Context

The prevailing situation in Nuristan is complex and highly volatile, resulting from the presence of different armed opposition groups along the border with Pakistan. People’s access to services and the capacity of humanitarian responders to reach them is severely hampered by poor road infrastructure as well as seasonal and security-related closures.

Key Messages

Despite being ranked 10th on the 2015 HRP’s overall needs and vulnerability index, Nuristan remain an area of concern for humanitarian actors.

Lack of access to many parts of Nuristan has unfortunately hampered the capacity of humanitarian actors to conduct detailed needs assessments and analysis. However, available data reveal that severe acute and global malnutrition, acute diarrhoeal diseases, measles, acute respiratory infections remain high, coupled with low vaccination coverage, poor access to safe water, limited access to health services due to insecurity and protection concerns.

Humanitarian Coordination Structure

As a result of restricted access it is difficult to fully evaluate the coordination mechanisms available and their effectiveness. PDMC meetings are reported to take place on an ad-hoc basis. ANDMA’s presence and operations are reportedly non-existent. An Operational Coordination Team (OCT) was originally established in September 2013 and reactivated in December 2014 under the leadership of an international NGO (IMC). However many challenges exist limiting its capacity and effectiveness.

Humanitarian Access

Frequent attacks along the roads leading to Nuristan and lack of government control outside the provincial capital and major urban towns and internal tribal conflict restricts access for humanitarian partners to a number of districts, especially Barg-e-Matal and Kamdesh. Access to Western Nuristan is considered to be relatively better than Eastern Nuristan. A handful of NGOs have presence in Nuristan with remote support from some UN agencies as implementing partners.

Disease Outbreaks

Nuristan recorded eight outbreaks in 2014, including six outbreaks of Measles, one of Anthrax and pneumonia outbreak. Limited operational access resulted in more than 5,500 under 5 children missing polio vaccination in 2014.

Humanitarian Needs by Cluster/Sector
AFGHANISTAN: Nuristan Province | Humanitarian Profile

Food Security and Agriculture

- 26,400 persons living with less than 1,500 Kcal. Per day
- 68% of the population under ‘severe’ or ‘moderate’ household hunger classification.
- 63% of the population classified as ‘poor’ or ‘borderline’ on food consumption score.
- Key partners include: MADERA, NRC, SHPOUL, WFP

Health

- Prevalence of diseases (cases per 1,000 population):
  - Acute diarrheal disease: 270
  - Measles: 1
  - Acute respiratory infections: 88
  - 2.7 measles outbreaks per year on average.
  - 94% of children under 1 have not received Penta3 vaccination.
  - 90% of deliveries without a skilled birth assistant.
- Key partners include: ARCS, IMC

Nutrition

- 13,700 children requiring treatment for malnutrition.
- 11% of under-5 children with severe acute malnutrition (SAM) and 19% with global acute malnutrition (GAM).
- Key partners include: IMC

Protection

- 1,900 new conflict-displaced IDPS in the last 3 years.
- 7,200 people living within 500m of mine/UXO hazards.
- 126 security incidents per year on average.

Water, Sanitation and Hygiene

- 92% of the population does not have access to safe drinking water.
- 93% of households do not have soap available.
- Key partners include: IMC

Emergency Shelter & Non-Food Items

- 1,200 people vulnerable to natural disasters.
- 230 people affected and 33 houses damaged or destroyed by natural disasters in 2014.
- Key partners include: IMC, NRC, UNHCR

Sources: (1) Afghanistan Humanitarian Response Plan (HRP) 2015; (2) CSO population projection for 2014/1015; (3) Overall Needs and Vulnerability Analysis, HRP 2015; (4) OROM, OCHA HFU, Dec 2014; (5) Food Security Cluster using NRVA 2012 results for the 2014 CHAP; (6) SFSA 2014; (7) HMIS, 3-year average, Aug 2014; (8) DEWS, 3-year average, Aug 2014; (9) NICS, 2013; (10) NNS, 2013; (11) PMT, UNHCR, Sep 2011 – Aug 2014; (12) MACCA, Sep 2014; (13) 3-year average, various sources; (14) NVRA 2012, NNS 2013; (15) IOM HAP database, OCHA natural disaster incidents tracking, Aug 2014, WFP VAM analysis on natural hazards, Oct 2013; (16) 3W information collected by OCHA Sub Offices through the Humanitarian Regional Team (HRT) mechanism, Dec 2014.