

2019

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

6.3M

NOV 2018

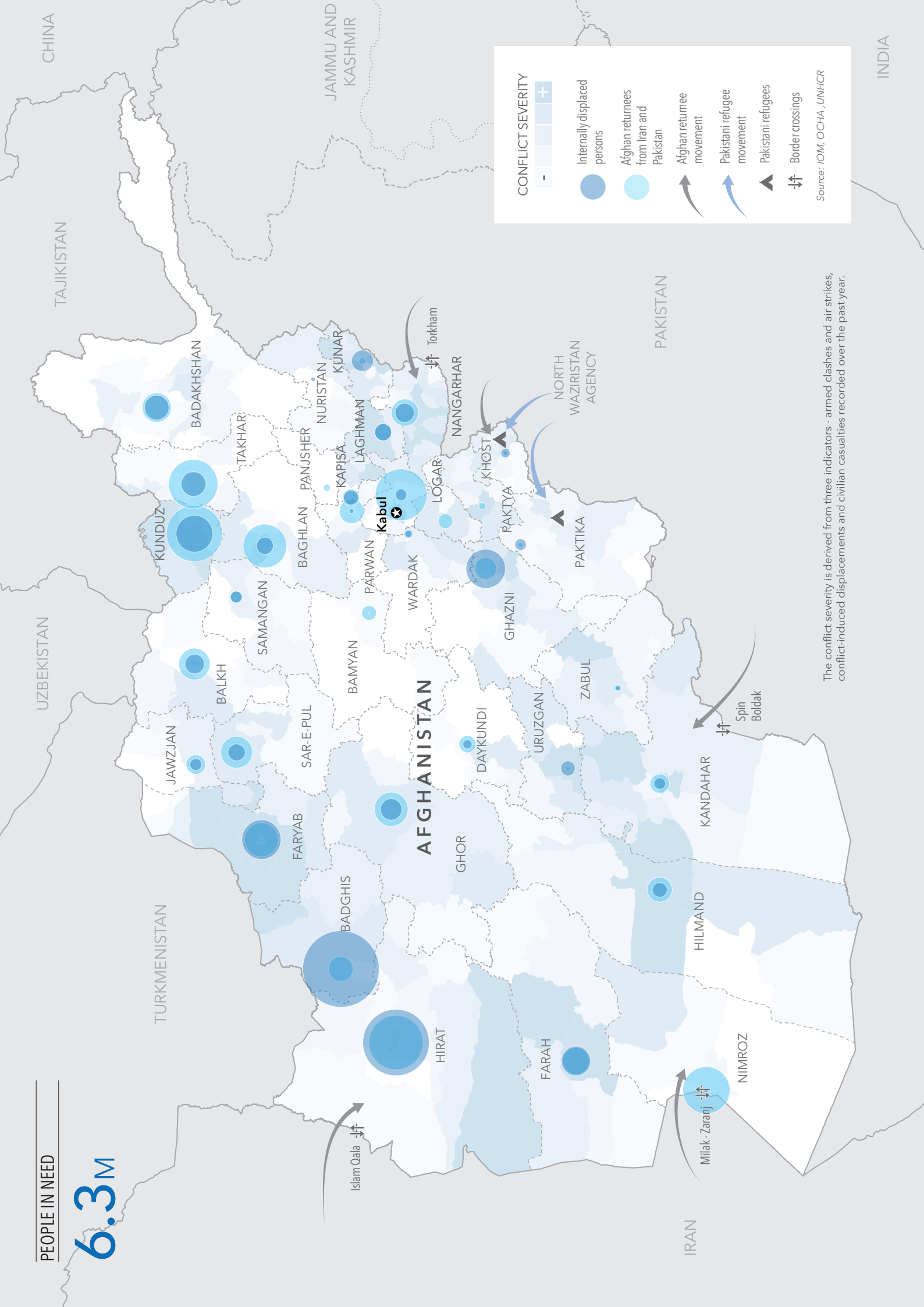


AFGHANISTAN

Photo: Jim Huylebroek

PEOPLE IN NEED

6.3M



PART ONE: SUMMARY

- 
-  Humanitarian needs summary
 -  Humanitarian drivers
 -  Impact of the crisis
 -  Outlook for 2019 and beyond
 -  Perceptions of affected people
 -  Multi-year PiN projections
 -  Annual PiN trends & projections (2016-2021)
 -  Breakdown of people in need
 -  Geographic distribution of needs
 -  Severity of needs

HUMANITARIAN

KEY FIGURES

TOTAL POPULATION

35.7M 

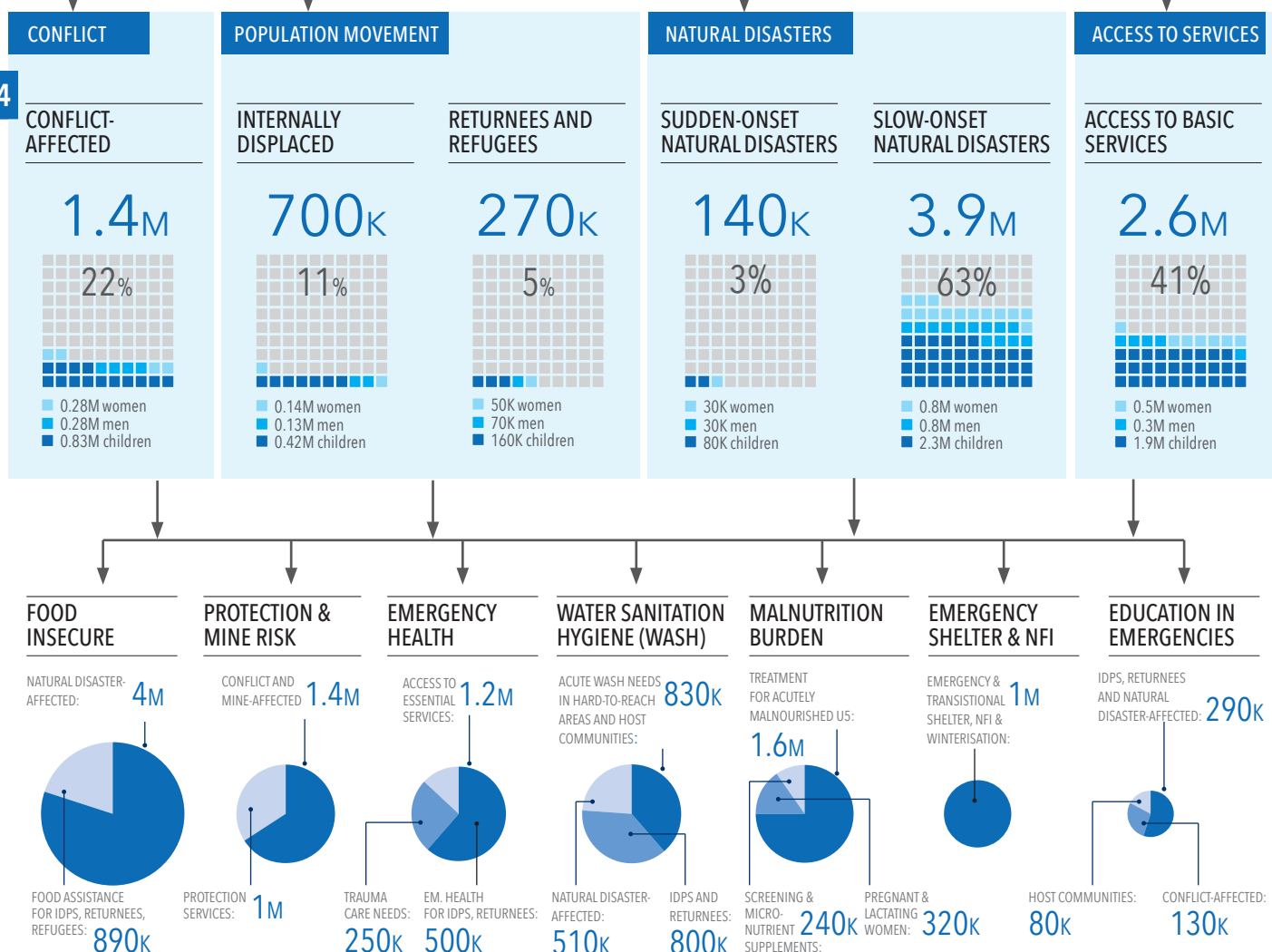
NUMBER OF PEOPLE LIVING IN 106 HIGHEST CONFLICT-AFFECTED DISTRICTS

SEVERITY 17M 

NUMBER OF PEOPLE WITH ACUTE HUMANITARIAN NEEDS

6.3M 

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Note: The sum of people in need (PiN) across each driver is not the total people in need as there are overlaps between the conflict, natural disasters and access to services categories.

HUMANITARIAN

NEEDS SUMMARY

Now entering the 18th year of crisis, humanitarian needs in Afghanistan show no signs of abating. A chaotic and unpredictable security situation, combined with a severe drought, have prompted an almost doubling in the number of people in need compared to this time last year, newly displacing more than 550,000 civilians and pushing 3.6 million into emergency levels of food insecurity. Today, 6.3 million people require some form of humanitarian and protection assistance including 3.7 million in severe and major need due to a convergence of factors arising from exposure to escalating violence, forced displacement, the loss of essential livelihoods and limited access to basic services.



Photo: Jim Huylebroek

HUMANITARIAN

DRIVERS



Armed Conflict & Protection of Civilians

Decades of conflict have trapped Afghan civilians in a pervasive protection crisis. Ongoing hostilities across large parts of the country, including ground engagements, aerial operations, and an indiscriminate use of improvised explosive devices (IEDs) are causing extreme levels of physical and psychological harm. Already this year, 98 suicide attacks have taken place,¹ while quarterly trends indicate that 2018 is on track to be the fifth consecutive year in which civilian casualties exceed 10,000.² Additional systematic violations of international humanitarian law (IHL) and international human rights law (IHRL) continue to be reported, mainly by non-state armed groups (NSAGs), ranging from attacks on health and education facilities to targeted killings, and the forced recruitment of children. Fighting creates both an immediate and long-lasting burden for civilians, exposing them to sudden and terrifying violence and leaving them vulnerable to unexploded ordnance, both of which generate significant trauma-related needs. In 2019, it is estimated that as many as 250,000 Afghans will require emergency medical treatment as a result of continued conflict, while nearly 1.8 million people live within one kilometre of areas known to be polluted with explosive hazards that are in need of immediate mine clearance.³



Population Movement & Forced Displacement

Political instability, natural disasters, food insecurity and poverty continue to conspire to generate significant numbers of people on the move. So far in 2018, some 550,000 Afghans have been forced to leave their homes either due to conflict or the loss of livelihoods associated with drought.⁴ While returns from Pakistan are at an all-time low, with only 43,000 recorded so far in 2018, an unprecedented 673,000 Afghans have come back from Iran, many of them under duress.⁵ Populations forcibly displaced, internally or cross-border, are exposed to a host of protection risks both pre- and post-flight, including insecure tenure, and secondary and multiple displacement. With conflict, further economic decline in Iran and an uncertain political and protection climate in Pakistan all foreseen in 2019, it is estimated that one million displaced people will require life-saving humanitarian assistance across multiple sectors.



Slow & Sudden-Onset Natural Disasters

In 2018 drought has affected more than two-thirds of Afghanistan, devastating the agricultural sector and leaving some four million people across the worst-affected provinces in need of life-saving assistance, including 3.9 million people in need of food and livelihoods support. The drought has unleashed a host of problems on already impoverished communities, reducing incomes by half,⁶ debilitating people's health and causing households to engage in negative coping mechanisms – all of which have had an adverse impact on their physical and psychological well-being. As of November 2018, some 3.6 million people are experiencing Emergency levels of food insecurity (Integrated Phase Classification - IPC 4⁷), a 24 per cent increase on this time last year, and require responses which help them to protect their assets and livelihoods from further depletion, as well as support their re-establishment. An additional 150,000 people are estimated to be in need of humanitarian assistance due to other sudden-onset disasters, including avalanches, landslides and flash floods. In 2019, floods may be more ruinous in their consequences due to the current drought conditions and the predicted El Niño weather pattern which is projected to bring higher than normal precipitation next year.⁸



Access to Basic Services

Active conflict, large-scale population movements, and limited livelihood options continue to disrupt and deprive people of access to essential services, particularly health and education. Already in 2018, around 4,000 hours of healthcare delivery have been lost and 335,000 consultations missed due to the forced closure and destruction of health facilities, as attacks against health workers and medical assets mount in both frequency and deadliness.⁹ While limited access to essential services affects all members of the population,¹⁰ internally displaced people (IDPs) and returnees are particularly disenfranchised due to either their loss or lack of appropriate civil documentation. Across the country, other development indicators remain stubbornly low and, in some cases, are declining: in two thirds of Afghanistan's provinces, the prevalence of global acute malnutrition (GAM) is above emergency thresholds;¹¹ one in three Afghan children are unimmunised;¹² and ongoing conflict continues to hamper maternal and child health, particularly in rural areas where some 75 per cent of women live. With continued insecurity expected in 2019, it is estimated that some 2.64 million people will require humanitarian assistance due to limited access to services, including 1.9 million malnourished children and nursing mothers. In addition, the use of some 4,500 schools, as well as other civilian infrastructure, as voter registration and polling centres in the presidential elections slated for April 2019, may also make these facilities targets for attack, subjecting them to actual violence or damage, or leading parents to keep children away from school and requiring preventative and protective measures to be put in place.

IMPACT OF THE CRISIS

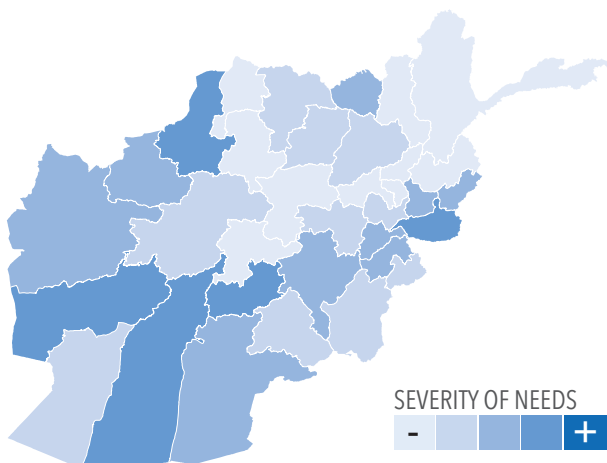
Over the past year, suicide attacks, airstrikes and pervasive threats to life, security and well-being have plunged the Afghan people into a deepening protection crisis. Almost two-thirds of the Afghan population live in areas directly affected by conflict, many of them frequently exposed to violations of international humanitarian and international human rights law, including the deliberate targeting of civilian infrastructure. Population movement is now a permanent feature of the crisis, impacting on displaced and host communities alike, and compromising access to essential services. At the same time, a severe drought has left up to 3.9 million people in rural parts of the country in need of emergency food and livelihoods assistance, and sparked a significant displacement crisis in the western region.

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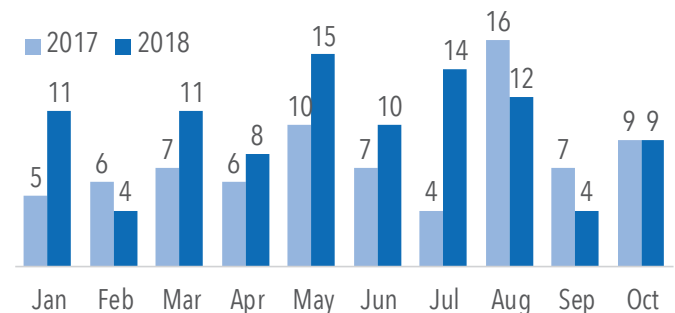
Intensifying Violence and a Deteriorating Protection Environment

Ongoing conflict continues to drive humanitarian needs across Afghanistan, inflicting high levels of civilian casualties and collateral damage on health and education facilities, as well as disrupting and destroying other life-sustaining civilian infrastructure such as water, electricity and telecommunication systems. While all parties to the conflict continue to cause civilian casualties, NSAGs perpetrate the clear majority of these incidents, routinely displaying a disregard for their obligations under IHL, including the principles of proportionality,

NEEDS SEVERITY: CONFLICT & PROTECTION OF CIVILIANS



SUICIDE ATTACKS (JAN-OCT)



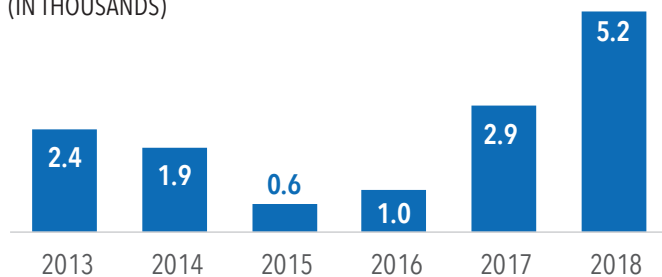
Source: UNDSS, Security Information and Operations Centre (SIOC), Oct 2018

precaution and distinction. The first nine months of 2018 alone registered a 46 per cent increase in the number of civilian casualties from suicide attacks;¹³ a 39 per cent increase in civilian casualties resulting from airstrikes,¹⁴ and a 153 per cent increase in aid workers killed and injured compared to the same period last year.¹⁵

Of particular concern is the increase in frequency and lethality of suicide attacks which, when combined with the use of non-suicide IEDs, now account for 45 per cent of all civilian casualties recorded this year – surpassing those resulting from ground engagements for the first time.¹⁶ The considerable rise in suicide attacks has also been behind the significant increase in the number of civilians killed and injured in Nangarhar province, which has more than doubled compared to the same

AIR STRIKES (JAN-SEP): NUMBER OF WEAPONS RELEASED

(IN THOUSANDS)



Source: United States Air Force Central Command, [Combined Air Operations Center](#), 30 Sep 2018

period in 2017, and making it the most dangerous province in Afghanistan for civilians today. Overall, 8,050 civilian casualties (2,798 deaths and 5,252 injuries) were recorded nationwide between January and September 2018, an alarming average of 200 a week.¹⁷

An average of 9,500 trauma consultations now occur each month

An increase in mass casualty incidents, escalating hostilities and the dangers posed by unexploded ordnance have all contributed to record-high numbers of trauma cases in 2018. Overall, health partners reported 85,477 trauma-related consultations between January and September – a 24 per cent increase on the same period in 2017.¹⁸ Traumatic amputations, many of which are now bilateral and trilateral, constitute a significant and growing burden on Afghan civilians. Although improvements in trauma capacity have meant that many of those who once would have died from their injuries now survive, this has not been matched by a commensurate investment in post-operative physical rehabilitation. Some three-quarters of all trauma victims go on to acquire a permanent disability, while many more face harsh living conditions with financial and social deprivation.¹⁹

The invisible toll of the conflict has been no less severe. With the ever-present threat of violence turning daily activities into a potentially life-threatening affair, increased anxiety levels can be seen across much of the Afghan population. According to a recent Whole of Afghanistan (WoA) Assessment, 70 per cent of men do not feel safe when travelling to work, the mosque, health and education facilities or the market, with this figure as high as 95 per cent in Uruzgan and 92 per cent in Hilmand.²⁰

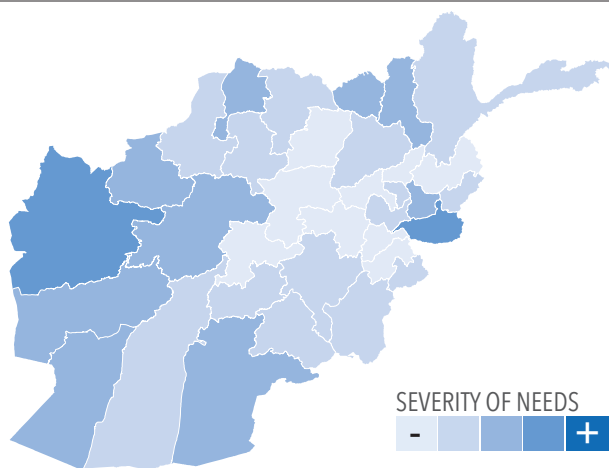
In many cases, concerns are so pronounced that people have restricted their movements in response – 16 per cent of all families surveyed nationally reported that they are currently unable to access health facilities due to it being unsafe to travel to them.²¹ Deprived of one of the two most fundamental human requirements for almost four decades now – the need for safety and security – it is no surprise that Afghans' ratings of their own quality of life are lower than any other population worldwide. When recently asked to rate their quality of life on a ladder scale where “0” represents their worst possible life and “10” their best possible life, Afghans gave an average rating of 2.7 in 2018, down from 4.2 in 2016 and the joint lowest figure Gallup has recorded in any country since it began tracking these measures in 2006.²²

A People on the Move

As in 2017, exposure to greater levels of violence in 2018 has not necessarily translated into greater levels of displacement. While ongoing hostilities continue to compel families to flee their homes at short notice – averaging around 3,800 a month in 2018²³ – this is more than a third fewer than those displaced each month in 2017 and down considerably from the peak in 2016 when an average of 8,500 families were displaced each month by conflict.²⁴ With NSAGs seemingly engaged in a war of attrition with government forces, characterised by surprise assaults on checkpoints and outposts rather than concerted efforts to seize and hold large population centres, and international military focused on neutralising high-value targets – both human and material – from the air, displacement has mainly been confined to relatively small-scale and temporal movement in 2018. Indeed, with the exception of NSAG offensives on Farah in May and Ghazni in August, displacement has largely consisted of multiple incidents, limited in duration to a few days or weeks at most, making them less likely to be reported and therefore recorded.

With the onset of drought, and as the type of conflict being waged on the ground has evolved, displacement patterns have also shifted. While in 2017, Nangarhar, Kunduz and Badghis recorded the highest rates of conflict-related displacement, in 2018 Ghazni, Faryab and Kunduz have experienced the highest numbers.²⁵ The drought has also heavily influenced population movement within the western region, with 263,000 people displaced within Badghis and Hirat provinces between June and August alone. The sudden influx of over a quarter million people into the outskirts of Hirat City and Qala-e-Naw provincial capitals in just a few months has led to the

NEEDS SEVERITY: POPULATION MOVEMENT/DISPLACEMENT



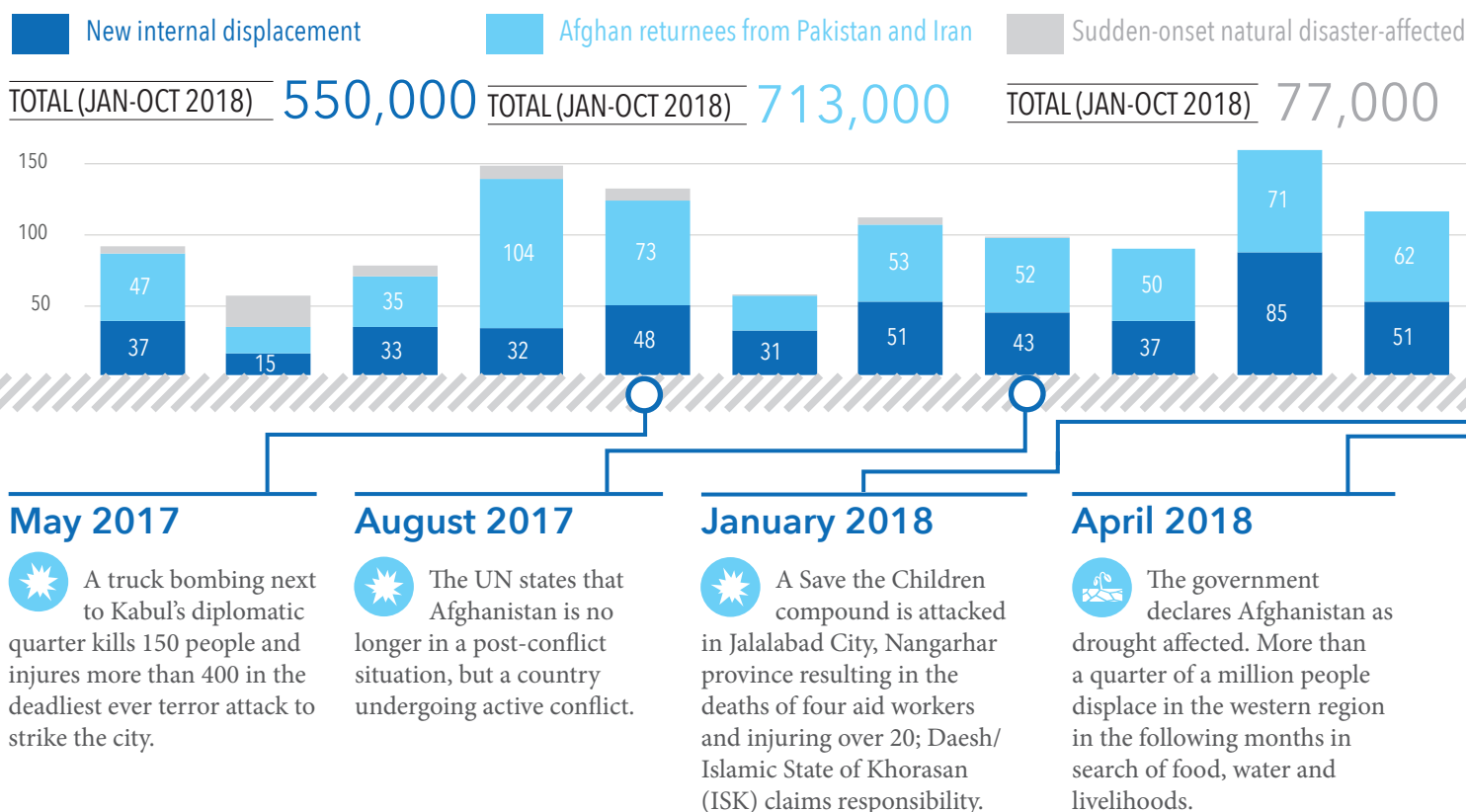
emergence of 19 vast and sprawling informal settlements.²⁶

Four months on from their initial formation, the conditions in these settlements remain dire and continue to pose significant health and protection risks. As many as 141,000 people have yet to receive emergency shelter and are living in temporary, self-erected shelters, while 207,000 are in need of urgent winterisation support and are therefore at risk of exposure

to the elements as temperatures drop.²⁷ At the same time, a number of IDPs are occupying unsafe and unsuitable land, such as riverbeds and areas next to or close to highways, leaving them vulnerable to natural and traffic-related hazards. As of early November, flash flooding had already occurred in three informal settlements in Qala-e-Naw and although resulting in no damage, have reinforced the urgency with which these IDPs need to be relocated. Other IDPs occupying government and privately-owned land, or land that is earmarked for the development of townships, similarly require protection from forced eviction, with land-sharing arrangements a priority. Although relevant action began at the end of November to address these various needs, people nevertheless remain at risk.

