

2018

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

3.3M

DEC 2017



AFGHANISTAN

Photo: Jim Huylebroek/UNHCR

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 needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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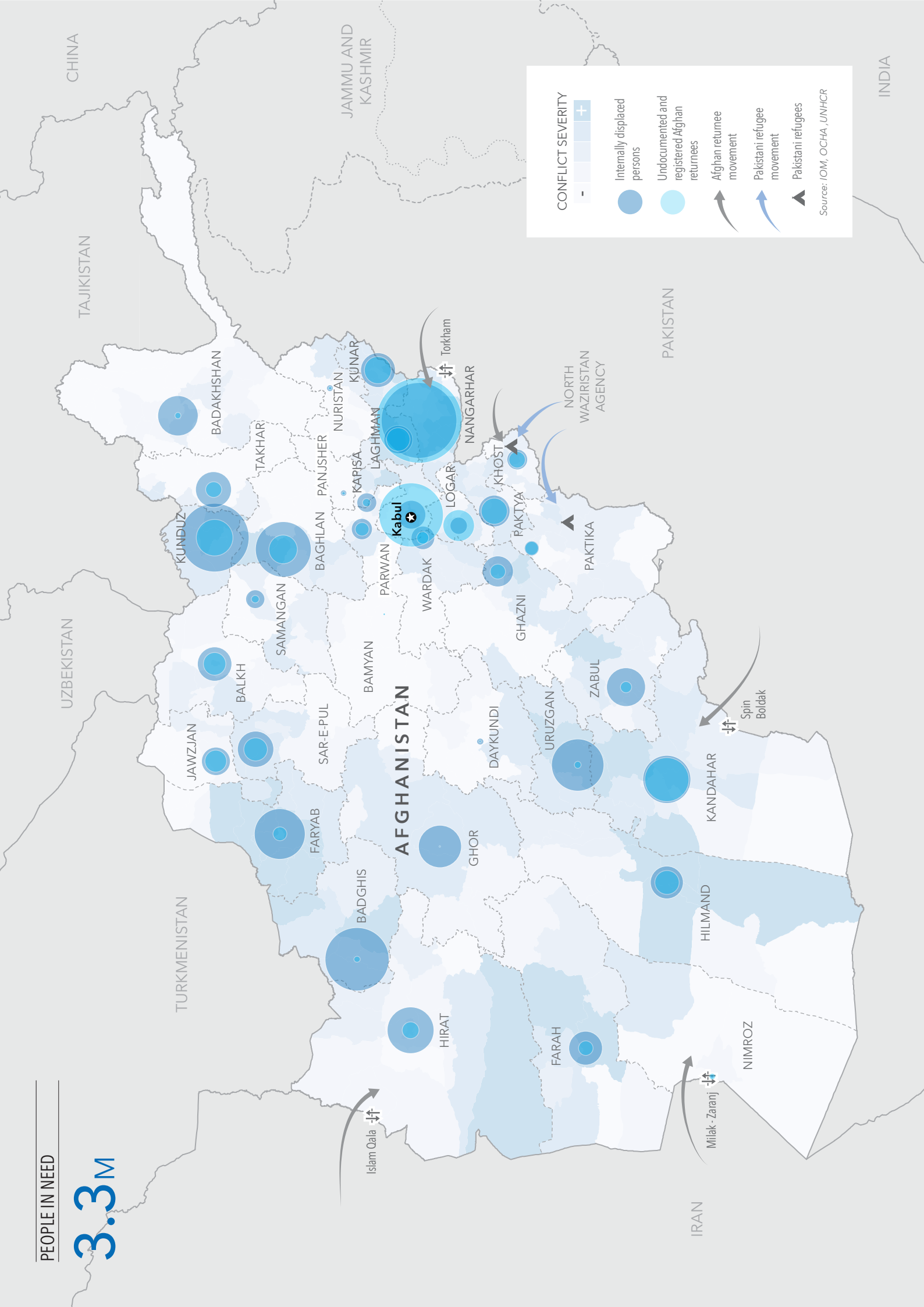
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PART ONE: SUMMARY

- 
-  Humanitarian needs & key figures
 -  Needs analysis: prioritisation and context
 -  Humanitarian shocks
 -  Impact of the crisis
 -  Breakdown of people in need
 -  Severity of need
 -  Geographic distribution of needs

PEOPLE IN NEED

3.3M



CONFLICT SEVERITY

- Internally displaced persons
- Undocumented and registered Afghan returnees
- Afghan returnee movement
- Pakistani refugee movement
- Pakistani refugees

Source: IOM, OCHA, UNHCR

HUMANITARIAN

NEEDS SUMMARY

Afghanistan is one of the world's most complex humanitarian emergencies, characterised by escalating conflict, causing over one million people to be living in new and prolonged displacement. In 2018, **3.3 million people will need life-saving assistance**. Violations of international humanitarian and human rights law are commonplace, with frequent reports of summary executions,¹ kidnappings,² and **attacks on civilian infrastructure**. Between 2014 and 2016 there was a **110 percent increase in the number of healthcare facilities attacked (from 25 to 53) and a 163 percent increase (from 72 to 189) on healthcare facilities closed by parties to the conflict**.³ Civilian casualties are at the highest levels seen with 8,019 documented in the first nine months of the year.⁴ Two thirds of these civilian casualties were women and children.⁵

Amidst growing signs that what was once a low intensity conflict has now escalated into a war, the UN strategic review of 2017 reclassified Afghanistan from a post-conflict country to one in active conflict.⁶ **Eighty conflict incidents were recorded each day between July and September in 2017** – the highest number in six years – and **sixteen district administrative centres (DACs) were attacked and taken over by the Taliban this year**.⁷ The intensification of the conflict, combined with a surge in sectarian violence in Kabul, has led to extremely high numbers of war wounded on both sides of the conflict.⁸ Between January and September 2017, **health partners reported more than 69,000 trauma cases** – a **21 percent increase on those recorded during the same period in 2016**.

Sustained levels of displacement – **360,000 people have been internally displaced** so far during 2017 – combined with ongoing **returnee influxes of more than 546,000** have also had a profound impact in parts of the country; overloading health facilities, schools, depressing labour wages and

increasing rents. In Nangarhar province alone, **the number of informal settlements increased from 29 to 53 between February and July 2017 and the population size from approximately 429,000 to just under one million**.⁹

Recent assessments indicate that **more than a third of children have been exposed to psychological distress** due to loss of family and community members, and the constant risk of death and injury - with this being as high as 68 percent in Kunduz. Conflict affected and returnee populations are also more likely to utilise **negative coping mechanisms** such as **early and forced marriage, child labour**,¹⁰ and **family separation**. They are also likely to be exposed to **domestic and sexual violence**¹¹ and, even **secondary and multiple displacement**. **Over 50 percent of people displaced by conflict in Afghanistan have now been displaced twice or more, compared to just seven percent five years ago**.¹²

After four decades of conflict, there are huge economic and development challenges in the country, which cannot be remedied by humanitarian aid. Approximately 39 percent of the population live below the poverty line,¹³ an estimated 10 million people have limited or no access to essential health services,¹⁴ and as many as 3.5 million children are out of school.¹⁵ Infant mortality rates are among the highest in the world at 70 per 1,000 live births,¹⁶ and Afghanistan remains one of only two countries globally where polio is endemic.¹⁷ Some 1.9 million people are severely food insecure, predominantly due to a lack of or limited access to sustainable job opportunities, while 40 percent of all children under the age of five are stunted.¹⁸ In total, the humanitarian community has identified that **8.7 million people have chronic needs which require longer-term systemic actions to address**.

HUMANITARIAN

KEY FIGURES

TOTAL POPULATION

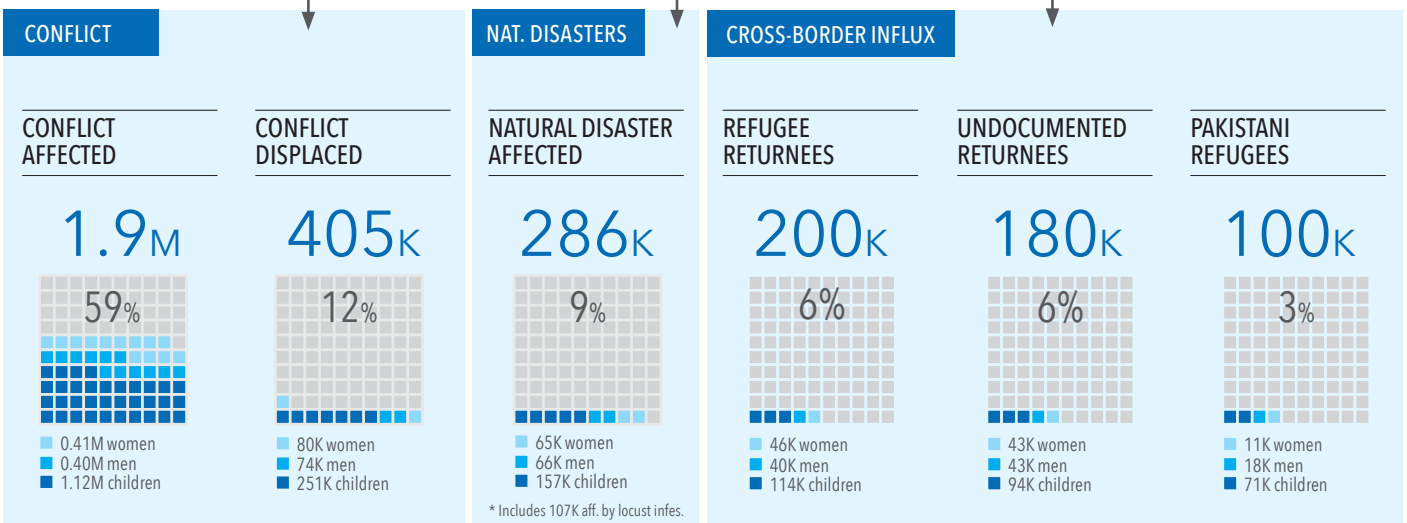


NUMBER OF PEOPLE LIVING IN 120 HIGHEST CONFLICT AFFECTED DISTRICTS

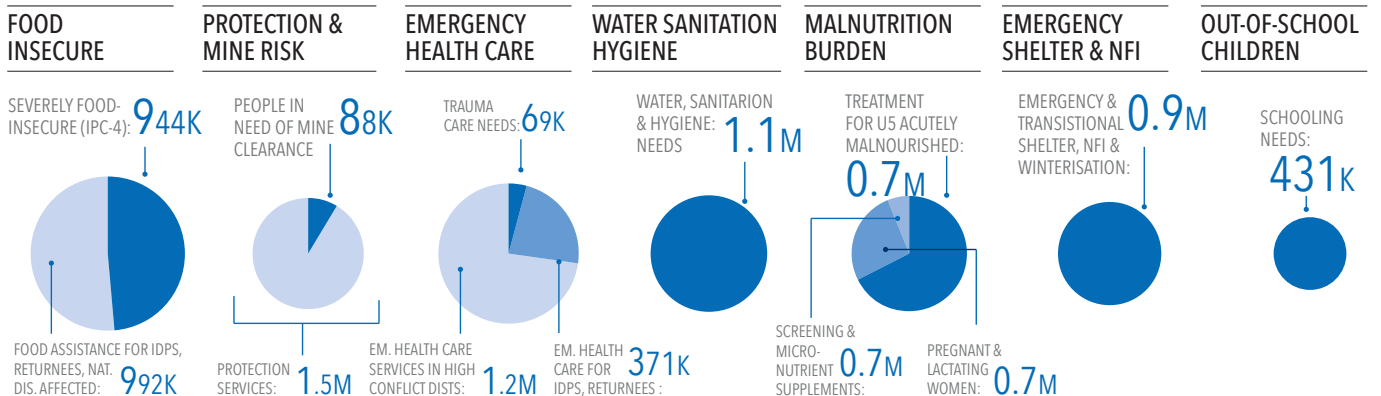
SEVERITY



NUMBER OF PEOPLE WITH ACUTE HUMANITARIAN NEEDS



3.3m total also includes 168,000 people living in host communities



NEEDS ANALYSIS

PRIORITISATION & CONTEXT

“We affirm the primacy of the **humanitarian imperative**: that action should be taken to prevent or alleviate human suffering arising out of disaster or conflict, and that nothing should override this principle.”

Humanitarian Charter and Minimum Standards in Humanitarian Response
The Sphere Handbook, 2011

Noting the deepening conflict in Afghanistan, the UN recently reclassified the country from one in post-conflict to one in active conflict.¹⁹ The humanitarian community has now reconsidered and differentiated between emergency needs arising from specific crises such as the armed conflict itself, from the underlying conditions which have persisted for decades and which do not in themselves represent a sudden increase demanding immediate humanitarian action. Afghanistan represents a protracted crisis and deep-rooted poverty and socio-cultural factors have converged with decades of conflict to generate different types and layers of need. Consequently, this HNO better distinguishes between the 3.3 million people now requiring an international humanitarian response from the much larger number which have not experienced a humanitarian shock.

The 2018 HNO sharpens the humanitarian focus on acute needs arising from distinct drivers, from the manifold needs materialising from years of structural challenges and underdevelopment. **Indeed, the danger with labelling all needs present in a humanitarian context as ‘humanitarian’ is that agencies and partners will only address those in areas where they have existing programmes, rather than tackling immediate need in locations of highest severity, where lives will be lost.**

Put differently, if the net is cast too wide, acute needs are obscured and prioritisation becomes more difficult. The distinction between **life-threatening** and **chronic needs** is therefore critical for humanitarians to be able to most effectively save lives and prevent or alleviate human suffering arising out of conflict or disaster. This distinction also reflects what donors have requested for several years, and ensures a more responsible use of the limited humanitarian financing available.

This is difficult in Afghanistan where a significant proportion of the population exhibit some form of chronic need; more than one third of the population has been classified as food insecure for years, and every day harmful cultural and traditional practices continue to deprive women and children of their human rights. However, the needs presented in this

analysis stem from crisis as a result of conflict, disaster or large-scale population movement. Recognising this, and given that the conflict in Afghanistan is deepening in intensity and expanding in geographic scope, it is vital to stay within clear humanitarian parameters.

Global benchmarks must therefore be contextualised. Analysis from the food security and Agriculture cluster (FSAC) in 2017 (Seasonal Food Security Assessment and Integrated Phase Classification exercise) reveals, for example, that the main causes of food insecurity are unrelated to conflict and natural disasters and are instead driven by the loss of employment (38 percent), reduced income (18 percent), severe sickness or natural death of the breadwinner (17 percent), livestock disease outbreak (14 percent) and food price increases (13 percent).²⁰ The responses recommended by FSAC to address them – education, employment opportunities, livestock production enhancement and long-term investments in the agricultural sector – lie outside the remit of humanitarian action.

