

2016

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

8.1M

NOV 2015

Credit: Andrew Quilty



AFGHANISTAN

This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's 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.



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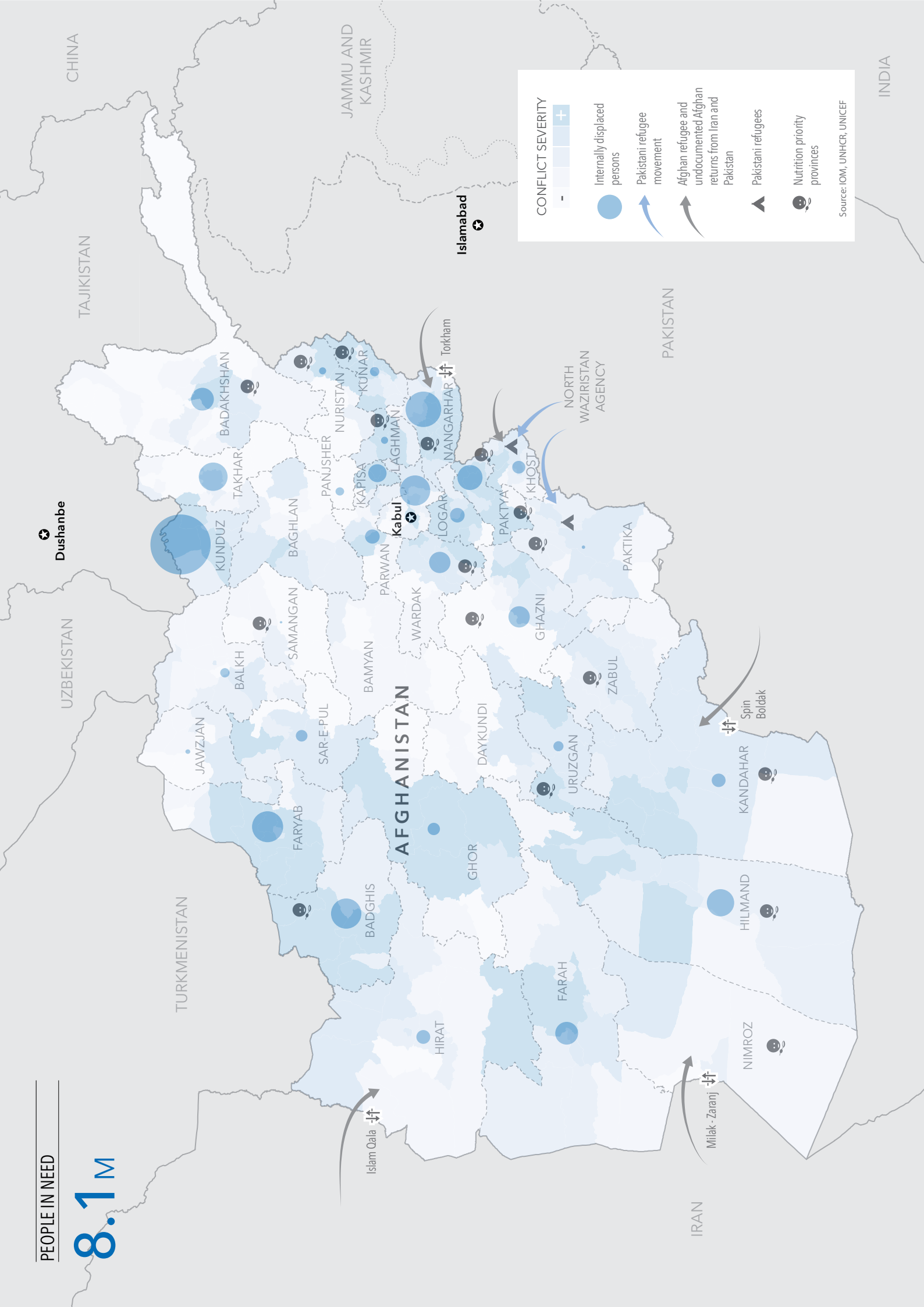
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PART ONE: SUMMARY

- 
-  Humanitarian needs & key figures
 -  Impact of the crisis
 -  Breakdown of people in need
 -  Severity of need

PEOPLE IN NEED

8.1M



HUMANITARIAN NEEDS

Afghanistan's civilian population continues to bear the brunt of a conflict growing in intensity and geographic scope. The September battle for the provincial capital, Kunduz, shows how fighting in 2015 has moved closer to towns and cities. The increased impact of the conflict on Afghan life is seen in the number of civilian casualties, heightened fear and uncertainty, and recurrent displacement. Widespread conflict affects the lives of at least 6.3 million Afghans and by September had contributed to 197,000 people fleeing their homes - a 64% increase from 2014. International Humanitarian Law and protection violations are reported including targeted killings and forced recruitment of children. In the South East, 225,000 people who fled North Waziristan Agency in 2014 remain caught in what is becoming a protracted refugee crisis. Many vulnerable Afghan refugees also returned from neighbouring countries in 2015, many owing to pressure and intimidation. More Afghans have sought asylum in Europe in 2015, lacking hope in the future of the country. Overall, an already vulnerable population is exposed to greater risks of violence, are increasingly forced to flee their homes and livelihoods, and face high levels of malnutrition in a country where more than 70% of the population live in chronic poverty.

HUMANITARIAN NEEDS



1

Protection of civilians

2015 saw a significant increase in violent

conflict; approximately 25,000 security incidents were reported and 8,346 civilians killed and injured between January and September. Armed clashes have significantly increased and moved closer to populated areas; 80 districts are now considered highly conflict affected. As a result a large-scale protection crisis is gripping up to 6.3 million people, increasingly affecting women and children.



2

Conflict displacement

Mounting numbers of people are fleeing

the violence, with greater numbers abandoning their homes and communities across the country seeking refuge. Support to them however is minimal, and access to housing, water, education and health services is severely inadequate. Forced to live in precarious and insecure conditions, the risk of abuse, including the sale of children into early marriage, prevails. They are unlikely to return home while the threat of violence remains.



3

Access to health

Growing violence has accentuated acute deficiencies

in emergency health services and trauma management. Conflict further disrupts already inadequate access to basic health care. Approximately 40% of the population live in areas where there is no public health service coverage. The context of population displacement, inadequate shelter, insufficient and unsafe water and poor sanitation pose significant risk factors associated with outbreaks of communicable disease.



4

Treatment of acute malnutrition

Levels of acute malnutrition

have surpassed emergency thresholds in 17 of 34 provinces. One million children need treatment and one in ten pregnant and lactating women are malnourished, increasing the susceptibility of their children to malnutrition. 1.57 million people are severely food insecure, and women and children, always the most vulnerable to food shortages, are at greater risk of malnutrition related death and disease.

HUMANITARIAN

KEY FIGURES

The overall population and people in need figures are representative of the humanitarian situation as of September 2015.

TOTAL POPULATION

27 M 

NUMBER OF PEOPLE LIVING IN THE HIGHEST CONFLICT AFFECTED DISTRICTS

SEVERITY



6.3 M 

NUMBER OF PEOPLE WHO NEED HUMANITARIAN ASSISTANCE

8.1 M 

BY STATUS

MALNUTRITION & FOOD INSECURE

3.9M

48%



HEALTH AFFECTED BY CONFLICT

2.7M

34%



PUBLIC HEALTH AT RISK

695,000

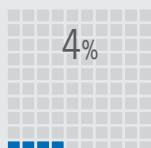
9%



REFUGEES AND VUL. RETURNEES

362,000

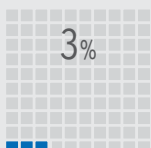
4%



NATURAL DISASTER AFFECTED

235,000

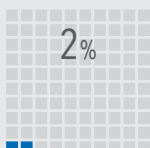
3%



CONFLICT DISPLACED

197,000

2%



BY AGE & SEX

CHILDREN (<18 YEARS)

5.4M

67%



2.7M girls
2.7M boys

ADULT (18-59 YEARS)

2.4M

29%



1.2M women
1.2M men

ELDERLY (>59 YEARS)

0.3M

4%



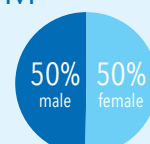
0.15M women
0.15M men

TOTAL MALE

4.0M

TOTAL FEMALE

4.1M



IMPACT OF THE CRISIS

Afghanistan remains one of the poorest and least developed countries in the world. Despite the past decade of international assistance severe poverty, inequality and instability remain entrenched. Approximately 70% of Afghans live on less than two dollars a day and struggle to meet their basic requirements resulting in chronic malnutrition, severe food insecurity, and one of the highest infant and maternal mortality rates globally. This underlying chronic state of the population exacerbates the humanitarian crisis which has become more intense and more geographically extensive, as conflict has spread in 2015.