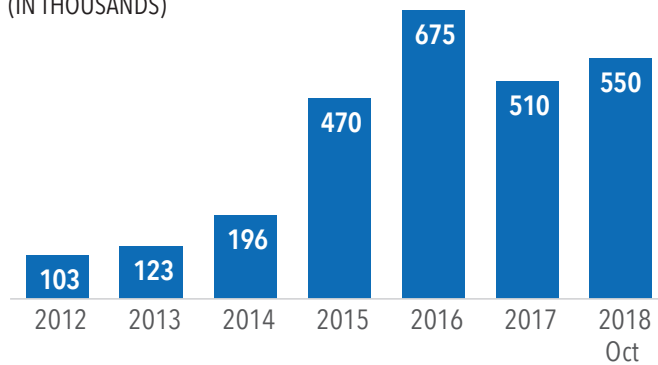
In addition to the above, displaced families living in informal settlements – now home to more than 1.2 million IDPs across Afghanistan²⁸ – are also more vulnerable to the use of negative coping mechanisms, such as reduced food intake and a reliance on child labour. IDP families residing in informal settlements report that they earn on average 20 per cent less than other IDP households,²⁹ frequently do not own Tazkeras (national ID) and have children who are less likely to attend school.³⁰ Across the country, a lack of civil documentation consistently hinders access to assistance and services for displaced households, in particular education. Indeed, of IDP households reporting to have removed a girl from school within the last year, 13 per

INTERNALLY DISPLACED PEOPLE, AFGHAN RETURNEES AND NATURAL DISASTER-AFFECTED



INTERNALLY DISPLACED PEOPLE

(IN THOUSANDS)



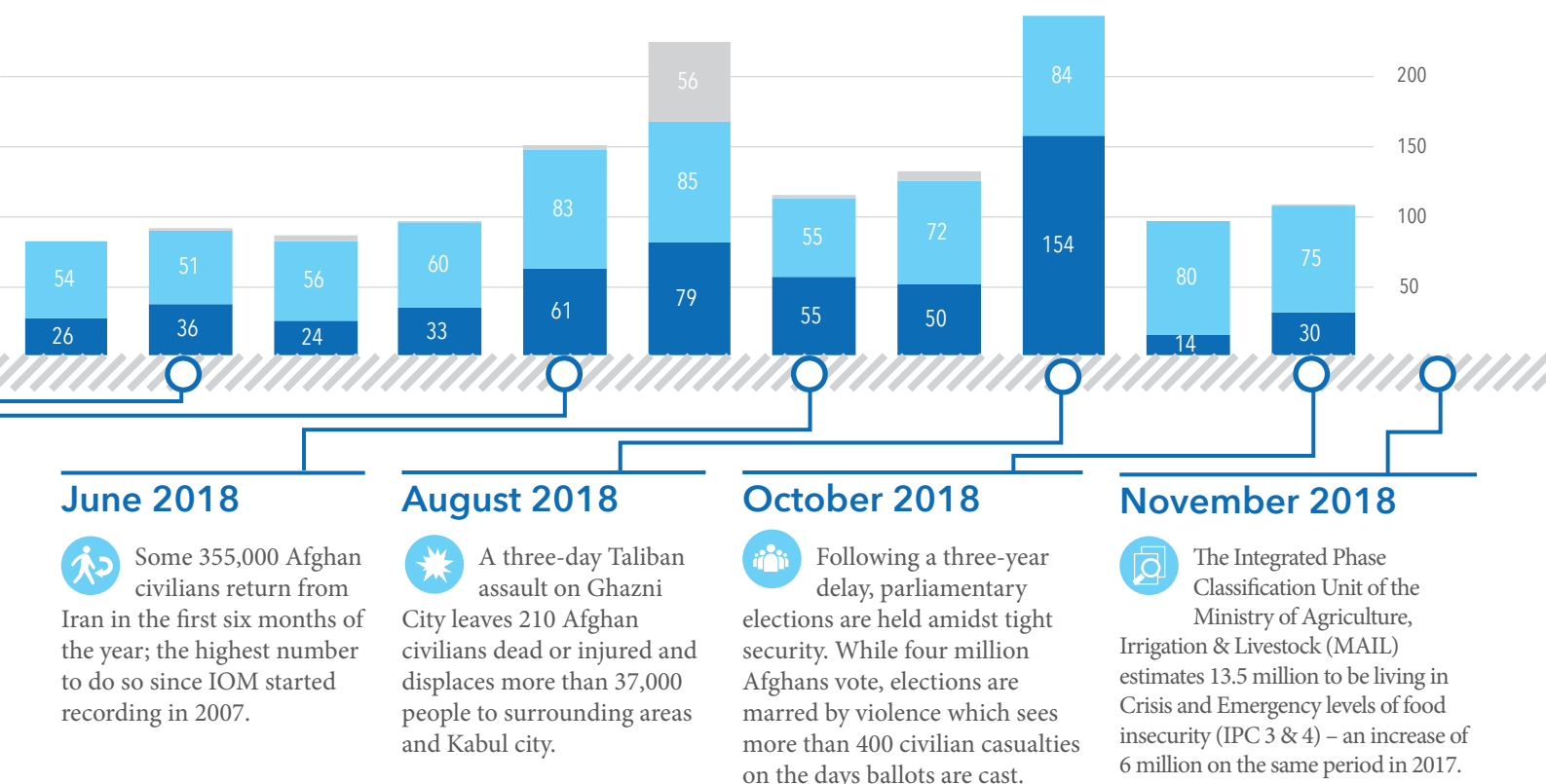
Source: OCHA Displacement Tracking System (DTS), Natural Disasters Tracking System (NDTS)

cent claimed to have done so due to insufficient or incorrect documentation, in comparison to just five per cent for host communities.³¹

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

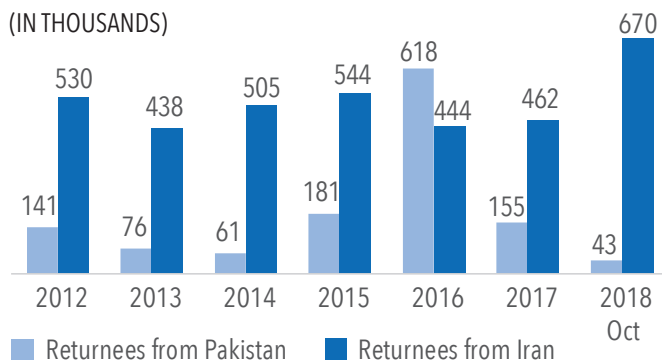
While returnee flows have accelerated since 2014 and are now reaching unprecedented levels, 2018 trends have been dominated by the surge in returns from Iran, which at more than 670,000 have already well surpassed last year's total.³² The large-scale return, which has been prompted by the consequences of the United States' withdrawal from the nuclear deal in May; massive currency devaluation resulting in a drastic reduction in demand for work undertaken by Afghan migrants in the informal economy; and a drought in Iran now entering its tenth year, looks only set to escalate as the full force of US sanctions comes into effect in November 2018. Of particular concern is the higher prevalence of especially vulnerable individuals among the returnees, including 22,000 unaccompanied minors, single females, as well as hundreds of critical trauma cases.³³

Despite the soaring numbers, limited funding for International Organization for Migration's (IOM) programming has meant that just over 23,600 returnees from Iran have been assisted so far this year – a negligible four per cent – and considerably less than the 20 per cent deemed to be in need upon arrival.³⁴ Furthermore, in contrast to previous years when displacement tracking highlighted that a significant proportion of people returning from Iran would leave again shortly afterwards, recent data shows a net return rather than a circular migration



AFGHAN RETURNEES FROM IRAN AND PAKISTAN

(IN THOUSANDS)



Source: IOM, UNHCR

pattern.³⁵ The combination of higher than expected returns from Iran and drought-induced displacement has resulted in significant demographic changes across various provinces in the country. In Farah province, one in four is now either an IDP or returnee, while Hirat province hosts the highest number of IDPs and returnees nationwide – more than 200,000.³⁶ In contrast to returns from Iran, the number of Afghans arriving from Pakistan is at an all-time low. So far this year, just 43,000 Afghans have returned from Pakistan, including 13,295 registered refugees, following a continued decline in related push and pull factors.³⁷

Once in country however, and whether documented or not, returnees become de-facto IDPs as conflict and lost community networks prevent them returning to places of origin, exposing them to episodes of further displacement. Three quarters of returnees surveyed in late 2017 indicated that they were unable to go back to their original home because of insecurity, while 72 per cent reported their families having been displaced twice and almost 33 per cent three times.³⁸ Broadly speaking, IDPs and returnees exhibit the same priority needs regardless of the duration of their displacement. More than a third of new and prolonged IDP and returnee households identify shelter/housing, food, and cash as their top three priority needs,³⁹ suggesting that the one-off – and, often, in-kind – assistance packages initially provided are unable to address other needs that accumulate over time.

Indeed, while emergency support is vital to safeguard the lives and protection of IDPs and returnees, ultimately they require longer-term assistance to facilitate return or local reintegration. This is especially true given that more than half of all IDPs and returnees in Afghanistan state an intention to remain in their location of displacement.⁴⁰ In the absence of either job opportunities or access to basic services being extended to displaced and host communities alike, socio-economic pressures and inter-communal tensions may arise, generating inequalities which inhibit reintegration and fuel secondary

displacement.⁴¹ Those displaced for more than six months, for example, report a higher incidence of multiple displacement and – if displaced more than once – a greater intention to return to their areas of origin, compared to other displaced categories. This suggests that prolonged or protracted IDPs may have exhausted their coping strategies or failed to establish stable livelihoods in their areas of displacement, and hence developed a stronger desire to return even if – in the end – their intention never ends up being realised.⁴²

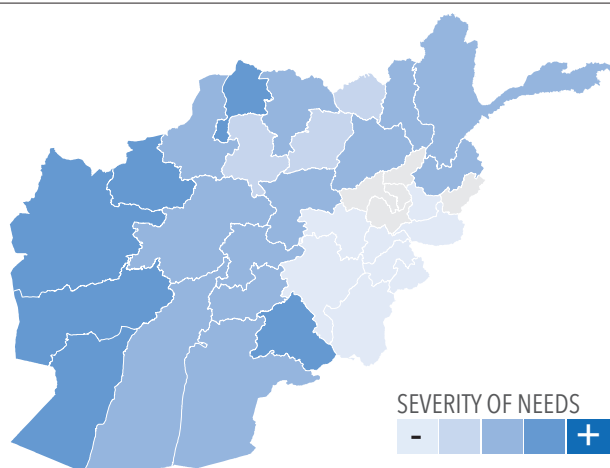
Providing support to host communities and displaced populations is essential to unlocking their true potential and reducing their need for humanitarian assistance over time. For more than four years, partners have been supporting Pakistani refugees from North Waziristan Agency with multi-sectoral assistance in Khost and Paktika provinces. Despite this, and with around 78,000 still remaining in camps and surrounding areas, needs assessments consistently highlight the poor humanitarian indicators among this population group – with the proportion of households living in makeshift shelters, openly defecating, and not having enough money to buy food or other basic survival items being higher than in other displacement groups.⁴³ Indeed, in the absence of legal recognition as full citizens and prohibited from entering the formal economy, Pakistani refugees are largely dependent on a combination of humanitarian assistance, remittances and working in the informal sector. It is hoped that with the adoption of the new National Refugee Law in 2019, this cycle of aid dependence will be reversed with the inclusion of provisions giving refugees the right to legally work. Recently published research shows, for example, that businesses which hire from displaced communities are more likely to realise cost savings and benefit from increased employee retention rates than those that do not.⁴⁴

Drought compounds the misery of people blighted by conflict and poverty

Afghanistan's susceptibility to recurrent, extreme climatic shocks has been reinforced in 2018 with what is being described by many locally as the worst drought in a lifetime. Several consecutive seasons of low rain and snowfall were compounded during the last winter period by a La Niña event which contributed to a precipitation deficit of more than 70 per cent across many parts of the country. The drought – which has ravaged some 22 provinces in total – has had a particularly devastating effect on rural populations, many of whom are dependent on rain-fed agriculture for their livelihoods.

Across the country, farming families have reportedly depleted their assets – distress selling their livestock (often at a loss of 20-30 per cent) in order to meet their basic needs before the condition of their animals completely deteriorates;⁴⁵

NEEDS SEVERITY: SLOW & SUDDEN-ONSET DISASTERS



reducing their planting areas (by as much as 66 per cent in the case of rain-fed wheat) in an effort to conserve water;⁴⁶ and consuming the next planting season's seeds as a result of crop failure (92 per cent of farmers recently reported they had insufficient or no seeds for the winter planting season).⁴⁷ Rural communities, for whom life has become increasingly untenable, have also proactively moved to urban centres, seeking better access to water, other basic services and income-generating opportunities.

The humanitarian consequences of the drought, as well as the coping strategies deployed to mitigate its effects, have been harsh, triggering a displacement crisis in the western region of a quarter of a million people, and tipping an already chronically food insecure population into severe acute food insecurity. Currently, 13.5 million people are facing Crisis or worse (IPC Phase 3+) levels of food insecurity, 6 million more than this time last year, of which 3.6 million are facing Emergency (IPC Phase 4) levels nationwide.⁴⁸ Already Badkhis, Kandahar and Nuristan have been classified as IPC 4 provinces – where more than 20 per cent of the population is severely food insecure – with Badakhshan and Daykundi projected to move into IPC 4 between November 2018 and February 2019 unless emergency food and livelihoods assistance is significantly scaled-up.

The impact of the drought on WASH and health has been similarly dire. With water levels across the country dropping by 62 per cent since the beginning of the year, aqueducts have dried-up, meaning that there are progressively fewer protected water sources available, forcing households to rely on unsafe water sources, potentially exposing them to illness.⁴⁹ Key informant interviews carried out across 10 provinces in April 2018, where more than 25 per cent of water sources had either dried-up or were in the process of doing so, revealed that in 73 per cent of the communities, members faced notably worsened health conditions as a result of the drought. Furthermore, 69 per cent of the communities reported members receiving

treatment for diarrhoea, and 78 per cent for mosquito-borne diseases. For communities living in informal settlements, often characterised by crowded and unsanitary conditions, the situation was even worse: here key informants reported worsened health conditions, as well as diarrhoea treatment cases, in 85 per cent of the communities.⁵⁰

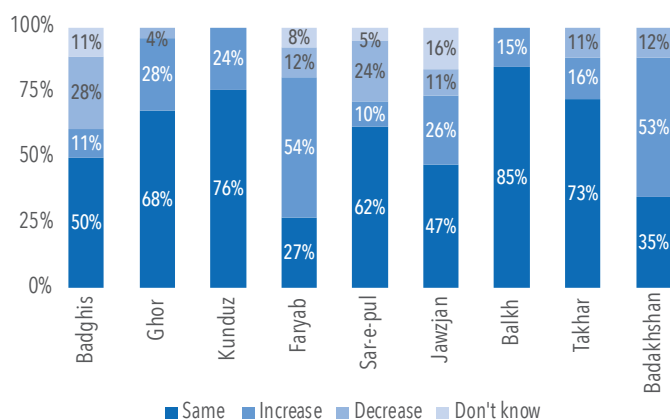
Overuse of emergency livelihood coping strategies has a negative effect on the economic well-being of households in both the short and long-term. Reductions in herd size due to distress selling, lead to longer-term reductions in food security and significant income losses for farming families, pushing already poor people further into poverty and making it harder for them to recover assets and manage future shocks.⁵¹ Households living in the 22 provinces most affected by drought, for instance, are significantly less likely to have children enrolled in school and more likely to have experienced a drop in income than those living in non-affected provinces.⁵²

The increased likelihood of average to above-average precipitation during the 2018/19 wet season⁵³ is expected to alleviate some of the current effects of the drought, although improved rains will bring their own risk. Dry, compacted soils mean water is less easily absorbed into the ground and more likely to run-off in the event of heavy rains, causing flash flooding which, in turn, could generate additional humanitarian needs. This is especially the case in flood-prone areas such as the north-western, northern and central highlands regions.

Resilience of markets in the face of ongoing conflict and drought

Even after years of conflict, markets in Afghanistan remain remarkably functional, physically accessible and generally able to meet demand. Concerns earlier this year that a significant deficit in rain-fed wheat production for 2017 – then only 43 per cent of the five-year average (2012-2016) – would result in higher prices for consumers turned out to be unfounded as the impact of the shortfall was mitigated by increased grain imports at relatively stable world prices.⁵⁴ Trader surveys carried out in nine of the most drought-affected provinces in April/May 2018 confirmed this: 78 per cent of the 324 traders interviewed said that the supply of wheat flour was the same or higher than during the same period the previous year, and 82 per cent said prices were the same or lower.⁵⁵ Indeed, contrary to prevailing assumptions that the main factors influencing local prices in Afghanistan are conflict, increased demand, or drops in local agricultural production, in fact the biggest determinants of market prices are macro-economic factors – in particular, currency fluctuations between the US, Afghan, Pakistani and Iranian currencies; changes in global food prices; or changes in trade agreements/border closures with Pakistan, Iran or Uzbekistan (the three neighbouring countries through which Afghanistan imports most of its staple foods).

CHANGE IN PRICE OF FOOD COMPARED TO 2017



Source: mVAM Baseline Market Assessment (Round 2), October 2018

This does not mean that temporary fluctuations in prices do not occur as a result of either drought or conflict, the latter of which are typically borne-out in higher transportation costs as traders seek to avoid insecure routes, but that these impacts tend to be smaller and more short-lived than others, and at the national-level are dwarfed by wider trade conditions. Nor should it be assumed that the stability of prices for staple goods has lessened the impact of the drought on agricultural-dependent rural populations. Indeed, for families engaged in agriculture who have lost their entire crops, livestock and seeds, they have simply been left unable to afford the produce that is locally available. When recently asked how they would fill their food gap between now and next season, almost three quarters stated that they would borrow food or cash and just less than half stated that they would use savings.⁵⁶ The sharp drop in remittances from Iran to “almost zero” following the depreciation in the value of the Iranian rial has further affected the purchasing power of the hardest-hit drought provinces of Badghis, Ghor and Hirat whose communities are reliant on these payments. According to findings from the Emergency Food Security Assessment (EFSA), cash income during the preceding month was below the national poverty line – AFN 2,064 per person per month, around US\$1 a day in current exchange rate terms – for 50 per cent of the overall rural population, 99 per cent of the rural population in Badghis, and 95 per cent in both Ghor and Hirat provinces.⁵⁷

Rental markets require further analysis

Although some rental market assessments have been carried out across the eastern region over the past couple of years, these have mainly been focused on the impact of the 2016 spike in Afghan returns from Pakistan, such that the shelter market as a whole remains largely overlooked and little understood. Current available data, however, strongly suggests that the shelter market is highly dysfunctional at the national level – characterised by weak relationships between the concerned

parties, poor support and business services; a weak enabling environment (including a lack of rules and norms to regulate the market); a lack of incentive to increase housing stock and an associated slow increase in supply; a focus from suppliers on building new units that are unaffordable for the vast majority of the population and concentrated in urban centres; as well as unpredictable demand (due to uncertain returnee influxes and changes in the duration and pattern of internal displacement).⁵⁸

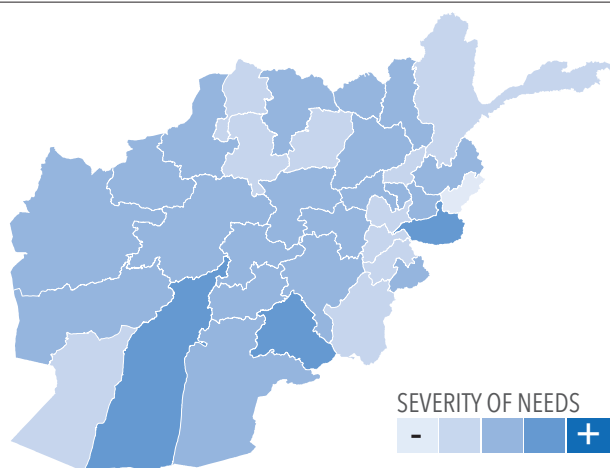
While additional rental market assessments are required at the local level to draw generalisations about their functionality, in some locations it is apparent that dysfunctions exist. In Nangarhar province, for instance, the average cost of rent for a house suitable for a family of seven rose by 25 per cent between 2016 and 2017, exceeding the total reported monthly income of approximately half of all surveyed households.⁵⁹ Any sudden upturns in the cost of living can have a particularly serious financial effect on IDP families who report that they spend almost three quarters of their income on meeting food and shelter costs, and in the case of female-headed IDP families 93 per cent of their income.⁶⁰ The mental pressures exacted on IDP households as a result of a weak regulatory environment are no less palpable. Almost half of new IDP households have to rent their accommodation and fear eviction as a result, with as many as a quarter of these having only a verbal agreement in place with their landlords.⁶¹ The vast majority of these households (71 per cent) fear imminent eviction.⁶²

A Crisis of Access to Services

A combination of widespread conflict, prohibitive costs, as well as inadequate coverage and capacity, continue to disrupt, delay or deny people's access to the healthcare they need. Access to the national Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) remains uneven across the country with surveys consistently showing imbalances across socio-economic levels, including a clear urban/rural divide and high out of pocket expenses, while mental health, control of epidemics and non-communicable diseases are all inadequately addressed by the current system.⁶³ As of September, 72 health facilities have been forcibly closed and four destroyed in 2018, depriving up to 3.5 million people of access to primary healthcare, with Nangarhar, Badghis and Zabul among the worst-affected provinces.⁶⁴

Inaccessibility during house-to-house campaigns in large parts of Hilmand, Kandahar and Uruzgan provinces has further meant that 846,000 children under five years old have missed-out on polio vaccine opportunities since May 2018, with the problem compounded in and around Kandahar city by polio vaccine refusal among many families. In total, 19 cases of polio have been confirmed between January and November 2018 including 13 in the southern region and 6 from the eastern region.⁶⁵ Across the board, the situation is ripe for additional outbreaks of other diseases to occur: vaccination coverage

NEEDS SEVERITY: ACCESS TO BASIC SERVICES



is stagnating; population movement is increasing; and food insecurity is on the rise.⁶⁶ IDP and returnee children, already less likely to receive their full immunisation schedule than other population groups, are particularly susceptible. Measles incidence in IDP and returnee children reportedly rose from 14.8 per cent per 100,000 in 2016 to 32.5 per cent per 100,000 in 2017.⁶⁷

The situation is no better for those who are hungry. Currently, 1.6 million children across Afghanistan are acutely malnourished – an increase of about 300,000 since the beginning of 2017 – including 540,000 severe acute malnutrition (SAM) cases.⁶⁸ While the number of malnourished children admitted into treatment programmes has increased in recent years – from 330,000 in 2016 to 388,000 in 2017 – this has made minimal inroads into the overall burden. Nutrition practitioners cite limited capacity to provide services through decentralised facilities, closer to communities, as one of the primary factors in sub-optimal coverage.⁶⁹

Women and girls face additional specific obstacles in obtaining the healthcare they require. Volatile security, as well as harmful cultural and traditional practices which see the rightful place of women as being in the home, rather than at work; the imposition of strict gender segregation rules; and prohibitions on men providing medical treatment to women, all compromise their access to sustained and quality healthcare and expose them to avoidable morbidity and mortality. Across Afghanistan today, only 15 per cent of nurses and two per cent of medical doctors are female, and despite having one of the highest fertility rates in the world, there are only 37 dedicated maternity hospitals.⁷⁰ The critical shortage of female medical practitioners and their inability to leave the house endangers women: in some provinces 68 per cent of births take place without a skilled birthing attendant present.⁷¹