At the same time, the burden of malnutrition has remained constant over the past three years, while the number of people living in a catchment area ‘two or more hours’ away from a basic package of health services (BPHS) facility has remained relatively static. This indicates that millions of people are in ongoing situations of recurrent need year after year rather than because of a specific shock. Supporting this, the Afghanistan nutrition cluster estimates that only 10 percent of Afghanistan’s 1.6 million acutely malnourished children are so because of conflict.²¹

Taking internationally defined thresholds as absolute and reading them in isolation is therefore misleading. Any needs – even at high levels – must be considered in the context in which they arise and examined in light of existing trends.²² This then supports more robust needs analysis and enables effective prioritisation.

HUMANITARIAN PHENOMENA

“Afghanistan is not in a post-conflict situation...but a country undergoing a conflict that shows few signs of abating.”

Special report on the Strategic Review of the United Nations Assistance Mission in Afghanistan Report of the Secretary-General, 10 August 2017



1

Conflict

Conflict continues to drive humanitarian needs across Afghanistan. In the past 18 months nearly a million Afghans were internally displaced, fleeing their homes to escape fighting,²³ and in 2016 Afghans comprised the second-largest group of asylum-seekers in Europe.²⁴ On average 1,100 people each day – two thirds of them women and children – have been forcibly displaced by violence in 2017.²⁵ A further 900,000 IDPs currently live in informal settlements characterised by inhuman living conditions and high levels of food insecurity.²⁶ Affected communities are exposed to an array of protection risks, including family separation, forced recruitment of children, and early marriage – sometimes of girls as young as nine – as well as the loss of civil documentation. It is estimated that 80 percent of internally displaced Afghan women lack proper identity papers.²⁷ Of the country's 400 districts, 120 are now considered as highly conflict affected – a 50 percent increase from 2015.²⁸ With the current IDP system largely or completely inaccessible for Afghans living in non-government held areas, the numbers affected by conflict is likely to be considerably higher than the 2.4 million assessed.



2

Natural Disasters

Natural disasters are a recurring phenomenon affecting one quarter of a million people per year on average. In February 2017, avalanches, snowfall and flooding affected 20,000 people and caused significant damage to homes and livelihoods in 22 out of 34 provinces.²⁹ Each year the country incurs agricultural losses of approximately US\$ 280 million due to natural disasters, and it has been estimated that a severe (once in a lifetime) drought could raise this to \$3 billion.³⁰ Three decades of conflict has compounded Afghanistan's susceptibility to drought due to either the destruction or insufficient maintenance of irrigation infrastructure, resulting in siltation, bank damage and vegetation growth.³¹ In 2016 the government estimated that during the previous 30 years of conflict, 4,850 irrigation networks had been destroyed and did not work at all.³² While the past two years have seen below average natural disaster related needs, the risk of a major drought, earthquake or flooding remains ever-present.



3

Cross Border Influxes

More than 151,000 people have returned to Afghanistan from Pakistan in 2017, as well as 395,000 from Iran.³³ Returning populations are almost entirely dependent on extended family networks and internationally funded assistance upon arrival, as well as being exposed to many protection risks both pre, and post, flight. About 58 percent of returnees are under 18 years old with as many as 142,000 returnee children expected to arrive and require education in 2018. Especially vulnerable are the unaccompanied migrant children from Iran – of which more than 2,000 have arrived in 2017 – as well as single females and deportees. All of whom are at risk of trafficking, exploitative labour, and recruitment into armed groups.³⁴ High levels of returns and internal displacement have led to very significant demographic changes: one in three people in Nangarhar province is now either a returnee or IDP,³⁵ and three years after fleeing Pakistan, 100,000 refugees are still living in Khost and Paktika. A recent assessment found that 55 percent of refugees live in sub-standard shelters – either in tents or under plastic sheeting – 80 percent lack adequate toilet facilities, and 46 percent are severely food insecure.³⁶

IMPACT OF THE CRISIS

Intensifying Violence

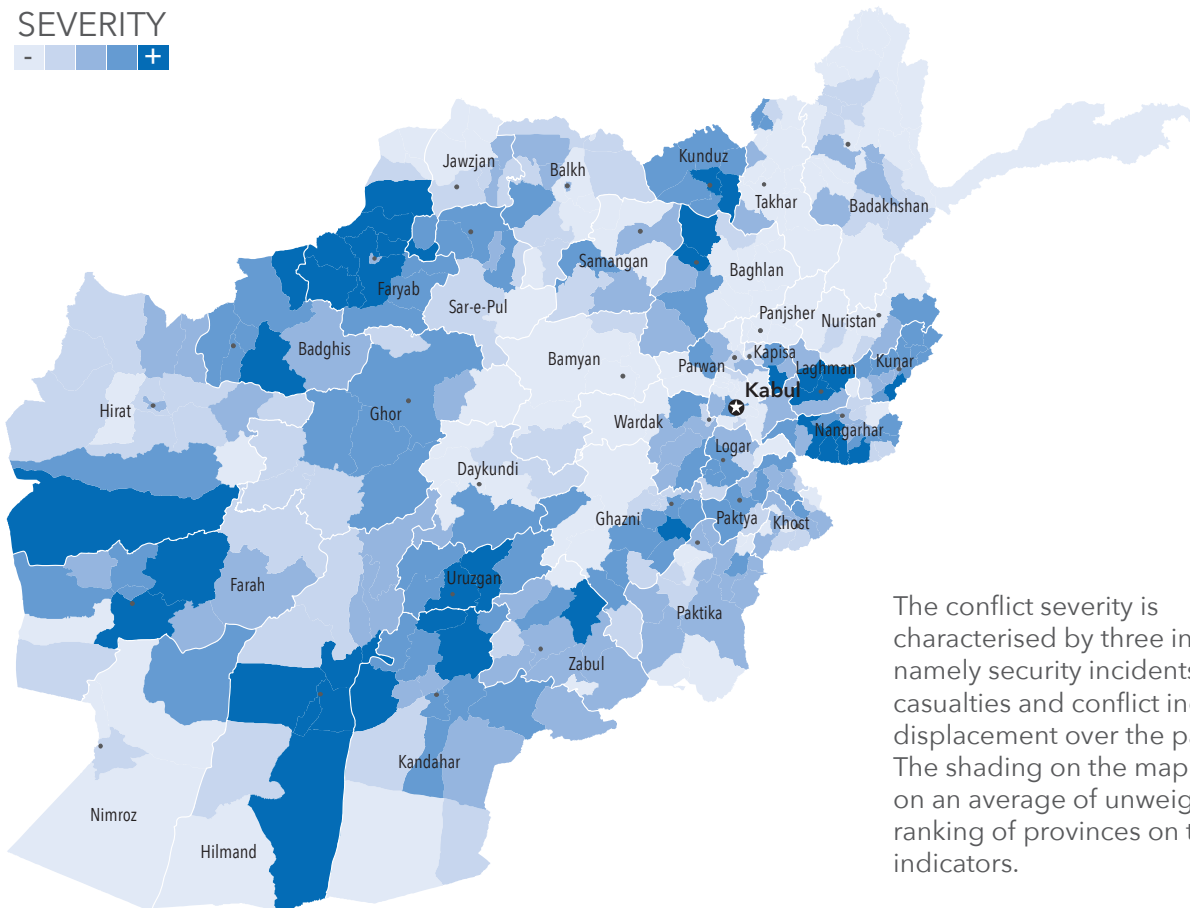
Conflict has further escalated across Afghanistan in 2017 as the contest for territorial control continues. The first ten months of 2017 registered a 20 percent increase in Improvised Explosive Device (IED) detonations and a 110 percent increase in air strikes, with similar levels of suicide attacks to 2016.³⁷ The impact on the Afghan people has been severe as parties to the conflict repeatedly breach international humanitarian law (IHL) designed to limit the effects of armed conflict on civilians. The use of heavy weaponry in civilian populated areas, the occupation and use of civilian infrastructure for military purposes, attacks on schools, medical facilities and aid workers, as well as deliberate attempts to block the delivery of humanitarian assistance to

affected people, have all been widely documented. Already in 2017, civilian casualties are at similar levels to 2016 with 8,019 (2,640 deaths and 5,379 injuries) recorded.³⁸ While ground engagements continue to account for most casualties, the rise in civilian deaths due to suicide and complex attacks, targeted and deliberate killings, pressure-plate improvised explosive devices (PPIEDs) and air strikes, which disproportionately affect women and children, is of particular concern.

In October, six attacks in the space of just five days killed more than 240 people and injured a further 300 in what marked one of the deadliest weeks for the civilian population and Afghan National Defense and Security Forces (ANDSF) in 2017.³⁹ Such was the level of harm inflicted by the attacks, EMERGENCY NGO Hospital in Kabul reported an unprecedented 60 new weapon wounded admissions within

CONFLICT SEVERITY IN 2017

SEVERITY
- +



The conflict severity is characterised by three indicators, namely security incidents, civilian casualties and conflict induced displacement over the past year. The shading on the map is based on an average of unweighted ranking of provinces on these indicators.

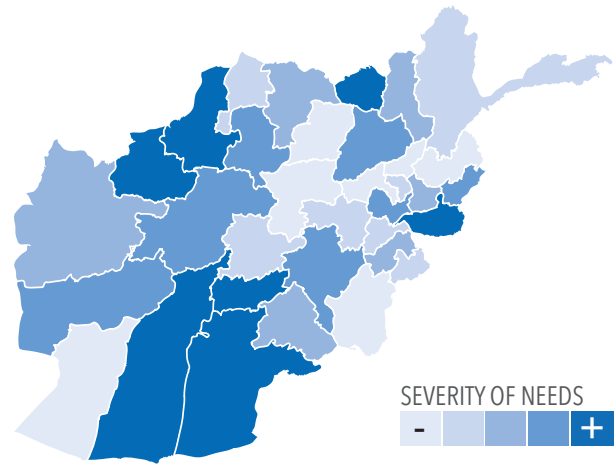
the space of 72 hours, with the majority in a serious condition and requiring urgent surgical treatment.

An average of 6,700 trauma cases now occur each month

Overall, EMERGENCY NGO Hospital report increased numbers of war wounded referrals from provinces outside of Kabul, including Ghazni, Kapisa and Panjshir, as mass casualty incidents continue to rise and first aid trauma Posts (FATPs) are unable to deal with the complexity and severity of injuries seen. For those who survive, more than a third suffer life-changing injuries including the amputation of one or more limbs requiring post-operative rehabilitative care and long-term disability and psychosocial support. Already in 2017, health partners have reported 69,013 trauma cases – a 21 percent increase on those occurring during the same period last year.⁴⁰

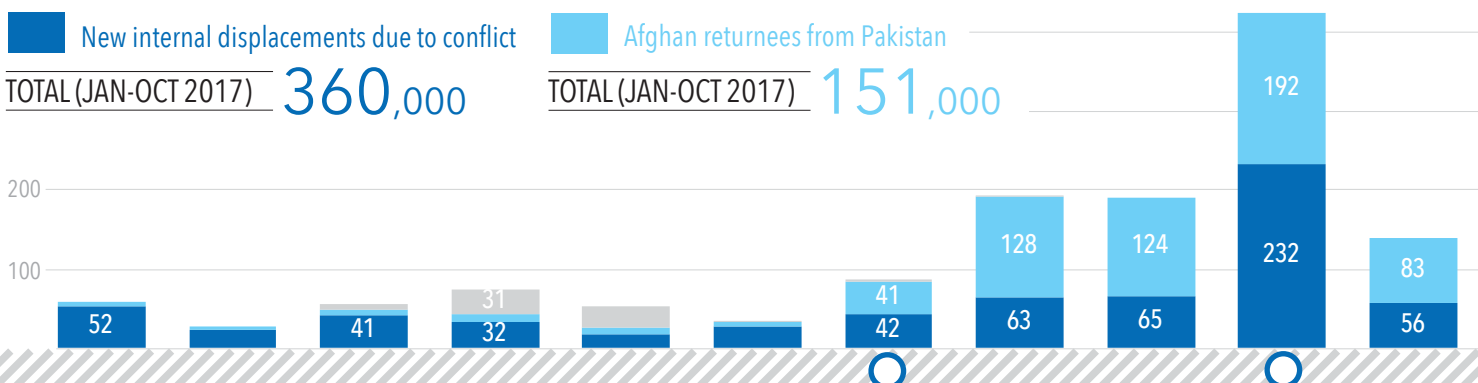
While the civilian population has endured greater levels of violence in 2017 this has not translated into greater levels of displacement. A change in non-state armed group (NSAG) tactics away from major offensives on large population centres⁴¹ to more targeted assaults on military checkpoints and infrastructure, reinforced by special forces operations and aerial support, are the main reasons behind the relative decline in figures compared to 2016. The ‘hollowing out’ of significantly conflict affected areas, inaccessibility of

SEVERITY OF NEEDS: CONFLICT



the official IDP petition system for those living in non-government held areas, and increasingly prolonged periods of displacement experienced by displaced populations, are also likely contributory factors. Indeed, with less than 20 percent of new IDPs able to return home after their initial displacement, more are finding themselves with little choice but to reside in informal settlements.⁴² The number of these has increased from 300 to 623 in the last five years alone across the 19 provinces hosting the largest number of IDPs.⁴³

INTERNALLY DISPLACED PERSONS, AFGHAN RETURNEES AND NATURAL DISASTER AFFECTED (IN THOUSANDS)



Ongoing conflict continues to destabilize the vulnerable

July 2016
 Significant spike in returnees from Pakistan following a push for people to leave with new arrivals peaking at a daily average high of 6,000 by the 4th quarter.

October 2016
 Assault on Kunduz leaves almost 118,000 displaced and some government buildings temporarily under NSAG control, almost a year to the day after the city first fell into opposition group hands.

February 2017
 Following flooding, the Islam Qala border point is closed prompting large-scale returns through the Milak crossing from Iran. 195,000 return in five months overwhelming response capacity in Nimroz province.