The Conflict

Afghanistan's security situation has dramatically deteriorated following the drawdown of international forces. National Security Forces are stretched as they engage with non-state armed groups (NSAG) on multiple fronts, fighting to secure expanding areas of contested territory.

The widespread number of provinces simultaneously affected by conflict is a distinguishing characteristic of 2015 prompting a large-scale protection crisis affecting 6.3 million people.

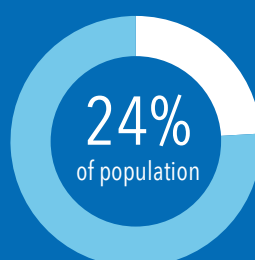
Use of improvised explosive devices (IED) and indiscriminate tactics remain. However the intensified fighting is now characterised by more armed clashes and a substantial increase in attacks on district centres, hitting at the heart of communities and prompting widespread fear and uncertainty. With the increasing proximity of fighting to population centres, the impact on civilians has escalated. Destruction of property, violence and intimidation is common, and boys and girls have been forcibly recruited into armed opposition groups and militias. World Bank studies on mental health in Afghanistan note associated trauma and psychosocial distress in half the Afghan population over 15 years old.

CONFLICT DISPLACEMENT



* September figure of newly displaced is not yet verified and, therefore, not included in the reported 197,000.

EXPOSURE TO SEVERE CONFLICT



ADMINISTRATIVE CENTRES CAPTURED

750% increase
in the number of district administrative
centres captured by NSAGs in 2015.

So far in 2015, 23 district administrative
centres have been captured by NSAGs
compared to only 3 centres in 2014.

8,346 civilian casualties documented between January and September.

The advent of an armed movement claiming to represent the 'Islamic State' has further enflamed the conflict and raised significant protection concerns. The group's presence in some areas forced closures of at least 11 health clinics and 57 schools, and stopped vaccination outreach programmes.

As of September 197,000 people have fled their homes due to conflict - a 64% increase on 2014.

Intensified fighting and growing fear caused by insecurity and intimidation has displaced thousands of people throughout Afghanistan. Twenty-one of thirty four provinces had recorded some level of forced displacement in the summer of 2015. Constrained humanitarian access hinders assessments, thus preventing verification of the full extent of displacement and undermining the provision of assistance and services. Displacement affects all individuals differently with needs, vulnerabilities and protection risks evolving over time due to exhaustion of coping mechanisms and only basic emergency assistance provided following initial displacement. Inadequate shelter, food insecurity, insufficient access to sanitation and

health facilities, as well as a lack of protection, often result in precarious living conditions that jeopardises the well-being and dignity of affected families.

48% of assessed displaced are women and 57% children; almost 20% are below five years of age.

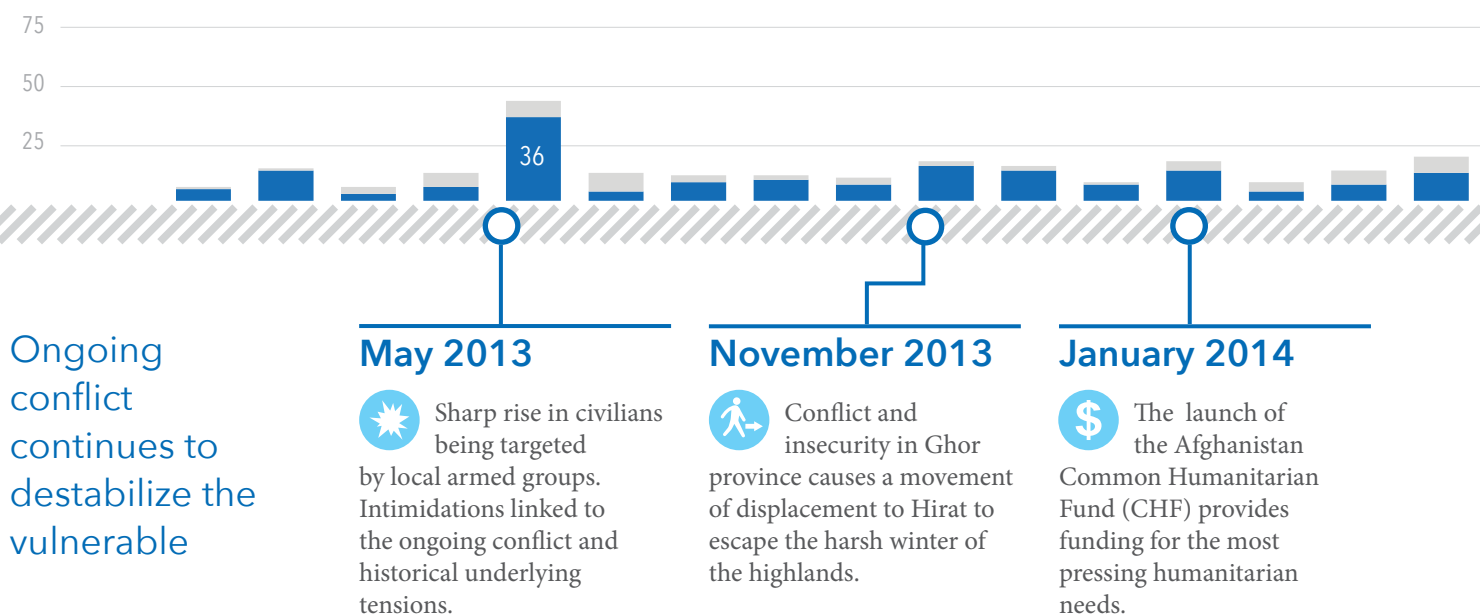
In 2013 and 2014 around 314,000 displaced individuals were recorded, many ending up in urban centres. Increased displacement in 2015 is adding to the pressure on these areas, negatively affecting living conditions, and access to services. Displaced families often are forced to send their children to work, take on debt, and risk abusive relations outside their community. Despite the conditions they face, expanding insecurity reduces the likelihood that families will seek to return home as a solution in the short term.

With reduced coverage and disruption of health services, outbreaks and incidence of common communicable diseases have increased in 2015.

A total of 169 measles outbreaks were reported from January

INTERNALLY DISPLACED PERSONS, PAKISTANI REFUGEES AND VULNERABLE AFGHAN RETURNEES (IN THOUSANDS)

New internal displacements due to conflict	TOTAL (JAN-SEP 2015)	Pakistani refugee registrations	AT SEP 2015	Vulnerable Afghan returnees	TOTAL (JAN-SEP 2015)
	197,000		225,000		137,000



to August 2015, a 141% increase from the same period of 2014. The majority of outbreaks are reported in districts where frequent conflict, displacement and general accessibility constraints prevent routine health service delivery. Across the country, access to basic health services continues to decline with coverage now as low as 64%. Despite an estimated burden of one million malnourished children, current treatment reaches less than 30% of those in need.

Poor living conditions associated with displacement and vulnerable returnees heighten the risk of public health emergencies and compound children's risk of malnutrition.