Development deficits

The widely-acknowledged yet unaddressed gap in funding for the international donor-resourced public health system (System Enhancement for Health Action in Transition - SEHAT) continues to mean that limited humanitarian resources are used to 'gap-fill' for routine programming, covering everything from primary healthcare to the provision of specialised staff. Indeed, despite year-on-year increases in mass casualty incidents, basic and essential surgical care remains outside the seven major elements of the BPHS, meaning that trauma provision is almost exclusively provided by humanitarian partners. Nationwide there is an extreme shortage of emergency surgical capacities, ranging from oxygen supplies, blood banks, and electrical power to dedicated and qualified personnel – including surgeons and anaesthetists.⁷² Despite significant improvements in assisting people closer to the geographic location of their injury, high rates of referral continue to be seen from conflict-affected districts, suggesting that demand is outstripping response capacity in many parts of the country.⁷³

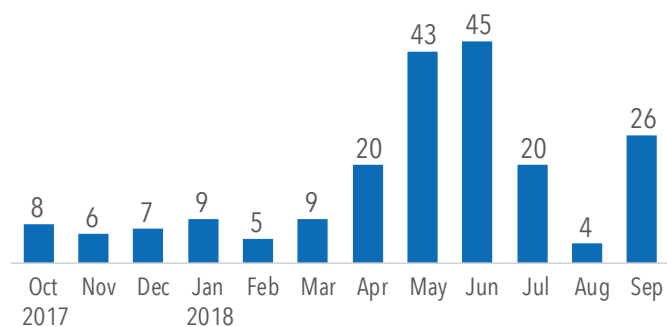
Years of weak investment in the public health system have been exacerbated by high levels of population mobility. As many as 6.3 million people across Afghanistan now reside in overburdened communities, where more than one in four is an IDP or returnee.⁷⁴ Health facilities in these locations are particularly overstretched. In Nangarhar province, where one in three is an IDP or returnee, the Ministry of Health reported a 135 per cent increase in consultations, in addition to chronic shortages of medicine and supplies in 2017. With rapid population growth – and as many as two-thirds of all people displaced outside their province moving towards the five regional capitals of Kabul, Nangarhar, Kandahar, Balkh and Hirat – the problem is only likely to become more pronounced as basic services struggle to cope with the additional strain placed upon them.⁷⁵

Growing Up Amid Crisis: A Generation at Risk

Children continue to be disproportionately affected by the crisis, comprising 60 per cent of the total number of people in need in 2019. Persistent violence, discrimination, and denial of access to essential services – particularly healthcare and education – have all undermined their right to a safe and secure early environment, compromising their physical and psychological well-being. Despite an overall decrease in the number of children killed and injured in the first nine months of 2018, casualties remain extremely high with 2,136 recorded.⁷⁶ Of specific concern is the rise in deaths and injuries resulting from aerial strikes and suicide attacks, which now account for 49 per cent and 10 per cent, respectively, of all casualties caused by these incident types – in addition to the risks posed by explosive remnants of war (ERW), in relation to which children comprise more than 90 per cent of all victims.⁷⁷

2018 has also seen an alarming increase in the number of schools attacked and closed as election-related violence,

ATTACKS ON SCHOOLS



Source: The Country Task Force on Monitoring and Reporting (CTFMR)

general insecurity, cross-fire, intimidation and threats have both disrupted and diminished children's access to essential education. Overall, more than 1,150 schools have been closed across the country in the first 11 months of 2018, depriving up to 545,000 students of learning opportunities.⁷⁸ The problem has been most pronounced in the northern region, which accounts for 40 per cent of all closures, and in Faryab province, which itself represents a quarter of all incidents recorded. Girls – who are already less likely to go to school – have been particularly impacted. The combination of actual exposure to and potential fear of violence has left parents with little choice but to take pre-emptive measures to protect their children from harm. According to the WoA Assessment carried out in July 2018, some 67 per cent of households who reported that they had removed girls from school in the past year did so due to either the actual closure or occupation of the school due to armed conflict, or general concerns around its safety, including fear of recruitment.⁷⁹

For those children who are able to attend school, many have to contend with poor quality education due to unsecure and improper infrastructure – with dark classrooms and crumbling walls frequently reported – as well as insufficient teaching materials, and overcrowding. Although widespread, areas of the country hosting large concentrations of IDPs and returnees, such as Kunar and Nangarhar provinces in the eastern region, have been especially affected, with teacher-student ratios in these locations regularly as high as 1:180 and even, in some cases, 1:250.⁸⁰ Children, already facing huge challenges in accessing education, are further disenfranchised as a result of their displacement status. Pakistani refugee children living in Khost and Paktika provinces, for example, are more than twice as likely to be in need of emergency education as Afghan conflict-affected IDP children, and as much as four times as likely as registered refugee children returning to Afghanistan from neighbouring countries.⁸¹

Drought has only served to exacerbate the humanitarian needs of children across Afghanistan in 2018. Rates of child marriage

in Badghis province are 13 per cent higher than the national average,⁸² while cases of child labour, child abandonment, and child-selling have all been reported in recent months as families have resorted to negative coping mechanisms to survive severe financial hardship, including debt accumulation.⁸³ Child health indicators in drought-affected areas and among drought-affected populations are similarly worrisome. A rapid nutrition survey conducted in Badghis province in July found that GAM (19.7 per cent) and SAM (5.7 per cent) rates now exceed emergency thresholds, while poor access to health services in areas of origin has contributed to high rates of children under two missing out on vaccination in Badghis (51 per cent) and Ghor (26 per cent) provinces, compared to the national average of 18.3 per cent.⁸⁴ Diarrhoea, acute respiratory infections (ARI), pneumonia, and skin infections (due to poor hygiene) are also all major illnesses affecting children and women alike in drought-driven IDP settlements, increasing their risk of malnutrition and communicable diseases.⁸⁵

In addition to the physical costs imposed on children, the mental toll on those who have experienced stressful situations – now multi-dimensional in nature – has been considerable. Children who have witnessed extreme violence, including the killing or maiming of family members, frequently report disturbed memories and sleep, muteness, difficulty concentrating and aggressive behaviour as a result.⁸⁶ More than three-quarters of households surveyed as part of the WoA Assessment indicated that they were aware of children in their community in need of psychological support, with conflict, airstrikes, displacement and the loss of a family member cited as the primary causes. Of these, 81 per cent indicated that they did not have access to these services, with almost half stating that they simply were not available in their area.⁸⁷

Similar concerns and stressors afflict under-25s, who now make up nearly two-thirds of the population, and many of whom have known nothing other than a lifetime of crisis and conflict. A combination of unravelling security, increasing poverty, and a lack of productive employment, have all contributed to a growing loss of confidence in government – seemingly unable to safeguard their protection – and a pervasive sense of despair and hopelessness. According to a recent perception survey, 39 per cent of Afghans would now leave the country if they had the opportunity to do so – a nine per cent increase on those expressing the same desire the previous year – with insecurity (76 per cent) and unemployment (54 per cent) given as the top reasons.⁸⁸ With an increasingly untenable and inhospitable environment in Iran and much of Europe – the number of Afghans filing for asylum in the European Union in 2017 was 75 per cent fewer than the previous year⁸⁹ – many have been left with little alternative but to stay and take their chances, despite the disconcerting and uncertain future confronting them.

OUTLOOK FOR

2019 AND BEYOND

The year ahead promises to be another tumultuous period for the people of Afghanistan, with presidential elections – set for April – likely to be accompanied by a spike in violence as NSAGs seek to disrupt the process by targeting schools, mosques and other civilian infrastructure serving as voter registration and polling centres. Based on data available at the time of writing, parliamentary election-related violence has caused more than 900 civilian casualties in 2018, including over 400 on the days when ballots were actually cast.⁹⁰ Presidential elections in 2019 are expected to be similarly bloody. This will result in increased requirements for trauma care, along with enhanced advocacy efforts – in the run-up to the polls and during the voting period itself – to mitigate IHL violations and protect the rights of civilians to education, health and freedom of religion.

Election-related risks are expected to compound existing humanitarian challenges related to the conflict and drought, both of which are projected to continue into 2019. On the basis of current trends, it is estimated that some 500,000 Afghans may be newly displaced by conflict in 2019 and that as many as 300,000 could be uprooted by the drought, including a proportion of those already displaced in 2018. Prospects for return of drought IDPs will remain limited in the absence of any comprehensive returns package being provided in the areas of origin, or large-scale livelihoods and development projects being implemented. At the same time, persistent insecurity in some rural locations, particularly NSAG-held districts of Badghis province, will mean that a residual humanitarian caseload will likely remain in urban centres for at least the next year. Over the course of 2019, the impact of the drought is anticipated to wane, however, with favourable rains predicted during the winter period, which would support an improved harvest for rural populations if coupled with a timely injection of livelihoods and agricultural inputs over winter, and would result in a corresponding reduction in their reliance on humanitarian assistance. Based on this scenario, in 2020 and 2021 no drought-induced displacements would occur.

While improved agricultural and security conditions are likely to confine IDP returns to certain geographical pockets in 2019, regional politics and economic realities in neighbouring countries will continue to determine annual influxes from Iran and Pakistan. In this regard, undocumented Afghan returns from Iran are projected to be in the region of 570,000 in 2019 and around 600,000 in 2021 as the effects of US-imposed sanctions bite, further deepening economic decline and limiting income-generating opportunities for migrant

workers. In these circumstances, any disincentive to return to Afghanistan due to ongoing conflict or limited livelihoods options is expected to be overcome by the unsustainability of staying in Iran. In keeping with recent trends, higher rates of return from Iran are expected to be offset by lower numbers from Pakistan following improvements in the protection environment there, which has seen Proof of Registration (PoR) cards extended through to 30 June 2019 for registered refugees. The situation remains nevertheless precarious for undocumented Afghan civilians in Pakistan – of which there are around 400,000 – whose Afghan Citizen Cards (ACC) are set to expire on 31 December 2018 and who may be subject to repatriation following the recent decision of both governments to an agreed timeline of return under the Afghanistan-Pakistan Action Plan for Peace and Stability (APAPPS). Currently, the specifics of this agreement remain unclear, however in the absence of any major terrorist attack on Pakistan soil and assuming continued host community acceptance, any concerted push-back is expected to be limited and thus moderate returns between 2019 and 2021 of just under 50,000 are projected.

Although a series of significant diplomatic developments has recently renewed hopes for a negotiated political settlement, conflict is expected to continue in Afghanistan in 2019 and may even intensify as both sides try to improve their hand in advance of any direct peace talks. Some fluidity in frontlines is therefore to be expected, as are efforts by NSAGs to control major supply routes, including the Kabul-Ghazni-Kandahar and Kandahar-Bala Baluk-Hirat highways. While active fighting is now widespread across many parts of the country, intense hostilities are projected to be concentrated in the eastern region provinces of Kunar, Nangarhar and Nuristan where the contest for control between the Taliban and Daesh continues. Aerial operations against Taliban and Daesh strongholds in Hilmand, Nangarhar and Uruzgan provinces – which currently account for more than half of all air strikes carried out in 2018⁹¹ – are also expected to remain a prominent and even growing feature of the conflict over the next few years. Surprise NSAG offensives against key strategic locations, similar to events in Farah in May and Ghazni in August, can also not be ruled out, with these two provincial capitals remaining vulnerable to possible attempts at takeover – as are Kunduz and Maimana. In the event that such an outcome materialises, localised displacement would be expected, along with collateral damage to communication networks, civilian homes and buildings, in addition to civilian casualties.

Looking ahead to 2020 and 2021, and notwithstanding the various challenges associated with projecting that far into the future, the humanitarian community remains cautiously optimistic that an improved security situation will evolve, resulting in slightly fewer conflict IDPs over time and improved reintegration prospects for returning populations. The physical threat posed by Daesh is unlikely to be fully eradicated, however, and while no meaningful expansion of territorial control is foreseen, they are expected to retain their capacity to carry out spectacular mass casualty incidents in major urban centres, such as Jalalabad and Kabul, as well as attacks against NGO and UN targets, both of which may increase in the coming years.

Against this backdrop, chronic needs arising from years of under-investment in basic services, bureaucratic inefficiencies, and rapid population growth are also increasing. Approximately 54 per cent of the Afghan people now live below the poverty line – an increase of 16 per cent in the last five years,⁹² while a projected 480,000-600,000 young people are expected to enter the labour market each year until 2025 – many more than the economy can absorb.⁹³ Around 500,000 young males are already unemployed; and

71 per cent of young people cite unemployment as the biggest problem they face.⁹⁴ While a final pledging conference for Afghanistan in 2020 is expected to guarantee continued financing to the state for the remainder of the transformation decade (2015 to 2024), this is expected to be at lower levels than in the past. Any decreases in budget support, which the Government continues to heavily rely on – two-thirds of its budget is funded by donors – is only likely to compound these problems. There is the potential for further unrest, undermining political stability and fuelling further displacement.

Over the next three years, the humanitarian community in Afghanistan will undertake regular situation and risk monitoring to assess any changes in context and the humanitarian response required. Analysis garnered from this work will also be used to inform preparedness efforts and develop detailed contingency plans where necessary, as well as to guide a more effective and principled response.

PERCEPTIONS OF

AFFECTED PEOPLE

The 2018 WoA Assessment, in addition to sector-specific assessments, and feedback received through Awaaz Afghanistan (Awaaz) – a common service accountability to affected populations (AAP) mechanism that launched in May and functions primarily as a call centre – have all been used to better understand the priority concerns and preferences of affected people across the country, while informing needs analysis in 2019. The quantitative research frameworks of both the WoA Assessment and the Protection Assessment of Conflict-Affected Populations (PACAP) allows for statistically-significant findings on community perceptions of humanitarian assistance, which can be generalised at the provincial level to the population as a whole, at the regional level to all stratified population groups,⁹⁵ and at the national level to other, sufficiently interviewed, group characteristics.⁹⁶ Calls received through Awaaz, although reflective of the real and immediate issues people face, can only be considered illustrative. Overall, the nature of the needs expressed via Awaaz are consistent with those identified in assessments and echo the multi-dimensional and inter-woven humanitarian and development challenges now confronting the population.

In general, data gathered throughout 2018 demonstrates a cross-cutting need to strengthen community engagement, common accountability frameworks and AAP tools, and to further fine-tune the response to ensure that those with the most acute needs are targeted and reached – recognising that humanitarian assistance will only ever be able to address a limited proportion of overall need. Of households that reported an unmet need for humanitarian assistance, for example, 70 per cent said they did not know how to access it, and 90 per cent of all households stated that they were not aware of feedback mechanisms to aid providers.⁹⁷ Female-headed households were even less informed/engaged, with 78 per cent stating that they did not know how to access assistance. Furthermore, 26 per cent of households reported that the assistance they had received only partially met their needs and another 27 per cent reported that the humanitarian assistance did not meet their needs and was not enough. For female-headed households and those headed by a person with a disability, the proportion stating that they did not receive sufficient humanitarian assistance rose to 44 per cent.⁹⁸

When asked to identify the top three issues facing their community, poverty (94 per cent), unemployment (87 per cent)

and conflict (19 per cent) overwhelmingly ranked the highest nationally, although regional variations are seen. Some 96 per cent of households in the eastern region rated employment and poverty as among their top three concerns compared to just 66 per cent in the north – possibly due to the large numbers of IDPs and returnees now concentrated in a handful of provinces. In the eastern region, 43 per cent of households considered conflict and related violence as one of their main three concerns, compared to only six per cent in the north-east, likely influenced by the high number of suicide attacks that have taken place there in 2018 and the extreme civilian casualties sustained.⁹⁹ Concerns relating to environmental change featured the most prominently in the western region – where more than a third of households (40 per cent) reported it as among the three main challenges they face – presumably as a result of the ongoing drought which has been particularly hard-hitting there.

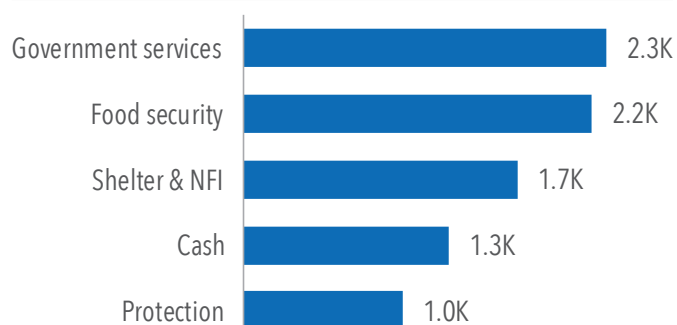
Of the 27,500 calls managed by Awaaz between June and October 2018, 67 per cent have been from host community members, followed by IDPs (20 per cent) and returnees (12 per cent) respectively. For all calls, regardless of age and gender, requests for information relating to government services have been a top priority, with food security (2,200 calls), shelter/land allocation (1,700 calls), cash assistance (1,300 calls) and protection (1,000 calls) cited as the primary needs. This highlights the extent to which people ultimately need long-term solutions, rather than short-term relief to address their problems, and reinforces the importance of an area-based, rather than a status-based approach, being employed.

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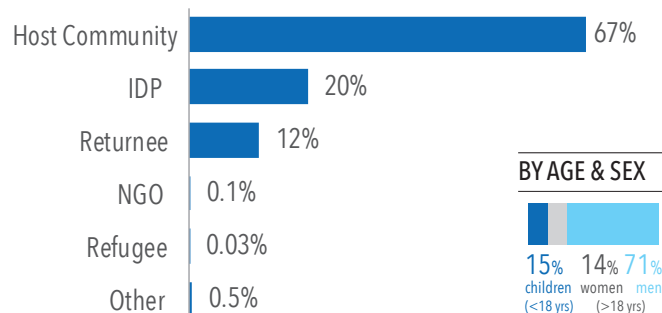
AWAAZ: NUMBER OF CALLS BY MONTH - 2018



AWAAZ: TOP REPORTED NEEDS BY CALLERS



AWAAZ: NUMBER OF CALLS BY POPULATION GROUP



20

Recognising that host communities have legitimate needs which must be responded to has therefore been an integral part of needs analysis in 2019. Host and non-displaced communities now account for 47 per cent of all people in need (some 2.9 million people), a 42 per cent increase on 2018.

Lastly, all households surveyed as part of the WoA Assessment were asked about their preferred ways of communicating with aid providers about their needs. At the national level, one third of households indicated that they would prefer to communicate with aid providers through the media (radio, newspaper, or the TV), and a quarter by mobile phone. However, stark regional differences exist with 64 per cent of households in the north-east and 53 per cent in the central region preferring to be informed through the media, while only one per cent

of households stated the same in the east and two per cent in the south-east. In the east, almost three quarters (74 per cent) prefer to be informed by mobile phone calls or texts and in the south-east, 96 per cent of households want to be informed either by community leaders (62 per cent) or religious leaders (34 per cent). Importantly, people in hard-to-reach districts also expressed a preference for using mobile phones to communicate with humanitarian agencies (22 per cent), although this was fewer than the two-thirds of people who preferred face-to-face approaches via community leaders (42 per cent) and religious leaders (25 per cent). This clearly highlights that humanitarian organisations cannot develop a one-size-fits-all community-engagement tool but rather need to assess and implement locally-preferred ways of communication.¹⁰⁰

MULTI-YEAR

PIN PROJECTIONS

Multi-Year Projections

In order to translate the existing Afghanistan multi-year humanitarian framework (2018-2021) into a genuine and meaningful multi-year humanitarian response plan with related figures for people in need, people to be assisted and financial requirements, partners have used a combination of existing needs assessment data, trend analysis and scenario building to create ‘most likely’ projections for 2019, 2020 and 2021. The purpose of this exercise has been fourfold:

1. to better account for any potential improvements or deteriorations in context which may influence future humanitarian needs – both in terms of scale and severity;
2. to extend the shelf-life and relevance of the Humanitarian Needs Overview (HNO) by already anticipating some future contingencies so that the needs analysis is less likely to be overtaken by events as they evolve – it being understood that not all high-impact events can be forecast (such as a major earthquake);
3. to create additional efficiencies and effectiveness in the response by reducing transaction costs for implementing partners through more predictable operational arrangements (such as multi-year financing); and
4. to highlight structural or repetitive needs which may be better served by longer-term development programming rather than annual cycles of humanitarian assistance, and therefore identify opportunities to transition certain humanitarian caseloads away from emergency assistance over time.

Developing Current and Projected PiN Figures

As per standard practice, clusters calculated their PiN figures for 2019 using annual projections for selected vulnerable population groups together with the respective proportion of those groups in need of sectoral assistance, based on evidence from recent assessments – including the WoA Assessment and other sector-specific data sets such as the EFSA, Standardised

NUMBER OF PEOPLE IN NEED			BY SEX & AGE
6.3M	4.3M	3.7M	
2019	2020	2021	

Monitoring and Assessment of Relief and Transition (SMART)/Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) surveys, the nationwide PACAP, and so forth. For example:

- Supposing the overall number of **new conflict IDPs** is projected to be **500,000** in 2019;
- And supposing data from the WoA Assessment shows that **55 per cent of new conflict IDPs are in need of emergency shelter**,
- **Then**, that percentage (55 per cent) should be applied to the overall total (of 500,000 people) in order to calculate the proportion in need of that particular form of assistance, under the relevant cluster (in this case, 275,000 people would be estimated to have emergency shelter needs);
- Where proportions of vulnerable population groups in need are available by region (e.g. north, south, east, west and central), these – rather than national-level percentages – should be applied.

To develop the PiN projections for 2020 to 2021, the humanitarian community developed a response context analysis based on three variables known to drive humanitarian needs in Afghanistan – political and economic stability (both national and regional); conflict/insecurity; and environment/climate – to provide a common set of planning assumptions against which clusters could incorporate sector-specific considerations and methodologies. Historical trends were also used to inform PiN projections, while natural increases in population – forecast to add 1.1 million people each year over the next 25 years – have also been applied where necessary. As humanitarian needs are not directly proportional to contextual risk factors, projections must incorporate analytical judgments in this regard. For example, scenarios which factor-in an

improvement in the security situation may not necessarily result in an overall reduction in need as improved security may at the same time present opportunities for some population groups (such as Afghan civilians living in Pakistan or Iran) to return and reintegrate bringing their own associated needs. Likewise, a deteriorating security environment may not necessarily result in a higher number of people in need or an increase in displacement – such patterns are highly localised and depend largely on the character of the conflict being waged (e.g. large-scale ground engagements; asymmetric tactics; targeted aerial

strikes). Projections for 2020 and 2021 therefore reflect best-effort estimates and should be interpreted as such. The HNO will be updated in 2020 and in 2021 to reflect new assessment data at which time projected figures for population groups will also be reviewed in light of the current trends and adjusted accordingly. Regular monitoring of the HRP will also entail adjustments to projected figures, as well as the incorporation of new data as it becomes available.

TABLE I: PROJECTED POPULATION OF VULNERABLE GROUPS (2019-2021)

PROJECTED POPULATION FIGURES*		2019	2020	2021
New conflict IDPs		500,000	450,000	400,000
	Drought IDPs	300,000	-	-
Undocumented Returnees	Pakistan	49,000	48,000	47,000
	Iran**	114,000	117,000	120,000
Registered Refugee Returnees	Pakistan	56,000	60,000	65,000
	Iran***	4,000	5,000	5,000
Pakistani Refugees residing in Afghanistan		50,000	50,000	50,000
Natural disaster-affected people (sudden-onset)		150,000	154,000	159,000

*Other population groups included in the HNO for whom annual projections are not made, are as follows: conflict-affected non-displaced; host communities; populations with GAM above 15 per cent.

** Only 20 per cent of the overall number of returns from Iran are estimated to be in need of humanitarian assistance.

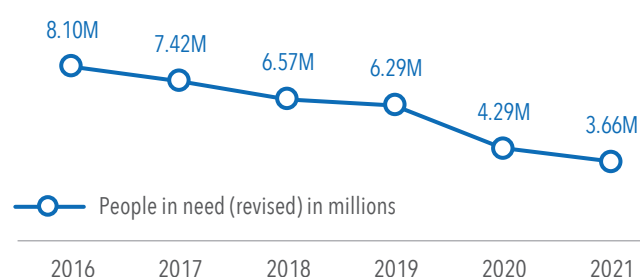
Total returns from Iran: 2019 – 571,000; 2020 – 586,000; 2021 – 601,000.