In 2017, 93 percent of displaced Afghans fled their homes due to conflict - a 17 percent increase compared to 2012

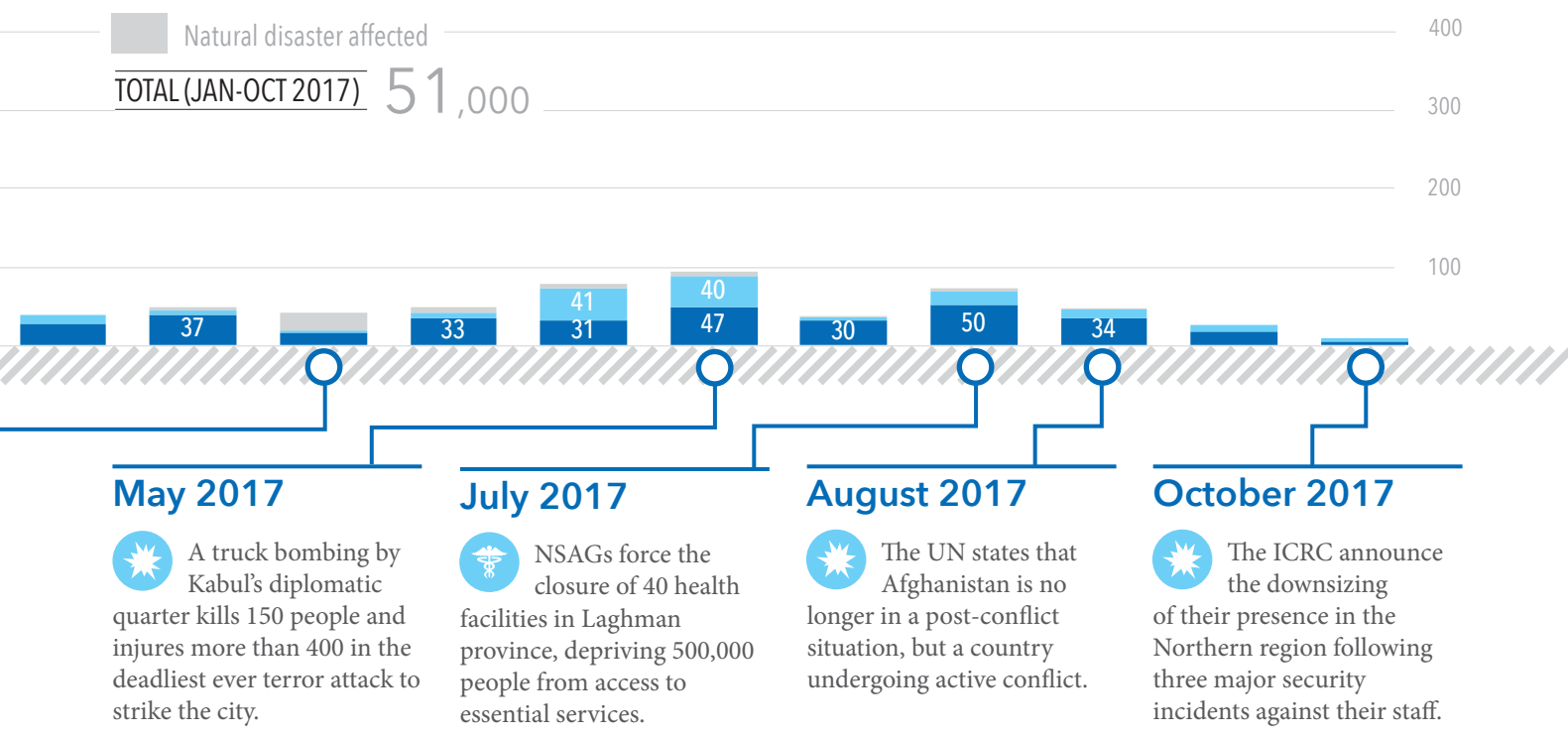
More often than not, those compelled to leave do so at short notice, taking few of their personal assets and belongings with them. Analysis of household level emergency assessments (HEAT) conducted on newly displaced populations in 2016 shows that as many as 70 percent have no food stocks and only a quarter have one weeks' worth of supplies.⁴⁴ At the same time, while 40 percent are able to find refuge with families or friends, a third are in rented accommodation leaving them susceptible to eviction and resettlement at a moment's notice.⁴⁵ The multi cluster needs assessment (MCNA) completed in informal settlements in September 2017 corroborated this finding, highlighting that some 45 percent of all new IDPs living in informal settlements fear imminent eviction.⁴⁶

A Crisis of Protracted Displacement

As the conflict has taken on a more protracted nature and frontlines have shifted, many IDPs have been forced to move multiple times in search of safety. Recently released

Populations concentrate in urban centres as conflict affected areas increasingly hollow out

In heavily conflict affected districts, the threat of repeated or intensified fighting has prompted many people to flee their homes in search of safer ground - typically urban - where access to services can be secured. In 2017, this 'hollowing out' has been particularly pronounced in Nangarhar province where a number of districts including Achin, Dehbala, Durbaba, and Kot have experienced significant depopulation. Others however, especially those in and around the provincial capital, Jalalabad City, have conversely experienced rapid growth. Between February and July 2017, the number of informal settlements across Nangarhar province almost doubled (from 29 to 53) with two thirds concentrated in the three districts of Behsud, Jalalabad and Sukhrod. Today, just under one million displaced people live in informal settlements in Nangarhar province, up from 429,000 seven months ago. Of these, 64 percent of the population are under the age of 18 and will require jobs and livelihoods opportunities over the coming years. Overall, provincial capitals across Afghanistan now host more than 54 percent of IDPs, further compounding the pressure on over-stretched services and infrastructure and increasing competition for resources between incoming and host communities.



assessment data indicates that over 50 percent of people displaced by conflict in Afghanistan have now been displaced twice or more, compared to just seven percent five years ago⁴⁷. During that time, the needs of these populations have remained largely consistent with access to shelter and secure tenure, food security and household income remaining the three most commonly reported. This suggests that the one-off assistance packages they receive, although vital, are insufficient to restore their quality of life back to its pre-crisis state.

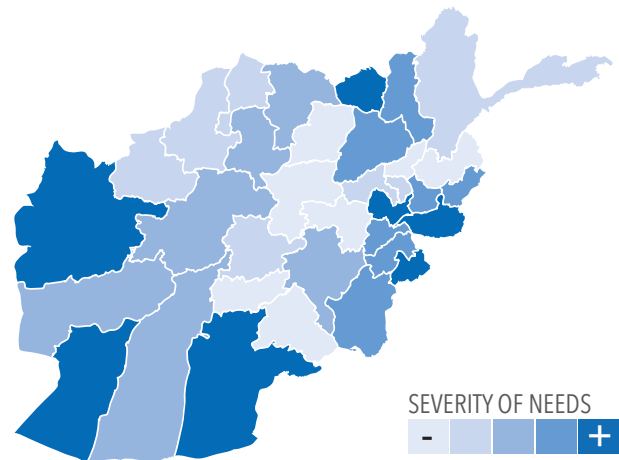
Women, already more vulnerable, are further disenfranchised because of conflict-induced displacement, especially when located in less secure provinces such as Kandahar, Kunduz, and Nangarhar. When displaced in these provinces, women are 56 percent less likely to receive assistance than men residing in safer areas such as Herat or Kabul. New IDPs located in provinces of high return bordering Pakistan and Iran also receive disproportionately lower levels of assistance, indicating that where there is a simultaneous response being provided to returns, IDPs are at risk of being overlooked.⁴⁸

2017 has seen a significant decline in the numbers of returns from Pakistan with 151,000 arriving in the first ten months of the year compared to more than 525,000 in 2016, representing a decrease of 71 percent.⁴⁹ A four month winter pause in UNHCR's repatriation programme for registered refugees (from December 2016 to April 2017), a corresponding reduction in the cash grant awarded to each individual (from \$400 to \$200 per person), and the commencement of a registration exercise in August 2017 of undocumented Afghans by Pakistan's National Database and Registration Authority (NADRA), all contributed to a decline in the push and pull factors present in 2016, which had led to such unprecedented levels of return.

Since the beginning of 2015, around two million Afghans have returned to a fragile and uncertain future

Recent assessments show however, that once arrived in Afghanistan the humanitarian needs of returnees who are

SEVERITY OF NEEDS: CROSS BORDER INFLUX



unable to return to their area of origin are of equal concern as those of conflict IDPs. Additionally, the post-arrival assistance they receive has little enduring impact on their situation. Access to shelter and secure tenure, food and economic security all remain critical for some time after they have settled.⁵⁰ Indeed, in the absence of full or effective reintegration – and lacking direct knowledge and familiarity with the country – returnees are almost entirely dependent on improvised family arrangements and international humanitarian support to survive.⁵¹ Consequently, returnees have increasingly settled in urban centres where the promise of access to consistent services and jobs exists (even if never fully realised).

Returnee populations now comprise some 44 percent of the 2.1 million people living in Afghanistan's informal settlements, and 69 percent of the 1 million living in informal settlements in Nangarhar.⁵² Conditions in these settlements are sub-standard and pose significant health and protection concerns. Some 81 percent of displaced populations in informal settlements are severely food insecure, 26 percent do not have adequate drinking water, and 24 percent live in overcrowded households.⁵³ These needs become even more pronounced for Pakistani refugees living in informal settlements in the south-eastern provinces of Khost and Paktika. Among this group, 84 percent require winterisation

Sustainable solutions increasingly required for refugees from North Waziristan Agency

More than three years on from their initial displacement into Khost and Paktika provinces, refugees from North Waziristan Agency in Pakistan continue to require humanitarian assistance. A joint WFP-UNHCR mission to Paktika in September 2017 found an urgent need to renew tents, insufficient coverage of health services, limited access to education, and a lack of adequate WASH facilities, with 40 percent of refugees lacking access to safe drinking water. While insecurity and the remoteness of many of the locations in which refugees live have frustrated response and monitoring efforts in recent months, of immediate priority is the provision of winterisation support, greater engagement with local authorities, and a resumption of the national-level Khost and Paktika Task Forces to ensure appropriate coordination and oversight. In the longer-term, and in order to end the repetitive cycle of humanitarian action in a protracted setting, is the need to develop an exit strategy which outlines the responsible and phased transition of this caseload to more sustainable forms of support.

materials, 81 percent fear imminent eviction, and 65 percent require water containers.⁵⁴

Of particular concern are 394,000 undocumented returnees who have arrived from Iran so far in 2017. In contrast to undocumented returns from Pakistan, the Iranian caseload contains thousands of special needs cases, including single females, unaccompanied migrant children, emergency medical cases, and high numbers of deportees; the vast majority of whom have entered through the Milak border point in Nimroz province following the closure of Islam Qala border between February and September. The surge in returns through Milak border crossing, where few partners are present and no comprehensive registration and screening procedure exists, has hampered the humanitarian communities' ability to identify the more vulnerable returns. Only 5 to 7 percent of undocumented returns arriving from Iran have received humanitarian assistance, against a projected caseload in need of 20 to 30 percent of the total number who arrive.

Children and Youth: Disproportionately affected

"Afghanistan continues to be one of the worst places in the world to be a child."

Save the Children Sweden

Children continue to be disproportionately affected by the conflict. During the first nine months of the year, some 2,480 children were killed and injured as a result of the fighting, with a five percent increase in the number of deaths recorded versus the same period in 2016, mainly due to unexploded ordnance, the use of PPIEDs and aerial operations in civilian-populated areas.⁵⁵ In addition to sustaining unacceptably high levels of casualties, grave violations continue to be documented against children in 2017, with a rise in the number of children recruited and used by parties to the conflict in the first six months of the year compared to 2016.⁵⁶

Attacks on educational facilities have also continued with 41 schools occupied by armed groups in 2017 – almost double that of 2016.⁵⁷ In all cases this occupation interrupts children's education. In others it leaves buildings damaged or in ruins as they become battlegrounds used to reinforce military positions.⁵⁸ Girls – already less likely to go to school – are particularly vulnerable and affected. A recent joint educational and child protection needs assessment (JENA) found that security concerns and violence is the main barrier to education for as many as 25 percent of girls in comparison to 19 percent for boys.⁵⁹

"Street harassment, cultural problems, violence and insecurity are the main risks faced by girls on the way to school."

Woman in Farah province⁶⁰

In addition to limiting their access to education, conflict has an equally debilitating impact on the ability of children to obtain the healthcare they need or nutrients they require to reach their full potential. Immunisation coverage, already sub-optimal and uneven across large parts of the country, is particularly compromised in areas heavily affected by conflict, with children in these locations significantly less likely to complete their vaccinations than in areas of relative security. Drop-out rates of the Penta1-Penta3 vaccine are as high as 50 percent in Farah, 38 percent in Uruzgan, and 24 percent in Hilmand compared to a national average of 13 percent.⁶¹ Likewise, global acute malnutrition (GAM) rates exceed emergency thresholds in Uruzgan (21.6%), Kandahar (16.5%) and Kunar (16.2%) provinces.

On top of the physical harm and barriers imposed by the conflict upon children, the mental costs are also significant. More than a third of children have been exposed to psychological distress due to loss of family and community members and the constant risk of death and injury, while a perception survey conducted in Laghman province in 2017 highlighted fear of airstrikes as the number one concern among local communities. Psychological distress and trauma affects displaced children and adults alike, with affected adults exposed to prolonged toxic stress affecting their ability to deliver caretaking responsibilities and provide a stable environment for their children.

For those under the age of 25, who comprise 64 percent of the population, the situation is equally bleak. Unemployment rates are as high as 28 percent for youths and higher still for women.⁶² Growing instability, lack of access to quality education, limited livelihoods and employment opportunities, as well as general disillusionment with a government unable to guarantee their safety and protection, have left a whole generation facing a disconcerting and uncertain future. Following a tightening of border controls across Europe, those able to flee – principally young men – often find themselves restricted to day labourer positions in Iran, where they are exposed to additional protection risks ranging from workplace abuse, drug addiction, police harassment and arbitrary arrests.⁶³ Despite these challenges, Iran remains the primary destination of choice for the majority of Afghans today. More than half of the 80,530 Afghans who fled the country in the first six months of 2017 did so to Iran, compared to just 23 percent to Europe.⁶⁴

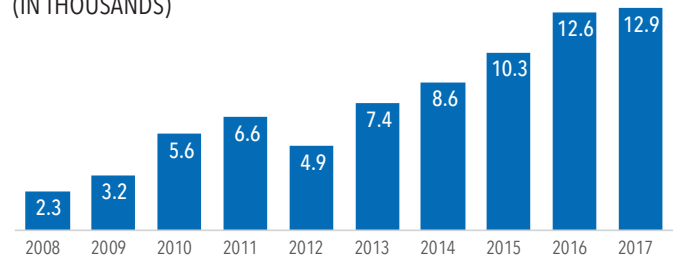
Outlook for 2018

In the absence of a political solution to the conflict, widespread hostilities are likely to persist in 2018, particularly in contested areas and where the Islamic State of Khorasan (ISK) is present. Quite how this will impact population movements is unclear, however possible flashpoints include the arrival of new military reinforcements (both human and material) related to the US South Asia policy - which have already started – and the 2018 parliamentary elections. In this climate, it is expected that the Afghan people will continue to pay a heavy price for fighting, although the government's recent decision to join the Convention on Certain Conventional Weapons (CCW) and approval of the National Policy to Mitigate Civilian Casualties are welcome and positive developments.

Importantly, the 2018 conflict dynamic will have a significant impact on the humanitarian community's capacity to provide timely and effective assistance to the civilian population. In 2017, Afghanistan remains one of the most dangerous countries in the world for humanitarians to operate, with 17 aid workers killed, 15 injured and 43 abducted in the first ten months of the year.⁶⁵ Growing insecurity has left many organisations reluctant to leave provincial capitals to access affected populations in conflict affected and harder to reach areas where the needs are arguably greater.

NUMBER OF ARMED CLASHES: JAN-OCT (2008 - 2017)

(IN THOUSANDS)



The recent decision of the International Committee of the Red Cross (ICRC) to scale down their geographical footprint in the north following a series of attacks on its staff is but one sign of just how complicated the operating environment in Afghanistan has become. The number of organisations providing assistance is another. Between July and September 2017, the number of humanitarian partners reporting at least two of the following activities – delivery of assistance, needs assessments or monitoring missions – fell from 170 to 153. In this regard, the sensitisation of both organisations and staff to the Stay and Deliver concept, combined with greater engagement at field and higher levels with NSAGs to reduce the impact of the conflict on the civilian population and enable humanitarian delivery, will be essential to how well the humanitarian community responds to the needs identified.