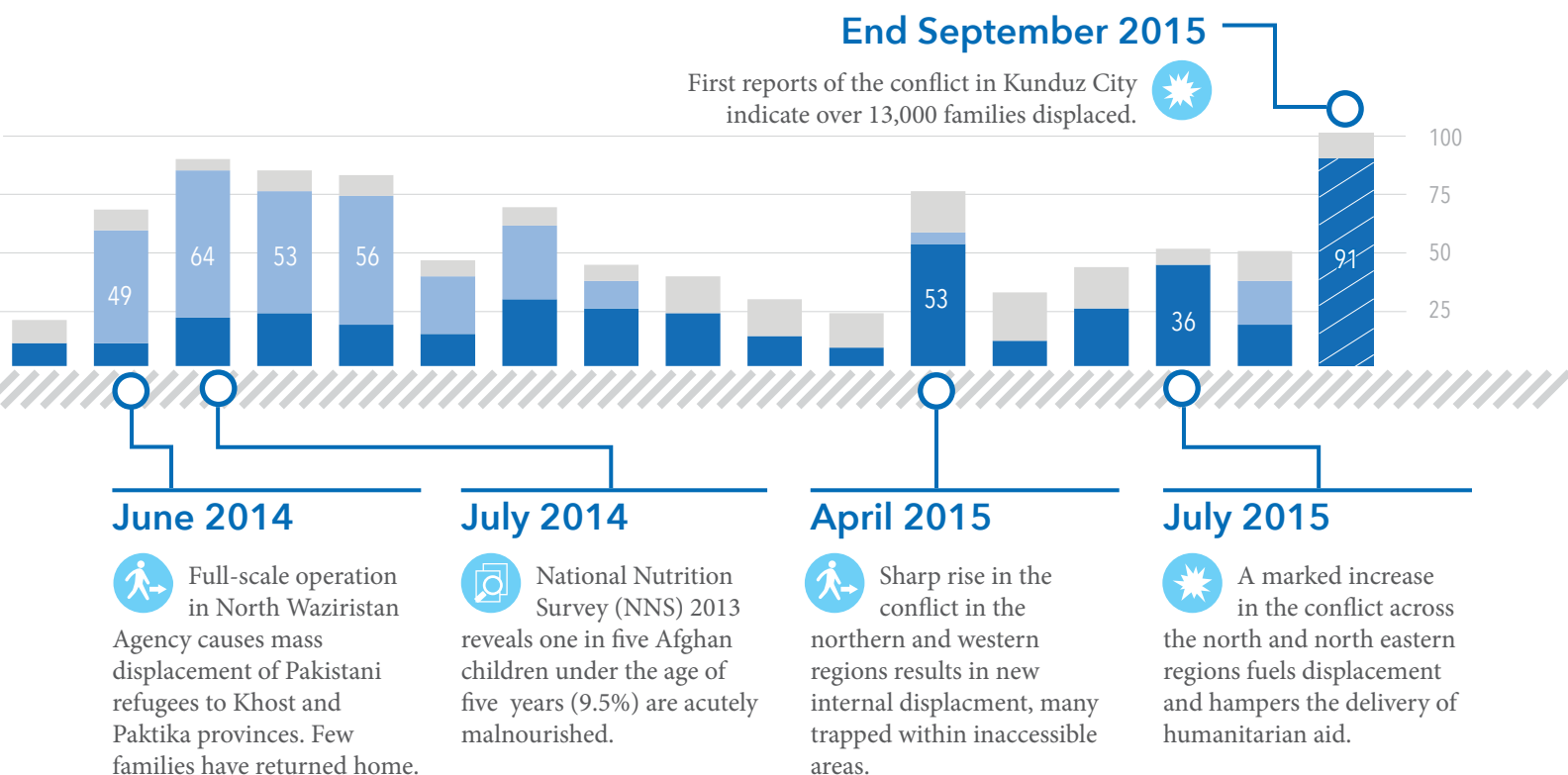
Health resources are extremely stretched and their limited absorption capacity particularly affects displaced people and undocumented returnees whose lack of documentation further restricts their ability to access services.

Since June 2014, 225,000 refugees have sought refuge in the South East of Afghanistan.

Approximately 80% of the refugees in Khost and Paktika live in inadequate and often temporary shelters, an issue of great concern to the population entering another winter. An estimated 70% of refugees have unmet health needs, a figure likely to increase as the situation persists. Access to safe water is reliant on the continuation of current levels of support. An estimated 70% of refugees assessed in 2015 are in need of hygiene and sanitation assistance. Refugees are completely dependent upon food distributions, which were reduced in 2015 to just 30% of the standard ration. Reduced access to diverse food sources contributes to refugee malnutrition rates, approaching emergency thresholds.

2015 Afghan refugee returnees and undocumented (non-refugee) returnees have increased significantly.

Voluntary repatriation, spontaneous returns and deportations have all increased considerably during the first six months of 2015, compared with the same period in 2014. Returnee monitoring continues to raise concerns about intimidation and pressure exerted on refugees coercing their return. Assistance packages provided to refugee returns at transit centres typically last less than two months. Follow up of returnees highlight significant challenges and concerns around long-term reintegration. Circumstances for



undocumented returns are exacerbated due to their lack of documentation and increased legal vulnerability.

The continued conflict is also prompting an exodus of refugees. Afghans make up 16% of asylum seekers currently arriving in Turkey and Europe. Over 122,000 Afghans applied for asylum in 44 countries between January and August, more than twice the number in 2014.

Afghanistan is a country beset by natural disasters.

Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches. Over three decades of conflict, coupled with environmental degradation, and insufficient investment in disaster risk reduction strategies, have contributed to increasing vulnerability of the Afghan people to cope with the sudden shock of natural disasters. On average such disasters affect 200,000 people every year. For 2015 this number will be even greater owing to the 7.5 magnitude earthquake which hit north eastern Afghanistan

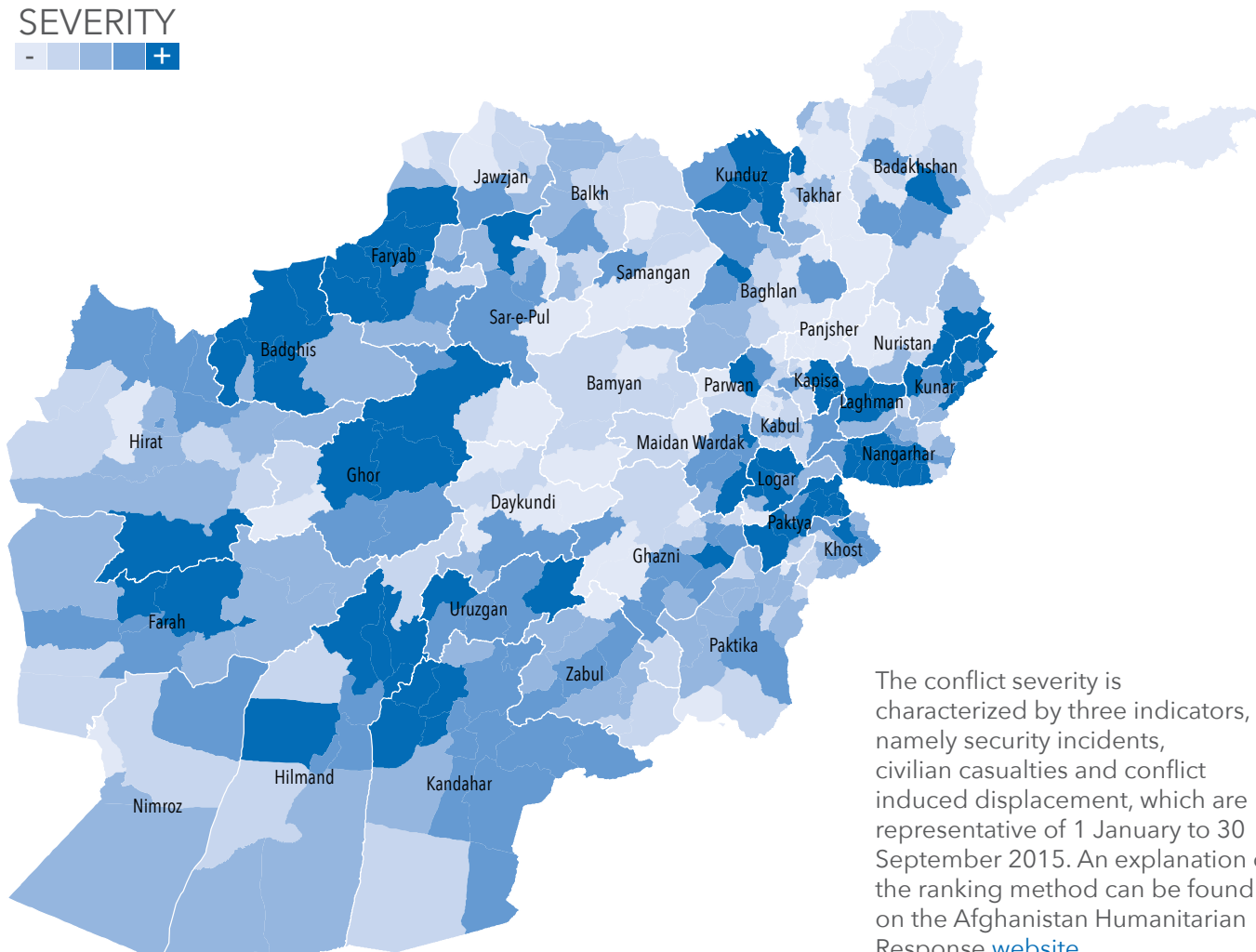
in October. The earthquake affected 15 of the country's provinces and left more than 127,000 people in need of some form of humanitarian assistance.

