - 32%	32% - 40%	> 40%
WoA Assessment (2019)	% of shock-affected HHs reportedly using unprotected water sources as their primary source of drinking water over the 7 days prior to data collection	< 15%	15% - 25%	25% - 32%	32% - 40%	> 40%
WoA Assessment (2019)	% of shock-affected HHs with emergency shelter and NFI sectoral need	< 15%	15% - 25%	25% - 32%	32% - 40%	> 40%
Winterisation Strategy (2019)	# of vulnerable people in need of support to cope with winter	< 2,000	2,000 - 3,000	3,000 - 4,000	4,000 - 5,000	> 5,000
Out of School Children (OOSC)	# of school-aged children without access to education in a safe and protected environment.	< 20%	20% - 30%	30% - 40%	40% - 50%	> 50%
Health cluster	Under 5 mortality rate	< 10	10 - 20	20 - 25	25 - 30	> 30
HTR Districts Analysis	# of civilian casualties related to conflict	< 160	160 - 240	240 - 320	320 - 400	> 400

SOURCE	INDICATOR	1	2	3	4	5
NSDR	% of the population with Acute Watery Diarrhoea (AWD)	< 12%	12% - 18%	18% - 24%	24% - 30%	> 30%
Nutrition cluster	% of the population with GAM (SAM/MAM)	< 5%	5% - 8%	8% - 10%	10% - 15%	≥15%
Integrated Food Security Phase Classification (IPC) 2019	% of the population in IPC 3 and 4	< 25%	25% - 35%	35% - 50%	50% - 60%	> 60%
WoA Assessment (2019)	% of shock-affected HHs with at least one child exhibiting changed behaviors (mental health) in the year prior to data collection	< 25%	25% - 35%	35% - 50%	50% - 60%	> 60%
OCHA DTS	# of new IDPs in 2019	< 8,000	8,000 - 12,000	12,000 - 16,000	16,000 - 20,000	> 20,000
IOM/UNHCR	# of returnees in 2019	< 8,000	8,000 - 12,000	12,000 - 16,000	16,000 - 20,000	> 20,000
OCHA NDTs	Average # of natural-disaster affected per year	< 8,000	8,000 - 12,000	12,000 - 16,000	16,000 - 20,000	> 20,000

Severity Scales by Consequence

Overall

Composite of:

- Critical problems related to physical and mental well-being
- Critical problems related to living standards
- Critical problems related to protection
- Critical problems related to resilience and recovery

Critical problems related to physical and mental well-being

- Under 5 mortality rate
- # of civilian casualties related to conflict
- % of the population with Acute Watery Diarrhoea (AWD)
- % of the population with GAM (SAM/MAM)
- % of the population in IPC 3 and 4
- % of shock-affected HHs with at least one child exhibiting changed behaviors (mental health) in the year prior to data collection
- # of new IDPs in 2019
- # of returnees in 2019
- Average # of natural-disaster affected per year

Critical problems related to living standards

- % of HHs with borderline food consumption
- % of HHs with poor consumption
- % of HHs that own agricultural land with limited to no access to wheat seed
- % of people living more than two hours away from a functional health facility
- % of shock-affected HHs reportedly using unprotected water sources as their primary source of drinking water over the 7 days prior to data collection
- % of shock-affected HHs with emergency shelter and NFI sectoral need
- # of school-aged children without access to education in a safe and protected environment.

Critical problems related to protection

- % of shock-affected HHs with key vulnerabilities / specific needs
- # of civilian casualties from mines, including VOIEDs and ERWs, in 2018 and 2019

- % of people saying they fear for their safety or that of their family always or often
- % of shock-affected HHs with adults and children who reported protection incidents in the 3 months prior to data collection
- % of shock-affected HHs without secure shelter tenancy
- Conflict incidents in the past year

Critical problems related to resilience and recovery

- % HHs relying on an unsustainable source of income
- % of shock-affected HHs with debt levels of \geq 50,000 AFN

- % of shock-affected HHs with no literate female member above the age of 10
- % of shock-affected HHs with access to 3 or less essential services
- % of HHs in the lowest coping capacity category
- % of shock-affected HHs having been affected by multiple kinds of shock
- % of shock-affected HHs not owning a mobile phone with a registered sim card

Sectoral Severity Scales

Education in Emergencies

- % of shock-affected HHs with no literate female member above the age of 10
- # of school-aged children without access to education in a safe and protected environment.