BREAKDOWN OF

PEOPLE IN NEED

A total of 3.3 million are in acute need of life-saving humanitarian assistance in 2018. Intensifying violence, widespread, multiple and even prolonged displacement, is the primary driver of this need affecting 2.4 million people. An additional 8.7 million people exhibit chronic needs associated with long-term structural deficits, such as limited access to livelihoods and basic services, a significant proportion of whom have been included in previous HNOs, but for which alternative development programming is more appropriate.

With priority needs estimates approximately two thirds lower than in 2017, this year's analysis is based on a more rigorous methodology for estimating how many people require assistance and the severity of their needs.⁶⁶ The reduction should in no way be interpreted as an 'improvement' in Afghanistan's humanitarian situation, which remains grave, but rather a reflection of efforts to better distinguish between 'acute humanitarian needs' and repetitive needs that exist in a humanitarian setting. Making this distinction is particularly important in the context of Afghanistan where the protracted nature of the crisis has increasingly seen humanitarian

ACUTE NEEDS

3.3M








CHRONIC NEEDS

8.7M

actions – and, by extension, humanitarian financing – used to bridge gaps in public services such as basic health care and education. This is not sustainable. Responding to the needs of crisis-affected people with the immediate delivery of initial relief assistance in accordance with humanitarian principles – wherever they are – must remain our highest priority.

15

NUMBER OF PEOPLE IN NEED BY SECTOR

	BY STATUS							BY SEX & AGE		TOTAL	
	Conflict displaced	Conflict affected	Natural disaster affected	Undoc. returnees	Refugee returnees	Host communities	Pakistani refugees	% children, women, men*	Acute humanitarian needs	Chronic needs	
 Education in Emergencies	0.2M	-	0.09M	0.06M	0.08M	-	0.002M	100 0 0%	0.4M	0.1M	
 Emergency Shelter and NFI	0.36M	-	0.18M	0.18M	0.15M	-	0.04M	58 21 21%	0.9M	0.3M	
 Food Security and Agriculture	0.36M	0.94M	0.28M	0.13M	0.14M	-	0.07M	58 21 21%	1.9M	6.7M	
 Health	0.17M	1.23M	0.01M	0.07M	0.08M	-	0.05M	54 23 23%	1.6M	4.0M	
 Nutrition	0.07M	0.94M	0.03M	0.03M	0.03M	-	0.02M	73 27 0%	1.1M	3.0M	
 Protection	0.4M	0.62M	0.03M	0.18M	0.2M	-	0.1M	61 20 19%	1.5M	2.5M	
 Water Sanitation Hygiene	0.29M	-	0.16M	0.18M	0.2M	0.17M	0.1M	58 21 21%	1.1M	0.9M	

*Children (<18 years old), women, men (adults >18 years old)

SEVERITY OF

NEED

The most severe needs are found in provinces experiencing ongoing conflict or hosting large numbers of IDPs and returnees. These areas are simultaneously affected by structural deficits predating the current crisis and include chronic food insecurity, malnutrition and limited access to safe water and healthcare.

An inter-sector severity scale has been developed to identify areas where multiple needs converge and an integrated response is required, acknowledging that humanitarian assistance must be prioritised according to the scope and intensity of need.

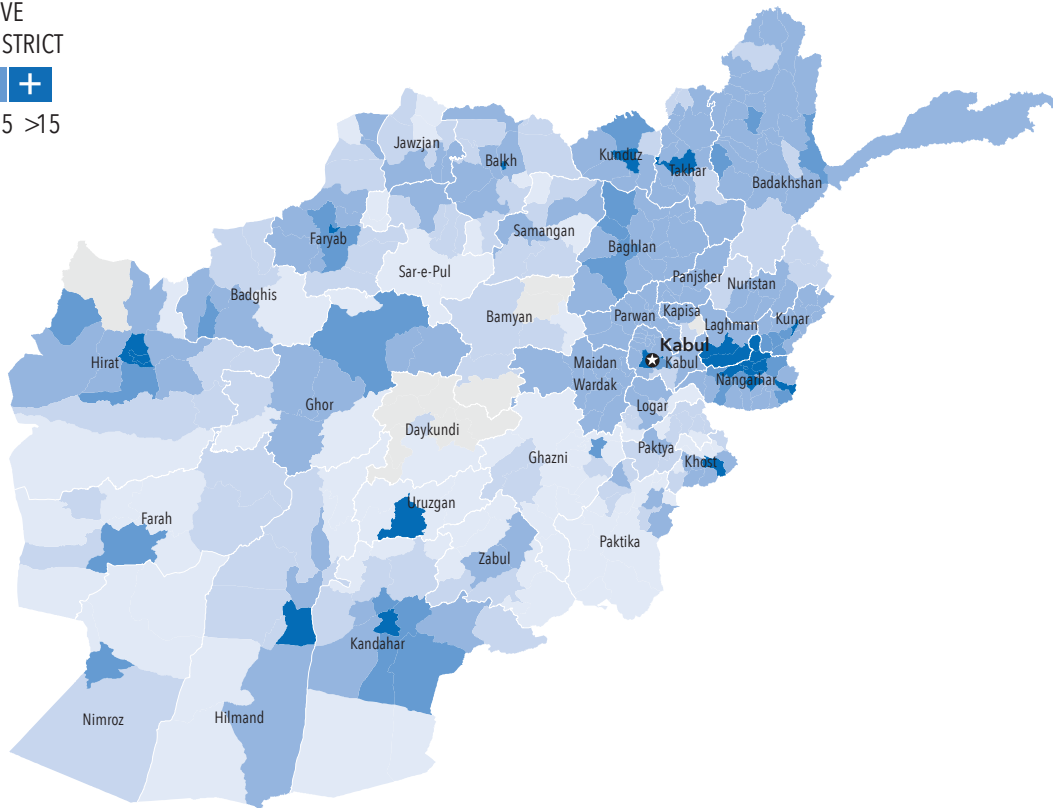
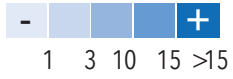
Of the 3.3 million people in need, 2.1 million reside in areas where the level is considered to have reached catastrophic (1.2 million) or critical (900,000) proportions. Humanitarian needs in these areas bridge all sectors and consist of high rates of trauma, inadequate access to food, sub-standard shelter and a whole host of protection concerns. By far and above the largest category of people displaying the most severe needs are the conflict affected (1.6 million) whose proximity to fighting – and, in some areas, aerial strikes and cross-border shelling – leaves them dependent on the provision of life-saving assistance to survive. People living in these areas may also be heavily affected by cross-border influxes, leading to increased pressure on basic services and resources which is unable to cope with the additional demand. Overall in 2018, it is estimated that 562,000 people will be catastrophically or critically affected as a result of cross-border influxes.

Some 222,500 natural disaster affected people have been categorised as falling within the two highest categories of need. This is due to the extent of loss of life and complete and partial destruction of homes and assets caused by avalanches, landslides and flooding. This also includes those who have been unable to recover to their pre-crisis state, often living in makeshift shelters or in completely or partially damaged homes years after they experienced the initial shock.

Further details relating to this year's inter-sectoral severity scale, which reflects a multi-layered approach that takes projected affected caseloads, overlaid with sector-specific severity rankings based on specific indicators, can be found in the Methodology annex.

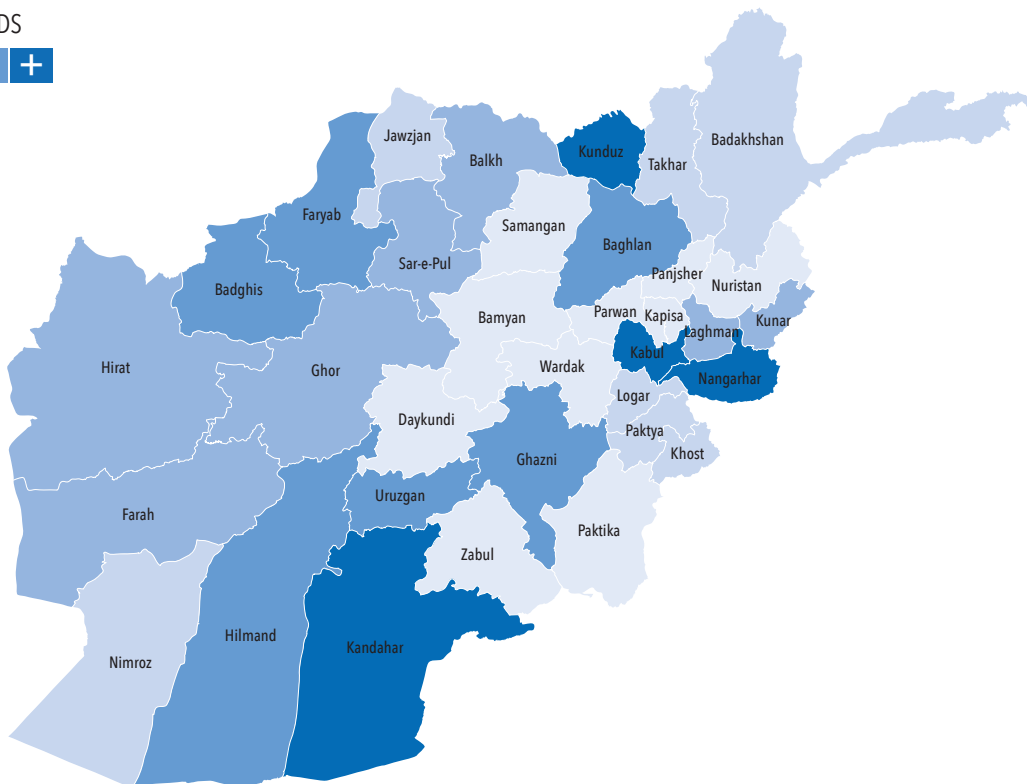
OPERATIONAL PRESENCE

NUMBER OF ACTIVE PARTNERS PER DISTRICT



SEVERITY OF NEEDS

SEVERITY OF NEEDS



GEOGRAPHIC

DISTRIBUTION OF NEED

Humanitarian needs are both concentrated and more pronounced in areas experiencing active and repeated fighting, as well as urban centres where populations are increasingly seeking safety and access to services.

Of the 2.1 million people living in areas of highest severity, two thirds (1.4 million) are concentrated in 10 provinces: Badghis Faryab, Ghazni, Hilmand, Kabul, Kandahar, Kunar, Kunduz, Nangarhar and Uruzgan. These provinces are also the most conflict affected – accounting for 58 percent of all new internal displacements so far in 2017, as well as hard to reach. Seventy-two of the 100 districts identified as such by the Afghanistan Humanitarian Access Group (HAG) are located within them. Ensuring that humanitarian assistance is delivered in these areas will require innovative and flexible access strategies to be applied in 2018. Currently, only 1 percent of the 44,000 aid workers in Afghanistan operate in areas not under government control.

Humanitarian needs are particularly pronounced in large urban centres, including Kabul and Jalalabad City, where both IDP and returnee populations have congregated in search

of income and livelihoods opportunities as well as access to basic and essential services. Humanitarian needs in these two provinces comprise 42 percent of all those relating to internal displacement and cross-border influxes.

While the conflict afflicts some parts of the country more severely than others, its impact is far-reaching leaving no province unaffected in 2017. Those areas prone to natural disasters are more isolated in nature, and located in the north and north-eastern regions for winter-related events such as heavy snow, avalanches and landslides; seasonal rains can occur anywhere although are also more prominent in the north. While impossible to predict, the possibility of an earthquake striking at any time cannot be ruled out, although these have mostly occurred in remote rural or mountainous and low density populated provinces.

PEOPLE IN NEED	BY STATUS							BY SEX & AGE % children, women, men ¹	TOTAL	
	Conflict displaced	Conflict affected	Natural disaster affected	Undoc. returnees	Refugee returnees	Host communities	Pakistani refugees		Acute humanitarian needs	Chronic needs
CAPITAL	21K	394K	20K	18K	108K	16K	-	59 22 19%	0.6M	1.7M
CENTRAL HIGHLAND	3K	21K	3K	3K	-	1K	-	55 22 22%	31K	0.4M
EASTERN	47K	189K	14K	67K	53K	23K	-	60 20 20%	0.4M	0.9M
NORTH EASTERN	95K	192K	29K	20K	20K	32K	-	58 21 21%	0.4M	1.1M
NORTHERN	46K	227K	56K	12K	7K	20K	-	56 22 22%	0.4M	1.3M
SOUTH EASTERN	18K	139K	7K	4K	9K	11K	100K	65 17 18%	0.3M	1M
SOUTHERN	109K	470K	28K	73K	39K	34K	-	56 22 22%	0.8M	0.9M
WESTERN	65K	290K	129K	40K	3K	29K	-	56 22 22%	0.6M	1.4M
	0.4M	1.92M	0.29M	0.18M ²	0.2M ²	0.17M	0.1M	58 21 21%	3.3M	8.7M

1. Children (<18 years old), women, men (adults >18 years old)

2. The overall total for returnees is not the sum of returnees in need across the region, as there is an overlap between the returnees at the border and at the place of return.

PART TWO: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

-  Education in Emergencies
-  Emergency Shelter and Non-Food Items (NFIs)
-  Food Security and Agriculture
-  Health
-  Nutrition
-  Protection
-  Water, Sanitation and Hygiene

INFORMATION GAPS AND ASSESSMENT PLANNING

EDUCATION IN EMERGENCIES

OVERVIEW



The current humanitarian crisis in Afghanistan has further exacerbated an already fragile education system undermined by decades of conflict. Education management information system (EMIS) data from 2016 showed that 3.5 million children are estimated to be out of school - 75 percent of them girls.⁶⁷ The proportion of female teachers, which has increased only minimally from 31 percent in 2012 to 33 percent in 2016, remains a major hindrance for girls' enrolment and retention. Furthermore, there is a huge shortage of teachers in general (a 40,000 gap) across the country.⁶⁸ More than 1,000 schools are destroyed, damaged or occupied due to conflict and insecurity. Some of these schools are still functioning raising additional protection concerns. Recent education in emergencies working group (EiEWG) assessments have shown that the large influx of IDP and returnee children in the southern and eastern regions have led to overcrowding of the formal school system which lacks absorption capacity in terms of infrastructure (classrooms, latrines, potable water) and trained, qualified teachers.⁶⁹ If resources are not provided and the acute challenges not addressed, the overall quality of education will be negatively impacted due to the current crisis; risking that the gains made in education in the past decade will be lost.