Outlook for 2016: continued intensification of conflict and growing humanitarian needs.

Despite positive preparations towards an Afghan peace process, the intensifying conflict signals a concerning yet realistic trend towards increased uncertainty and violence. The September battle for Kunduz heralded the first fall of a provincial capital to Taliban control since 2001. Continued strategic attacks on multiple fronts serve to highlight the fragile reality of a country menaced by unending conflict and piecemeal fragmentation. On such a trajectory, the need for humanitarian support will only increase.

CONFLICT SEVERITY IN 2015

SEVERITY



Children fill up water containers at Gulan Refugee Camp just inside the Afghan border in the province of Khost. To get home, many have to walk across a stretch of land which is currently being de-mined. The NGO Halo Trust is one of the organisations responsible for the process, which began after anti-tank mines and unexploded ordnance were discovered on the camp site after it was established in June 2014. So far eight anti-tank mines have been detected and detonated.

Credit: Andrew Quilty



BREAKDOWN OF

PEOPLE IN NEED

A total of 8.1 million people are in need of immediate humanitarian assistance. Most needs relate directly to the widespread violence and conflict, however, successive years of volatility and deficient development have triggered acute spikes in underlying chronic conditions, compelling urgent response.

























In addition to the 1.7 million people unable to access health services due to the conflict, one million Afghan children need treatment for acute malnutrition. Children comprise by far the greatest victims of the crisis and those in need.

NUMBER OF PEOPLE IN NEED

8.1M

12

NUMBER OF PEOPLE IN NEED BY SECTOR

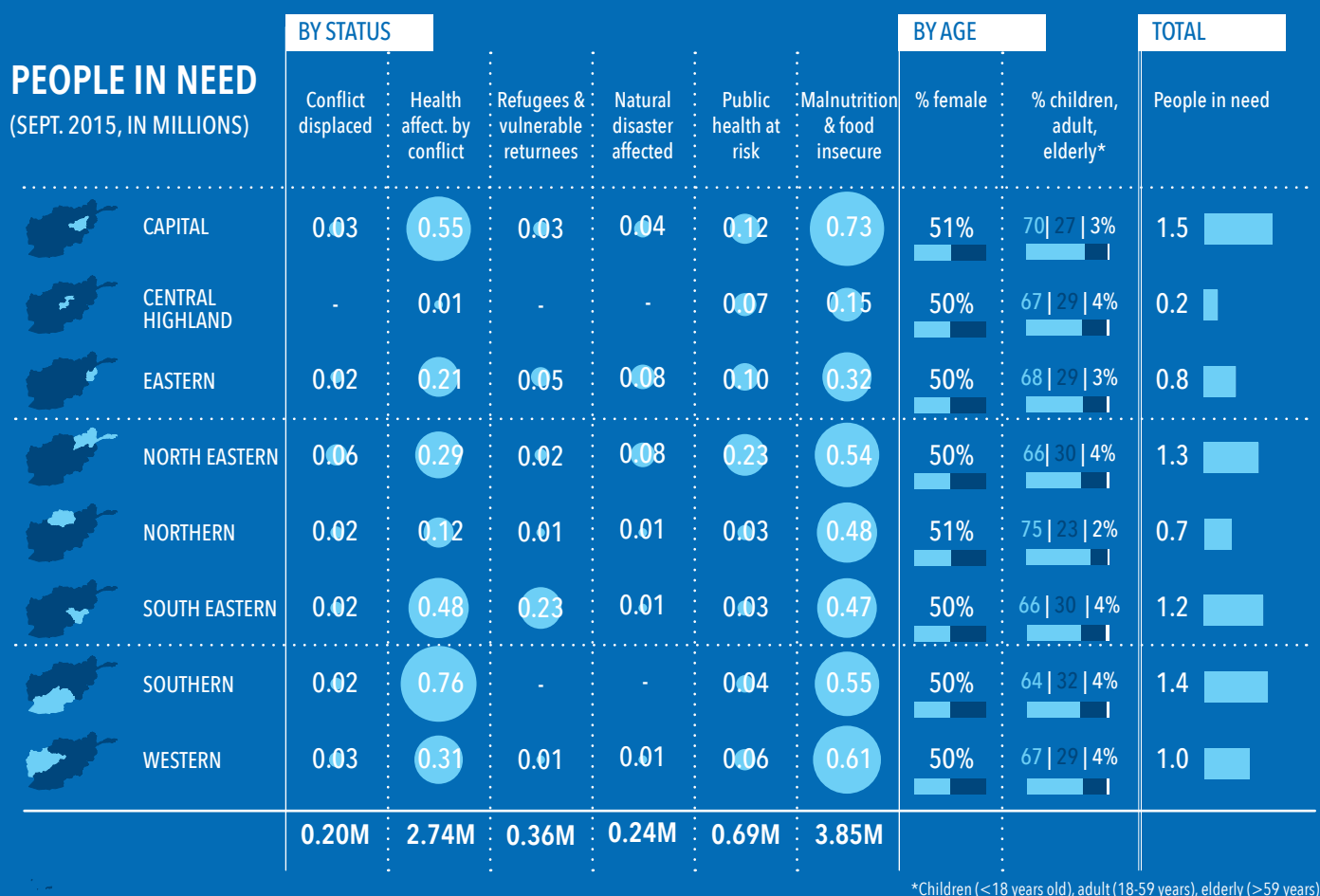
	BY STATUS						BY SEX & AGE*		TOTAL
	Conflict displaced	Health affect. by conflict	Refugees & returnees	Nat. disaster affected	Public health at risk	Malnutrition & food insecurity	% female	% children, adult, elderly*	People in need
 Emergency Shelter and NFI	0.2M	-	0.3M	0.2M	-	-	49% 	58 37 5% 	0.7M 
 Food Security and Agriculture	0.2M	-	0.3M	0.2M	-	1.0M	49% 	58 36 6% 	1.7M 
 Health	0.2M	1.7M	0.3M	0.2M	0.7M	-	49% 	53 41 6% 	3.1M 
 Nutrition	-	-	0.1M	-	-	2.8M	53% 	92 8 0% 	2.9M 
 Protection	0.2M	1.0M	0.3M	0.2M	-	-	49% 	54 40 6% 	1.7M 
 Water Sanitation Hygiene	0.1M	-	0.2M	0.2M	0.2M	0.9M	51% 	77 21 2% 	1.5M 

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

The people of Afghanistan are caught in a protracted crisis; poverty levels remain stubbornly high despite a decade of extraordinary levels of aid.

Nearly half the government's \$1.8 billion revenue is spent on national security, a level unmatched by any other country in the world. Spending on development projects and basic services, such as health and education, is therefore minimal. In parallel with a crisis of unemployment, the Afghan state is left unable to adequately meet the needs of its people.

In an uncertain security environment anticipated in the coming year, there is a need for increased levels of rapidly available humanitarian assistance to respond quickly to the humanitarian consequences of the conflict. A sudden drop in overall levels of development aid will adversely affect an already vulnerable population, and increase demand for emergency shelter and food for those displaced with little ability to withstand new shocks. A careful watch will need to be maintained on the agricultural growing season in 2016 as a semi-arid Afghanistan is heavily dependent on variable precipitation for a successful wheat harvest.