Emergency Shelter and NFI

- % of shock-affected HHs without secure shelter tenancy
- % of shock-affected HHs with emergency shelter and NFI sectoral need
- # of vulnerable people in need of support to cope with winter

Food Security and Agriculture

- Provinces projected to be in in IPC phase classification, Nov 2019 - Mar 2020

Health

- % of people living more than two hours away from a functional health facility
- Under 5 mortality rate
- % of the population with Acute Watery Diarrhoea (AWD)
- # of attacks on health centres

Nutrition

- GAM prevalence
- SAM prevalence

- # of new IDPs in 2019
- Immunisation coverage
- % of the population in IPC 3 and 4
- % of the population with Acute Watery Diarrhoea (AWD)

Protection

- % of shock-affected HHs with key vulnerabilities / specific needs
- # of civilian casualties from mines, including VOIEDs and ERWs, in 2018 and 2019
- % of people saying they fear for their safety or that of their family always or often
- % of shock-affected HHs with adults and children who reported protection incidents in the 3 months prior to data collection
- % of shock-affected HHs without secure shelter tenancy
- Conflict incidents in the past year

Water, Sanitation and Hygiene

- % of shock-affected HHs reportedly using unprotected water sources as their primary source of drinking water over the 7 days prior to data collection
- % of the population with Acute Watery Diarrhoea (AWD)

Acronyms

AAP	Accountability to Affected Populations	IPC	Integrated Food Security Phase Classification
AFN	Afghani	ISSS	Inter-Sector Severity Scale
AGE	Anti-Government Elements	KII	Key Informant Interview
ALCS	Afghanistan Living Conditions Survey	LCSI	Klivelihoods Coping Strategy Index
AWD	Acute Watery Diarrhoea	MoE	Ministry of Education
BPHS	Basic Package of Health Services	MoPH	Ministry of Public Health
CBE	Community Based Education	MRRD	Ministry of Rural Rehabilitation and Development
CCHF	Crimean Congo Hemorrhagic Fever	MUAC	Mid-Upper Arm Circumference
CPIE	Child Protection in Emergency	NFI	Non-Food Items
DAC	District administrative centre	NGO	Non-Governmental Organisation
DHS	Demographic and Health Survey	NRC	Norwegian Refugee Council
DMAC	Directorate of Mine Action Coordination	NSAG	Non-State Armed Groups
DTM	Displacement Tracking Matrix	OCHA	Office for the Coordination of Humanitarian Affairs
EiE	Education in Emergencies	OOSC	Out Of School Children
EiEWG	Education in Emergencies Working Group	PACAP	Protection Assessment of Conflict-Affected Populations
ERW	Explosive Remnants of War	PiN	People in Need
ESNFI	Emergency Shelter and Non-Food Items	PLW	Pregnant and Lactating Women
FEWSNET	Famine Early Warning Systems Network	PIPED	Pressure-Plate Improvised Explosive Device
FSAC	Food Security and Agriculture Cluster	RPM	Response Planning and Monitoring Module
GAM	Global Acute Malnutrition	SAM	Severe Acute Malnutrition
GBV	Gender Based Violence	SFSA	Seasonal Food Security Assessment
GIS	Geological Information System	SOP	Standard Operating Procedure
HAG	Humanitarian Access Group	SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
HEAT	Household Emergency Assessment Tool	UN	United Nations
HH	Household	UNAMA	United Nations Assistance Mission in Afghanistan
HLP	Housing Land and Property	UNHCR	United Nations High Commissioner for Refugees
HMIS	Health Management Information System	UNICEF	United Nations Children's Fund
HNO	Humanitarian Needs Overview	UNMAS	United Nations Mine Action Service
HPC	Humanitarian Programme Cycle	VOIED	Victim Operated Improvised Explosive Device
HRP	Humanitarian Response Plan	WASH	Water Sanitation and Hygiene
HTR	Hard-to-reach	WFP	World Food Programme
ICCT	Inter-Cluster Coordination Team	WHO	World Health Organisation
ICRC	International Committee of the Red Cross	WoA	Whole of Afghanistan (Assessment)
IDP	Internally Displaced Person		
IED	Improvised Explosive Devices		
IHL	International Humanitarian Law		
IHRL	International Human Rights Law		
IMMSA	Information Management System for Mine Action		
IOM	international Organisation for Migration		

End Notes

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128. The 100 districts were selected based on criteria developed within the HAG to distinguish hard to reach districts based on a number of dimensions, including physical access constraints, complexity of actors, and conflict intensity.
129. Ghazni, Hilmand, Laghman, Ghor, Hirat, Kapisa, Nangarhar, Panjsher, Parwan and Nimroz
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131. Combined GAM/ SAM accounts for a child being identified as acutely malnourished based on one or more of the following: MUAC, WFH Z-score, oedema
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133. 25.3% is the summation of the proportion of children U5 (17.3%) and PLW (8%)