AFFECTED POPULATION

More than 600,000 Afghan children have been affected in terms of their right and need for a safe, relevant, inclusive, quality education – as has been well-documented by EiEWG partners in eastern, southern and central regions during 2016-17, due to conflict, natural disasters and cross border issues.⁷⁰ Conflict and displacement has exacerbated the need for psychosocial support but the availability of these services only exist in 4 percent of schools.⁷¹ In addition, 57 percent of girls and 24 percent of boys take part in no recreational activity, which could otherwise aid healing their trauma, worsening the vulnerability of the affected population.⁷²

The JENA notes that loss of livelihoods for IDPs and returnees have led families to use negative coping mechanisms, such as child labour (17 percent of boys and 12 percent of girls are working) and early marriage (6 percent of girls (13 percent in the west) and 2 percent of boys) preventing children to access and remain in school. These negative coping mechanisms can be seen both as a cause and an effect of non-enrolment. The rates of return of Afghan families has also had a significant impact upon the quality of education for the host population due to overcrowding and scarce resources, with the risk of both investments and progress in the education sector being lost, as well as risk of communal tensions.⁷³

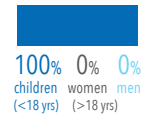
ACUTE NEEDS

0.4M

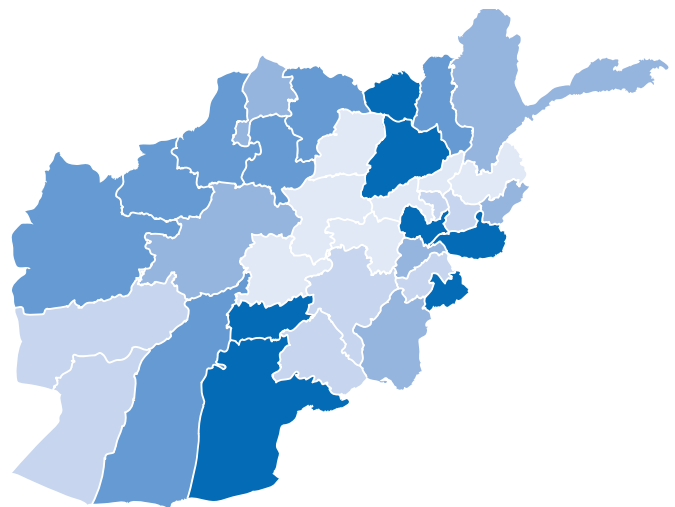
CHRONIC NEEDS

0.1M

BY SEX & AGE



SEVERITY MAP



ANALYSIS OF HUMANITARIAN NEEDS

The number of children in need of basic education has increased significantly since 2016 due to the massive numbers of returns from Pakistan and Iran. Nearly 70 percent of the returnees are children and up to 300,000 returnees are of school-going age with a majority attending school pre-displacement. As documented by numerous assessments by EiEWG partners the enrolment rates of returnee children are significantly lower in eastern and southern regions of Afghanistan compared to children from the host population. The limitations of education provision for returnee and displaced children are numerous but a major concern is the lack of space and resources in existing schools to absorb these children into the formal school system. As noted by the JENA, this leads to overcrowding (despite school authorities operating multiple shifts) which is a main concern for 13 percent of boys (26 percent in the north) and 11 percent of girls (22 percent in the north), negatively affect time and quality of teaching and learning, as well as community integration and cohesion. There is an acute need for additional space, teaching and learning materials and more teachers – trained in not only basic pedagogics and curriculum but also psychosocial support - to accommodate the newly displaced children and address their protection, cognitive, developmental, and psychosocial needs. Furthermore, returnee children without documentation

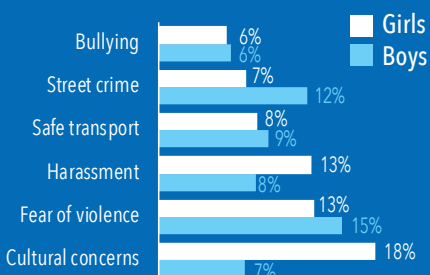
are often turned away when they try to enrol in the district schools, despite the Ministry of Education’s policy clearly allowing these children to enrol.

Recent sector assessments have shown that the attendance rates of returnee and displaced girls are significantly lower than that of boys. For instance, only approximately 39 percent of returnee girls attend school in the eastern provinces.⁷⁴ The affected population list lack of female teachers as a major reason for not enrolling the girl children. Access to education is further restricted by protection concerns for children walking to school. Twenty-four percent of girls list violence and insecurity as a concern on the way to school as well as within school. In the north-east the main reason (19 percent) for households to enrol only boys is the lack of facilities in the schools for girls. The above highlights the different protection concerns for boys and girls, indicating the heightened needs of girls.⁷⁵

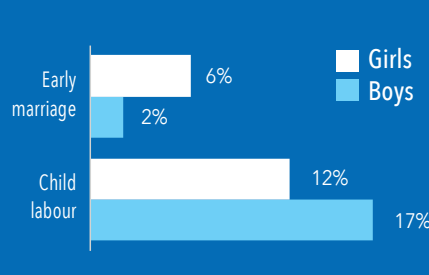
The JENA found education costs (uniform, notebooks and often textbooks) to be 4 percent of overall household spending, and whilst the costs relatively speaking are not high, the vulnerable and often critical economic situation of the displaced and returnee population means that very little can be afforded and hard choices and priorities have to be made, which often prevents children from attending schools and thus deprives them from their right for education.⁷⁶

Inputs provided by the Education in Emergencies working group. For more information see the sector page on humanitarianresponse.info

CONCERNS ON WAY TO SCHOOL



EARLY MARRIAGE & CHILD LABOUR



ACCESS TO QUALITY EDUCATION



EMERGENCY SHELTER AND NFI

OVERVIEW



Shelter remains a primary concern for IDPs and returnees in Afghanistan. A sample of 7,064 displaced households surveyed across informal settlements in the central, eastern, northern, south-eastern and western regions indicates that 40 percent of households are living in rental accommodation. Of these 4,691 households, 90 percent live in permanent or transitional shelters and also fear eviction. Households in the most vulnerable shelter types, such as makeshift shelters also have the lowest average income (AFN 7,282). Low income associated with limited livelihood opportunities impacts the overall living conditions of the population and exposes them to heightened protection risks, with 78 percent of displaced populations responding that they do not have space to allow privacy for women and girls nationally, and as many as 88 percent in the western region.⁷⁷ While more than a third of all displaced households identified shelter as the top priority need, only 3 percent of respondents reported receiving shelter assistance.

Certain types of NFIs are also needed. Of the 7,064 households surveyed, 70 percent highlighted the need for kitchen sets, 65 percent need heating materials, while 70 percent require clothing. In the East, these needs were even more acute, with 78 percent prioritising kitchen sets and 71 percent needing heating materials, whilst warm clothing is the priority need in the West (90 percent of displaced households). The high need for heating and clothing can be attributed to the forthcoming winter, which coincides with limited livelihood opportunities and heightens the risk of preventable mortality among children and the elderly.

AFFECTED POPULATION

Approximately 0.9 million individuals are in need of shelter and non-food items. Inadequate shelter also affects the most vulnerable community members who are hosting the displaced and returnee population. While conflict has significantly impacted on access to adequate shelter, natural disasters are a contributing factor with families often unable to rebuild their shelters in the aftermath.

The most likely affected populations are located in the north, northeast and eastern regions which are prone to natural disasters. Particularly vulnerable are those in the north, where the highest proportion of houses (79 percent) are made of mud-bricks. Data collected between 2016-2017 indicates that natural disasters have left approximately 18,200 shelters partially damaged and 9,925 shelters completely destroyed.⁷⁸ Inadequate shelters often increase vulnerability, resulting in negative coping mechanisms and expose predominantly women and girls to heightened protection risks. The

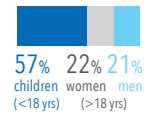
ACUTE NEEDS

0.9M

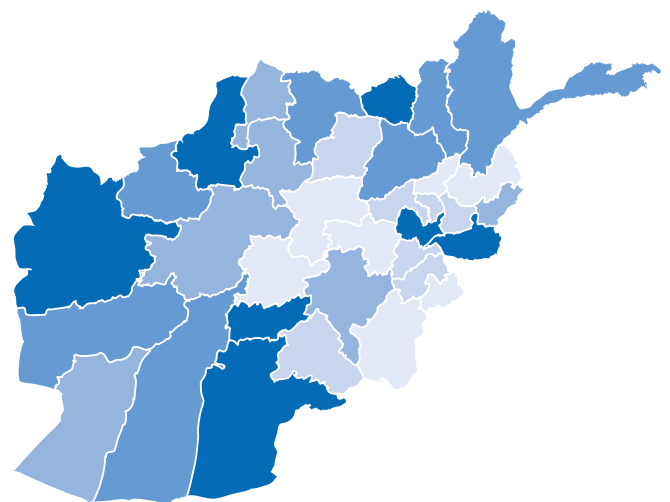
CHRONIC NEEDS

0.3M

BY SEX & AGE



SEVERITY MAP



Norwegian Refugee Council (NRC) March 2017 Afghanistan Gender and Shelter Review report further revealed concerns by women due to overcrowded shelters. This is of particular concern during winter when men have to share rooms with women. The women interviewed stated they often felt exposed especially at night and worried about their teenage daughters.

ANALYSIS OF HUMANITARIAN NEEDS

The conflict in Afghanistan continues to exacerbate needs for emergency shelter and specific non-food items. The September 2017 multi-cluster needs assessment of informal settlements undertaken by the REACH Initiative found that shelter needs are extremely high in the central and western regions as compared to other regions. Across all displaced households residing in informal settlements in Afghanistan, shelter was the main priority need, required by 41 percent of the population, with this proportion rising to 67 percent in the western region. Of the displaced populations living in informal settlements, 56 percent of families live in permanent accommodation, 35 percent in transitional shelters and 6 percent reside in tents or makeshift shelters. Among forcibly displaced populations, 47 percent of IDPs and 36 percent returnees live in rented accommodations.⁷⁹ The high dependence on renting contributes to the high proportion (70 percent) of displaced populations fearing imminent eviction. This fear of eviction is even higher in the western (88 percent)

and southern (80 percent) regions, and stems from difficulties in paying rent, or issues relating to the use and ownership of land and tenure.⁸⁰

The shelter situation in hard to reach areas is equally precarious. A study carried out in 2016 revealed that 37 percent of people located in hard to reach areas live in poor shelter conditions including damaged or deteriorating shelters, tents and makeshift structures,⁸¹ while 45 percent of displaced people live in partially destroyed houses. At the same time, almost half of displaced people (44 percent) are living in mostly destroyed houses as compared to only 10 percent of non-displaced people.

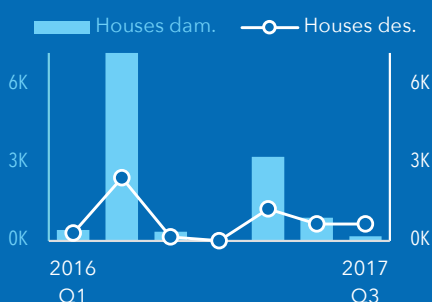
An IOM displacement tracking matrix (DTM) assessment conducted in Baghlan, Balkh, Kabul, Kunar, Kunduz, Laghman, Nangarhar, Paktya, and Takhar provinces also revealed that IDPs and returnees are living in very poor shelter conditions.⁸² Some squat in abandoned and ruined properties, others live in tents or dig holes and cover them with tarpaulin. Many are in urgent need of shelter support as the initial emergency shelter that was provided to them has worn out and requires replacing.

There are a number of cross-cutting needs associated with ensuring adequate shelter. Of households that have to travel more than 20 minutes to reach a water source, 44 percent are those living in tents or makeshift shelters. Additionally, water sources are close to markets; and land and houses closer to the market are notably more expensive. Therefore, those living in more volatile shelters, at a further distance from the water source and market are likely to also be disadvantaged economically, compounding their insecurity. Households with sufficient access to drinking water are significantly more likely to have a lower average crowding index (4.9) than those without sufficient drinking water (5.6). Of the households which primarily use open defecation, 47 percent reside in transitional shelters followed by 35 percent which live in permanent mud or concrete brick houses. There is

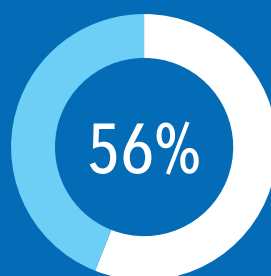
also a strong, negative correlation between food and NFI expenditure shares. The survey showed a high percentage of severely food insecure for those living in tents (63 percent) and 40 percent for those living in transitional shelters.

Inputs provided by the emergency shelter and NFI cluster. For more information see the cluster page on humanitarianresponse.info

NATURAL DISASTERS



IDPS LIVING IN RENTED HOUSING



FEAR OF EVICTION



7 out of 10
IDPs & returnees living in rented accommodations fear eviction

FOOD SECURITY AND AGRICULTURE

OVERVIEW



Food insecurity in Afghanistan is on the rise with widespread acute and chronic food needs as a result of multiple drivers, including conflict, cross-border population movement and climate change. The 2017 integrated food security phase classification exercise (IPC) has assessed 1.9 million people in Phase 4 (emergency), 5.6 million in Phase 3 (crisis) and nearly 10 million in Phase 2 (stressed) levels of food insecurity.⁸³ According to the recent seasonal food security assessment (SFSA), nearly half of the population has also experienced some kind of shock, affecting their ability to feed their families. These include loss of employment (27 percent) and reduced income (13 percent).⁸⁴ Natural disasters such as floods, localised drought and pest attacks in 2017 have affected crop and livestock production in various parts of the country, particularly in Badghis, Balkh, Ghor, Kabul, Kunar and Nangarhar. According to the agriculture prospect report from April 2017, wheat production in 2017 has been one of the worst in the past five years, with a total deficit of nearly 1.4 million tons of wheat.⁸⁵ Internal displacement due to conflict and natural disasters, high numbers of Afghans returning from Pakistan and Iran, and economic migration contributes to food insecurity in the country, especially in areas with high concentrations of IDPs and returnees.

AFFECTED POPULATION

People living in high altitudes with the least livelihoods options and negligible development investment initiatives have been identified as the most affected population as they face multiple shocks with very little coping capacity. The recent MCNA found that 87 percent of IDPs and 84 percent of returnees are severely food insecure. Food insecurity is higher among women headed households as they are the last to receive food as per local cultural practices. WFP and UNHCR-led detailed needs assessments in Khost (80 percent) and Paktika (42 percent) also noted prolonged food insecurity amongst Pakistani refugees. Furthermore, according to FSAC response data, 75 percent of natural disaster affected families were found to be food insecure and eligible for emergency food security assistance. FSAC partners are increasingly using vulnerability criteria to identify the most vulnerable for assistance. This is because in areas where there is a high concentration of IDPs and returnees there are some families who have lost the primary income earner, and/or who have family members with disabilities; and therefore require prioritised assistance.