SEVERITY OF

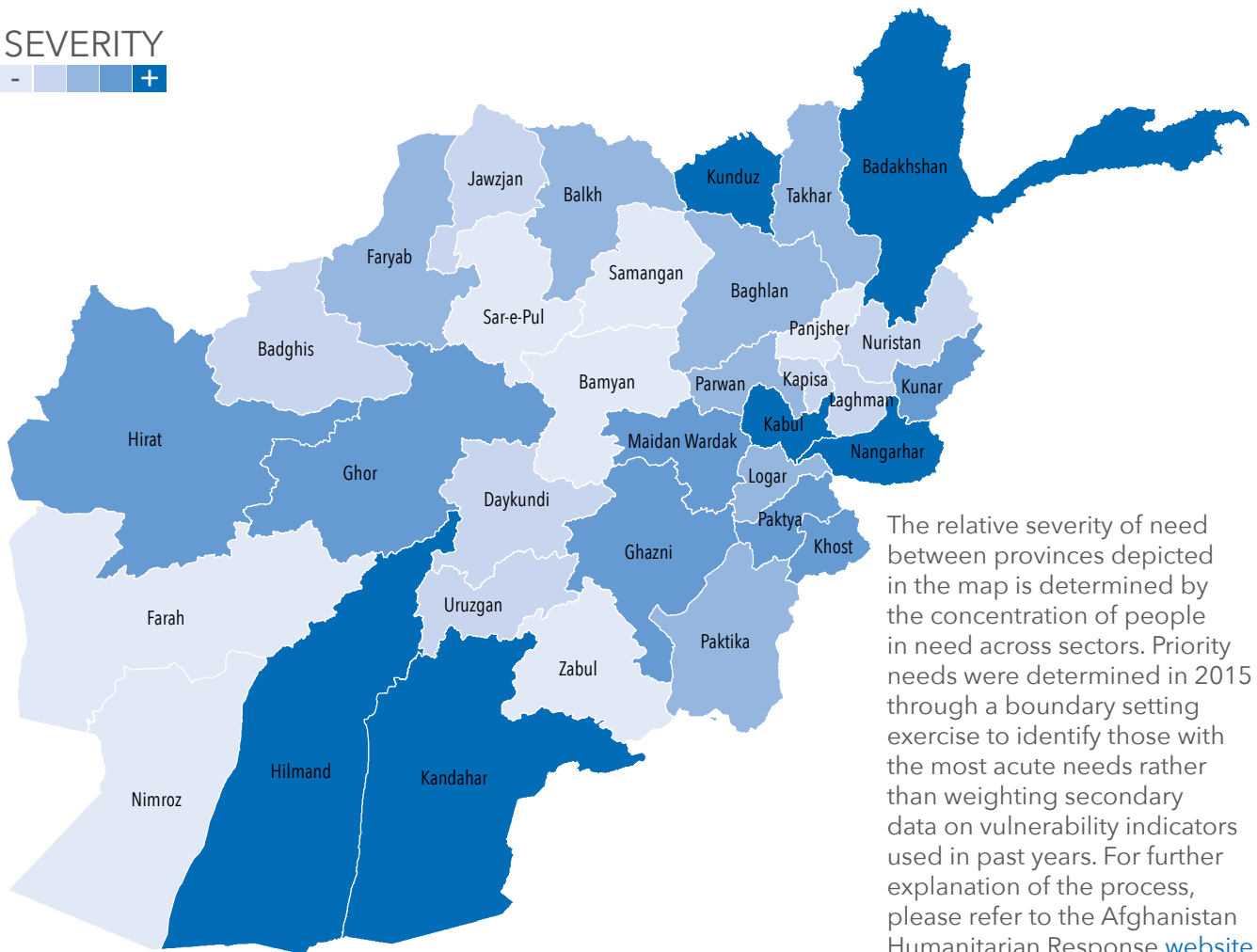
NEED

The increase in provinces simultaneously affected by conflict has become a distinguishing characteristic of the changing context in 2015; conflict has become rife in areas once relatively untouched by the violence.

While in the past acute humanitarian needs were most severe in the south and south east, mirroring the previous concentration of fighting, this year the conflict has proliferated across the north and north east; particularly affected are Badakhshan, Kunduz, Faryab and Nangarhar, leading to a country-wide increase in severe humanitarian needs.

14

SEVERITY



PART TWO: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

-  Emergency Shelter and NFI
-  Food Security
-  Health
-  Nutrition
-  Protection
-  Water Sanitation and Hygiene

INFORMATION GAPS AND ASSESSMENT PLANNING

EMERGENCY SHELTER AND NFI

OVERVIEW

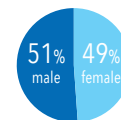


By late 2015 shelter needs were being driven by two concurrent emergencies: widespread conflict related displacement and the October 7.5 magnitude earthquake which rocked north-eastern Afghanistan. More than 196,000 people had fled their homes due to violence by the end of September; the majority forced to abandon personal items and property. The continued evolution of fighting and prevailing threat of violence has prevented many people from returning home. With only a third of displaced persons assessed as hosted by relatives and host communities this year, the majority continue to live in inadequate or ad hoc shelters after having settled in new areas. The coping capacity of families and host communities that have taken in displaced persons is rapidly diminishing. After a year and a half as refugees, many of the families that fled North Waziristan in June 2014 are also facing a second winter with only very basic temporary shelters exposed to physical insecurity and climatic risks.

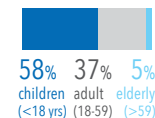
NO. OF PEOPLE IN NEED

0.7M

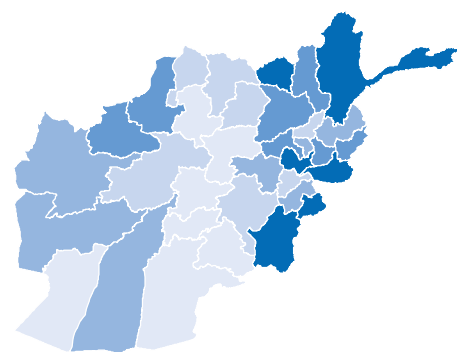
BY SEX



BY AGE



SEVERITY MAP

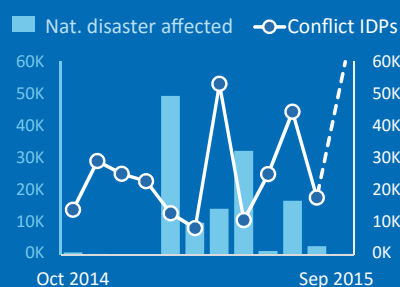


HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

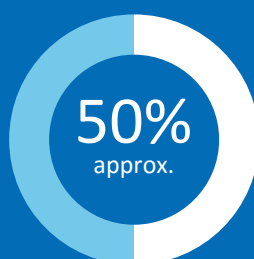
The climate of Afghanistan is characterised by long, harsh winters with freezing conditions common across the country's mountainous terrain which accounts for roughly two thirds of its area. The October earthquake affected at least 15 of the country's provinces and left more than 127,000 people in need of some form of humanitarian assistance. Property damage was most extensive nearer to the epicentre of the quake in the high altitude northern province of Badakhshan. Access to affected areas due to the rugged topography, lack of road infrastructure and insecurity is a significant challenge. The rapidly encroaching winter means no reconstruction will be possible before the spring and hundreds of families who have lost their homes require urgent assistance to find safe accommodation for the winter months.

As the conflict shows no sign of abating through the end of the year, the increasing numbers of people displaced from their homes will not only be at risk from the volatile security situation but also the harsh approaching winter season. Many vulnerable IDP, refugee and returnee families that lack safe living spaces, as a result, face denial of protection, privacy and dignity. Returnee families lack permanent shelter solutions without access to land and tenure. Similarly, with a higher percentage of families living in temporary shelters, undocumented returnees and deportees lack access to basic services; undocumented returnees from Iran especially lack housing items as access to this population remains constrained.

CONFLICT & NATURAL DISASTERS



IDPs REQUIRING SHELTER SUPPORT



REFUGEE SHELTER ASSISTANCE

3 out of 5
refugee families in need of assistance



FOOD SECURITY

OVERVIEW



Despite three consecutive years of good harvests, the severely food insecure population has increased from 4.7% to 5.9% due to insecurity, exposure to shocks, area-specific price hikes, asset depletion, inland accessibility and depressed wages. Labour migration and conflict induced displacement are swelling the urban poor population and increasing pressure on labour markets. Natural disasters and conflict induced migrations further deteriorate income and production, increasing vulnerability both at household and community levels.