*** Includes returns from other countries as well, which are generally limited.

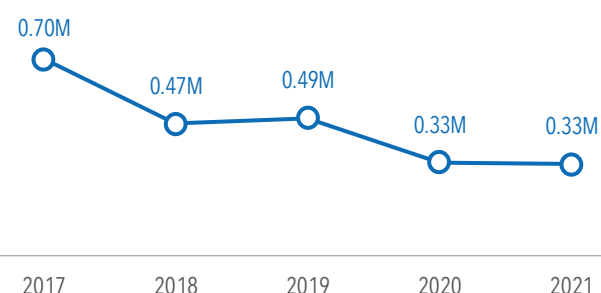
ANNUAL PIN TRENDS &

PROJECTIONS (2016-2021)

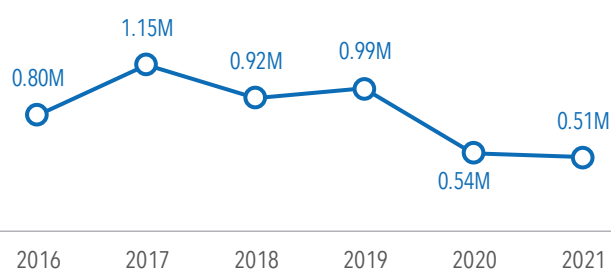
OVERALL



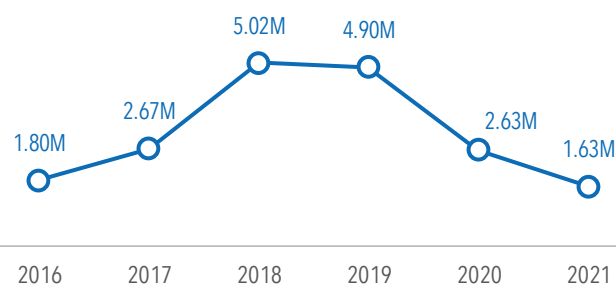
EDUCATION IN EMERGENCIES



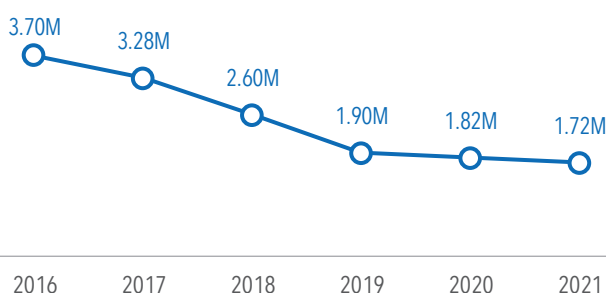
EMERGENCY SHELTER & NFI



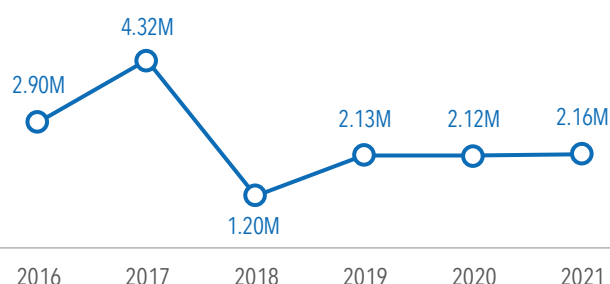
FOOD SECURITY & AGRICULTURE



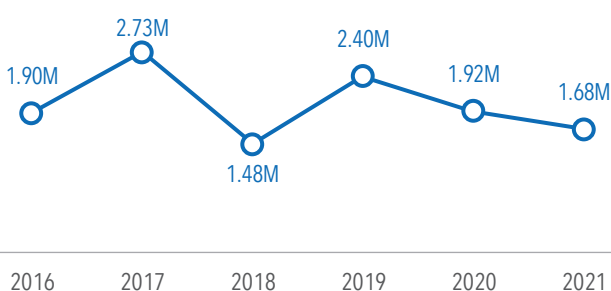
HEALTH



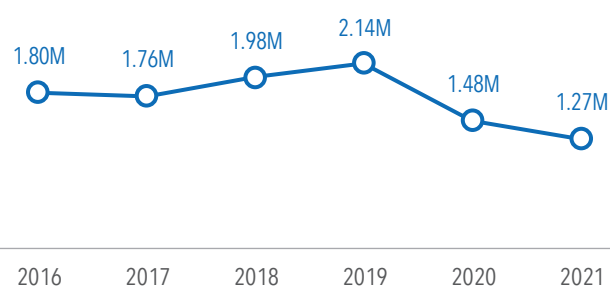
NUTRITION



PROTECTION



WATER, SANITATION & HYGIENE



BREAKDOWN OF

PEOPLE IN NEED








Over the last year, the number of people in need in Afghanistan has significantly increased, rising to 5.5 million in May 2018, following the onset of drought, and peaking at 6.6 million in October based on EFSA findings which showed that rural populations had been impacted more severely than initially estimated. The slight reduction in number of people in need to 6.3 million should not be interpreted as an improvement in the situation, but rather seen in the context of a massive scaling-up of food and livelihoods assistance over the winter planting period, to cover the lean season and support an improved harvest.

While drought-related needs now account for more than half of the overall PiN, some 2.4 million people – the same number as last year – are in need of life-saving assistance due to ongoing violence and forced displacement. In this regard, the rigorous parameters employed to identify the most acutely in need in 2018 have once again been applied.

The only change is that with the presence of an aggravating factor for acute malnutrition, – in this case, the drought – the emergency threshold for GAM of 15 per cent has been lowered to 10 per cent for acutely malnourished children under five and pregnant and lactating women, in line with global practice in such circumstances.

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NUMBER OF PEOPLE IN NEED BY SECTOR

	CONFLICT	POPULATION MOVEMENT		Afghan returnees	Pakistani refugees	NATURAL DISASTERS		ACCESS	BY SEX & AGE	TOTAL
	Conflict-affected	Conflict-displaced	Natural disaster-displaced			Sudden-onset	Slow-onset	Access to basic services	% children, women, men*	Total
 Education in emergencies	0.13M	0.07M	0.13M	0.03M	0.02M	0.03M	-	0.08M	100 0 0%	0.5M
 Emergency shelter and NFI	-	0.40M	0.30M	0.12M	0.05M	0.12M	-	-	60 20 20%	1M
 Food security and agriculture	-	0.35M	0.30M	0.20M	0.04M	0.11M	3.90M	-	59 20 21%	4.9M
 Health	0.25M	0.10M	0.09M	0.08M	0.03M	0.01M	0.17M	1.17M	59 20 21%	1.9M
 Nutrition	-	0.09M	0.05M	0.05M	0.02M	0.03M	-	1.89M	80 20 0%	2.1M
 Protection	1.39M	0.25M	0.12M	0.22M	0.05M	0.02M	0.34M	-	61 19 20%	2.1M
 Water, sanitation and hygiene	-	0.40M	0.20M	0.16M	0.05M	0.14M	0.37M	0.83M	59 20 21%	2.1M

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









GEOGRAPHIC

DISTRIBUTION OF NEED

With insecurity spreading far and wide and the drought severely affecting two-thirds of the country, humanitarian needs are now present in every province. Nevertheless, the highest severity needs are seen in areas experiencing ongoing violence, high-levels of population movement and constrained access to basic services, as well as destroyed livelihoods due to drought.

Provinces in the northern, southern and western regions of the country are experiencing similar high levels of humanitarian need, although the western region accounts for almost a third (1.8 million), of which 1.4 million are drought-

affected. Overall, the eastern, northern, north eastern, southern and western regions are home to the majority of people in need (5.1 million people).

PEOPLE IN NEED	CONFLICT	POPULATION MOVEMENT				NATURAL DISASTERS		ACCESS	BY SEX & AGE	TOTAL
	Conflict-affected	Conflict-displaced	Natural disaster-displaced	Afghan returnees ²	Pakistani refugees	Sudden-onset	Slow-onset	Access to basic services	% children, women, men ¹	Total ²
 CAPITAL	0.15M	0.02M	-	0.05M	-	0.01M	0.004M	0.24M	68 19 14%	0.4M
 CENTRAL HIGHLAND	0.01M	0.002M	-	0.003M	-	0.002M	0.40M	0.13M	59 21 21%	0.4M
 EASTERN	0.32M	0.07M	-	0.05M	-	0.01M	0.39M	0.27M	64 19 17%	0.5M
 NORTH EASTERN	0.13M	0.09M	-	0.05M	-	0.03M	0.64M	0.41M	59 20 21%	0.9M
 NORTHERN	0.12M	0.06M	-	0.02M	-	0.04M	0.61M	0.28M	56 22 22%	0.7M
 SOUTH EASTERN	0.12M	0.03M	-	0.01M	0.05M	0.01M	-	0.42M	76 16 8%	0.5M
 SOUTHERN	0.33M	0.06M	0.002M	0.08M	-	0.02M	0.51M	0.59M	60 20 20%	0.9M
 WESTERN	0.21M	0.06M	0.30M	0.08M	-	0.02M	1.36M	0.30M	58 21 21%	1.8M
	1.39M	0.40M	0.30M	0.22M	0.05M	0.14M	3.91M	2.64M	61 20 20%	6.3M

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.

SEVERITY OF

NEED

With the drought afflicting two-thirds of the country and conflict leaving few parts untouched, the current crisis has affected the entire population in some way. Nevertheless, certain population groups and geographic locations have been more acutely affected than others. The most severe needs are concentrated in drought-affected provinces, as well as those subjected to prolonged fighting and hosting large numbers of IDPs and returnees – often the same places. For the most part, these areas are simultaneously grappling with development challenges which have been exacerbated in the current context, and contribute to higher intensity need.

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In 2019, the inter-sector severity scale (ISSS) has been revised to capture humanitarian needs across four thematic areas: armed conflict/protection of civilians; population movement/forced displacement; slow and sudden onset natural disasters; and access to basic services. Severity scores assigned to provinces in 2019 can therefore not be directly compared to those given in 2018 as different indicators and weightings have been applied to determine rankings (see Methodology section on pp. 51-52 for further details). In this regard, the fact that no thematic area or province has a severity score of level five (critical) in 2019, compared to four in 2018, should not lead to the assumption that the needs this year are any less severe. Rather, it reflects efforts to re-base the scale to allow for any further deterioration to be captured. In total, 1.7 million people are estimated to be living in areas where combined needs have reached severe levels both across and within different thematic areas (Faryab, Hilmand, Hirat, Kandahar, Nangarhar and Zabul provinces). These people require a complementary and multi-sectoral response to guarantee their basic survival and protection.

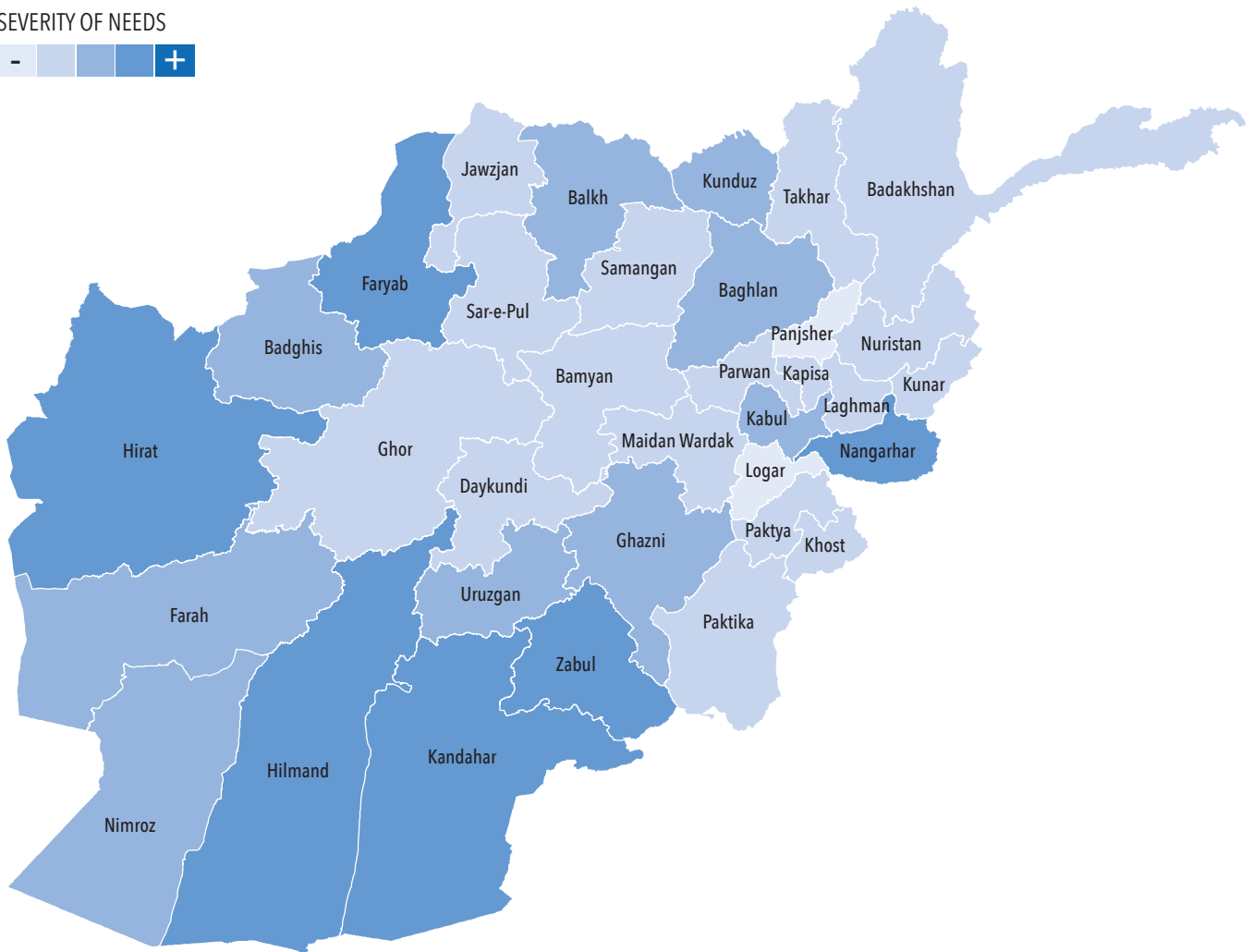
It must be understood, however, that the remaining 4.9 million people living in areas where the overall severity of

need is considered major, moderate or minor, may still have severe sector-specific needs within a given thematic area which themselves demand a humanitarian response. Indeed, while Daykundi province has a severity ranking of three under the slow- and sudden-onset natural disaster thematic area due to it being one of the worst drought-affected provinces (with a significant proportion of its population living in IPC 4 conditions), its overall severity ranking is only a two as it has not been as acutely affected by population movement or conflict. At the same time, Nangarhar province retains a high severity score primarily due to the large number of civilian casualties sustained there in 2018, and its status as an overburdened community which continues to constrain access to services for all segments of society.

Throughout 2019, the inter-sector severity categorisation will be regularly monitored by the humanitarian community to identify any changes in need and corresponding geographic shifts that may occur, to ensure awareness among humanitarian partners of where multiple severe needs exist and are converging, and where a strengthening of inter-sectoral or integrated programming is required.

SEVERITY OF NEEDS

SEVERITY OF NEEDS



27

PEOPLE IN NEED - SEVERITY SCALES

SEVERITY	OVERALL		CONFLICT		POP. MOVEMENT		NATURAL DISASTER		ACCESS TO SERVICES	
	PIN	%	PIN	%	PIN	%	PIN	%	PIN	%
5	-	0%	-	0%	-	0%	-	0%	-	0%
4	1.72M	27%	0.47M	34%	0.32M	33%	1.28M	32%	0.18M	7%
3	2.01M	32%	0.45M	32%	0.44M	46%	1.83M	45%	1.55M	59%
2	2.66M	42%	0.35M	25%	0.30M	31%	0.00M	0%	0.60M	23%
1	0.02M	0%	0.12M	9%	0.03M	3%	0.58M	14%	0.03M	1%
Total	6.29M		1.39M		0.97M		4.04M		2.64M	



Photo: Jim Huylebroek

PART TWO: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR/CLUSTER

-  Key Advocacy Messages
-  Education in Emergencies
-  Emergency Shelter and Non-Food Items
-  Food Security and Agriculture
-  Health
-  Nutrition
-  Protection
-  Water, Sanitation and Hygiene

INFORMATION SOURCES AND ASSESSMENT METHODOLOGY

KEY ADVOCACY MESSAGES

EDUCATION IN EMERGENCIES (EIE)

- Nearly half of all school-aged children in Afghanistan are out of school (3.7 million children) and 60 per cent of them are girls.
- Education can be both life-saving and life-sustaining by providing physical, psychosocial and cognitive protection to children, while restoring a sense of normalcy and structure in lives upended by crisis.
- Post-crisis, education is the number one priority identified by children and their families and holds the key to providing the skills and knowledge that allow communities to rebuild peaceful societies.

EMERGENCY SHELTER & NFI (ES/NFI)

- The majority of families residing in hard-to-reach, conflict-affected districts of Afghanistan live in partially-damaged shelters and lack access to the construction materials they need to repair them.
- As many as 141,000 drought-displaced people require emergency shelter and have been living in temporary, self-erected shelters, exposing them to protection and health risks. The percentage of acute respiratory infections has increased in children under five in these displacement sites. Access to land and additional funding are key needs in term of finding more durable shelter solutions.
- The Government and development actors should consider increasing support for livelihoods programming to enable all families to meet their own shelter needs and reduce their vulnerabilities.

FOOD SECURITY & AGRICULTURE (FSAC)

- Food insecurity in Afghanistan is on the rise. Almost 15.9 million people (nearly 45 per cent of the population) are food insecure at the national level.¹⁰¹ The FSAC estimates 4.9 million people are in need of urgent food and livelihoods assistance in 2019 alone, mainly due to the current drought. Given this, there is a greater need to integrate humanitarian assistance with timely investment in rural livelihoods and resilience at community and household level to avoid hunger and malnutrition.
- The drought has affected almost a quarter of the population, many of whom need immediate life-saving assistance to avoid hunger, malnutrition, asset depletion

and migration. The most serious impacts are being felt by people engaged in livestock and agricultural labour in rural areas. Negative coping mechanisms, particularly heavy borrowing and resulting high levels of debt, are likely to have significant humanitarian implications for drought-affected people.

- Conflict and cross-border movement continue to affect access to food and livelihoods for Afghan communities. Affected IDPs need immediate life-saving assistance with additional support required at places of origin to revive basic living.

HEALTH

- The demand for trauma care has increased as a result of continued conflict, particularly mass casualty incidents, with a 24 per cent jump in the number of trauma-related consultations in 2018. Many victims of war have been left with life-changing permanent disabilities such that improved rehabilitation must be part of comprehensive trauma care.
- Increasingly direct and violent attacks on health facilities and healthcare workers have left an estimated 3.5 million people with reduced access to life-saving health services.
- Population displacement from conflict and drought has increased the number of disease outbreaks within affected communities including viral hepatitis, bloody diarrhoea, measles and Crimean Congo Haemorrhagic Fever (CCHF), necessitating a scale-up of disease surveillance and response.

NUTRITION

- In Afghanistan, two million acutely malnourished children under the age of five years need timely treatment to keep them alive. Almost half a million pregnant and lactating women are also affected by acute malnutrition.
- Twenty-two out of 34 provinces are currently above the emergency threshold for acute malnutrition, driven by factors including conflict, drought, poor health systems and chronic poverty.
- Children who survive prolonged under-nutrition may suffer life-long health consequences with recurring illness and faltering growth, resulting in irreversible damage to their development and cognitive abilities.

PROTECTION

- Gross violations of IHL and IHRL continue to have a huge impact on civilians, causing high-levels of casualties, psychological trauma, displacement, and urgent humanitarian needs.
- Gender-based violence (GBV) and social inequalities hinder women and girls' access to basic health, psychosocial and legal services, exposing them to protection risks.
- Children are among the main victims of ERW, with almost 90 per cent of ERW-related civilian casualties being children during the first 10 months of 2018.

WATER, SANITATION & HYGIENE (WASH)

- Almost two-thirds of Afghans do not have access to improved sanitation and more than one third are still using unimproved water sources, posing extreme health risks to an already vulnerable community.
- Conflict is affecting the capacity of communities to repair and maintain WASH infrastructure in hard-to-reach areas.
- WASH and related health needs have been exacerbated by the drought which has forced people to cut down their water use and, in extreme cases, has induced people to flee in search of water and other basic needs. More than a third of water-sources have been impacted in the provinces most affected by the drought.

EDUCATION IN EMERGENCIES



OVERVIEW

Out of the reported 3.7 million out-of-school-children in Afghanistan,¹⁰² 60 per cent are girls, and in some provinces as many as 85 per cent of girls are out-of-school. There are multiple reasons for this situation, including poverty, damaged and inadequate supply of classrooms, a shortage of teachers (especially female teachers), insufficient relevant learning and teaching resources, lack of inclusive facilities at schools, cultural norms which de-prioritise education for girls, and long travel distances to schools for many children. Continuity of education is another significant problem, with many girls and boys unable to progress from one stage of study to the next, largely due to capacity limitations in the nearest formal schools to the location where they are receiving community based education or education in emergencies. Conflict is consistently depriving Afghan children of an education in situations where their schools are occupied or damaged in fighting, when parents withdraw their children due to insecurity, or because of overcrowding due to displacement/returnee influxes.

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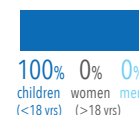
The EiE working group (EiEWG) has calculated that almost 500,000 children are in acute need of education in emergencies support including those who are conflict-affected but not displaced, conflict and drought IDPs, undocumented returnees and refugee returnees from Pakistan and Iran. While it is difficult to provide a precise breakdown due to population movements, it is understood that around 80 per cent of these children in acute education need are displaced and 20 per cent are either drought-affected children in their places of origin or in vulnerable host communities.

Over 1,000 schools have been forcibly closed due to insecurity so far in 2018, affecting at one time more than 545,000 children. Faryab (11 per cent), Uruzgan (11 per cent) and Nangarhar (nine per cent) are the top three provinces with the highest percentage of households reporting closed/damaged school.¹⁰³ In other locations, where there is a high concentration of IDPs or returnees, schools have been left overloaded and unable to cope with the influx of children received. Many returnee children are unable to enrol in schools due to insufficient or inappropriate documentation, while others are forced to enter in the wrong grade or be taught via an entirely unfamiliar curriculum. The upshot is that a whole generation of children is at risk of missing out on essential education in their most formative years. Based on the ISSS results, Faryab, Hirat, Nangarhar, Badghis, Baghlan, Balkh, Hilmand, Kabul, Kandahar, Kunduz, Takahar and Uruzgan provinces have the highest need for EiE support.

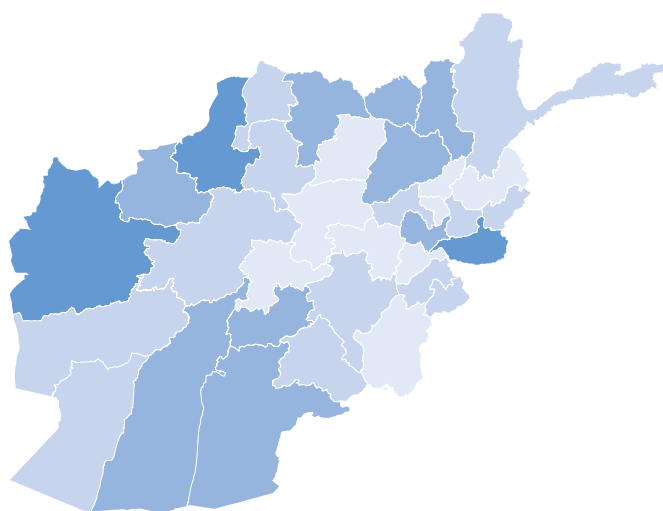
PEOPLE IN NEED 2019

0.5M

BY SEX & AGE



SEVERITY MAP



AFFECTED POPULATION

The number of children in need of basic education remains significant due to ongoing conflict, high-levels of population movement and, in recent months, drought-induced displacement. At the same time, newly available assessment data has indicated that there are a number of hard-to-reach areas where there are considerable basic education needs which remain unmet. The problem of girls' education is particularly pronounced in the southern and eastern provinces of the country,¹⁰⁴ with displaced and returnee girls disproportionately affected due to missing documentation.¹⁰⁵ In host locations, population movement poses a risk that investments and progress in the education sector may be lost, while at the same time creating a possible source of communal tension.

Loss of livelihoods has led families to use negative coping mechanisms, such as removing children from school or marrying them off early, in the case of girls, in order to bring in extra income, even if meagre, depriving them of essential learning and exposing them to additional protection risks. For example, in the past 12 months, five per cent of households that struggled to pay for food or non-basic items also withdrew children from school in order to bring in extra income. Similarly, four per cent of households with the same struggles sent children under the age of 12 to beg, and two per cent married-off their daughters under the age of 15.¹⁰⁶

ANALYSIS OF HUMANITARIAN NEEDS

Based on the recent WoA Assessment, six per cent of school-aged children were removed from education facilities in the previous 12 months due to active/anticipated conflict, fear of recruitment or natural disasters.¹⁰⁷ Children who remain in their place of origin also require education support to ensure their learning is not interrupted and to provide new access in areas where it has not been provided before.

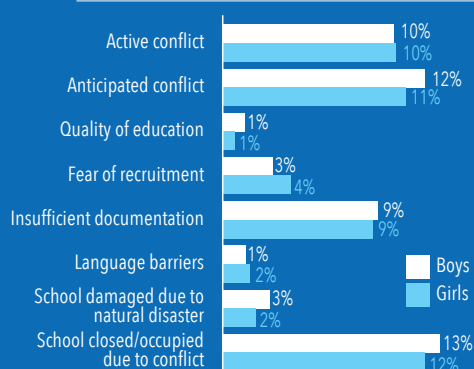
Across the country, formal government schools are overcrowded - despite school authorities operating multiple shifts - negatively impacting on the time and quality of teaching and learning, as well as community integration and cohesion. As documented by previous EiEWG assessments, enrolment rates of IDP children are significantly lower in the eastern, western and southern regions of Afghanistan compared to children from host populations.¹⁰⁸

Education is also the necessary entry point for delivering some inter-sectoral activities and activities in protective learning spaces, including: links to child protection in situations where children are traumatised; WASH where there is a need to provide access to safe water and sanitation to children; and nutrition support/awareness messages where the nutritional status of children may affect their ability to learn and attend class.