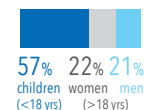
ACUTE NEEDS

1.9M

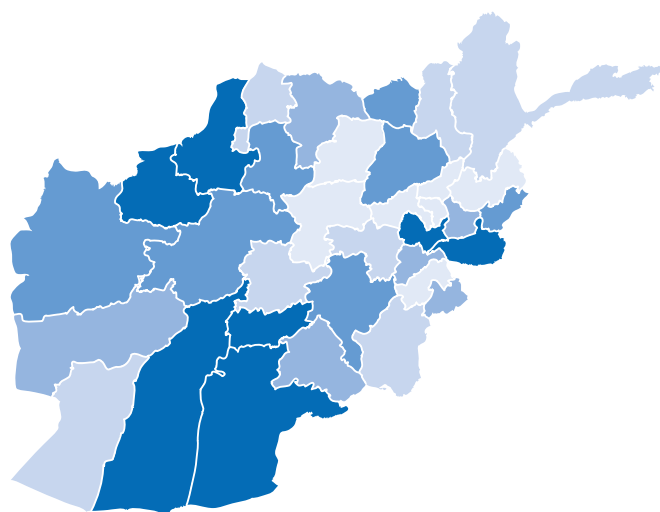
CHRONIC NEEDS

6.7M

BY SEX & AGE



SEVERITY MAP



ANALYSIS OF HUMANITARIAN NEEDS

Needs are widespread across all 34 provinces of the country, but those in most acute need are often living in highly insecure areas of the country where conflict is ongoing. In 2018, FSAC has projected 1.3 million people in need of food assistance due to conflict. Needs assessments carried out in 2017 have found that 87 percent of conflict displaced IDPs are severely food insecure. The conflict has also impacted on the income and food production of affected communities. The 2017 SFSA found that 11 percent of families reported earning much less income whereas another 48 percent reported earning less income as compared to the previous year. Most of these families have no intention to return to their places of origin, citing security (50 percent), land grabbing (20 percent) and the sale of productive assets (7 percent) as the reasons why. Nearly all mentioned food assistance as the top priority among multiple survival needs.

Food insecurity is also driven by natural disasters and cross-border population movement. Climate change, extreme weather conditions, and pest attacks critically compromise food and livelihoods within rural communities and affect around 250,000 people a year. The provinces of Badakhshan, Badghis, Balkh, Bamiyan, Daykundi, Faryab, Ghor, Herat, Jawzjan, Kabul, Nangarhar, Samangan, Sar-i-pul, Takhar and Zabul are the worst affected. FSAC have

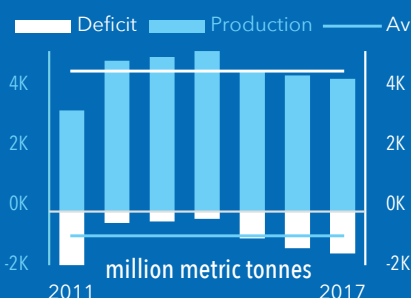
projected approximately 280,000 people will be in need of food security assistance in 2018 as a result of natural disasters. Rural populations who rely on agriculture (66.4 percent) and livestock (69 percent) are the most vulnerable to natural disasters. With few options available, vulnerable households rely on unsustainable coping strategies such as further migration or sales of valuable assets such as livestock or land, which have effects on immediate and longer-term food and livelihood security. Forty-one percent of surveyed communities reported crises or emergency livelihood coping strategies in the 2017 SFSA.

Cross-border movement is a considerable challenge for humanitarian partners and the government. The FSAC assessment carried out in the eastern region in April 2017, revealed that 72 percent of returnees assessed are food insecure and require a minimum of three months' assistance. The influx of new IDPs and returnees into already poor and stressed parts of urban areas has created additional competition for scarce job opportunities, resulting in reduced labour wage rates and increased competition for work.

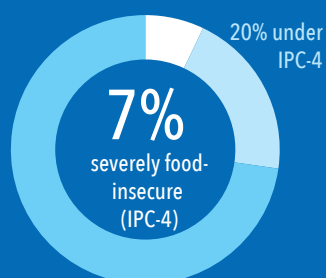
In total, FSAC has identified 1.9 million people affected by conflict, natural disaster and cross border flows who will need assistance during 2018, predominantly in the southern, northern and eastern regions. Recognising the fact that there is a significant proportion of the Afghan community facing widespread chronic food insecurity, development partners and government will need to scale up their programmes to vulnerable people in hard to reach areas. FSAC will continue to advocate for these communities and guide partners' efforts to link humanitarian interventions with long term development programme for sustainable food security outcomes.

Inputs provided by the food security & agriculture cluster. For more information see the cluster page on humanitarianresponse.info

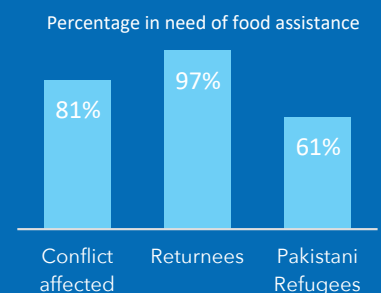
WHEAT PRODUCTION DEFICIT



FOOD INSECURITY



FOOD ASSISTANCE REQUIREMENTS



HEALTH

OVERVIEW



Ongoing conflict and frequent disasters in Afghanistan contribute to waves of population displacement, mass casualty incidents and outbreaks of communicable diseases leading to disruption of the health system that is already overburdened by the protracted emergency situation in the country. The unstable context has put a strain on the already fragile health system that exhibits high infant mortality rates (70/1000 live births),⁸⁶ unacceptably high maternal mortality rates, low immunisation coverage (less than 40 percent coverage for measles),⁸⁷ and compromised access to essential health and nutrition care for 30 percent of the population. Only 50 percent of deliveries take place in health facilities where post-natal care can be provided by trained health staff.⁸⁸ Four and a half million people across the country are in chronic need of essential primary health care. Women of reproductive age are particularly vulnerable in a country still having an unacceptably high maternal mortality rate.

Access to healthcare for IDPs, returnees and refugees is of particular concern and many returnees and refugees have been deprived of the most basic essential services. Returnees in Torkham, Spin Boldak, Zaranj and Islam Qala present with high prevalence of tuberculosis, HIV, medical complications related to malnutrition and pregnancy.⁸⁹ The situation is further complicated by frequent exchanges of territorial control between the government and armed groups across large parts of the country. Not only does this increase the need for trauma care and rehabilitation, but it also leads to the closure and damage of healthcare facilities, as well as the killing and maiming of healthcare workers. In 2017 alone, a number of health facilities have been forced to close in Faryab, Laghman and Uruzgan affecting more than 2 million people. With the intensification of the conflict, humanitarian actions are needed more than ever to prevent avoidable loss of lives and related complications and disability in the most acutely vulnerable populations while providing basic support to existing health institutions. This includes ensuring the provision of essential life-saving healthcare services such as primary health care, maternal and child health care, prevention and control of pandemic outbreaks, and trauma care service in the high-risk areas and rehabilitation for those who are left with disability from war-related injuries for the most acutely affected.

AFFECTED POPULATION

One and a half million people are critically in need of trauma care and emergency primary health care in the most acutely underserved areas that are affected by conflict, natural disasters and cross border population movement. Of those affected by conflict, approximately 69,000 will be directly

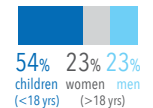
ACUTE NEEDS

1.6M

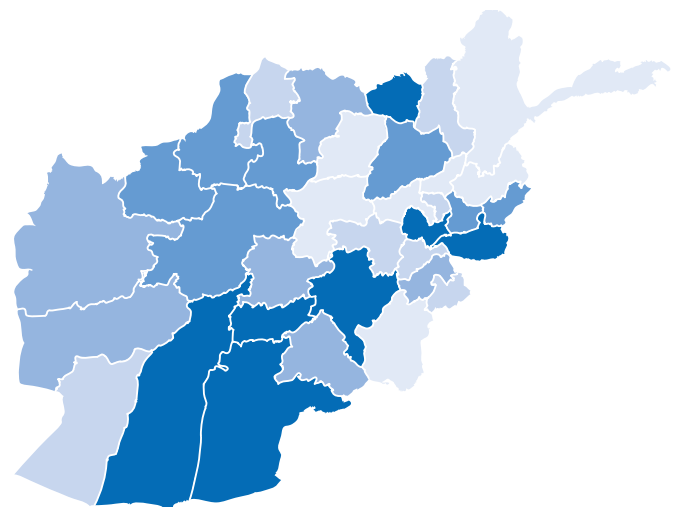
CHRONIC NEEDS

4M

BY SEX & AGE



SEVERITY MAP



impacted, resulting in death, injuries or permanent disability, including women and children.⁹⁰ Nationally, health facilities see approximately 6,700 trauma cases every month. Most of these cases are in the conflict affected districts of Badghis, Faryab, Hilmand, Kandahar and Kunduz. Other provinces are also beginning to report higher incidence of trauma cases due to conflict as well. Recent estimates reveal that in Afghanistan approximately 10 million people have limited or no access to essential health care services, which includes approximately 920,000 women in fertility age (15-49 years) who require reproductive health services including emergency obstetric care in the most affected areas.⁹¹ Maternal mortality rates remains the highest for IDPs and those living in conflict affected areas. Infant mortality rates related to the absence of availability of maternal care also remains high in those regions. Limited access to health services for the returnee population from Pakistan and Iran is particularly concerning. It is estimated that 61 percent of the children returning from Pakistan through Torkham have never received any vaccination.⁹² In 2017, 132 cases of undiagnosed tuberculosis were identified among returnees at border entry points and transit centres that required immediate treatment.⁹³

ANALYSIS OF HUMANITARIAN NEEDS

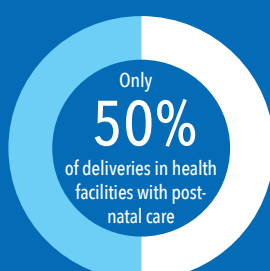
During the first 9 months of the year, 69,000 cases of war trauma have been reported throughout the country⁹⁴ - almost half of which were referred to and treated at major hospitals in Lashkargah of Hilmand and Kabul. This represents a 21 percent increase for the same period in 2016. Many of the injuries will eventually lead to permanent disability including loss of limbs as well as vision and cognitive impairments. Seventy-three districts in the country have no provision for trauma care.⁹⁵ Facilities that are equipped with trauma care often lack surgical capacity, adequate equipment, or technical staff to effectively provide life-saving measures. Beyond the most immediate life-saving trauma care, rehabilitation programmes, physiotherapy, and prosthetics services are extremely limited in conflict affected areas.

The maternal mortality rate in Hilmand, Sar-i-Pul, Uruzgan and Zabul, and other conflict affected provinces, far exceeds the already unacceptably high national average. The availability of emergency obstetric care in conflict affected districts is also very limited. Disruption and dysfunction of basic health services due to direct damage by conflict and political interference adds to the urgency of the situation. In 2017, there has been a 134 percent increase in incidence of health facilities disruption.⁹⁶ Internal displacement and the expected influx of returnees from Pakistan and Iran by the end of 2017 have overstretched already inadequate health care services. Seventy percent of health expenditure is directly paid by Afghans. However, displaced populations especially women in reproductive age, are unable to cope with such expenditures and rely on health services provided by public health services and humanitarian actors. Cultural barriers and lack of female

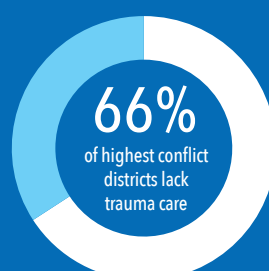
health personnel particularly in remote areas minimises womens' access to basic health services. Inadequate water, sanitation and shelter and reduced food security together expose the affected population to higher risk of outbreak of diseases as evident by the Crimean-Congo Hemorrhagic Fever (CCHF) and potential dengue fever outbreaks seen in 2017.

Inputs provided by the health cluster. For more information see the cluster page on humanitarianresponse.info

MATERNAL AND CHILD HEALTH

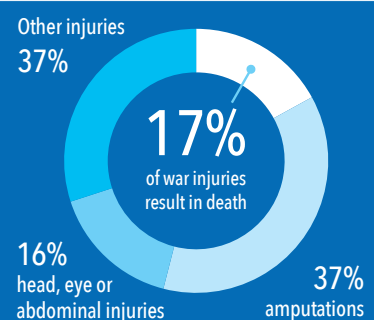


FIRST AID TRAUMA POSTS



79 out of 120 high conflict districts

WAR-RELATED INJURIES



NUTRITION

OVERVIEW



Afghanistan's nutrition situation remains precarious despite enhanced efforts by government and partners. Fifteen out of the 34 provinces have levels of severe acute malnutrition that are considered at an emergency threshold. Annually, about 1.6 million children under five and 443,000 pregnant and lactating women (PLW) require treatment for acute malnutrition.⁹⁷ While decades of development deficits have driven acute and chronic undernutrition, conflict further exacerbates the existing underlying conditions causing malnutrition; such as inadequate household food security, poor dietary intake, insufficient health services, unsanitary environment and inadequate maternal and child care. Malnutrition can only be tackled through multi-sectoral nutrition specific and nutrition sensitive action bridging emergency and development.

AFFECTED POPULATION

Children under the age of five and PLW continue to bear the brunt of Afghanistan's nutrition crisis. An estimated 1.6 million children suffer from acute malnutrition annually, including 546,000 that suffer from severe acute malnutrition. Approximately 46 percent of children and 48 percent of PLW with acute malnutrition live in 120 conflict affected districts.⁹⁸ Poor infant and young child feeding practices and high-level micronutrient deficiencies among children and mothers contributes to rapid deterioration of nutritional status among populations affected by natural disasters. Conflict induced IDPs are also at heightened risk of deterioration. Almost 60 percent of children under two years are not fed appropriately, 50.4 percent suffer from Vitamin-A deficiency and 40.4 percent women aged between 15-49 years' are affected by iron deficiency anaemia.⁹⁹

ANALYSIS OF HUMANITARIAN NEEDS

Overall the nutrition situation remains critical across the country having 15 provinces with GAM rates above 15 percent (Bamyan, Daykundi, Ghor, Jawzjan, Kandahar, Khost, Kunar, Laghman, Nangarhar, Nuristan, Paktya, Panjsher, Parwan, Uruzgan, and Wardak)¹⁰⁰ and severe acute malnutrition (SAM) prevalence above 3 percent in 24 provinces. Acute malnutrition is a life-threatening condition that requires urgent treatment as SAM children are nine times more likely to die than their healthy peers while children with moderate acute malnutrition (MAM) are three times more likely to die. Undernourished children who survive may become locked in a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities.