AFFECTED POPULATION

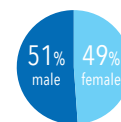
Severe food insecurity is on the rise in Afghanistan. 1.57 million people are severely food insecure, an increase of 317,000 people as compared to 2014. While food insecurity is chronic in Afghanistan, those affected by recent or sudden shocks are considered to be most in need of immediate food assistance including refugees in Khost and Paktika, refugee returnees, newly displaced persons and natural disaster affected. Assistance to the most severely food insecure is also critical to avoid further nutritional decline and deterioration in health status.

In rural areas, the landless are the most food insecure, while smallholders are the most vulnerable to shocks. Price hikes in remote and insecure areas due to high transportation costs, tax and risk premiums are contributing factors. Households' inability to cope with shocks is leading to asset depletion, including distress land sales, and increased vulnerability. Asset depletion is also increasing pressure on labour markets, and is the main driver of a rural exodus. The provinces having the highest levels of food insecurity during the lean season 2015 were Ghor, Paktika, Helmand, Takhar, Faryab, Jawzan, Bamyan, Nimroz and Khost. Of those, Ghor was the most food insecure province.

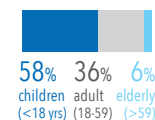
NO. OF PEOPLE IN NEED

1.7M

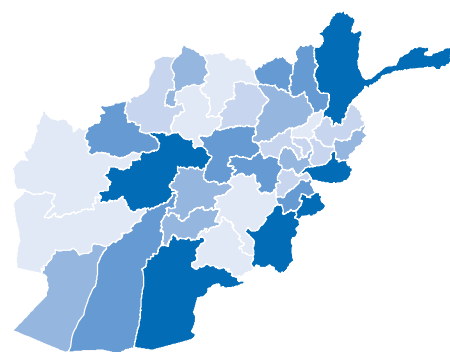
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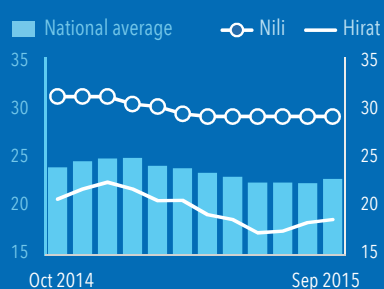
SEVERITY MAP



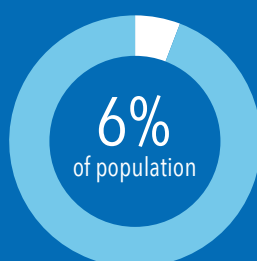
HUMANITARIAN NEEDS

The refugees in Khost and Paktika and returnees remain in need of critical humanitarian assistance. The majority of the rural population depends on agriculture, livestock and daily wage labour and are extremely vulnerable to shocks and natural disasters. The main humanitarian needs are among the displaced, most of whom have lost access to land and must compete for daily wage labour, driving down wage rates. As a result, the displaced are exhausting their coping strategies; the ratio of communities depleting their assets to cope with shocks and disasters doubled this year.

WHEAT PRICES (AFN/KG)



SEVERELY FOOD INSECURE



CONFLICT DISPLACEMENT

4 out of 5
IDPs require food assistance



HEALTH

OVERVIEW



The intensifying conflict, characterised by more frequent and geographically spread armed clashes and increasing contamination of population centres with ERW and IEDs, poses grave risks to the physical safety of the Afghan population. The resulting war trauma, physical injuries and mass displacement increase people's need for health services and medical care far surpassing the capacity and resources of the basic services available through the country's health system.

AFFECTED POPULATION

With the battle grounds of the conflict moving increasingly closer to community life within district centres and large cities, exemplified by Kunduz, the impact on civilian populations has worsened. Over 8,300 civilian casualties were reported between January and September, with a further 197,000 displaced from their homes. Roughly 36% of the Afghan population lives in areas with no access to essential primary health care services such as OPD, ANC, deliveries, PNC, neonatal and child care, including vaccination. A total of 254 outbreaks were reported in 2015 with 251 confirmed from January to June, compared to 117 outbreaks reported during the same period of 2014. For half a million people, health services are specifically interrupted due to conflict. The context of population displacement, inadequate shelter, insufficient and unsafe water, and inadequate sanitation poses significant risk factors associated with potentially life-threatening infectious disease outbreaks.

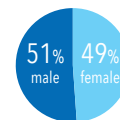
HUMANITARIAN NEEDS

The Afghan health system is ill-equipped to cope with mass casualty events, or provide even basic treatment to victims of war with injuries that need urgent first aid stabilization,

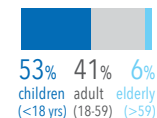
NO. OF PEOPLE IN NEED

3.1M

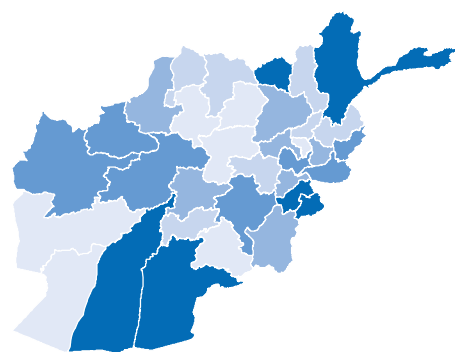
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BY AGE

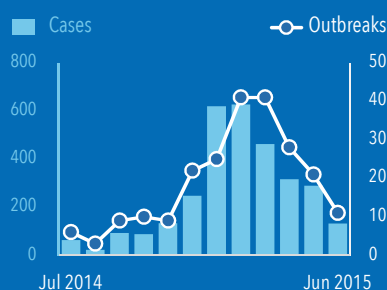


SEVERITY MAP

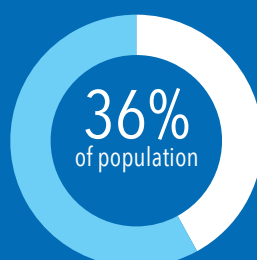


referral and surgical care; humanitarian assistance for resources and medical expertise are heavily relied on. Furthermore, owing to poor coverage and limited capacity, existing basic health service are unable to absorb the additional caseloads posed by largescale IDP movements, and concentrations of refugees and returnees, often into urban centres. Limited access to health services exacerbates the situation of families whose living conditions, food supply and consumption are inadequate, thus quickly diminishing resistance to infection, exacerbating the risk of malnutrition and threatening rapid spread of common endemic diseases.

MEASLES CASES & OUTBREAKS



PEOPLE NOT SERVED BY BPHS



REFUGEE RETURNÉES

3 out of 5
require health assistance



NUTRITION

OVERVIEW



Afghanistan's nutrition situation remains precarious despite enhanced efforts by Government and partners. The development deficit of the country contributes significantly to underlying causes of malnutrition, and Basic Package of Health Service inefficiencies limit capacity and reach of effective treatment for women and children. More than one million children require treatment for acute malnutrition and levels in at least 17 provinces breach international emergency thresholds. The impact of the conflict further exacerbates the existing underlying conditions causing malnutrition, such as inadequate household food security, poor diet, insufficient health services, unsanitary environment and inadequate maternal and child care.

AFFECTED POPULATION

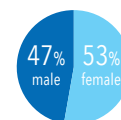
A significant proportion of children with acute malnutrition have no access to treatment. Health providers are unable to deliver adequate routine services, let alone cope with identified emergency level caseloads. Current health services reach around 64% of the population and only 40% of these facilities provide some form of nutrition service. Staffing structures and resources are insufficient both at health facility and community levels with insufficient service points, limited screening and extremely low coverage of comprehensive Integrated Management of Acute Malnutrition. Surveys indicate: lack of supplies and/or equipment; limited understanding of caregivers to be able to identify malnutrition as sickness in their child; report children being turned away from over stretched or inefficient health facilities; and cite long distances to services as barriers to treatment as well as a lack of male support or accompaniment to seek care.