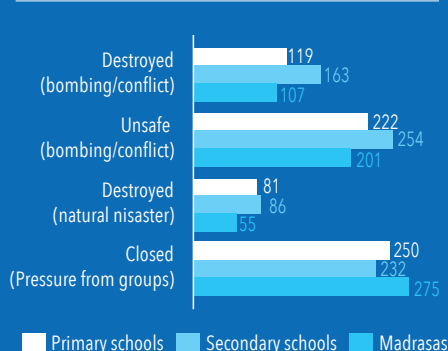
PIN PROJECTIONS FOR 2020 & 2021

According to the EiEWG, more than 300,000 children will need urgent education in emergencies support in 2020 and 2021. This represents about 60 per cent of the 2019 PiN estimate, which is 500,000. The EiEWG has based calculations on both current and projected conflict-displacement trends, where a decrease has been noted in 2018, even though the number of children out-of-school continues to remain high in crisis-affected areas. This projection also anticipates that some of the drought-affected IDP children will not be in need of emergency support beyond 2019 – assuming that the impact of drought recedes in rural areas and these communities are able to return home – and that the number of returnee families from Pakistan will remain relatively low. The PiN figure will have to be re-calculated based on the environment in 2020 and 2021 respectively.

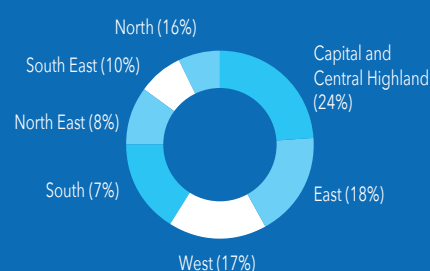
REASONS FOR REMOVAL OF CHILDREN FROM SCHOOL



REASON FOR CLOSURE OF EDUCATION FACILITIES



% HH WITHDRAWING CHILDREN FROM SCHOOL FOR ECONOMIC REASONS



EMERGENCY SHELTER AND NFI



OVERVIEW

In all recent assessments, the need for shelter has been highlighted as a top priority by IDPs, returnees, refugees and host communities in the western, eastern, northern and southern regions.¹⁰⁹ In the western region, shelter needs are particularly high among those displaced by drought as most people (58 per cent children) live in poor, makeshift shelter or in the open air.¹¹⁰ Of the 250,000 verified drought IDPs in Badghis and Hirat, approximately 141,000 people have been living under very poor shelter conditions that do not provide protection from the elements. While these families will soon be provided with emergency shelter, there is still a need for medium-term support to improve the shelter conditions for those who might remain there for a prolonged period due to an inability or unwillingness to return to their areas of origin, given insecurity or lack of livelihoods. In light of the harsh weather conditions, including strong winds in Hirat, the life-span of emergency shelters (tents) is only six to 12 months. More generally across the country, the WoA Assessment found that 39 per cent of IDPs and returnees live in makeshift shelter conditions that do not provide sufficient protection, privacy or dignity. This includes 57 per cent of people in the east, followed by 42 per cent in the south.¹¹¹

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AFFECTED POPULATION

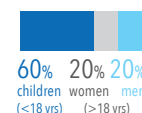
Almost a million people are in need of emergency shelter (731,000) and household items (912,000) across Afghanistan's 34 provinces. While the need for basic household items, including kitchen sets, clothing and heating for the winter, is prevalent across all provinces, the highest need for shelter is in the western, eastern, northern and southern regions.

In the western region, the shelter conditions of drought-displaced people are extremely poor. About 15 per cent of this group report living in the open air, while 51 per cent are in makeshift shelters.¹¹² Over half (53 per cent) do not feel secure in their current shelters. Among drought-induced IDPs, a higher proportion of men live in permanent shelters compared to women, exposing females to various types of protection risk and compromising their safety and dignity. As many as 141,000 drought-affected people (over 21,000 families) have been living in makeshift shelters, mainly in Ijil district of Hirat Province and in Ab Kamari, Muqur and Qala-e-Naw districts of Badghis province. Displacement sites expose people to health and protection risks. With winter underway, the need for appropriate shelters cannot be over-emphasised, particularly in Badghis which has a night-time average temperature of minus 1.6 degrees celsius during winter months (October–March). The drought-displaced population consists of 58 per cent children (below the age of 18), 22 per cent women and 20 per cent men including older people, people with disabilities and the chronically

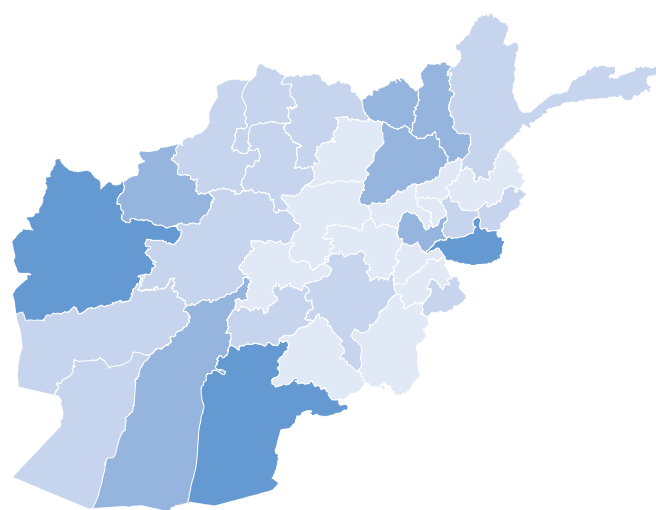
PEOPLE IN NEED 2019

1 M

BY SEX & AGE



SEVERITY MAP



ill.¹¹³ The majority of the families are settled on private land without permission, risking possible eviction and challenges to provide medium-term local shelter solutions. In September 2018, over 1,000 displaced families (7,000 people) were evicted from government land near the Hirat airport and a military training base. Property, including tents, was demolished and some injuries were reported during the eviction process.¹¹⁴ Drought and conflict IDPs in Ghor are living mainly in hosting/housing arrangements with either relatives or rented accommodation. However, families live in overcrowded conditions and fear eviction due to their limited financial capacity to continue rental payments, due to loss of livelihoods/income.

While displacement due to drought has increased the need for shelter and NFIs, other natural disasters such as avalanches and floods are also a seasonal risk. In 2018, these other disasters destroyed homes and properties, affecting approximately 69,500 people in the west, north and south eastern regions. Particularly in the northern and eastern regions, IOM-Humanitarian Assistance Programme assessments indicate that almost 40,000 people still need assistance to repair their damaged shelters, while in Muqur district of Badghis province, flash floods damaged almost 80 per cent of homes and water sources and more than 14,000 people require support for repairs.¹¹⁵ Neither the cluster nor the government have been able to assist these families

to repair their shelters, while those whose houses were completely destroyed continue to live in tents or with relatives due to lack of financial capacity to rebuild their shelters.

According to round one of the REACH-led needs assessment in 45 hard-to-reach, conflict-affected districts,¹¹⁶ most families are living in partially damaged, inadequate shelter conditions. Moreover, ongoing conflict continues to destroy homes and property. In Ghazni, an NSAG-led assault on the city damaged or destroyed many homes, with as many as 1,300 families still in need of shelter repairs almost four months later. While the number of returns from Pakistan in 2018 was limited compared to previous years, many of those who were able to go back to their places of origin are living in informal settlements, while others are in makeshift shelters or rental accommodation.¹¹⁷ Most returnees in the east are living in overcrowded rented accommodation due to high rental costs, coupled with a lack of livelihood opportunities. Overcrowded conditions do not allow separate spaces for women and girls, exposing them to protection risks.

ANALYSIS OF HUMANITARIAN NEEDS

Of the almost one million people identified as being in need of shelter and household items, more than 739,000 people need winterisation assistance.¹¹⁸ Nearly 346,000 people require support to upgrade shelters, especially those living in partially-damaged homes.¹¹⁹ A total of almost 346,000 people are in need of transitional shelter support until a durable solution is found. Their needs range from shelter construction to longer-term cash-for-rent support. Among the worst affected provinces, are Nuristan, Kapisa, Khost and Paktika. Poor shelter conditions generate other sectoral needs such WASH support to reduce open defecation, and health assistance to tackle higher rates of diarrhoea in children under five at such sites.

In terms of protection needs, most makeshift shelters do not have separate spaces for females. The lack of space for women is highest in the east (94 per cent of 23,544 people assessed), limiting dignity and privacy for women.¹²⁰ The average monthly income (7,282 AFN) for those in makeshift shelters is well below the national average (11,857 AFN).¹²¹ The situation is better in the south where 67 per cent of 27,671 people assessed had separate spaces for women in their shelters, reflecting stronger traditional norms compared to other areas.¹²²

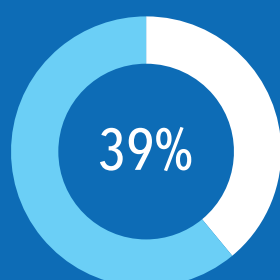
According to the WoA Assessment, the need for shelter was one of the top overall priorities identified (32 per cent of people). The only other need which was reported more often was cash assistance at 34 per cent. In the WoA Assessment, the shelter conditions experienced by refugees are the worst in comparison to other groups. Only 7 per cent of refugees live in permanent shelter compared to 15 per cent for newly internally displaced people, 30 per cent of returnees and 46 per cent of people in host communities.

PIN PROJECTIONS FOR 2020 & 2021

The PiN figure for 2020 is estimated at 590,000 and 560,000 for 2021, or approximately 60 per cent and 55 per cent respectively of the 2019 PiN figure, excluding drought displacement. This takes into consideration a projected decline in internal displacement – given the current character of the conflict – fewer returns from Pakistan, and recent trends in the impact of sudden-onset natural disasters.

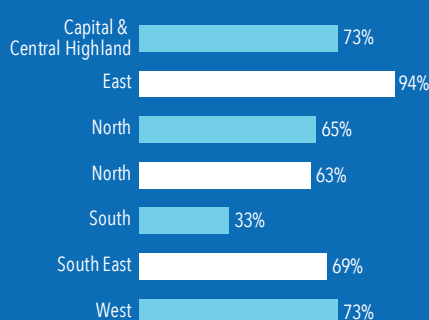
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HOUSING CONDITIONS

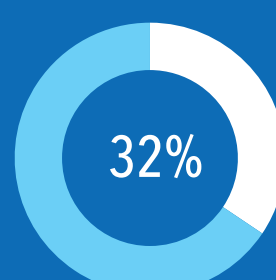


of IDPs and returnees are living in makeshift shelter

SHELTER NEED: SPACES FOR WOMEN



PRIORITY NEEDS



of IDPs and returnees prioritise shelter as their primary need

FOOD SECURITY AND AGRICULTURE



OVERVIEW

In Afghanistan, food insecurity is on the rise because of various humanitarian and underlying structural development causes. The recent EFSA verified the results of the Afghan Living Conditions Survey (ALCS), in which food insecurity and poverty were rated as extremely high. Internal displacement due to conflict and natural disasters, as well as high levels of population movement in general, have put an extra strain on the food security situation. The most recent IPC review in 2018 projected that 13.5 million people would be in either Crisis or Emergency (IPC phases 3 and 4) from November 2018-February 2019.¹²³ Of these, an estimated 3.6 million are projected to be in IPC phase 4.

According to the recent EFSA findings, 70 per cent of rural Afghan households reported experiencing a shock in 2018. Households reported their primary shocks as: reduced income (23 per cent), drought (23 per cent), loss of employment (13 per cent), and unusually high food prices (12 per cent).¹²⁴ Although, food and agriculture-based livelihoods needs are widespread across the country, provinces like Badghis, Badakhshan, Daykundi, Farah, Faryab, Ghor, Hirat, Hilmand, Jawzjan, Kandahar, Nimroz, Nuristan, Uruzgan and Zabul are of major concern, mainly due to the drought which has been one of the main drivers of food insecurity in 2018.¹²⁵ The average food consumption score (FCS) is significantly lower among households in the drought-affected provinces, while severely food insecure households are significantly more likely to engage in negative coping behaviours such as selling productive assets, migrating for work, or reducing expenditure on health or agricultural inputs.¹²⁶ Nearly 70 per cent of farming households report that they have no seeds for the next agricultural season.

Within the parameters of the EFSA, the FSAC conducted interviews in 379 markets in 34 provinces - a minimum of one market in each district. Almost all markets are functional and have enough supplies to meet local demand. Traders reported that markets are affected when supply routes become inaccessible because of insecurity or snowfall in high altitude areas, but usually only for a short time. More than half (53 per cent) of traders reported that prices for food commodities have increased compared to 2017, mainly because of currency fluctuation and lower domestic production.

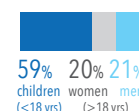
AFFECTED POPULATION

While the underlying causes of food insecurity remain similar to 2017, severe drought has affected almost a quarter (22.5 per cent) of the population. The largest group of those most affected still reside in rural communities – approximately 3.5 million people. They have experienced a severe impact on food and livelihoods sources, although more than a quarter

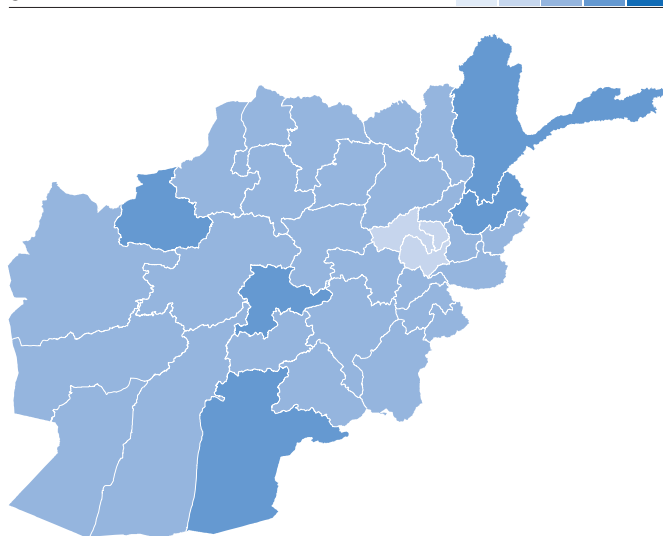
PEOPLE IN NEED 2019

4.9M

BY SEX & AGE



SEVERITY MAP



of million have already left their homes for urban centres as a result of the loss or distress selling of their most productive assets. These drought-affected IDPs need immediate food assistance while they stay in informal settlements with little or no capacity to grow their own food. At the same time, sudden-onset natural disasters, such as small-scale localised floods and avalanches continue to affect more than 100,000 people in Afghanistan every year, often requiring emergency food and agriculture assistance in response.

Conflict continues to be the second largest driver of food-related humanitarian needs in Afghanistan. FSAC projects 350,000 displaced people will be in need of immediate life-saving food, based on the WoA Assessment results (70 per cent of the total number of people expected to be displaced). Cross-border movements are the third largest affected group of people, needing assistance both at the border and in areas of return. Eighty per cent of documented and undocumented returnees are in need of assistance according to the eastern region EFSA and FSAC trend data. Pakistani refugees will also continue to need and receive assistance in Khost and Paktika provinces.

ANALYSIS OF HUMANITARIAN NEEDS

Humanitarian food and agriculture needs are on the rise in Afghanistan. In 2019, FSAC estimates that a total of 4.5

million people are in need of urgent food and livelihoods assistance – mainly due to the drought which has severely impacted 3.9 million people – but also because of continued conflict and forced displacement. The drought has significantly affected crop production, fodder, local pastures and the income of agricultural labourers. The Agriculture Prospect Report of MAIL indicates a six per cent reduction in production from irrigated land and a 71 per cent reduction in production from rain-fed land. This report confirmed that the western region is the worst affected, with 82 per cent of rural households being food insecure and more than a quarter of a million people having already left their homes after depleting their assets. According to the Drought Impact Needs Assessment (DINA), the food consumption score for 82 per cent of drought-displaced people is 'poor', 'borderline' for 13 per cent, and 'acceptable' for five per cent. The drought-affected communities need urgent food assistance to survive the annual hunger period from January to April 2019 when needs will peak. In Afghanistan, the winter wet season is critical for successful agriculture and food production throughout the year.

Based on the trend analysis, it is estimated that as many as 500,000 people could become newly displaced due to conflict in 2019. Conflict-induced IDPs show a high level of humanitarian need. According to WoA Assessment data, 86 per cent of conflict-induced IDPs have either poor (67 per cent) or border line (19 per cent) food consumption. As per the convergence of data from different indicators and assessments, 70 per cent of those who are internally displaced are projected to be in critical need of food support. Around 200,000 people arriving in Afghanistan from neighbouring countries are projected to need immediate life-saving food assistance. Overall, the number of conflict IDPs and returnees in need of humanitarian assistance is decreasing, mainly due to evolving conflict and a drop in returns from Pakistan.

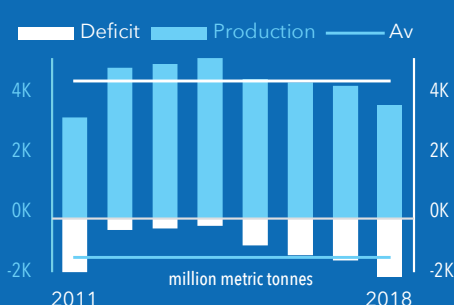
Flash floods, low precipitation, delayed rainfall, crop pests, animal diseases and cross-border movement are adding extra strain to the food security situation in the country. Provinces

such as Badakhshan, Badghis, Balkh, Daykundi, Ghor, Hirat, Jawzjan, Laghman, Nangarhar, Nuristan, Samangan and Sar-e-Pul are the worst affected by flash floods annually. According to the EFSA, local communities highlighted improved drinking water, employment opportunities, rehabilitation of irrigation systems and food and agriculture/livestock support as their priority needs.

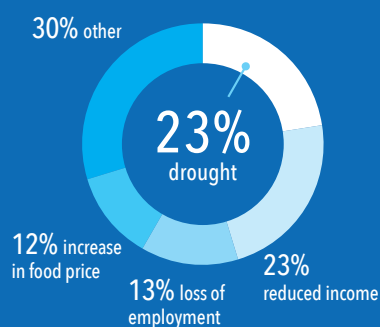
PIN PROJECTIONS FOR 2020 & 2021

The FSAC used agreed ICCT projections for the number of conflict-affected IDPs and returnees, based on trend data and regression analysis. These projections were further refined by looking at assessment data (i.e. the WoA Assessment and the eastern region district level assessment of IDPs and returnees), to devise the number of people in need of food assistance. Indicators on food consumption, food-based coping strategies and dietary diversity, as well as cluster monitoring reports for the last five years were used as evidence for predicting food insecurity. External factors such as weather forecasts and production trends were also used to develop agreed numbers, in consultation with partners working on food security and livelihoods, for people in need for 2019, 2020 and 2021. For natural disasters, especially drought, the EFSA assessment data has been used to calculate people in need for 2019, whereas for 2020 and 2021 the PiN figure has been reduced by 50 per cent and 25 per cent respectively, knowing that a quality response will gradually contribute to a reduction in needs and that better rainfall should yield improved crop results. Another EFSA is planned in 2019, which will help the cluster to further refine the 2020 and 2021 PiN figure as necessary.

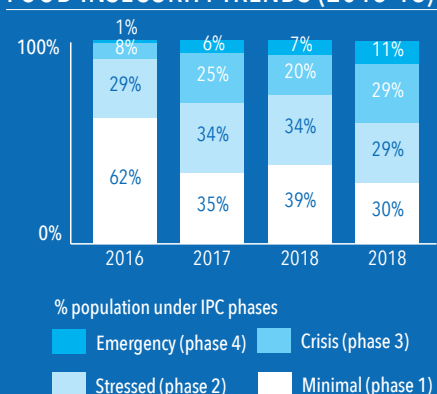
WHEAT PRODUCTION DEFICIT



PRIMARY SHOCKS FOR HH IN 2018



FOOD INSECURITY TRENDS (2015-18)



HEALTH



OVERVIEW

Ongoing conflict and drought are contributing to large-scale population displacement, mass casualty incidents, and outbreaks of communicable diseases, which are causing disruptions to an already overburdened Afghan health system.

The current drought has left millions of people food insecure and at risk of malnutrition and disease. The risk of communicable diseases is very high in displacement sites, as well as in areas of origin, for those affected by drought. Acute watery diarrhoea (AWD) is affecting more than 40 per cent of households in displacement sites.¹²⁷ Measles and CCHF are becoming more prevalent than previously reported.¹²⁸ Existing health services are unable to cope with the increased demand in areas of origin and are now out of essential medicines and supplies.¹²⁹ Forty-two per cent of households report a total lack of antenatal care in drought-affected districts.¹³⁰ In 2018, there were 72 attacks on healthcare facilities or workers demonstrating a clear trend towards more direct and violent incidents. An estimated 3.5 million people have had reduced access to health services because of these incidents.

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Overall, most health needs are clustered in the western region (Bagdhis, Ghor, Hirat), southern region (Kandahar, Hilmand Uruzgan, Zabul), eastern region (Laghman, Nangarhar) and northern region (Kunduz, Takhar). However, some provinces that are hard-to-access (Kunar and Nuristan) also have increased health needs.

AFFECTED POPULATION

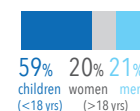
Over the past 15 years, Afghanistan has made significant progress in improving the health status of the population. Nevertheless, across many health areas and in many locations, the system remains unable to adequately address the scale and scope of the needs that are present. Overall, 30 per cent of Afghans lack access to basic health services. Of those, people living in hard-to-reach districts are most likely to be deprived of essential primary health services. Preliminary data from the Afghanistan Demographic Health Survey in 2018 suggests that the maternal mortality rate and under-five mortality rate in hard-to-reach districts could be as much as 30 per cent higher than national averages.¹³¹ Vaccination coverage in hard-to-reach districts is now as low as 32 per cent in some places such as Uruzgan. From a health perspective, the most vulnerable populations in order are in Kandahar, Zabul, Uruzgan, Nangarhar, Kunduz and Takhar.¹³²

Within the humanitarian caseload, there has been a 24 per cent increase in trauma consultations, a figure that is expected to further increase. Among those who recover from major trauma surgery, 74 per cent report permanent disabilities including loss of limbs, loss of vision and neurological deficits.¹³³ More than 200,000 people are expected to need trauma care in 2019. The provinces with the highest burden

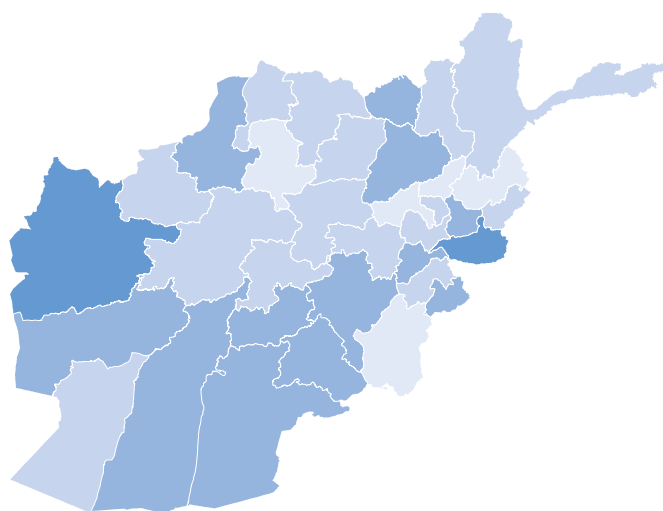
PEOPLE IN NEED 2019

1.9M

BY SEX & AGE



SEVERITY MAP



in decreasing order for conflict-related trauma are Kabul, Kandahar, Hilmand, Farah, Hirat, Nangarhar, Logar, Kunar and Kunduz, representing 40 per cent of the trauma burden.

A total of 256,000 displaced people arriving from Iran and Pakistan are expected to need emergency primary healthcare. People returning from Iran are frequently in poor health, requiring antenatal care, immunisation, mental health support, and sometimes treatment for substance addiction.

Drought-affected people are particularly prone to disease including AWD, respiratory and skin infection due to the lack of available water for hygiene use. Almost half (48 per cent) of drought-displaced households report cases of AWD. More than a third (37 per cent) of women of reproductive age do not have access to any antenatal care in the western region which is the epicentre of the drought. The highest numbers of sick, displaced people in sequential order are in Hirat, Badghis, Kandahar, Hilmand, Nimroz, Nangarhar, Laghman as well as Kunduz and Takhar.

ANALYSIS OF HUMANITARIAN NEEDS

An increasing number of people are affected by the ongoing deterioration in the security situation and by the drought. In the first six months of 2018, armed conflict increasingly affected the lives and well-being of people when compared to 2017. In October 2018, healthcare workers estimated that

41 per cent of trauma cases in their facilities were caused by events related to active conflict. In order of highest severity, civilians living in Kabul, Nangarhar, Faryab, Hilmand, Kandahar were most affected by the conflict in terms of deaths and injuries. The number of conflict-affected people requiring health support is expected to further escalate in 2019. The Health cluster expects up to 15,000 people will need immediate trauma care at the place of conflict in 2019, while another 185,000 injured people are expected to require triage and referral to their nearest health facility. It is expected that the need for prosthetics, rehabilitation, mental health and psychosocial support will increase accordingly. Out of 34 provinces, only 21 have sufficient infrastructure to manage trauma. Secondary and tertiary trauma care services are even more limited. Those who have managed to be assessed by a doctor often have to contend with a lack of medicine. Seventy per cent of health facilities nationwide are out of stock of at least one essential medicine.¹³⁴

Among households displaced by drought in Badghis and Hirat provinces, 42 per cent of people have already sought medical assistance. The top reasons for medical treatment are malnutrition, AWD, maternal issues, respiratory and skin infections. The lack of proper shelter, adequate sanitation, sufficient drinking water and severe food insecurity have led to a very poor health status among the population affected by drought. Recent assessments conducted in Hirat and Badghis show that 46 per cent of the population is reporting AWD and 36 per cent of people need assistance for respiratory diseases. The consultation rate in health facilities has gone up by 136 per cent in Hirat City and by 121 per cent in Qala-e-Naw - both displacement locations. Medical treatment for malnutrition has gone up 175 per cent as reported in the Hirat Paediatric Hospital. As the current drought continues into the first part of 2019, the need for emergency primary care services and disease surveillance is expected to continue or increase at displacement sites and in places of origin.