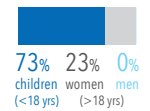
ACUTE NEEDS

1.1M

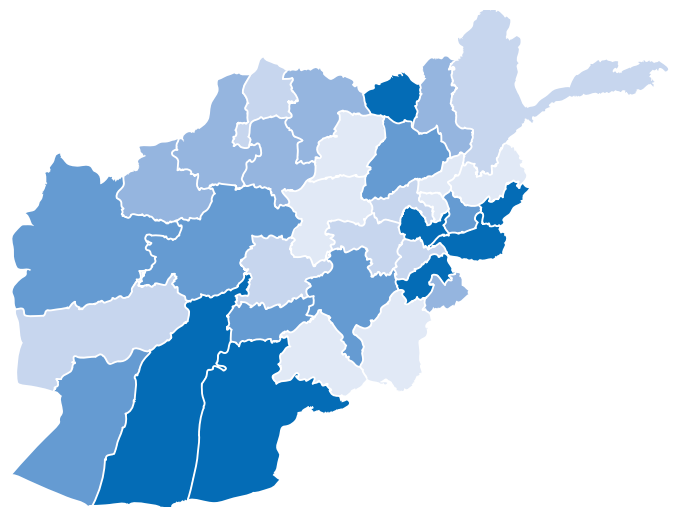
CHRONIC NEEDS

3M

BY SEX & AGE



SEVERITY MAP



Currently, out of 1,922 health facilities across the country only 973 (50 percent) provide services for the management of SAM and 567 (30 percent) for the treatment of MAM resulting in a significant gap between the extent of the needs of the affected population and the possibility to access both preventive and curative services. In addition, the continuous influx of IDPs, refugees and returnees into urban areas increases the burden of malnutrition by stretching the capacity of health system to respond to and prevent different forms of malnutrition. PLWs have an increased and specific nutritional requirement that cannot be met with optimal feeding practices. Access to nutritious food has been impaired and more so in provinces where most households are highly food insecure. If not tackled, malnutrition in pregnant women can have adverse birth outcomes including low birth weight babies, miscarriages, and premature deliveries.

Inputs provided by the nutrition cluster. For more information see the cluster page on [humanitarianresponse.info](https://www.humanitarianresponse.info)



Photo: Jim Huylebroek/NRC

GLOBAL ACUTE MALNUTRITION



Prevalence above 15% emergency threshold

SEVERE ACUTE MALNUTRITION



Do not provide services for management of severe acute malnutrition

ACUTE MALNUTRITION CASELOAD



3 out of 10 children under 5 require treatment for malnutrition

PROTECTION

OVERVIEW



The protection environment in Afghanistan is extremely fragile. The ANDSF are fighting NSAGs in extensive engagements throughout the country. This causes the civilian population to become displaced, and subsequently rely on limited and often negative, coping mechanisms. There are major protection concerns, especially with respect to the protection of civilians, as often the civilian population is subjected to targeted or indiscriminate attacks by armed forces, harassment, forced recruitment, and restrictions on freedom of movement. New internal displacement is super-imposed on a situation of protracted displacement, with some people having been forced to flee decades ago, and yet to achieve durable solutions. Specific protection concerns relate to: gender based violence (GBV), mine risks, child abuses and exploitation, lack of civil documentation, and insecure tenure.

AFFECTED POPULATION

As a result of years of conflict, repeated natural disasters and cross border movement, groups of people affected in Afghanistan are many and diverse. The Afghanistan protection cluster (APC), in line with inter cluster analysis of the crisis, now considers new IDPs, natural disaster affected people, returnees, refugees and vulnerable members of the host community amongst the affected population. Further, non-displaced conflict affected people are a separate distinct group exposed to protection risks. These are people living in close proximity (1 km) to explosive hazards resulting from conflict.

Based on the APC severity mapping, persons exhibiting very high protection concerns are located in the provinces of Faryab, Kandahar, Kunduz and Nangarhar. Those with high protection concerns are located in Badakhshan, Farah, Herat, Hilmand and Kabul. Setting aside the obvious protection concerns and risks persons of concern (PoC) face because of the ongoing conflict and subsequent displacement, the eastern region – for example – is host to the highest population of disabled-headed households. According to the REACH Initiative JENA conducted in 2017, the households in the eastern region are also the largest in size (14 members on average) and have the highest dependency ratio in the country. This renders the population more vulnerable to protection risks (such as violence, sexual and domestic abuse, discrimination, exploitation by community members, and denial of access to assistance), and more likely to engage in negative coping mechanisms (such as begging and forced/child marriage). In the northern region, the state of shelters inhabited by PoCs renders them more susceptible to natural disasters, and increased exposure to the elements.

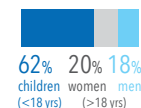
ACUTE NEEDS

1.5M

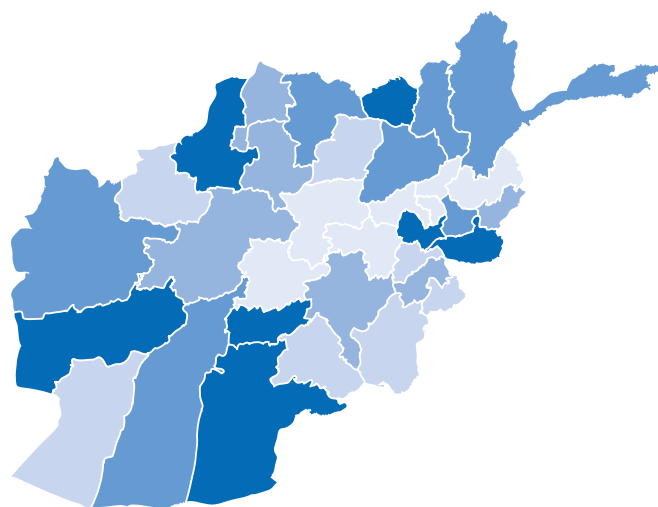
CHRONIC NEEDS

2.5M

BY SEX & AGE



SEVERITY MAP



Returnees are a particularly vulnerable group, with considerably high numbers identified in the eastern and south-eastern regions. As recent displacement has increased their vulnerability through financial insecurity and lack of social integration factors, this now constitutes a cross-cutting issue between their situation and general poverty. Returnee registration is also lowest in the south-east, contributing to their already limited access to services.

Displaced boys and girls are most likely to be exposed to specific protection risks, such as child labour and early and forced marriage. Women PoCs are in turn exposed to specific risks as well – in some cases derived from negative (or harmful) cultural practices – such as difficulties in accessing civil documentation, assistance and livelihoods, forced marriage, and restrictions on freedom of movement. This renders them more likely to resort to negative coping mechanisms in cases where vulnerabilities are compounded (for example, for poor female headed households). It is known that women PoCs are more exposed to GBV incidents during displacement. There is also a gap in access to civil documentation (tazkera) between male and female PoCs, the impact of which has not yet been quantified at this stage.

ANALYSIS OF HUMANITARIAN NEEDS

The deterioration in the security situation affects all populations of concern (IDPs, refugees and returnees), along with host and non-displaced communities – with humanitarian actors not having access to significant areas of the country controlled or contested by NSAGs. As per the 2017 REACH Initiative MCNA data, the expanding geographical scope of the conflict in most parts of Afghanistan, coupled with a significant macro-economic contraction and lack of sustainable livelihoods, has contributed to high levels of secondary displacement and a large-scale mobility crisis. A broad cross-section of the population is on the move in search of safety and security. These factors also affect recent returnees who often have limited coping mechanisms and heightened vulnerabilities after a prolonged absence. In 2016, there was a large and unanticipated influx of returnees from Pakistan, resulting from a deterioration in the protection climate and a rise in anti-Afghan sentiment. The growing conflict in many parts of the country has left many returnees secondarily displaced or forced to settle in areas other than their place of origin, often in slum-like conditions in urban and semi-urban areas. A different need resides in the area of support for social integration, especially for returnees that have spent in some cases decades outside of Afghanistan, and are rendered vulnerable to protection risks as a result.

In May 2017, the APC conducted a community protection assessment in the eastern region focusing on the key protection concerns of IDPs, returnees and host communities. The assessment found that while health, WASH and education needs are represented among all population groups, IDPs and returnees lack access to birth certificates, and report

recruitment into armed forces as a key concern as well as the use of negative coping strategies such as child labour. Stress related to displacement, poor living conditions and importantly the inability of men to take care of the family at the pre-displacement level is also contributing to domestic violence and additional stress.

Inputs provided by the protection cluster. For more information see the cluster page on humanitarianresponse.info

CIVILIAN CASUALTIES

 **2,640**
civilians killed

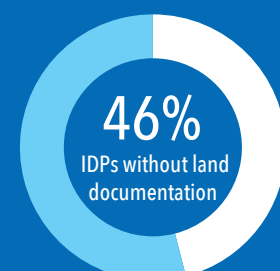
 **5,379**
civilians injured

January to September 2017

PSYCHO-SOCIAL CARE



LAND DOCUMENTATION



WATER, SANITATION AND HYGIENE

OVERVIEW



The overall situation of water supply and sanitation in Afghanistan is one of the poorest in the world with 68 percent of Afghans without access to improved sanitation and nearly 45 percent still using unimproved water sources.¹⁰¹ Continued conflict, repeated natural disasters and poor operation and maintenance is a huge burden on WASH infrastructure. Ongoing returns from Pakistan and Iran is putting additional pressure on already limited and dilapidated infrastructure. The majority of displaced populations living in informal settlements rely on public hand-pumps (49 percent) with female headed households having far less access to private hand-pumps (13 percent) than male headed households (23 percent). Likewise, a much lower percentage of returnees have access to water within compounds (4 percent) compared to conflict displaced people.¹⁰² This means both returnees and IDPs have to travel long distances to fetch water. Such conditions are pushing affected populations (including host communities) to share their limited water sources and seek refuge to unimproved water sources and practice risky behaviours like open defecation. Such conditions are conducive for the manifestation of waterborne diseases such as cholera and diarrhoea. According to the 2015 Afghanistan Demographic and Health Survey (DHS), 35 percent of children between 6-11 months of age exhibited diarrhoea highlighting the serious and negative consequence of poor WASH.

AFFECTED POPULATION

Over the past three years, WASH cluster partners have been responding to the increased number of conflict affected IDPs. During the first half of 2017, 163,000 IDPs were assisted with WASH services. Returnees from Pakistan and Iran are also vulnerable and in need of WASH assistance. The WASH cluster partners responded to the needs of 148,000 people in the first half of 2017. Increased attention is required for female headed families, as they are less likely to have access to hygiene needs (i.e. access to soap is noted in 43 percent male headed families compared to 35 percent in female headed) and sanitation.¹⁰³ Small-scale but widespread natural disasters affect communities, schools and health facilities equally. Women, girls, boys and men from IDP and returnee host communities also need humanitarian WASH assistance, especially in those districts that are hosting large numbers of IDPs which are already considered difficult to reach due to insecurity.

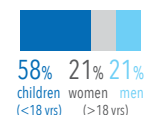
ACUTE NEEDS

1.1M

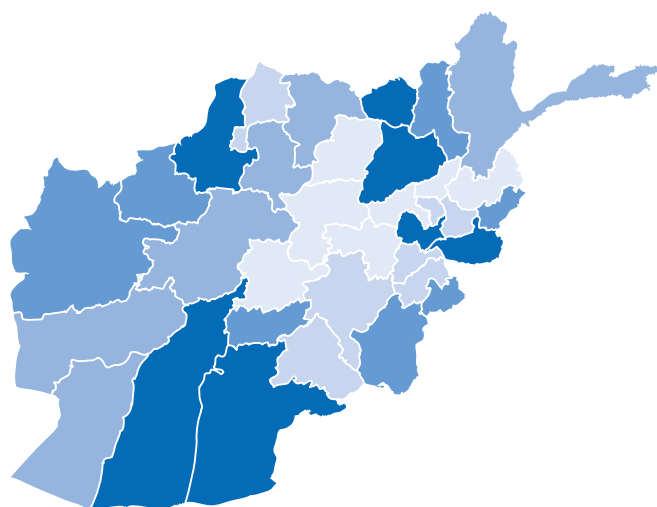
CHRONIC NEEDS

0.9M

BY SEX & AGE



SEVERITY MAP



ANALYSIS OF HUMANITARIAN NEEDS

More than one million individuals have fled their homes due to conflict since July 2016, putting conflict displacement as one of the main drivers of humanitarian needs in Afghanistan. Natural disasters and returnee influxes from Pakistan and Iran are the other two major causes of need. The WASH Cluster estimates that as many as 275,000 IDPs will need assistance in addition to 80,000 host community members in 2018. Likewise, 236,000 returnees and 28,000 members of the host population will also need support, along with 100,000 Pakistani refugees living in Khost and Paktika. Natural disasters affect some 230,000 people annually and approximately 80 percent (184,000) will need assistance. The lack of or limited WASH infrastructure in many conflict districts places populations at a high risk of disease outbreaks due to limited or no services. As many as 900,000 people are estimated to be in this category.¹⁰⁴

WASH cluster partners remain alert to ensure assistance can be provided in the event of disease outbreak, however longer-term support needs to come from the development sector. The majority of schools (50 percent) in Afghanistan lack proper WASH facilities.¹⁰⁵ Increasing numbers of students due to IDP and returnee children influxes into urban areas has also resulted in the overcrowding of existing school WASH facilities causing heightened risk of communicable disease and increased protection concerns. A recent assessment

conducted in Nangarhar and Kabul by one WASH partner indicated that more than 60 percent of community based learning centres lack access to proper WASH services.¹⁰⁶ More than 25 percent of health facilities in the eastern region lack access to water within the premises and over 50 percent

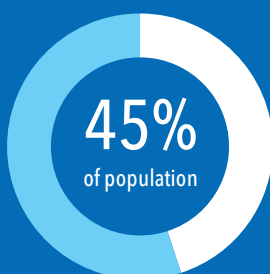
have insufficient sanitation facilities, including places for handwashing with soap by medical staff.¹⁰⁷

Inputs provided by the WASH cluster. For more information see the cluster page on humanitarianresponse.info

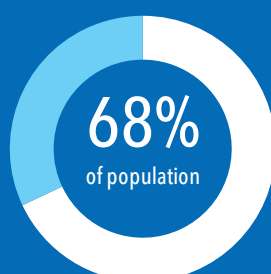


Photo: Enayatullah Azad/NRC

LACK OF ACCESS TO CLEAN WATER



% WITHOUT IMPROVED SANITATION



POOR HYGIENE PRACTICES



1 out of 3
children aged 6-11 months
suffer from diarrhoea

INFORMATION GAPS AND ASSESSMENT PLANNING

Since the start of 2017, 64 humanitarian partners have carried out 894 needs assessments, more than doubling the number reported last year. The vast majority of this increase is the result of continued and expanded use of the HEAT, which was first introduced in Afghanistan in June 2016 and comprises 85 percent of all assessments completed. The

launch of the interactive assessment dashboard in August 2017 has also contributed to improved oversight of assessment coverage countrywide and had a positive influence on the number of partners more regularly and consistently uploading assessment reports to the assessment registry.