Children and pregnant and lactating women affected by conflict, and among the refugee and displaced populations, are particularly vulnerable and often the first to go without when food resources become stressed. The strain and

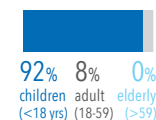
NO. OF PEOPLE IN NEED

2.9M

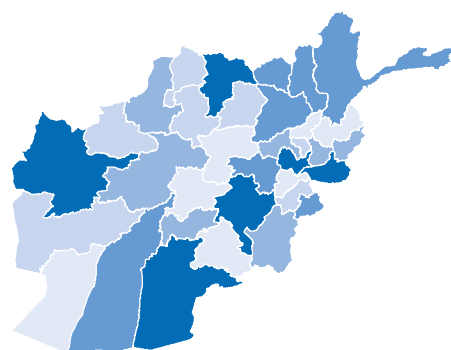
BY SEX



BY AGE



SEVERITY MAP

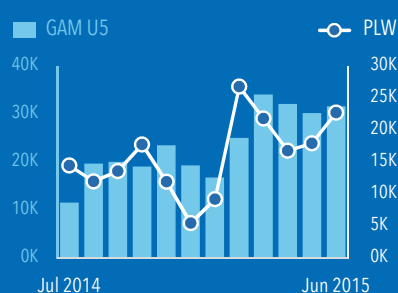


instability associated with recurrent displacement of families adversely affects care and feeding practices for children. Disruption of breastfeeding, inability to prepare weaning foods and complete absence of health services significantly increase the risk of malnutrition.

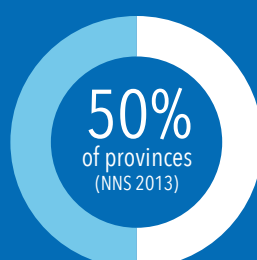
HUMANITARIAN NEEDS

There are enormous unmet needs for children aged 0 to 59 months (and their caregivers) for access to treatment of acute malnutrition services, as well as provision of appropriate health and nutrition messages, infant and young child feeding counselling, and micronutrient supplementation. So far in 2015 cluster partners have managed to reach just 30% of the national annual burden of children needing care. partners have managed to reach just 30% of the national annual burden of children needing care.

NEW ADMISSIONS (GAM & PLW)



SAM RATE > 3% THRESHOLD



ACUTE MALNUTRITION CASELOAD



* ANNUAL CASELOAD, NNS 2013

PROTECTION

OVERVIEW



The worsening conflict severely impacts on the civilian population, leading to increased civilian casualties and unprecedented levels of displacement. Those who have been forced to leave their homes, due to armed violence or intimidation, are regularly unable or unwilling to return, resulting in prolonged displacement. Forced displacement affects individuals in different ways and exposes the displaced, especially the most vulnerable, to a host of protection specific risks.

HUMANITARIAN NEEDS OF THE AFFECTED POPULATION

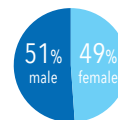
The scale of protection needs outweighs the response capacity of all involved actors, leaving vulnerable Afghans in undignified and at-risk circumstances. The evolving conflict not only continues to destabilise society, causing civilian casualties, large-scale displacement, contamination with ERW, but also hampering basic development and consolidation of protective institutions. The basic rights of many individuals are consistently violated. Particular risks for children, aggravated by displacement, are abuse, neglect, marginalisation, exploitation, as well as psychosocial distress, recruitment, family separation, trafficking, child labour, drug abuse, and hampered access to education. Girls and women continue to be at risk of protection violations, especially while displaced. Instances of early and forced marriage are reported. Inaccessibility of services and legal justice further affects females, particularly divorced/separated women and widows in terms of property ownership, expulsion, or forced remarriage.

Sustainable solutions for many IDPs remain elusive, due to unsuitability of return conditions, lack of adequate livelihoods and civil documentation, housing land and property disputes, including forced eviction risks. Increased ERW/IED contamination, along with existing mine fields, inhibits

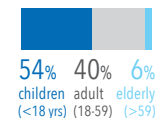
NO. OF PEOPLE IN NEED

1.7M

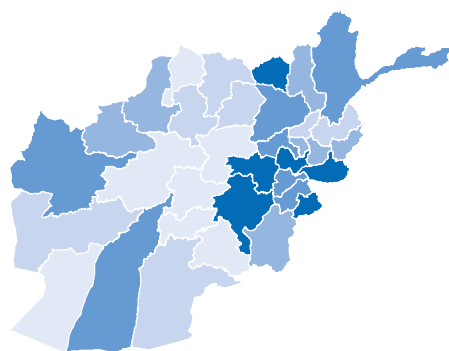
BY SEX



BY AGE



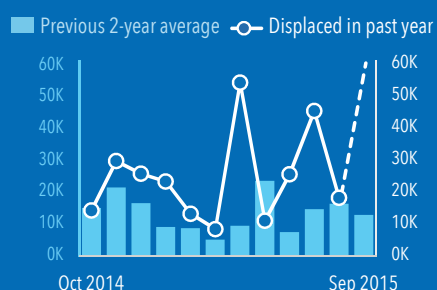
SEVERITY MAP



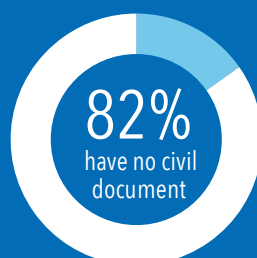
civilian life and threatens physical safety, particularly those of children. Victims of the conflict, especially the disabled, are in need of targeted assistance, physical rehabilitation, and psycho-social support.

The refugee population continues to be at risk of GBV and child protection violations, with specific challenges due to status as non-citizens, notably a lack of access to education. Refugee returnees face constraints in accessing land and documentation while forced to live in precarious conditions. Undocumented returnees are in similar situations to refugee returnees but less able to access assistance due to lack of documentation, with needs for family-tracing, transportation for single females, legal assistance, and psycho-social support.

CONFLICT RELATED DISPLACEMENT



DOCUMENTATION FOR IDP WOMEN



EDUCATION OF IDP CHILDREN

3 out of 5
IDP children do not attend school



WATER, SANITATION AND HYGIENE

OVERVIEW



A significant proportion of the population live with WASH conditions that fall below minimum humanitarian standards, particularly in nine provinces that have high morbidity and mortality indicators. Open defecation remains a cause for concern in many areas, with an overall lack of hygiene as a main cause of malnutrition and diarrhea. Water-borne diseases and outbreaks continue to be causes for concern, with cholera still endemic in Afghanistan. Intensifying conflict across the country continues to displace a significant number of people who find themselves in temporary settlements without adequate WASH facilities or in host communities with already strained resources, thus negatively affecting the health and nutrition of affected populations.

AFFECTED POPULATION

Conflict affected people displaced to temporary settlements lack access to safe drinking water, latrines and bathing facilities. Inadequate sanitation and overcrowding exposes people to potentially life-threatening disease or outbreaks such as respiratory infection, acute watery diarrhea, cholera, malaria, malnutrition and measles, with young children and the elderly being particularly susceptible. The additional sanitation needs of menstruating, pregnant and lactating women are also frequently unmet in such situations. In cases of displacement to host communities, existing water sources, sanitation facilities and general hygiene conditions are overly stressed with additional populations, creating similar unhygienic conditions and potential for disease/outbreaks.

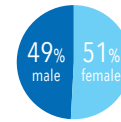
HUMANITARIAN NEEDS

Safe drinking water, adequate emergency sanitation facilities and disinfection or disposal of soiled materials is required

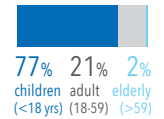
NO. OF PEOPLE IN NEED

1.5M

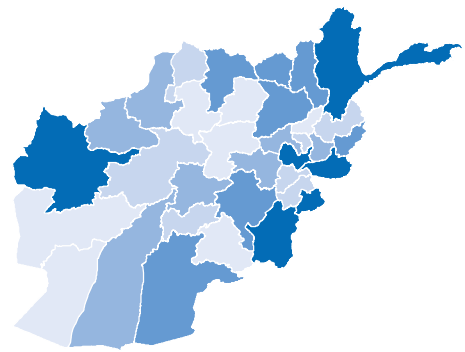
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BY AGE

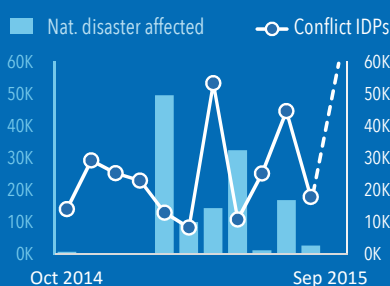


SEVERITY MAP

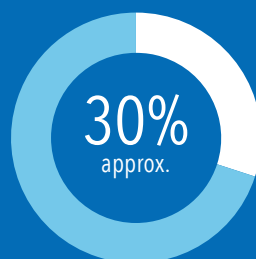


to greatly reduce the risk of water-related disease outbreaks in displacement situations. Similar emergency services are required to reduce the incidence of acute malnutrition and diarrhoea in priority locations, particularly amongst children under five, and in provinces showing a high risk of diarrheal disease outbreak and/or high prevalence of open defecation.