In 2018, there has been an increasing number of returnees from Iran. This population has more health-related issues than

in previous years, including emergency medical cases (such as gunshot injuries), chronic non-communicable diseases and mental health issues. Current caseloads at the Islam Qala and Milak border points in Nimroz province are expected to increase.

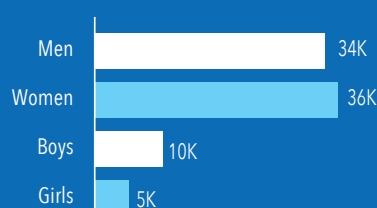
The Health cluster estimates 255,000 conflict-displaced IDPs will need assistance in 2019, along with 50,000 refugees living in Khost and Paktika. Long-term, poor nutrition, lack of preventative healthcare, and limited access to health services have made these groups especially vulnerable to disease. The maternal mortality rate in Hilmand, Nangarhar and Faryab exceeds the already high national average. The lack of availability of emergency obstetric care, in conjunction with lack of qualified female healthcare workers, has compounded the situation. Among conflict-displaced IDPs, the incidence of measles, AWD in under-fives and tuberculosis is 42 per cent, 56 per cent and 41 per cent respectively - all higher than the national average.

The increasing SAM rate is simultaneously increasing the burden of medical treatment in health facilities across the country. The lack of basic services including WASH, shelter and food is affecting the overall health status of the population. In many areas affected by shortages of food, shelter, and WASH, communicable diseases are far higher than national averages and are over-burdening the fragile health system. Chronic under-development in the health system underlines the need to continue the collaboration between humanitarian and development actors.¹³⁵

2020-2021 PIN PROJECTIONS

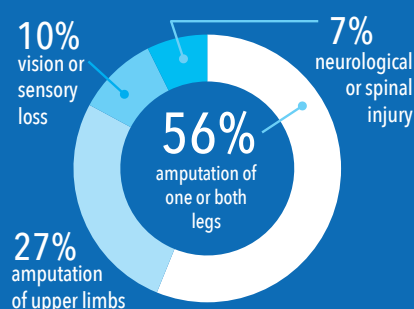
In 2020 and 2021, the number of displaced people requiring emergency healthcare is expected to decrease in line with the projected outlook. Population growth – of an average of 1.1 million people a year – will, however, continue to place an additional strain on the public health system, along with high-levels of mobility, particularly for already over-burdened communities.

TRAUMA CASES IN 2018

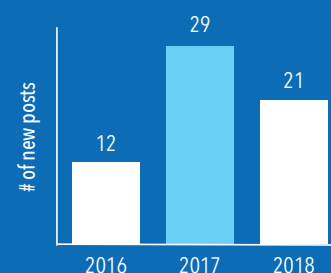


Total trauma cases: 85K

TYPES OF CONFLICT-RELATED INJURY



NEW FIRST AID TREATMENT POSTS



Only 21 out of 34 provinces have infrastructure to manage trauma care

NUTRITION

OVERVIEW

The nutritional situation in Afghanistan continues to be alarming. Ongoing conflict, low access to basic services, and poor quality drinking water have exacerbated the severe underlying vulnerability of communities to acute malnutrition. The findings of the most recent nutrition surveys¹³⁶ across Afghanistan show that 22 out of 34 provinces are currently above the emergency threshold for acute malnutrition based on the WHO classification¹³⁷ of wasting rates for children under the age of five (- GAM ≥ 10 per cent with aggravating factors). The impact of the drought in 2018 is likely to extend through until mid-2019 (the next harvest period), further aggravating the poor nutritional situation in many areas. Annually, an estimated two million children under the age of five and 485,000 pregnant and lactating women (PLW) are affected by SAM and moderate acute malnutrition (MAM), requiring treatment and nutritional support. About 75 per cent of the acutely malnourished children under five are in 22 priority provinces (Badakhshan, Badghis, Bamiyan, Daykundi, Farah, Faryab, Ghazni, Ghor, Hilmand, Jawzjan, Kandahar, Khost, Kunar, Nangarhar, Nuristan, Paktika, Paktya, Parwan, Takhar, Uruzgan, Wardak, Zabul). In these locations, acute malnutrition is considered to be at emergency level.¹³⁸

Admission trends in 2018 show that a significant proportion of children with acute malnutrition will not access services. This is mainly due to a lack of resources and capacity to provide services through decentralised facilities, closer to communities. Only 53 per cent (1193 out of 2261) of BPHS health facilities provide treatment services for acute malnutrition.

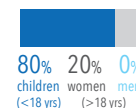
AFFECTED POPULATION

Children under the age of five, as well as PLW are the most vulnerable population groups for acute malnutrition. Among the two million children under the age of five who are estimated to be suffering from acute malnutrition in Afghanistan, 600,000 children (29 per cent) are suffering from SAM, which is the most dangerous form of under-nutrition in children.¹³⁹ The nutritional status of children under five and PLW among IDPs, returnees, and rapid-onset disaster-affected communities deteriorates quickly once problems begin due to the psychological effects of such shocks. Altogether it is estimated that there are almost 301,000 children under five and more than 91,000 PLW in this most vulnerable group. Children suffering from SAM are nine times more likely to die than their healthy peers¹⁴⁰ and those suffering from prolonged under-nutrition who survive may become locked into a cycle of recurring illness and faltering growth, with irreversible damage to their development and cognitive abilities. Women of reproductive age and adolescent

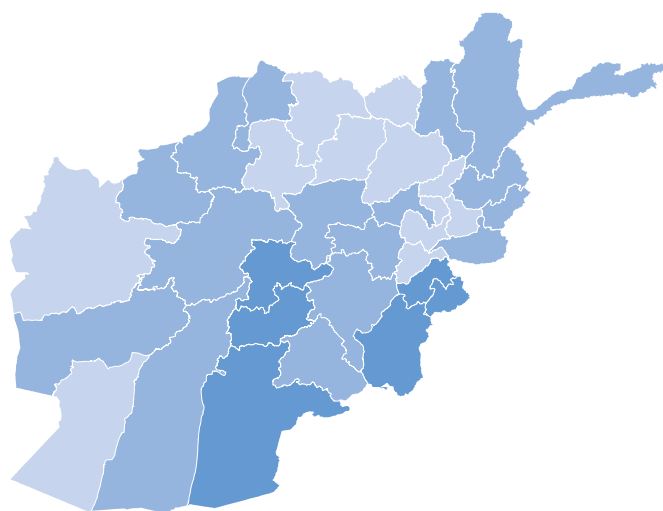
PEOPLE IN NEED 2019

2.1M

BY SEX & AGE



SEVERITY MAP



girls affected by under-nutrition suffer adverse effects on their own health, as well as facing later risks around the birth outcomes for their children, such as low birth weights, causing an inter-generational cycle of under-nutrition.

ANALYSIS OF HUMANITARIAN NEEDS

Conflict has been continuously affecting most parts of the country with 31 out of 34 provinces seeing resulting displacement in 2018.¹⁴¹ Drought has further aggravated this situation in some parts of the country. The main drivers of the worsening nutrition situation are food insecurity, fragile health systems, and poor infant and young child feeding practices. Acute malnutrition rate trend analysis indicates a deteriorating situation with increased humanitarian needs.

An estimated 13.5 million people are projected to be acutely food insecure (IPC Phase 3 & 4) from November 2018 to February 2019.¹⁴² Recent data shows that the overall malnutrition situation has worsened in most provinces assessed in 2018 as compared to the National Nutrition Survey (NNS) in 2013 (increasing from 9.3 per cent to 13.3 per cent in Badakhshan, from 8.7 per cent to 15.3 per cent in Paktika, 11.8 per cent to 14.4 per cent in Kunar, and 9.4 per cent to 11.2 per cent in Zabul provinces based on W/H z-score). Drought-induced food insecurity, the scarcity of potable water and the resulting high child morbidity may have further aggravated the acute malnutrition situation.

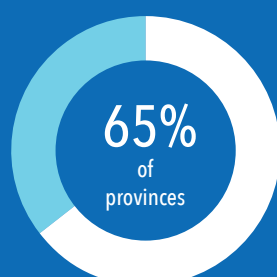
Recent SMART surveys revealed very high levels of acute malnutrition in drought-affected provinces, specifically in order of severity, Kandahar, Badghis, and Jawzjan. GAM rate estimates revealed that overall wasting levels among children under five years of age exceeded the emergency threshold of ≥ 10 per cent with aggravating factors (Badghis 19.7 per cent, Kandahar 22.3 per cent and Jawzjan 27.4 per cent). The rapid nutrition assessment conducted in Hirat province revealed a 24 per cent GAM rate and four per cent SAM rate among the protracted IDP population and 25 per cent GAM rate and nine per cent SAM rate among the new IDP population. As a result of the deterioration in nutritional status across several provinces, the overall estimated number of acutely malnourished children under five is predicted to increase by 28 per cent in 2019 compared to 2018.

low coverage compared to need. Unless it is complemented with other multi-sector preventive programmes, it will not have significant impact on reducing the malnutrition burden. Accordingly, there is also a slight increase in the number of acutely malnourished children and PLW attributed to the annual population growth rate. The total PiN figure in 2020 and 2021 will be around 2.1 million people and will be adjusted depending on the findings of newly-available data.

2020-2021 PIN PROJECTIONS

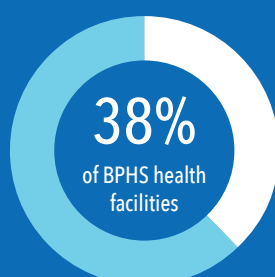
The PiN estimates for 2020 and 2021 were made by assuming the acute malnutrition situation in the course of the next three years will remain more or less the same across all provinces. Although the drought situation is expected to subside, evidence suggests that the basic/underlying causal factors (poverty, food insecurity and poor health infrastructure) of malnutrition are likely to deteriorate or remain unimproved over the coming years. The population living below the national poverty line has increased from 34 per cent in 2007-08 to 55 per cent in 2016-17,¹⁴⁴ while food insecurity also increased from 30 per cent in 2011-12 to 45 per cent in 2017. Both of these are factors which will contribute to continuing high rates of malnutrition in Afghanistan. The Nutrition cluster's programme is mainly treatment-oriented and has

GAM PREVALENCE



above emergency malnutrition threshold

MANAGEMENT OF SAM



do not provide services for management of SAM

ACUTE MALNUTRITION BURDEN



4 out of 10

children under five years require treatment for malnutrition

PROTECTION



OVERVIEW

Protection needs continued to increase throughout 2018 due to intensifying conflict, the drought, restricted humanitarian access and a deterioration of the protection environment in Iran. The ongoing conflict in Afghanistan poses serious risks to the physical safety and psychological well-being of civilians caught up in the conflict, either in areas of origin or displacement. Displaced families escaping conflict-affected villages often describe extremely difficult circumstances as NSAGs block key escape routes forcing families to find alternative, longer ways to safety, or trapping them as human shields and forcibly recruiting them into the fighting.

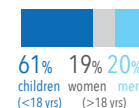
Farah, Faryab, Ghazni, Hilmand, Kandahar, Kunar, Laghman and Nangarhar registered the highest numbers of conflict-related incidents during the first eight months of 2018,¹⁴⁵ while Ghazni, Farah, Faryab, Badghis, Kunduz, Badakhshan, Laghman and Nangarhar are the main provinces of both origin and displacement of conflict-affected communities.¹⁴⁶ Afghanistan remains one of the most heavily explosive-contaminated countries in the world, posing deadly risks to civilians. More than 3,450 minefields, covering 687 square kilometres remain contaminated and continue to affect 1,506 communities, 254 districts, in all but one of the 34 provinces of the Afghanistan. Overall, the most conflict-affected provinces of the country are in the east and south.

The drought is adding to the deteriorating protection environment facing persons of concern, particularly those displaced to the provincial capitals in Hirat and Badghis provinces. Harsh living conditions have contributed to the adoption of negative/dangerous coping mechanisms, giving rise to a whole host of child protection issues and to gender-based violence. These issues especially include child labour and child recruitment affecting boys, the selling of children to pay-off debts and forced child marriage affecting girls, as evidenced in protection monitoring and the child marriage study, where the results showed that 30-40 per cent of women get married before the age of 18 years.¹⁴⁷ Overall, children compose almost 58 per cent of the conflict-affected population.¹⁴⁸ Men are often leaving their family behind either in villages of origin or places of displacement to seek job opportunities in urban areas. Many are also undertaking irregular migration to Iran which is exposing them to potential violence, detention and deportation, as well as causing additional vulnerability to women and children left behind who struggle to access basic services and whose humanitarian needs are often not addressed. Miserable living conditions, drug addiction, and poor psychological health are among the most reported causes of increasing levels of family violence.

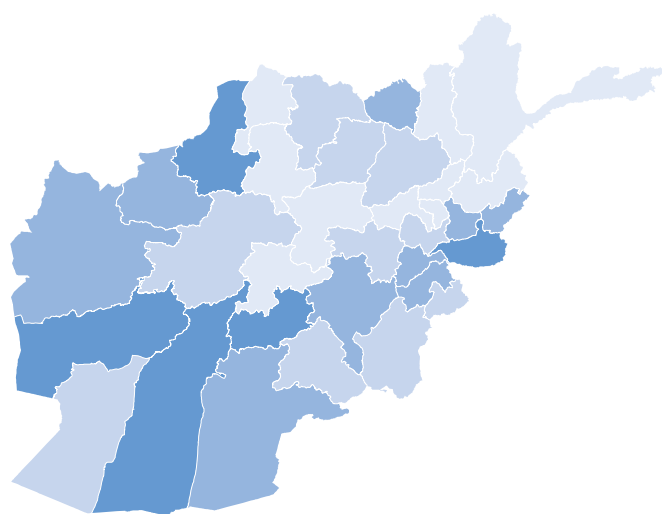
PEOPLE IN NEED 2019

2.4M

BY SEX & AGE



SEVERITY MAP



AFFECTED POPULATION

Conflict is a major driver of displacement across the country and at the same time is equally affecting host and non-displaced communities. The drought is exacerbating protection risks in the western and southern regions. The winter season is likely to have a disproportionate impact on drought-displaced communities as their shelter situation is currently precarious.

As of October, some 1,264 Afghan civilians have been recorded as killed or injured by mines, victim operated improvised explosive devices (VOIEDs) and ERW in 2018. Children comprised more than half of civilian casualties from VOIEDs and nearly 90 per cent from ERW.¹⁴⁹ The 2018 casualty rate from these devices is currently three times higher than in 2012. The presence of explosive hazards, including VOIEDs during more recent armed clashes, is a priority concern for humanitarians in Afghanistan and significantly affects the physical and psychological well-being of civilians, before, during and after displacement, and upon return to their places of origin. Explosive device contamination is particularly prevalent in the southern and eastern regions.

The vulnerability of women and girls to GBV is heightened in the Afghan humanitarian crisis, where violence and discrimination directly related to emergency situations add to

pre-existing, persistent gender and social inequalities, as well as discrimination-related to socio-cultural practices. Women and girls face additional access barriers and protection risks, particularly where families are dependent on humanitarian assistance for survival and where living conditions are not conducive to their being treated with dignity or respect for their rights. The provinces where GBV is most reported are Hilmand, Nangarhar, Uruzgan and Zabul, followed by the western region as a whole.¹⁵⁰ Boys, as well as women and girls, face GBV-related risks, including the harmful social practice - bacha bazi.

Households without Tazkeras are particularly vulnerable after displacement from a socio-economic point of view. They earn less and they rely mostly on income from unskilled, unstable daily labour.¹⁵¹ Displaced households without any member possessing a Tazkera are also more likely to opt for negative coping mechanisms such as allowing children under 16 years of age to engage in child labour.

ANALYSIS OF HUMANITARIAN NEEDS

The protracted crisis context has had a detrimental impact on the already-compromised protection environment for women and girls, further increasing their exposure to violence.¹⁵² Conflict-related violence continues to adversely affect the psychosocial well-being of the population, particularly children and their caregivers. Harmful practices and negative coping mechanisms such as early/forced marriages, child labour and begging, as well as lack of access to basic health, psychosocial and legal services further contribute to an already fragile situation.¹⁵³

Women and girls are deprived of basic rights, including education and land ownership, despite being granted rights under the constitution and sharia law. Twenty-seven per cent of households in provinces with the highest proportion of their population displaced (Hilmand, Uruzgan, Zabul, Khost

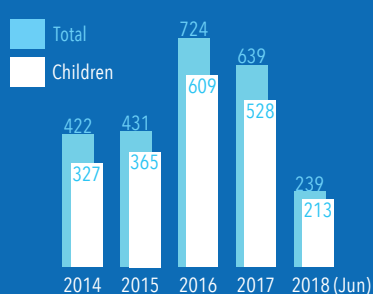
and Paktya), reported GBV incidents in the community in the 30 days prior to assessment.¹⁵⁴ Similarly, 61 per cent of households indicated that women feel less safe when travelling to or at specific locations or can be subject/vulnerable to violence.

A significant increase in humanitarian needs has been reported amongst Afghan returnees from Iran. Many are returning with special needs (single women, elderly people, and other vulnerable individuals). According to IOM and the Child Protection in Emergencies (CPIE) sub-cluster there has also been an increase in the number of unaccompanied minors deported from Iran through the Nimroz and Islam Qala border crossings requiring emergency child protection services, especially psychosocial support, case management and family tracing and reunification.¹⁵⁵

2020 - 2021 PIN PROJECTIONS

The Protection cluster PiN figure for 2020 is estimated at the moment to be almost 1.9 million, while the PiN figure for 2021 is estimated to be almost 1.7 million people. They are 80 per cent and 70 per cent of the overall 2019 PiN respectively, which stands at just over 2.4 million people. The Protection cluster has based its calculations on recent conflict trends, where a decrease in displacement has been noted in 2018, even though the number of civilian casualties continues to remain high. Factors influencing the calculation were also related to the anticipation of some of the drought-related IDPs finding durable solutions in 2019 and the fact that a continuation of the drought is not expected beyond 2019. Although the protection environment in neighbouring countries remains subject to political and regional dynamics, it is expected that returns from Pakistan at least will remain lower than in the past. Naturally, if the aforementioned assumptions do not materialise, the PiN figure will have to be recalculated based on the environment in 2020-2021 respectively.

ERW CASUALTIES



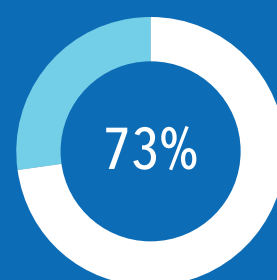
89% of ERW casualties in 2018 were children

ARMED CONFLICT & AIR STRIKES

87%
IDP households reported
armed conflict at their place of origin

65%
reported air-strikes

PSYCHOSOCIAL SUPPORT



73% of HH are aware of children in need of psychosocial support in their community

WATER, SANITATION AND HYGIENE



OVERVIEW

The overall situation of water supply and sanitation in Afghanistan is one of the worst in the world with almost 60 per cent of Afghans not having access to improved sanitation and over 36 per cent still using unimproved water sources.¹⁵⁶ Drought, resulting from low rainfall and snowpack melt in 2017 and 2018, has worsened water availability in 2018, with up to 35 per cent of water sources impacted in the most affected provinces such as Badghis, Faryab, Jawzjan and Nimroz. In the 900 drought-impacted community development councils (CDCs) where assessments were conducted, families in 48 per cent of communities were using less than five litres of water per person per day and in 37 per cent of communities, families were reported to walk more than one kilometre to fetch water.¹⁵⁷ In the 22 provinces most affected by drought, there is a much higher prevalence of under-five diarrhoea, compared to the Demographic Health Survey 2015, which illustrates the negative consequences of poor WASH practices.¹⁵⁸

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Intensifying conflict has also added a huge burden on the limited WASH infrastructure that is available, due to reduced attention to repairs and maintenance. The continued arrival of returnees from Pakistan and Iran is putting added pressure on already limited and dilapidated infrastructure and stretched local resources. Such conditions are forcing some host communities to flee from their homes in search of food and water.

AFFECTED POPULATION

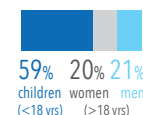
By the end of September 2018, the WASH cluster had assisted 770,000 drought-affected people with life-saving services: 743,000 by water tankering and 27,000 through durable water infrastructures. Amongst these, 263,000 are displaced in two locations, Qala-e-Naw and Hirat where they are likely to need continuous support until mid-2019. In addition, drought-affected communities, where water infrastructure rehabilitation or extensions have just started, will need continued support in 2019 to complete projects covering more than 373,000 people. The return of Afghans from Pakistan and Iran has generated additional caseloads since 2015, although with much reduced numbers in 2018 from Pakistan (a total of 22,000 returnees received WASH assistance so far in 2018).

IOM and UNHCR estimate that over 163,000 undocumented and 60,000 documented refugees will return from Iran and Pakistan in 2019 and a significant percentage of these people will need WASH assistance. Based on past trends, an estimated 150,000 people will be affected by sudden-onset natural disasters (e.g. floods and avalanches) with the potential to damage and destroy assets and livelihoods,

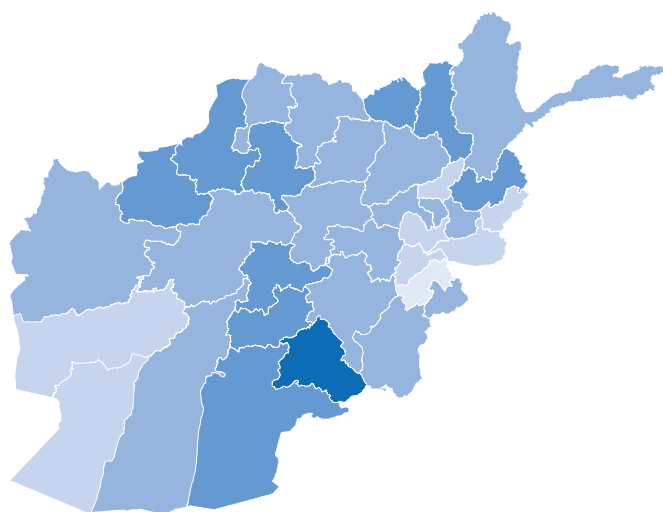
PEOPLE IN NEED 2019

2.1M

BY SEX & AGE



SEVERITY MAP



generating additional needs. Communities living in insecure and remote districts that repeatedly suffer from the impacts of disasters and conflict are often not adequately assisted by humanitarian actors. Those communities hosting considerable numbers of IDPs/returnees will suffer severe shortages of basic services unless additional assistance is provided. Pakistani refugees living in Khost and Paktika are another group that needs continued humanitarian assistance.

ANALYSIS OF HUMANITARIAN NEEDS

More than 2.8 million people were in need of WASH support as a result of the drought in 2018. According to the REACH drought assessment in June 2018, 18 per cent of assessed communities had to change their main water source, as it had dried-up. In some districts in Balkh, Faryab and Nimroz this proportion rose to 40 per cent. Of displaced communities, a total of 47 per cent reported a lack of drinking water in their place of origin being one of the main reasons for displacement.¹⁵⁹ The impact has been most severe in provinces like Badghis, Faryab, Hirat, Jawzjan and Zabul.

Aside from the drought, people impacted by conflict, both those displaced and non-displaced, are also suffering from serious shortages of basic services. According to a hard-to-reach survey carried out in early 2018 in 33 per cent of the assessed service units the population did not have access to

improved water sources. Access to basic services including WASH, health and education is a major problem in several provinces with Badghis, Faryab, Hilmand, Khost, Kunduz, Takhar and Zabul being the neediest locations.

WASH needs are also critical during sudden-onset emergencies (floods, landslides and avalanches) with over 90 per cent of affected people usually requiring assistance.¹⁶⁰ Based on historical data, Badakhshan, Badghis, Balkh, Faryab, Sar-e-Pul and Takhar are the provinces with the most significant populations at risk from flooding and landslides. Populations affected by sudden-onset emergencies usually have multi-sectoral needs with shelter, WASH, health and food being the top priorities.