NUMBER OF ASSESSMENTS

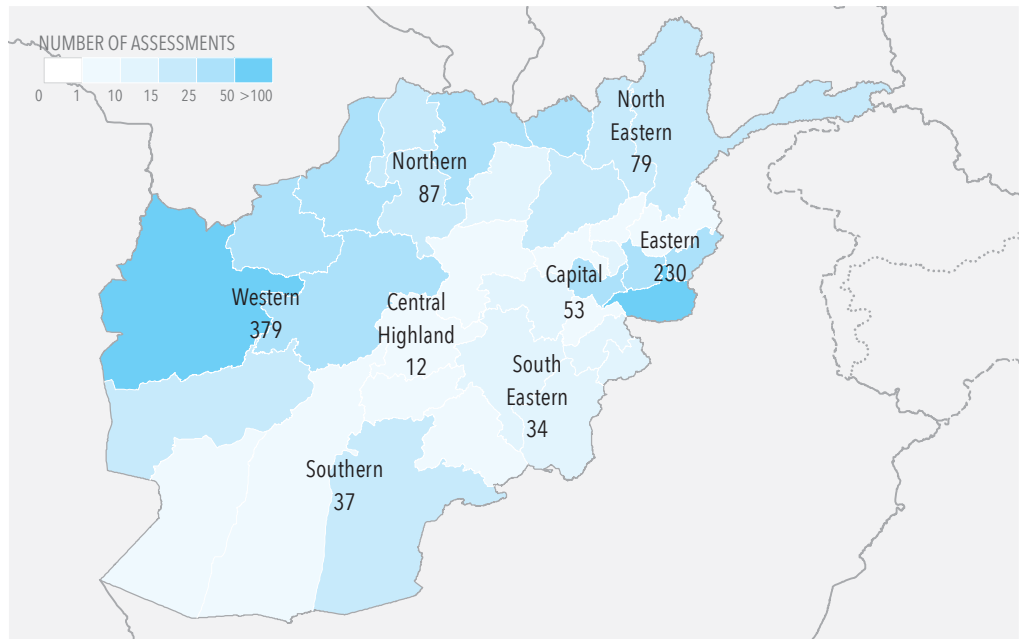
894

NUMBER OF PARTNERS

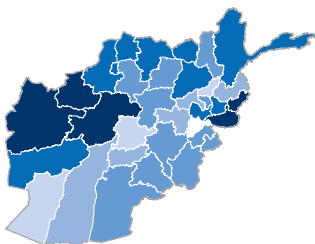
73

PLANNED NEEDS ASSESSMENTS

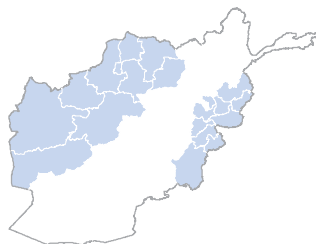
31



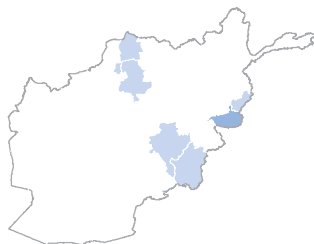
HEAT



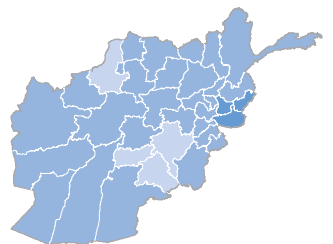
MCNA



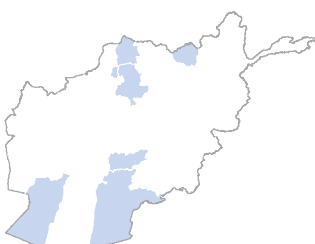
EM. SHELTER & NFI



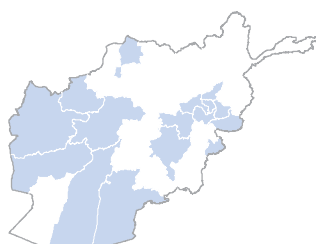
FOOD SECURITY



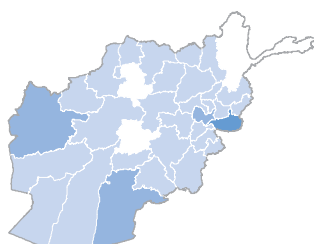
HEALTH



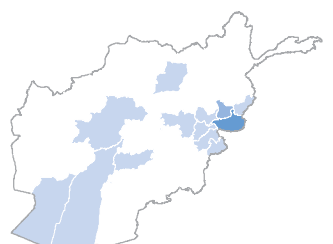
NUTRITION



PROTECTION



WASH



While the increased use of the HEAT is a welcome trend, more than half of all HEAT assessments were conducted on less than ten households at any one time, suggesting that a considerable amount of time is being spent by humanitarian actors to assess small-scale displacements which the government should be encouraged to lead on. At the same time, an over-reliance on the HEAT means that significant data gaps remain both within and among clusters. As the aim of the HEAT is to identify the immediate needs of populations within the first five days of being affected by a shock, it does not provide – nor can it reasonably be expected to – a comprehensive view of needs that may evolve beyond this initial emergency stage.

With the exception of FSAC, very few clusters have initiated or undertaken sectoral assessments at the national level in recent years. The last National Nutrition Survey was conducted in 2013 and the health cluster continues to depend on statistics gathered by HMIS and DEWS which only provide information on populations with access to BPHS services leaving significant gaps regarding the needs of the 10 million people who don't. Needs identification would also be better served by the regular sharing of protection monitoring surveys (of which more than 45,000 have been conducted in 2017), and which so far remains limited.









Although the Common Humanitarian Fund (CHF)

commissioned MCNA and JENA have gone some way to generating a sound evidentiary base in 2017, the humanitarian community still lacks a single data set which is national in coverage, multi-cluster in nature, and multi-group in terms of sample size. A lack of standardised methodology generally means that findings, even where useful, are not inter-operable or comparable. In 2018, OCHA intends to lead the inter-cluster coordination team (ICCT) in a Whole of Afghanistan (WoA) assessment to better determine the nature and intensity of the humanitarian needs that conflict affected populations are experiencing at the district level and the type of support they require.

Market Assessments

Despite recurrent conflict, markets continue to function and are quick to rebound in the face of natural disasters. Market assessments carried out in Nangarhar province in late 2016 as part of a feasibility study aimed to strengthen the humanitarian community's readiness to collectively use cash, found that both provincial and district markets are integrated and well-supplied, within acceptable distance to local communities, and generally functional all year round. Overall, the study found that markets in Nangarhar province have the capacity to meet current demand, despite significant population inflows over the past year – a capacity which is generally replicated nationwide.

NUMBER OF ASSESSMENTS BY LOCATIONS AND BY SECTOR

	Emergency Shelter	Food Security	Health	Nutrition	Protection	WASH	MCNA	HEAT	TOTAL
 CAPITAL		4		3	4	4	1	35	53
 CENTRAL HIGHLAND		3			1			7	12
 EASTERN	3	6		3	5	9	1	200	230
 NORTH EASTERN		3	1		3			70	79
 NORTHERN	2	3	2	1	3	2	1	71	87
 SOUTH EASTERN	1	4		2	1	2	1	21	34
 SOUTHERN		3	3	1	5	3		21	37
 WESTERN		3		3	5	1	1	365	379
TOTAL	5	7	6	6	6	19	1	790	

PLANNED NEEDS ASSESSMENTS

CLUSTER/SECTOR	LOCATION	TARGETED PEOPLE	LEAD AGENCY	PLANNED DATE	SUBJECT
Multi-Cluster	Kandahar	Protracted IDPs, returnees, refugees	HAPA and WFP	2018	Assessment of returnees (documented and undocumented) families
Multi-Cluster	Herat, Kandahar, Kunduz, Nangarhar and Takhar	IDPs, natural disaster affected, host communities, returnees	Oxfam	January 2018	Multi sector humanitarian needs assessment
Food Security & Agriculture	Nationwide	All groups/Community level	MAIL, FAO, WFP and FEWSNET	March 2018	District level food security assessment
Food Security & Agriculture	Nationwide	All groups/Community level	FSAC	June 2018	Seasonal food security assessment
Food Security & Agriculture	North Eastern Region	Areas based food security phase classification	MAIL, FAO, WFP and FEWSNET	April 2018	IPC district level acute analysis
Food Security & Agriculture	Nationwide	Area based food security phase classification	MAIL, FAO, WFP and FEWSNET	Sep 2018	IPC national level acute analysis
Food Security & Agriculture	Nationwide	Farmers	MAIL, FAO, WFP and FEWSNET	October 2018	Agriculture prospect report.
Food Security & Agriculture	Provinces where pest attack is reported (approximately 12)	Farmers	FAO	April 2018	Crop pest impact of vulnerable farmers
Health	Hard to assess		Cluster	Nov 2018	ATF Consulting
Health	Nimroz	Returnees	Cluster	Oct 2018	Multi-sector
Health	Nationwide		SEHAT	TBD	Afg Health Survey 2017
Nutrition	24 provinces	All population	ACF, TBC	2018	SMART
Nutrition	TBC	All population	TBC	2018	SQUEAC
Protection	Badghis, Herat, Laghman and Nangarhar	New IDPs, host community	IRC	January 2018	Child Protection assessment
Protection	Ghazni, Kunar, Nangarhar and Paktika	New IDPs, protracted IDPs, host community	RI	January 2018	GBV assessment
Protection	Nationwide	All population	UNFPA	2018	GBV benchmarking
Water, Sanitation & Hygiene	Balkh Herat, Faryab , Kandahar, Kabul, Kunduz and Nangarhar	IDPs, returnees	DACAAR	March-April	WASH Emergencny need assessment
Water, Sanitation & Hygiene	Paktya , Badghis , Nangarhar , Helmand , Laghman and Hirat	IDPs, returnees	IRC	April -May	WASH need assessment
Water, Sanitation & Hygiene	Zabul, Nangarhar, Urzgan, zoghan, Sar-e-Pul and Jawzjan	IDPs, schools, health facilities	ZOA	Feb- May	WASH need assessment in IDPs and school Health facilities
Water, Sanitation & Hygiene	Ghazni and Kunar	IDPs	RI	March -May	WASH need assessment
Water, Sanitation & Hygiene	Nangarhar and Kunar	IDPs , returnees	SI	Feb - July	
Education in Emergencies Working Group	Prioritised Provinces	Retrunees, IDPs	UNICEF	January-February	EiE Rapid Assessment
Education in Emergencies Working Group	ECW -Target Provinces	Returnees, IDPs	MoE	June-July	ECW related EiE Assessment

METHODOLOGY

The acute humanitarian PiN was developed with the aim of identifying the most urgent priority needs through a multi-layered approach which took into account projections of affected populations, complemented by a needs severity scale which aimed to distinguish between the nature and intensity of needs these groups experienced.

Projections of affected populations

The total number of conflict affected displaced for 2018 is 450,000, including 300,000 newly displaced and 150,000 prolonged. The estimate and breakdowns by province are based on the 12-month trend for newly displaced and 24-month trend for prolonged displacement (OCHA Displacement Tracking System - DTS). The natural disaster affected population is projected to be 230,000 for 2018 based on past six year-averages (IOM HAP, OCHA). IOM anticipates that the number of undocumented returnees from Pakistan will be 100,000 and from Iran 400,000 in 2018 based on current trend data. Some 20 percent of returnees from Iran are considered to be vulnerable and in need of humanitarian assistance. Meanwhile, refugee returnees are projected to be 200,000 in 2018 by UNHCR, which is higher than the current return rate. The number of Pakistani refugees still residing in the South-Eastern region is 100,000: 70 percent in Khost and 30 percent in Paktika (UNHCR Oct 2017).

Needs severity ranking

The needs severity ranking is a relative scale of the severity of needs derived from a convergence of 83 indicators, proposed by the clusters: 18 WASH indicators; 16 Protection indicators; 16 Health indicators; 16 ES-NFI indicators; 10 Nutrition indicators; 4 Food Security indicators and 3 Education in Emergencies indicators. Since there were no defined thresholds for the indicators, each indicator was divided on a scale of 0-5, of increasing relative severity (0 being not affected and 5 being most severe).

The severity ranges for each indicator were combined to

obtain composite severity scores by cluster and represent the basis for the severity maps. To obtain the composite severity scores, a weighting based on the people in need across each driver and cluster was used. The composite indicators were ranked on a scale of 1-5 to obtain the severity maps (1 being the least affected and 5 being the highest affected). Thus, the maps identify areas where needs converge and where needs are most severe – and where a multi sectoral response may be necessary.

Acute humanitarian needs & chronic needs

This year the humanitarian community made a distinction between acute humanitarian needs, the focus of humanitarian action for 2018 (3.3 million) and chronic needs (8.7 million), a part of which has been included in previous HNO years, but for which a development response would be more appropriate. In this regard, humanitarian response to sudden onset events – conflict, natural disasters and cross border population movement – is the primary focus. Of the 8.7 million people with chronic needs, many of which converge and overlap:

- 273,000 are protracted IDPs (that is, those displaced for more than 24 months) requiring winterisation
- 1 million severely food insecure people living in IPC phase 4 outside the 120 most conflict affected districts
- 5.7 million food insecure people living in IPC phase 3 throughout Afghanistan
- 4 million people who don't have access to the Basic Package of Health Services
- 860,000 under five children suffering from MAM and SAM and 232,000 women suffering from acute malnutrition outside the 120 most conflict affected;
- 1.9 million mothers of children under five who need Infant and Young Child Feeding (IYCF) support;
- 2.5 million people requiring mine risk education and other protective services;
- 161,000 protracted IDPs, 32,000 prolonged returnees and 700,000 resident populations in need of water & sanitation services.

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ACRONYMS

AFN	Afghani (currency)	IED	Improvised Explosive Device
ANDSF	Afghan National Defense and Security Forces	IHL	International Humanitarian Law
APC	Afghanistan Protection Cluster	IOM	International Organisation for Migration
BPHS	Basic Package of Health Services	IPC	Integrated Food Security Phase Classification
CHF	Common Humanitarian Fund	ISK	Islamic State of Khorasan
CPIE	Child Protection in Emergencies	IYCF	Infant and Young Child Feeding
DEWS	Disease Early Warning System	JENA	Joint Education and Child Protection Needs Assessment
DHS	Demographic Health Survey	MAM	Moderately Acute Malnourished
DTM	Displacement Tracking Matrix	MCNA	Multi Cluster Needs Assessment
DTS	Displacement Tracking System	NADRA	National Database and Registration Authority (Pakistan)
EIE	Education in Emergencies	NFI	Non-Food Item
EIEWG	Education in Emergencies Working Group	NGO	Non-Governmental Organisation
EMIS	Education Management Information System	NRC	Norwegian Refugee Council
ERM	Emergency Response Mechanism	NSAG	Non-State Armed Group
ES-NFI	Emergency Shelter-Non-Food Item	OCHA	Office for the Coordination of Humanitarian Affairs
FATP	First Aid Trauma Post	PoC	Persons of Concern
FSAC	Food Security and Agriculture Cluster	PiN	People in Need
GAM	Global Acute Malnutrition	PLW	Pregnant and Lactating Women
GBV	Gender Based Violence	PPIED	Pressure Plate Improvised Explosive Device
HAG	Humanitarian Access Group	SAM	Severely Acute Malnourished
HAP	Humanitarian Assistance Programme	SFSA	Seasonal Food Security Assessment
HEAT	Household-level Emergency Assessment Tool	UNAMA	United Nations Assistance Mission in Afghanistan
HIV	Human Immunodeficiency Virus	UNDSS	United Nations Department of Safety and Security
HMIS	Health Management Information System	UNHCR	United Nations High Commissioner for Refugees
HNO	Humanitarian Needs Overview	US\$	United States Dollar (currency)
ICCT	Inter Cluster Coordination Team	WASH	Water, Sanitation and Hygiene
ICRC	International Committee of the Red Cross	WFP	World Food Programme
IDP	Internally Displaced Person		



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