CONFLICT & NATURAL DISASTERS



IDPs REQUIRING WASH SUPPORT



REFUGEE WASH ASSISTANCE

3 out of 5
refugee families in need of assistance



INFORMATION GAPS AND ASSESSMENT PLANNING

The absence of cluster led sectoral assessments continues to diminish the identification, analysis and prioritisation of acute humanitarian needs. Strategic planning is considerably weakened by a lack of data that would identify the scale and nature of acute, excess mortality. OCHA continues to push for improvements in the evidential quality of information needed to improve the effectiveness and accountability of humanitarian action.

Increased coordination between assessments, and the creation and acceptance of common standards and methodologies for data collection would make an improvement. In 2016 OCHA will lead the inter-cluster to undertake multisector assessments of populations displaced by conflict for prolonged periods.

NUMBER OF ASSESSMENTS

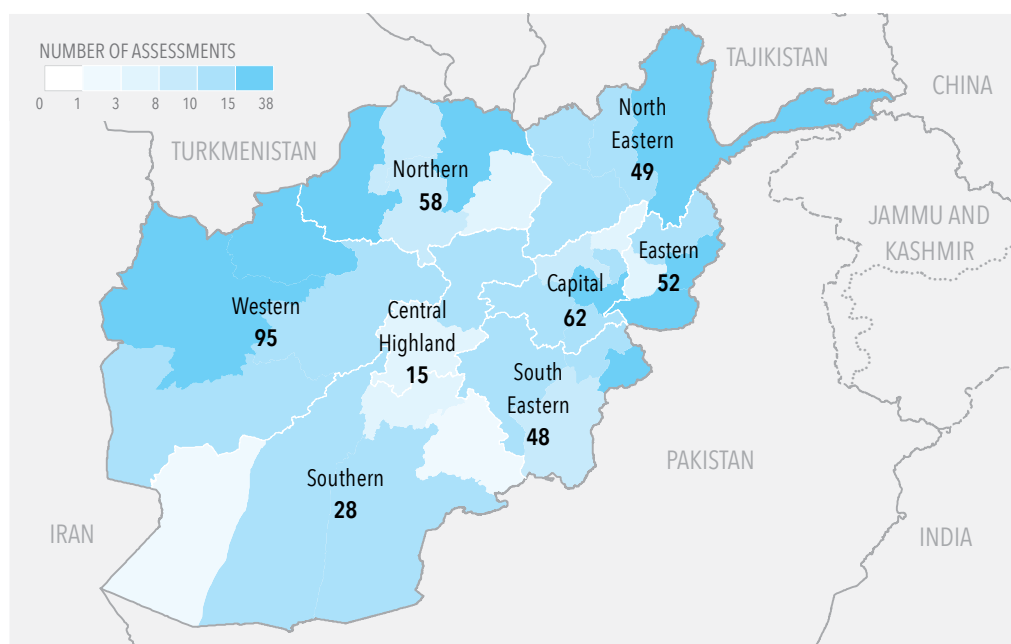
138

NUMBER OF PARTNERS

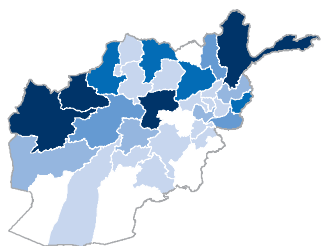
85

PLANNED NEEDS ASSESSMENTS

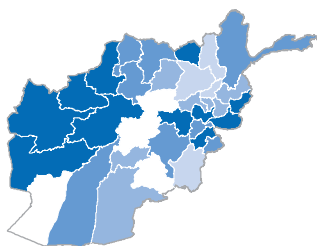
7



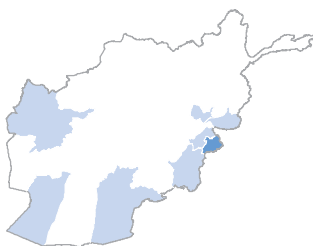
RAF (RAPID ASSESSMENTS)



PMT (POP. MONITORING)



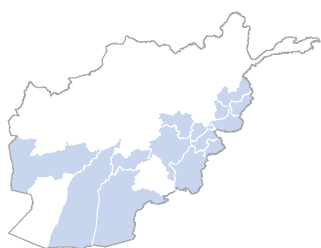
EM. SHELTER & NFI



FOOD SECURITY



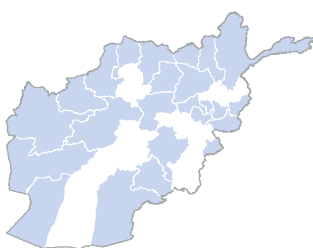
HEALTH



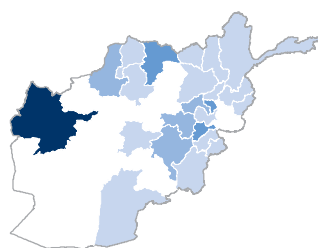
NUTRITION



PROTECTION











WASH



NUMBER OF ASSESSMENTS

0 1 2 4 6 8 >10

NUMBER OF ASSESSMENTS BY LOCATIONS AND BY SECTOR

		Emergency Shelter	Food Security	Health	Nutrition	Protection	WASH	PMT	RAF	TOTAL
	CAPITAL	1	1	1	1	2	19	28	9	62
	CENTRAL HIGHLAND		1			1	1		12	15
	EASTERN	2	1	1	4	1	2	22	19	52
	NORTH EASTERN		1			1	6	15	26	49
	NORTHERN		1			2	11	27	17	58
	SOUTH EASTERN	6	1	1	7	2	8	20	3	48
	SOUTHERN	2	1	1	5	1	1	13	4	28
	WESTERN	2	1	1		2	9	30	50	95
	TOTAL	7	1	1	17	3	57	155	140	

PLANNED NEEDS ASSESSMENTS

CLUSTER/SECTOR	LOCATION	TARGETED PEOPLE	LEAD AGENCY	PLANNED DATE	SUBJECT
Inter-cluster	Kunduz city	Displaced persons and returnees (c. 150,000)	OCHA	November 2015	Rapid humanitarian assessment (post-conflict)
Refugee and Returnees		Returnees	UNHCR	March 2016 (publication)	Comprehensive needs assessment
Food security and agriculture	Country-wide (sampling)		IPC technical team, FEWSNET, WFP, FAO and NGO partners	February-March 2016	Integrated Phase Classification acute food security mapping update
Food security and agriculture	Country-wide (sampling)		IPC technical team, FEWSNET, WFP, FAO and NGO partners	April-May 2016	Pre-harvest appraisal and seasonal food security assessment (SFSA)
Health	Country-wide		WHO	2016	Expansion of 150 sentinel sites for Disease Early Warning System (DEWS) to all districts across country
Inter-cluster	Country-wide	Earthquake affected	IOM	November 2015	Rapid humanitarian assessment
Inter-cluster	Country-wide	Prolonged displaced persons	OCHA	2016	Multi-sector humanitarian needs assessment

ACRONYMS

AFN/KG	Afghani/Kilogram
ANC	Antenatal Care
BPHS	Basic Package of Health Services
CHF	Common Humanitarian Fund
DEWS	Disease Early Warning System
ERW	Explosive Remnant of War
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning System Network
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IED	Improvised Explosive Device
IHL	International Humanitarian Law
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
NFI	Non Food Item
NNS	National Nutrition Survey
NSAG	Non-State Armed Group
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OPD	Outpatient Department
PIN	People in Need
PLW	Pregnant and Lactating Women
PMT	Population Movement Tracking (for conflict displaced)
PNC	Postnatal Care
RAF	Rapid Assessment Form (for natural disasters)
SAM	Severe Acute Malnutrition
SFSA	Seasonal Food Security Assessment
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization



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www.humanitarianresponse.info/operations/afghanistan



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