Based on WASH cluster data, the families of both documented and undocumented returnees, especially those coming from Pakistan, face a higher risk of poor access to improved WASH services, with more than 60 per cent of returnees living in informal settlements with limited or no services.¹⁶¹ Kabul, Kandahar and Nangarhar are the provinces with the highest WASH needs for returnees. Sixty-five per cent of the Pakistani refugees living in the south-eastern region continuously suffer from a lack of improved latrine services and are at the highest risk of disease outbreaks including AWD, if their needs are not attended to.¹⁶²

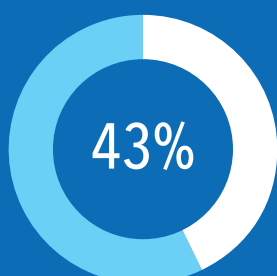
With fewer than 64 per cent of people having access to improved water sources and only 40 per cent with access to sanitation, Afghanistan has significant ground to make up in order to ensure people are able to exercise their fundamental human right to access to water and sanitation.¹⁶³ Even those with access to these services frequently suffer from reliability and quality issues. The 2018 drought is a typical example where many communities saw a considerable number of their water sources drying-out. This vulnerability of WASH infrastructure is often due to inferior quality construction and a lack of repair and maintenance. Nationally, over 35 per cent of improved water points are non-functional at any time.¹⁶⁴

Many villages in the northern provinces like Balkh, Faryab, Jawzjan and Takhar suffer from repeated water shortages, even in years with normal precipitation and snowfall, because of these problems, resulting in a need to supplement water supply by water tanks in the dry season from July to September.

2020-2021 PiN PROJECTIONS

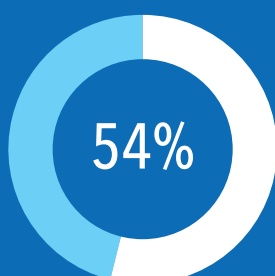
The overall WASH PiN figure for 2019 is 2.13 million people. The cluster anticipates a gradual reduction in PiN for all categories in 2020 and 2021. For 2020, the cluster does not expect any new drought-related IDPs to be generated due to support provided in the areas of origin, hence a PiN figure of 1.48 million people is projected. Likewise, with favourable weather conditions expected, the WASH cluster estimates a further reduced PiN for 2021 compared to 2020, at a total of 1.27 million people.

ACCESS TO CLEAN WATER



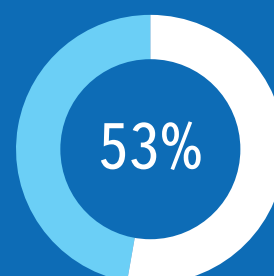
of rural people do not have access to an improved and functioning water source

% WITHOUT IMPROVED SANITATION



of rural people do not have an improved latrine

POOR HYGIENE PRACTICES



of people do not have access to soap

INFORMATION SOURCES AND ASSESSMENT METHODOLOGY

Several sector-specific information sources, as well as a multi-sector WoA Assessment, provided a comprehensive evidence base for the 2019 Afghanistan HNO. The supporting datasets covered all provinces of Afghanistan and included information and insights on hard-to-reach districts. As a nationwide, multi-sectoral assessment, the WoA Assessment

enables the HNO to not only compare sectoral needs, but also to better understand how these needs interact and potentially aggravate one another in different geographic areas. Various sector-specific assessments were able to build on this multi-sectoral foundation and expand on technical information which the WoA Assessment was not able to provide. The

NUMBER OF ASSESSMENTS

630

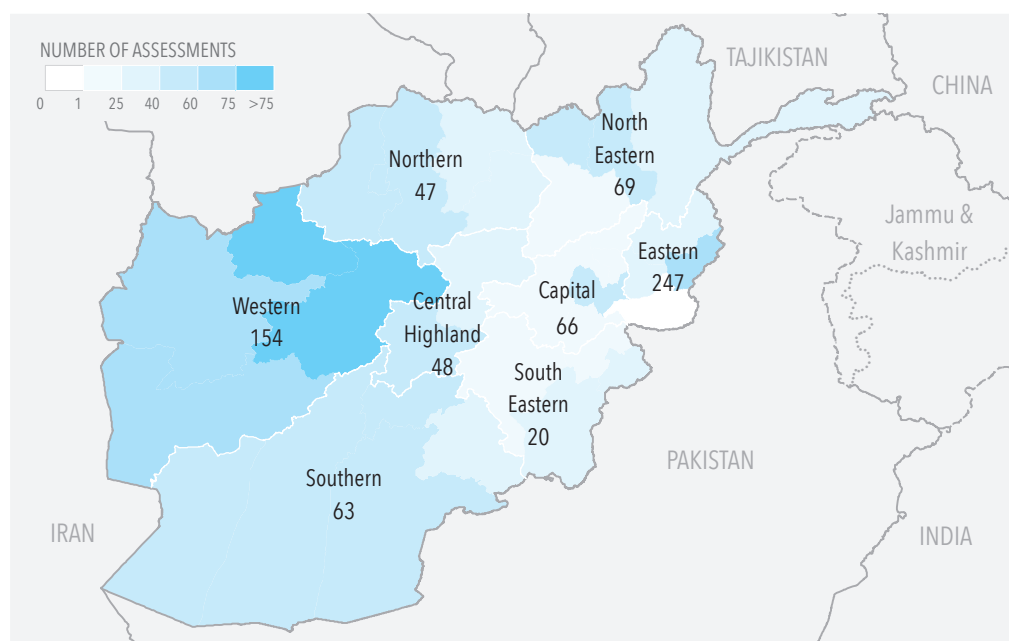
NUMBER OF PARTNERS

67

46

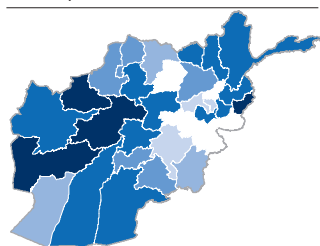
PLANNED NEEDS ASSESSMENTS

52

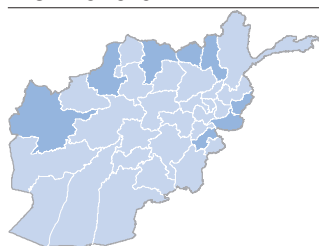


The sum of assessments by region is not the total number of assessments conducted as some assessments cover more than one region.

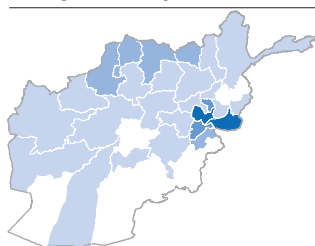
HEAT / RAF



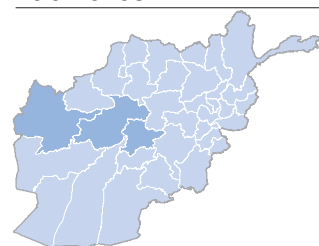
MULTI-SECTOR



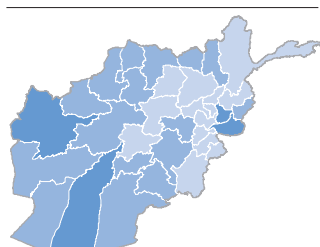
EM. SHELTER & NFI



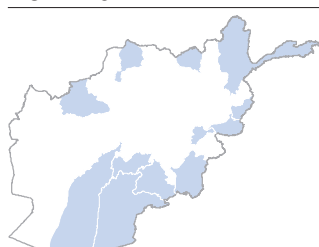
FOOD SECURITY



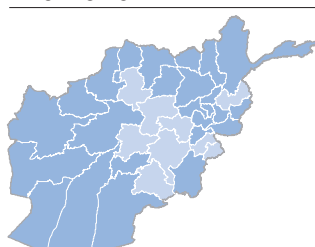
HEALTH



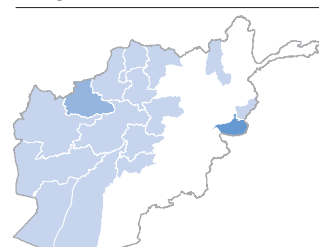
NUTRITION



PROTECTION



WASH



NUMBER OF ASSESSMENTS

0 1 2 4 10 25 >25

WoA Assessment did not therefore replace sector-specific information sources, but instead provided an inclusive framework with which isolated datasets could engage and, in combination, support the development of a multi-sectoral overview, facilitating needs prioritisation and effective humanitarian decision-making.

Both the WoA and sector-specific assessments informed the calculation of the overall and sector PiN figures, the ISSS, and the narrative reports throughout the HNO. Each of these aspects relied on distinct analysis techniques and levels of data granularity, requiring the HNO to address related methodological limitations and information gaps outlined in more detail below. Qualitative analytical content complemented sometimes incomplete or imperfect datasets. Thus, any quantitative limitations should not detract from the solid evidence-base that underpins this HNO, and which provides the foundation for a more effective and accountable response in 2019 and beyond.









INFORMATION, DATA SOURCES & GAPS

Whole of Afghanistan Assessment

The WoA Assessment was a multi-stakeholder assessment developed by the Humanitarian Coordinated Assessment Working Group (HCAWG) with support from OCHA and REACH, implemented by 17 Cluster partner NGOs from the Agency Coordinated Body for Afghan Relief (ACBAR) Twinning Programme and REACH, supported by DFID, financed by the Afghanistan Humanitarian Fund (AHF), and coordinated by OCHA and REACH. The data was collected in all 34 provinces of Afghanistan and was based on a mixed methodology, including 22,142 household interviews in accessible districts of Afghanistan, 1,395 key informant interviews (KIIs) in 70 hard-to-reach (HTR) districts, and 68 focus group discussions (FGDs) (two per province) to assess more sensitive topics (such as GBV) and the impact of trauma on family/community dynamics), while simultaneously providing a better understanding of surprising quantitative findings.

47

NUMBER OF ASSESSMENTS BY LOCATION AND BY SECTOR

	Emergency Shelter	Food Security	Health	Nutrition	Protection	WASH	Inter Cluster	HEAT/RAF	TOTAL
 CAPITAL	40	1	3	1	3		2	16	66
 CENTRAL HIGHLAND	1	4	2		2	2	1	35	47
 EASTERN	18	2	6	2	3	7	3	205	247
 NORTH EASTERN	2	2	4	3	3	1	3	50	69
 NORTHERN	3	2	5	1	3	1	4	28	47
 SOUTH EASTERN	3	1	3	1	3		3	6	20
 SOUTHERN	2	2	8	4	3	2	3	38	63
 WESTERN	4	4	6	1	3	7	3	126	154
TOTAL	74	5	13	12	3	15	4	504	

The sum of assessments by province is not the total number of assessments conducted as some assessments cover more than one region.

The 22,142 household interviews allowed for a 95 per cent confidence level and five per cent margin of error for all population groups combined at the provincial level, and disaggregated between the groups (recent IDPs, prolonged IDPs, returnees, Pakistani refugees, and host communities) at the regional level. Furthermore, at the national level, the WoA Assessment dataset allowed for a 95/5 comparison between male and female headed households, households with elderly household heads, households with disabled household heads, and urban and rural households. The WoA Assessment was accordingly able to provide detailed, statistically valid, and generalisable data to each cluster, all of whom were involved in the development of the household-level questionnaire that was used.

However, insecurity did not allow for household interviews to be conducted in highly conflict-affected districts across Afghanistan (Farah, Faryab and Ghazni), limiting the WoA Assessment's generalisability. To address this limitation, qualitative KIIs were employed in 70 hard-to-reach districts, selected in collaboration with the Humanitarian Access Group (HAG), to ensure key prioritisation and relevance of included districts. However, while the hard-to-reach KIIs widened the geographical scope of the WoAA, their qualitative framework could only provide estimates and their indicative findings can hence not be generalised to inaccessible areas as a whole.

Furthermore, both the household surveys and KIIs displayed a gender bias, potentially under-reporting concerns specific to women and girls in the household. With the household head being predominantly male in Afghanistan, questions about the situation or concerns of women were commonly answered by male respondents. Fortunately, the scope of the WoA Assessment allowed for generalisable findings and comparisons between male and female-headed households at the national level – providing a tentative, if insufficient, female perspective. To further address the gender-bias, 50 per cent of the FGDs (one in each province) were conducted entirely with female participants and, in all but one province, led by a female enumerator focusing on gender-based and child protection issues.

Sector-specific Assessments

In all sections of the 2019 HNO, WoA Assessment input was combined and/or triangulated with sector-specific technical studies. These studies, include for instance: SMART/SQUEAC surveys undertaken by the nutrition cluster (which are important as they contribute insight on sector-specific issues not sufficiently covered as part of the WoA Assessment); the EFSA undertaken by FSAC in collaboration with the government, and the PACAP, in addition to numerous others outlined in the below table.

SECTOR ASSESSMENT INFORMING THE 2019 HNO

SECTOR	ASSESSMENTS
Education	WoA Assessment; Out of School Children; Ministry of Education School Closures
ES-NFI	WoA Assessment
Food Security	WoA Assessment; EFSA 2018; IPC Report, Oct 2018; DINA 2018,
Health	WoA Assessment; Afghanistan Health Survey (AHS) 2018; HMIS 2018; Disease Early Warning System (DEWS)
Nutrition	WoA Assessment; 2015-2018 SMART / SQUEAC Surveys; NNS 2013
Protection	WoA Assessment; PACAP; Fragmented Families Assessment (FFA); Protection Incident Monitoring System (PIMS)
WASH	WoA Assessment; WASH in Drought-Affected Areas (REACH); WASH cluster partner reports 2016-18; REACH HRT Assessment 2017/18; Zonal WASH cluster report
Multi-Sectoral	WoA Assessment; REACH HRT Assessment in HTR Areas; DTM; DINA 2018

Despite the increase in sector-specific assessments undertaken in 2018, related datasets share a number of information gaps that hinder multi-sector humanitarian programming. First and foremost, sector-specific assessments are – by nature – isolated, lacking information on how their specific findings relate to other sectors and needs. Second, the scope of many datasets is not actually nation-wide but focused on the provinces or regions most relevant to the particular phenomena under review/assessment – making statistical

analysis and comparison more difficult. Third, the research frameworks of sector-specific datasets often do not allow for statistically-valid findings on the specific needs of the most vulnerable groups (i.e. female-headed households, the disabled, the elderly, etc.).

To utilise the assessments' sector-specific insights, while accounting for their shortcomings, OCHA commissioned the WoA Assessment so as to provide a common multi-sectoral base with which all could engage.

PLANNED NEEDS ASSESSMENTS

CLUSTER/SECTOR	LOCATION	TARGETED PEOPLE	LEAD AGENCY	PLANNED DATE	SUBJECT
Multi-Cluster	Nationwide	IDPs, returnees, refugees	IOM	Ongoing	Displacement Tracking Matrix (DTM)
Education in Emergency Working Group	Sampled provinces across the country	School Age children	UNICEF	Jan -Feb 2019	School Closure Data Assessment
Education in Emergency Working Group	8 priority provinces	School Age children	ECW Partners	Jan 2019	Education in Emergencies needs assessment
Education in Emergency Working Group	As required	School Age children	EiEWG Partners	On-going	Rapid Education Needs Assessments
Food Security & Agriculture	All provinces	All population	FSAC (FAO & WFP)	Jun 2019	EFSA (emergency food security assessment)
Emergency Shelter & Non Food Items NFI	Ghor, Hilmand, Daykundi, Nimroz and Bamyan	14,000	ACF	Apr 2019	Conflict and drought affected assessment
Emergency Shelter & Non Food Items NFI	Baghlan and Badakhshan	7000	Aga Khan Agency For Habitat – (AKAH)	Mar 2019	Disaster assessment (Damage and needs assessment)
Emergency Shelter & Non Food Items NFI	Hirat and Nangarhar	2,100	Cordaid	Mar 2019	Assessing the Shelter needs of IDPs and Returnees
Emergency Shelter & Non Food Items NFI	Badghis, Hirat, Kandahar and Hilmand	25,200	APA	Jan-Dec 2019	Shelter upgrade and NFIs assessment.
Emergency Shelter & Non Food Items NFI	Balkh	55,650	NRC	Jan-Dec 2019	Transitional Shelter / Cash-for-rent
Emergency Shelter & Non Food Items NFI	Sar-e-pul	TBC			Shelter Upgrading
Emergency Shelter & Non Food Items NFI	Kunduz	TBC			Shelter and Needs assessment for Displaced families
Emergency Shelter & Non Food Items NFI	Kandahar	TBC			Temporary Shelter / NFI
Emergency Shelter & Non Food Items NFI	Kabul	TBC			
Emergency Shelter & Non Food Items NFI	Hirat	TBC			
Emergency Shelter & Non Food Items NFI	Kabul, Logar, Maidan Wardak, Parwan, Kapisa, Paktya, Ghazni, Hirat and Farah	14,000	DRC	Jan-Dec 2019	HEAT Assessments under ERM8
Emergency Shelter & Non Food Items NFI	All provinces	154,000	UNHCR	Jan-Dec 2019	Emergency need assessments of IDPs
Emergency Shelter & Non Food Items NFI	Nationwide	70,000	IOM	Jan-Dec 2019	Needs assessment of natural disaster affected/displaced families
Emergency Shelter & Non Food Items NFI	Hirat	7,000	Mission East	Jan 2019	Baseline Assessment on Drought in Herat, Afghanistan
Health	Nimroz, Farah	Drought affected	RI	Nov 2018	Health assessment
Health	Sar-e-pul, Jawzjan, Samangan	Drought affected	WHO	Dec 2018	Health assesement
Health	Kunduz	Drought affected	Johanniter/ OHPM	Nov 2018	Health assessment
Health	Hirat, Badghis	Drought affected	WVI	Oct 2018	Health assessment

CLUSTER/SECTOR	LOCATION	TARGETED PEOPLE	LEAD AGENCY	PLANNED DATE	SUBJECT
Health	Nationwide	All population	MoPH	Dec 2018	ADHS2018
Health	Nationwide	All population	WHO	Aug 2018	HERA
Health	Hard to reach	Hard to reach	WHO	Nov 2018	Health access
Health	Kunduz, Nangarhar	conflict affected	WHO	Feb 2019	impact from attack
Nutrition	Balkh	All population	ACF	Oct 2018	SMART Survey
Nutrition	Baghlan	All population	ACF	Sep 2018	SMART Survey
Nutrition	Jawzjan	All population	ACF	Sep 2018	SQUEAC
Nutrition	Hirat	All population	WVI	Oct 2018	SMART Survey
Nutrition	Kandahar	All population	ACF	Nov 2018	SMART Survey
Nutrition	Sar-e-pul	All population	ACF	Nov 2018	SMART Survey
Nutrition	Badghis	All population	ACF	Dec 2018	SQUEAC
Nutrition	Hilmand	All population	ACF	Jan 2019	Rapid SMART
Nutrition	Faryab	All population	ACF	Jan 2019	Rapid SMART
Nutrition	Wardak	All population	ACF	Mar 2019	Rapid SMART
Nutrition	Khost	All population	ACF	May 2019	Rapid SMART
Nutrition	Paktya	All population	ACF	May 2019	SMART
Protection	Nationwide	Community level assessment (TBD)	UNMAS	2019	Impact assessment of MAPA
Protection	Nationwide	MRE recipients from the past 2 years	UNMAS	2019	Assessment of risk education practices
Protection	Nationwide	Community level (TBD)	UNFPA	2019	GBV situation analysis
Protection	Nationwide	GBVSC members	UNFPA	2019	GBVSC assessment
Water, Sanitation & Hygiene	Balkh, Faryab, Kunduz, Takhar, Kabul, Kandahar, Nangarhar	IDPs, Natural Disasters	DACAAR	March - April 2019	WASH needs assessment
Water, Sanitation & Hygiene	Badghis, Hirat, Ghor	Returnees	WVI	Jan - Feb 2019	WASH needs assessment
Water, Sanitation & Hygiene	Nimroz, Farah	Drought	Relief International	Jan - Feb 2019	WASH needs assessment
Water, Sanitation & Hygiene	Jawzjan, Sar-e-pul	IDPs, Drought, NDs	ZoA	March - April 2019	WASH needs assessment
Water, Sanitation & Hygiene	Samangan, Badakshan, Faryab	IDPs, Drought	ACTED	March - May 2019	WASH needs assessment
Water, Sanitation & Hygiene	Hirat, Badghis	Drought	NRC		WASH needs assessment
Water, Sanitation & Hygiene	Ghazani, Kunar	IDPs	Relief International	Jan - Feb 2019	WASH needs assessment
Water, Sanitation & Hygiene	Laghman, Nangarhar, Kandahar	IDPs	CoAR	Feb- March 2019	WASH needs assessment
Water, Sanitation & Hygiene	Hilmand, Ghor	IDPs, Drought	ACF	March - April 2019	WASH needs assessment
Water, Sanitation & Hygiene	Nationwide	Drought	REACH	April - June 2019	Drought Impact and recovery assessment

METHODOLOGIES

People in Need (PiN)

The overall PiN figure was calculated by aggregating the highest sector caseloads, by province and vulnerable population group, as outlined on pp. 21-22. As the overall PiN figure does not stem from a single data source, it is not possible to specify and account for the overlap between the different sector-specific populations in need. Aggregating only the highest (rather than all) sector caseloads per province and population group provides a conservative estimate of the overall PiN, likely leading to a slight undercount. Despite its limitations, this approach is still considered the most accurate (aside from a single comprehensive dataset), as it prevents double-counting and requires a comparison of all sectoral inputs, facilitating the identification of outliers.

Relying on estimated vulnerable population sizes for 2019, 2020, and 2021 adds an extra layer of uncertainty. To best mitigate for this shortcoming, all ICCT-approved numbers were based on regressions of past assessments and/or reviewed/confirmed several times. Further details as to how sector PiNs were calculated are outlined below as follows:

Education in Emergencies: Data collection was conducted via the WoA Assessment using the following indicators: the number of school-age children not accessing school due to conflict and other factors; the closing of education facilities, and the distance of schools from the household. By also looking at the effect of poverty on education and the withdrawal of children from school and engagement in the workforce, the factors driving school age children's exclusion has been better identified.

FSAC: Multiple sources of information including the EFSA 2018, IPC analysis (2018), the DINA, and the WoA Assessment were used to estimate the number of people in need in 2019, broken-down into different vulnerable groups.

Health: The WoA Assessment data complements information from the HMIS in identifying humanitarian health needs including trauma care and emergency primary healthcare. Indicators were chosen to reflect the overall health needs within health cluster priorities: trauma care and access to emergency primary healthcare and maternal healthcare, in addition to the availability and accessibility of health services to conflict-affected IDPs.

For conflict affected people, the reported number of annual trauma cases has been used. Based on the projected security situation, it is expected that 20 per cent of the overall PiN will be in need of emergency health services according to accepted public health standards, and that 30 per cent of drought-displaced people will be in need of emergency health services. In 2018, considering the number of returnees from Iran and the number of consultations provided to this population, the

same percentage has been used to calculate the people in need for 2019. It is expected that 50 per cent of returnees will be in need of emergency health services. It is estimated that 10 per cent of the population affected by sudden-onset disasters will be in need of emergency health services and access to basic health services in 2019.

This takes into account the existing capacity of the health system to deal with moderately-sized natural disasters. Based on the people in need figure from HNO 2018, the actual services provided throughout the year, and the response context analysis that suggests conflict levels will increase in 2019, it is estimated that 10 per cent more people will be in need of access to basic health services in 2019. Furthermore, consideration of an increase in the number of districts with limited access to health services is also taken into account.

Nutrition: The PiN estimate of 2019 (more than 1.89 million) has been determined based on global best practices (i.e. Global Nutrition Cluster recommended methods and most recent data available at the time of the HNO development). Combined GAM/SAM and GAM/SAM by Weight for Height (WFH) Z-Score prevalence from SMART and Rapid SMART surveys from 2015 to 2018, National Nutrition Survey (NNS)-2013 were used for the integrated management of acute malnutrition (IMAM) caseload calculations, in line with the Ministry of Public Health IMAM guideline, which accounts for a child being identified as acutely malnourished based on one or more of the following criteria: middle upper arm circumference (MUAC), WFH Z-score, and edema. The number of PLW was estimated as eight per cent of the total population, multiplied by the acute malnutrition rate (based on MUAC <230mm) based on global estimates. Incidence factor 2.6 was used for SAM and MAM caseload calculations for children under five for the period of one year (2019).

Nutrition data was mainly derived from provincial and district level SMART and Rapid SMART surveys as well as the 2013 NNS. SMART is a universal, simplified cross-sectoral field survey methodology, which produces a snapshot of the current situation on the ground at the provincial level. It is a globally validated nutrition survey methodology that provides population-level representative data on nutrition. Rapid SMART is a simplified version of the SMART methodology that is employed to generate quick nutrition data in a relatively smaller geographic location (i.e. district level) to facilitate the immediate decision-making process for emergency nutrition interventions.

Protection: The Mine Action sub-cluster based its assessment on mine/ERW-affected population data obtained from the Directorate of Mine Action Coordination (DMAC)-managed Information Management System for Mine Action (IMSMA), limited to very high and high priority hazards. The PiN

figure for the CPiE sub-cluster was estimated across inter-sectoral themes based on the vulnerability analysis with drivers including armed conflict, natural disaster, population movement (displacement/return), and access to basic services. In addition, caregivers of children in need who also require psychosocial support were calculated in the total people in need for CPiE. Women and girls subject to and survivors of violence were calculated based on the vulnerability analysis looking at drivers including conflict, displacement and natural disasters. The Protection of Civilians thematic PiN was derived from a combination of UNAMA and International NGO Safety Organisation (INSO) reports at provincial level, while the PiN for general protection activities was derived by aggregating the results of PACAP and protection monitoring reports.

WASH: Based on findings from past needs assessments, of the estimated 500,000 conflict IDPs in 2019, 80 per cent (400,000 people) are likely to be in need humanitarian WASH assistance. These needs are mainly found in 14 provinces where the concentration of displacement is more than 10,000 people. The needs of the remaining 20 per cent of people will be met by host communities, relatives and through their own coping mechanisms and hence are not considered in the HNO PiN figure. WASH partners were already providing assistance to 195,000 drought-displaced people in Hirat and Badghis as of October 2018. The cluster estimates that this population will continue to need humanitarian assistance until mid-2019 and hence is included in the cluster's PiN figure for 2019.

