

Humanitarian Profile (January 2015)

A map of the Kunar region in Afghanistan. The map shows several districts: Mandol, Duab, Nurgeram, Wama, Waygal, Poruns, and Kamdesh. The Kunar River is shown in red, flowing through the region. The location of Asadabad is marked with a black dot. The map also shows neighboring regions: Takhar, Badakhshan, Panjsher, and Laghman. The Kunar region is bordered by Pakistan to the east and south. A scale bar indicates 25 km. The map is labeled with 'NNG' at the bottom center.

Key Figures¹



Population 2014/15 ²



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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.

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.

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.

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.

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

2015 Overall Need and Vulnerability Index³

Ranked 2 out of 34 provinces

3.4	Overall Need Index (Average M & V)
3.7	Mortality & Morbidity (M Score)
1	Under-5 Mortality
2	Civilian Casualties (Conflict)
3	Civilian Casualties (Mines/UXOs)
5	Severe Acute Malnutrition
5	Global Acute Malnutrition
5	Acute Diarrhoeal Disease
4	Measles
4	ARI (Pneumonia)
3.1	Vulnerability (V Score)
4	Kcal intake deficiency (<1,500 Kcal/p/d)
3	Poor Food Consumption
4	Household Hunger
5	Vaccination Coverage Deficit
5	% Deliveries without Skilled Birth Attend.
5	Poor Access to Safe Water
5	Poor Hygiene Practices
3	Insecurity
2	Exposure to Mines/UXOs
2	Conflict Induced IDPs
1	Unmet Emergency Needs
3	Natural Disaster Exposure
2	Conflict Profile

Index Scale Reference:

1	2	3	4	5
Very Low	Low	Medium	High	Very High

Common Humanitarian Fund⁴



1,871,000

US\$ approved allocations



6 partners supported

ACF, IMC-UK, UNFPA, UNICEF, WFP, WHO



9 projects

Sectors: health and nutrition

Humanitarian Presence¹⁶



17 organizations

delivering humanitarian services

AAID, AGHCO, APA, ARCS, AWARO, AWN, CSHRO, IMC, IOM, IRC, MADERA, NRC, ODCG, RRDPO, SCI, SHPOUL, UNAMA



Food Security and Agriculture

- 26,400 persons living with less than 1,500 Kcal. Per day⁵.
- 68% of the population under 'severe' or 'moderate' household hunger classification⁶.
- 63% of the population classified as 'poor' or 'borderline' on food consumption score⁶.
- Key partners include: MADERA, NRC, SHPOUL, WFP



Health

- Prevalence of diseases (cases per 1,000 population)⁷:
 - ✓ Acute diarrheal disease: 270
 - ✓ Measles: 1
 - ✓ Acute respiratory infections: 88
- 2.7 measles outbreaks per year on average⁸.
- 94% of children under 1 have not received Penta3 vaccination⁹.
- 90% of deliveries without a skilled birth assistant¹⁰.
- Key partners include: ARCS, IMC



Nutrition

- 13,700 children requiring treatment for malnutrition¹⁰.
- 11% of under-5 children with severe acute malnutrition (SAM) and 19% with global acute malnutrition (GAM)¹⁰.
- Key partners include: IMC



Protection

- 1,900 new conflict-displaced IDPS in the last 3 years¹¹.
- 7,200 people living within 500m of mine/UXO hazards¹².
- 126 security incidents per year on average¹³.



Water, Sanitation and Hygiene

- 92% of the population does not have access to safe drinking water¹⁴.
- 93% of households do not have soap available¹⁴.
- Key partners include: IMC



Emergency Shelter & Non-Food Items

- 1,200 people vulnerable to natural disasters¹⁵.
- 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) GMS, 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.