Sudden-onset emergencies (especially floods and landslides) affect water sources much more than any other infrastructure. The WASH cluster needs assessment database indicates that over 90 per cent of families affected by natural disasters will need WASH assistance, hence a PiN figure of 135,000 is calculated for this category. For the slow-onset category, based on the drought response plan submitted by partners, a total of almost 374,000 people were being targeted for durable solutions in their place origin as of 15 October 2018. While the majority of these projects have started in 2018, most will only be completed in 2019, hence the PiN of almost 374,000 again being included in 2019.

High-levels of returns from Pakistan and Iran are one of the main drivers of WASH needs in Afghanistan. Based on the cluster database, two in three undocumented returnees arriving from Iran will need WASH assistance at the border, as well as 80 per cent of those arriving in Torkham on the border with Pakistan, hence a PiN figure of almost 77,000 from Iran and 39,000 from Pakistan. In addition, the WASH cluster estimates nearly 70 per cent of the documented returnees (42,000 people) will live in informal settlements or with host

communities and will need WASH assistance in 2019 based on previous assessments.

Based on the WoA Assessment, the ICCT estimates some 50,000 Pakistani refugees living in Khost and Paktika for the past five years will need continued support including 40,000 who will need WASH assistance. Host communities are also in need of WASH assistance. On average, 54 per cent of host communities lack access to sanitation and 24 per cent lack access to water in hard-to-reach areas.¹⁶⁵ In addition, WASH sector analysis suggests that at least two per cent of the rural population suffers chronic shortages of WASH and are at the highest risk of disease outbreaks. Hence, a total PiN figure for this category is estimated at just over 829,000 people.

Inter-Sector Severity Scoring

The ISSS is based on a total of 32 indicators covering all four thematic areas: seven indicators for population movement/forced displacement; nine indicators for armed conflict/protection of civilians; eight indicators for sudden- and slow-onset natural disasters; and eight indicators for access to basic services (see pp. 53-55). A number of different datasets were used to inform the ISSS, including 11 indicators from the WoA Assessment and 21 from sector-specific assessments. Thematic working groups – composed of ICCT members – agreed upon weights and thresholds across a seven-point severity scale (0 to 6) for each of the indicators. Weighted indicator severity scores were then aggregated within the different themes at a provincial level, resulting in each province being assigned one severity score per theme. This allowed for a geographical comparison of severity and facilitated prioritisation of thematic needs across provinces.

Importantly, the maps only portray inter-sectoral severity, highlighting areas in which multiple thematic needs were reported. For a province to be determined a level 4 (severe), the average of all (weighted) indicators had to be greater or equal to 3.5. A level 4 or above thereby identifies those provinces that require an immediate and integrated humanitarian response. However, at the same time the maps conceal specific, yet severe, sectoral needs within a province and theme, if a province scores low in the remaining thematic indicators. Provinces with a level 3 severity score, for example, likely include severe sector-specific needs that require humanitarian assistance. The maps hence allow for a prioritisation of integrated and thematic response activities, but must not be considered a basis for sector-specific frameworks. To ensure this nuance, the data and maps were triangulated and extended with a detailed narrative throughout the chapeau and sector sections.

SEVERITY SCALE INDICATORS

THEMATIC SEVERITY SCALES

Severity scales:

0: None 1: Minor problem 2: Moderate problem 3: Major Problem 4: Severe problem 5: Critical problem 6: Catastrophic problem

SOURCE	INDICATOR	0	1	2	3	4	5	6
2018/17 PoC Report	# of conflict-related casualties at province level, per year.	0	1-30	31-120	121-200	201-300	301-400	>400
2018 INSO Report	# of armed conflict incidents in a province, per year	0	1-500	501-1000	1001-2000	2001-4000	4001-5000	>5000
2018 PACAP	% of HHs that were exposed to mines/ERWs/PPIEDs in their current location at the time of the assessment, as a proportion of all HHs in the province.	0%	1%-2%	3%-5%	6%-9%	10%-12%	13%-15%	>15%
MRM data (backup Health dataset)	# of attacks on health facilities and health personnel in the province, in the last year.	0	1-5	6-10	11-20	21-30	31-40	>40
MRM	# of threats and attacks on education facilities and personnel in the province, in the last year.	0	1-5	6-10	11-20	21-30	31-40	>40
2018 PACAP	% of HHs reporting maiming or killing as a main concern for women, men and/or children in the current location at the time of HNO preparation assessments, as a proportion of all HHs in the province.	0%	1%-3%	4%-7%	8%-15%	16%-25%	26%-35%	>35%
2018 PACAP	% of HHs reporting at least one HH member having developed a psychological trauma as a result of conflict in their current location, as a proportion of all HHs in the province.	0%	1%-3%	4%-6%	7%-10%	11%-20%	21%-30%	>30%
Health Cluster	# of trauma cases within a province in the last year	0-500	501-3,000	3,001-6,000	6,001-10,000	10,001-15,000	15,001-20,000	>20,000
2018 PACAP	% of HHs reporting to be aware of attacks or harassment against women	0%	1%-10%	11%-20%	21%-25%	26%-35%	36%-45%	>45%
OCHA DTS	% of HHs that are new IDPs (arrived in the last two years), as a proportion of all HHs in the province.	0	1-10,000	10,001-30,000	30,001-50,000	50,001-100,000	100,001-500,000	>500,000
IOM/UNHCR	% of HHs that are new returnees/refugees (arrived in the two last years) from Pakistan and Iran, as a proportion of all HHs in the province.	0	1-10,000	10,001-30,000	30,001-50,000	50,001-100,000	100,001-500,000	>500,000
2018 WoA assessment (DTM BMA data, compare)	% of HHs in which IDPs/returnees/refugees reside within tents/makeshift shelters/open space in the province.	0%	1-3%	3%-6%	7%-10%	11-30%	31-50%	>50%
2018 WoA assessment	% of recent IDP HHs (within the last six months) with a poor Food Consumption Score (FCS), as a proportion of displaced and host community households in the province.	0%	1%-2%	3%-4%	5%-6%	7-10%	11-20%	>20%
2018 PACAP	% of HHs in which IDPs/returnees/refugees reside who were exposed to security concerns (armed conflict or mines/ERWs/PPIEDs) after displacement, in the last year, as a proportion of all displaced HHs in the province.	0%	1%-10%	11%-25%	26%-40%	41%-50%	51%-60%	>60%

SOURCE	INDICATOR	0	1	2	3	4	5	6
2018 WoA assessment	% of HHs in which IDPs/returnees/refugees reside, which have an average total income of less than 850 AFN (6,000AFN/7people) per person per month, as a proportion of all displaced HHs.	0	1-25%	26%-50%	51%-70%	71%-80%	81%-90%	>90%
2018 WoA assessment (2018 PACAP compare)	% of HHs in which no HH member owns a tazkera, as a proportion of all displaced HHs in the province.	0%	1-3%	3%-6%	7%-10%	11%-50%	51%-90%	>90%
2018 WoA assessment	% of HHs whose shelters were severely damaged due to natural disaster in the last six months and remain unrepaired, as a proportion of all HHs in the province.	0%	1%-5%	6%-10%	11%-15%	16%-25%	26%-60%	>60%
EFSA 2018	% of HHs reporting livestock death or reduced livestock productivity due to the drought as a proportion of all HHs holding livestock in the province.	0%	1%-5%	6%-10%	11%-15%	16%-20%	21%-50%	>51%
EFSA 2018	% Reduction in agriculture land cultivation (rain-fed & irrigated)	0%	1%-5%	6%-10%	11%-20%	21%-35%	36%-50%	>50%
EFSA 2018	% of HHs reporting significant decrease in income as a result of natural disaster, compared to all HHs	0%	1%-15%	16%-30%	31%-50%	51%-60%	61%-75%	>75%
2018 WoA assessment	% of HHs reporting that a health facility used by members of their HH was damaged or closed due to natural disasters in the last year, as a proportion of all HHs in the province.	0%	1%-5%	6%-10%	11%-20%	21%-30%	31%-40%	>40%
MRRD*	% of waterpoints that are dried in the province.	0%-5%	6%-10%	11%-15%	16%-20%	21%-30%	31%-60%	>60%
2018 WoA assessment	% of HHs affected by natural disaster reporting children under five to experience diarrhea that lasted for more than the last two weeks	0%	1% - 3%	4% - 7%	8% - 10%	11% - 15%	16% - 20%	>20%
FSAC IPC	% of IPC 4 population living in a province	0%	1% - 4%	5% - 9%	10% - 19%	20-40%	40-60%	>60%
2018 WoA assessment	% of HHs whose shelters were severely damaged due to natural disaster in the last six months and remain unrepaired, as a proportion of all HHs in the province.	0%	1%-5%	6%-10%	11%-15%	16%-25%	26%-60%	>60%
EFSA 2018	% of HHs reporting livestock death or reduced livestock productivity due to the drought as a proportion of all HHs holding livestock in the province.	0%	1%-5%	6%-10%	11%-15%	16%-20%	21%-50%	>51%
EFSA 2018	% Reduction in agriculture land cultivation (rain-fed & irrigated)	0%	1%-5%	6%-10%	11%-20%	21%-35%	36%-50%	>50%
EFSA 2018	% of HHs reporting significant decrease in income as a result of natural disaster, compared to all HHs	0%	1%-15%	16%-30%	31%-50%	51%-60%	61%-75%	>75%
2018 WoA assessment	% of HHs reporting that a health facility used by members of their HH was damaged or closed due to natural disasters in the last year, as a proportion of all HHs in the province.	0%	1%-5%	6%-10%	11%-20%	21%-30%	31%-40%	>40%
MRRD*	% of waterpoints that are dried in the province.	0%-5%	6%-10%	11%-15%	16%-20%	21%-30%	31%-60%	>60%
2018 WoA assessment	% of HHs affected by natural disaster reporting children under five to experience diarrhea that lasted for more than the last two weeks	0%	1% - 3%	4% - 7%	8% - 10%	11% - 15%	16% - 20%	>20%
FSAC IPC	% of IPC 4 population living in a province	0%	1% - 4%	5% - 9%	10% - 19%	20-40%	40-60%	>60%

OVERALL SEVERITY

- % of HHs that are new IDPs (arrived in the last two years), as a proportion of all HHs in the province.
- % of HHs that are new returnees/refugees (arrived in the last two years) from Pakistan and Iran, as a proportion of all HHs in the province.
- # of conflict-related casualties at province level, per year.
- # of trauma cases within a province in the last year
- % of HHs that do not have access to an improved water source at the time of the assessments, as a proportion of all HHs in the province
- % of HHs reporting at least one child being removed from school in the last year due to conflict, natural disaster, as a proportion of all HHs in the province.
- % of IPC 4 population living in a province
- % of HHs reporting livestock death or reduced livestock productivity due to the drought as a proportion of all HHs holding livestock in the province.

A. ARMED CONFLICT AND PROTECTION OF CIVILIANS

- # of conflict-related casualties at province level, per year.
- # of armed conflict incidents in a province, per year.
- % of HHs that were exposed to mines/ERWs/PPIEDs in their current location at the time of the assessment, as a proportion of all HHs in the province.
- # of attacks on health facilities and health personnel in the province, in the last year.
- # of threats and attacks on education facilities and personnel in the province, in the last year.
- % of HHs reporting maiming or killing as a main concern for women, men and/or children in the current location at the time of HNO preparation assessments, as a proportion of all HHs in the province.
- % of HHs reporting at least one HH member having developed a psychological trauma as a result of conflict in their current location, as a proportion of all HHs in the province.
- # of trauma cases within a province in the last year.
- % of HHs reporting to be aware of attacks or harassment against women.

B. POPULATION MOVEMENT AND FORCED DISPLACEMENT

- % of HHs that are new IDPs (arrived in the last two years), as a proportion of all HHs in the province.
- % of HHs that are new returnees/refugees (arrived in the last two years) from Pakistan and Iran, as a proportion of all HHs in the province.
- % of HHs in which IDPs/returnees/refugees reside within tents/makeshift shelters/open space in the province.
- % of recent IDP HHs (within the last six months) with a poor Food Consumption Score (FCS), as a proportion of displaced and host community households in the province.
- % of HHs in which IDPs/returnees/refugees reside who were exposed

to security concerns (armed conflict or mines/ERWs/PPIEDs) after displacement, in the last year, as a proportion of all displaced HHs in the province.

- % of HHs in which IDPs/returnees/refugees reside, which have an average total income of less than 850 AFN (6,000AFN/seven people) per person per month, as a proportion of all displaced HHs.
- % of HHs in which no HH member owns a tazkera, as a proportion of all displaced HHs in the province.

C. SLOW AND SUDDEN-ONSET NATURAL DISASTERS

- % of HHs whose shelters were severely damaged due to natural disaster in the last six months and remain unrepaired, as a proportion of all HHs in the province.
- % of HHs reporting livestock death or reduced livestock productivity due to the drought as a proportion of all HHs holding livestock in the province.
- % Reduction in agriculture land cultivation (rain-fed & irrigated)
- % of HHs reporting significant decrease in income as a result of natural disaster, compared to all HHs
- % of HHs reporting that a health facility used by members of their HH was damaged or closed due to natural disasters in the last year, as a proportion of all HHs in the province.
- % of waterpoints that are dried in the province.
- % of HHs affected by natural disaster reporting children under five to experience diarrhea that lasted for more than the last two weeks
- % of IPC 4 population living in a province

D. ACCESS TO BASIC SERVICES

- % of HHs reporting that a health facility used by members of their HH became dysfunctional in the last year due to forcible closure, insufficient healthcare workers, or insufficient access to medication, as a proportion of all HHs in the province.
- % of HHs that do not have access to an improved water source at the time of the assessments, as a proportion of all HHs in the province
- % of HHs without access to an improved latrine in the 30 days prior to HNO preparation assessment
- % of HHs whose livelihoods were affected by conflict or natural disaster within the last six months that were without access to soap for bathing and washing at the time of the interview
- % of HHs found to be without access to PSS and mental health services in their current location at the time of HNO preparation assessments, as a proportion of all HHs in the province.
- % of HHs reporting at least one child being removed from school in the last year due to conflict, natural disaster, as a proportion of all HHs in the province.
- Bed occupancy rate per province
- % of Children 0-59 months acutely malnourished

SECTOTAL SEVERITY SCALES

Education in Emergencies

- % of HHs that are new IDPs (arrived in the last two years), as a proportion of all HHs in the province.
- % of HHs that are new returnees/refugees (arrived in the last two years) from Pakistan and Iran, as a proportion of all HHs in the province.
- # of threats and attacks on education facilities and personnel in the province, in the last year.
- % of HHs reporting at least one child being removed from school in the last year due to conflict, natural disaster, as a proportion of all HHs in the province.

Emergency Shelter & NFI

- % of HHs that are new IDPs (arrived in the last two years), as a proportion of all HHs in the province.
- % of HHs that are new returnees/refugees (arrived in the last two years) from Pakistan and Iran, as a proportion of all HHs in the province.
- % of HHs in which IDPs/returnees/refugees reside within tents/makeshift shelters/open space in the province.
- % of HHs whose shelters were severely damaged due to natural disaster in the last six months and remain unrepaired, as a proportion of all HHs in the province.

Food Security & Agriculture

- Provinces projected to be in in IPC phase classification, Nov 2018- Feb 2019

Health

- # of conflict-related casualties at province level, per year.
- # of attacks on health facilities and health personnel in the province, in the last year.
- % of HHs reporting maiming or killing as a main concern for women, men and/or children in the current location at the time of HNO preparation assessments, as a proportion of all HHs in the province.
- % of HHs reporting at least one HH member having developed a psychological trauma as a result of conflict in their current location, as a proportion of all HHs in the province.
- # of trauma cases within a province in the last year.
- % of HHs reporting that a health facility used by members of their HH became dysfunctional in the last year due to forcible closure, insufficient healthcare workers, or insufficient access to medication, as a proportion of all HHs in the province.
- % of HHs found to be without access to PSS and mental health services in their current location at the time of HNO preparation assessments, as a proportion of all HHs in the province.

- Bed occupancy rate per province.
- % of HHs reporting that a health facility used by members of their HH was damaged or closed due to natural disasters in the last year, as a proportion of all HHs in the province.
- % of HHs affected by natural disaster reporting children under five to experience diarrhea that lasted for more than the last two weeks.

Nutrition

- % of Children (0-59 months) accutely malnourished

Protection








- # of conflict-related casualties at province level, per year.
- # of armed conflict incidents in a province, per year
- % of HHs that were exposed to mines/ERWs/PPIEDs in their current location at the time of the assessment, as a proportion of all HHs in the province.
- # of attacks on health facilities and health personnel in the province, in the last year.
- # of threats and attacks on education facilities and personnel in the province, in the last year.
- % of HHs reporting maiming or killing as a main concern for women, men and/or children in the current location at the time of HNO preparation assessments, as a proportion of all HHs in the province.
- % of HHs reporting at least one HH member having developed a psychological trauma as a result of conflict in their current location, as a proportion of all HHs in the province.
- # of trauma cases within a province in the last year.
- % of HHs reporting to be aware of attacks or harassment against women.

Water, Sanitation & Hygiene

- % of HHs that do not have access to an improved water source at the time of the assessments, as a proportion of all HHs in the province.
- % of HHs without access to an improved latrine in the 30 days prior to HNO preparation assessment.
- % of HHs whose shelters were severely damaged due to natural disaster in the last six months and remain unrepaired, as a proportion of all HHs in the province.
- % of waterpoints that are dried in the province.
- % of HHs affected by natural disaster reporting children under five to experience diarrhea that lasted for more than the last two weeks

PROJECTED PEOPLE IN NEED 2020















NUMBER OF PEOPLE IN NEED BY SECTOR

	CONFLICT	POPULATION MOVEMENT				NATURAL DISASTERS		ACCESS	BY SEX & AGE	TOTAL
	Conflict-affected	Conflict-displaced	Natural disaster-displaced	Afghan returnees	Pakistani refugees	Sudden-onset	Slow-onset	Access to basic services	% children, women, men*	Total
 Education in emergencies	0.13M	0.06M	-	0.03M	0.02M	0.04M	-	0.07M	100 0 0%	0.4M
 Emergency shelter and NFI	-	0.34M	-	0.10M	0.05M	0.10M	-	-	61 19 20%	0.6M
 Food security and agriculture	-	0.32M	-	0.21M	0.04M	0.12M	1.95M	-	59 20 21%	2.6M
 Health	0.26M	0.09M	-	0.08M	0.02M	0.01M	0.17M	1.20M	59 20 21%	1.8M
 Nutrition	-	0.08M	-	0.05M	0.02M	0.03M	-	1.94M	81 19 0%	2.1M
 Protection	1.11M	0.30M	-	0.18M	0.04M	0.02M	0.28M	-	64 18 28%	1.9M
 Water, sanitation and hygiene	-	0.36M	-	0.18M	0.04M	0.14M	0.10M	0.66M	59 20 21%	1.5M

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

PROJECTED PEOPLE IN NEED 2021

NUMBER OF PEOPLE IN NEED BY SECTOR

		CONFLICT	POPULATION MOVEMENT				NATURAL DISASTERS		ACCESS	BY SEX & AGE	TOTAL
		Conflict-affected	Conflict-displaced	Natural disaster-displaced	Afghan returnees	Pakistani refugees	Sudden-onset	Slow-onset	Access to basic services	% children, women, men*	Total
	Education in emergencies	0.13M	0.06M	-	0.03M	0.02M	0.04M	-	0.07M	100 0 0%	0.3M 
	Emergency shelter and NFI	-	0.32M	-	0.09M	0.05M	0.09M	-	-	60 19 21%	0.6M 
	Food security and agriculture	-	0.28M	-	0.21M	0.04M	0.12M	0.98M	-	59 20 21%	1.6M 
	Health	0.27M	0.08M	-	0.08M	0.02M	0.01M	0.04M	1.24M	59 20 21%	1.7M 
	Nutrition	-	0.07M	-	0.05M	0.02M	0.03M	-	1.99M	82 18 0%	2.2M 
	Protection	0.97M	0.26M	-	0.16M	0.04M	0.02M	0.24M	-	64 18 28%	1.7M 
	Water, sanitation and hygiene	-	0.32M	-	0.18M	0.04M	0.14M	-	0.58M	59 20 21%	1.3M 

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

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ACRONYMS

AAP	Accountability to Affected Populations	IHRL	International Human Rights Law
ACBAR	Agency Coordinating Body for Afghan Relief & Development	IMAM	Integrated Management of Acute Malnutrition
ACC	Afghan Citizen Cards	IMSMA	Information Management System for Mine Action
ACF	Action contre la Faim/Action Against Hunger	INSO	International NGO Safety Organisation
ACTED	Agency for Technical Cooperation and Development	IOM	International Organisation for Migration
AFN	Afghani (currency)	IOM-HAP	International Organisation for Migration - Humanitarian Assistance Program
AHF	Afghanistan Humanitarian Fund	IPC	Integrated Food Security Phase Classification
AKAH	Aga Khan Agency For Habitat	ISK	Islamic State of Khorasan/Daesh
ALCS	Afghanistan Living Conditions Survey	ISSS	Inter-Sector Severity Scale
AMRF	Access Monitoring and Reporting Framework	IYCF	Infant and Young Child Feeding
APA	Afghan Planning Agency	KII	Key Informant Interview
APAPPS	Afghanistan-Pakistan Action Plan for Peace and Stability	MAIL	Ministry of Agriculture, Irrigation and Livestock
ARI	Acute Respiratory Infections	MAM	Moderate Acute Malnutrition
AWD	Acute Watery Diarrhoea	MCNA	Multi-Cluster Needs Assessment
BPHS	Basic Package of Health Services	MIS	Management Information System
CCHF	Crimean-Congo Haemorrhagic Fever	MoE	Ministry of Education
CDC	Community Development Council	MoPH	Ministry of Public Health
CoAR	Coordination of Afghan Relief	MRE	Mine Risk Education
CordaId	Catholic Organization for Relief and Development Aid	MRM	Monitoring and Reporting Mechanism
CPIE	Child Protection in Emergencies	MRRD	Ministry of Rural Rehabilitation and Development
DACAAR	Danish Committee for Aid to Afghan Refugees	MUAC	Mid Upper Arm Circumference
DEWS	Disease Early Warning System	NFI	Non-Food Items
DFID	Department for International Development	NGO	Non-Governmental Organisation
DHS	Demographic and Health Survey	NNS	National Nutrition Survey
DINA	Drought Inter-agency Needs Assessment	NRC	Norwegian Refugee Council
DMAC	Directorate of Mine Action Coordination	NSAG	Non-State Armed Group
DRC	Danish Refugee Council	OCHA	Office for the Coordination of Humanitarian Affairs
DTM	Displacement Tracking Matrix	OHPM	Organization for Health Promotion & Management
ECW	Education Cannot Wait	OOSC	Out-of-School-Children
EFSA	Emergency Food Security Assessment	PACAP	Protection Assessment of Conflict-Affected Populations
EiE	Education in Emergencies	PIMS	Protection Incident Monitoring System
EIEWG	Education in Emergencies Working Group	PiN	People in Need
EPHS	Essential Package of Health Services	PLW	Pregnant and Lactating Women
ERM	Emergency Response Mechanism	PoR	Proof of Registration
ERW	Explosive Remnants of War	PPIED	Pressure-Plate Improvised Explosive Device
ESNFI	Emergency Shelter and Non-Food Items	PSS	Psychosocial Support
EU	European Union	RAF	Rapid Assessment Form
EUR	Euro (currency)	RI	Relief International
FAA	Fragmented Families Assessment	SAM	Severe Acute Malnutrition
FAO	Food and Agriculture Organization	SEHAT	System Enhancement for Health Action in Transition
FEWSNET	Famine Early Warning Systems Network	SMART	Standardised Monitoring and Assessment of Relief and Transition
FGD	Focus Group Discussion	SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
FSAC	Food Security and Agriculture Cluster	UN	United Nations
GAM	Global Acute Malnutrition	UNAMA	United Nations Assistance Mission in Afghanistan
GBV	Gender-Based Violence	UNDSS	United Nations Department of Safety and Security
GBVSC	Gender-Based Violence Sub-Cluster	UNFPA	United Nations Population Fund
HAG	Humanitarian Access Group	UNHCR	United Nations High Commissioner for Refugees
HCAWG	Humanitarian Coordinated Assessment Working Group	UNICEF	United Nations Children's Fund
HEAT	Household Emergency Assessment Tool	UNMAS	United Nations Mine Action Service
HERA	Health Emergency Risk Assessment	US	United States of America
HH	Household	VOIED	Victim Operated Improvised Explosive Device
HMIS	Health Management Information System	WASH	Water Sanitation and Hygiene
HNO	Humanitarian Needs Overview	WFH	Weight for Height
HRP	Humanitarian Response Plan	WFP	World Food Program
HTR	Hard-to-Reach	WHO	World Health Organisation
ICCT	Inter-Cluster Coordination Team	WoA	Whole of Afghanistan Assessment
ICRC	International Committee of the Red Cross	WVI	World Vision International
IDP	Internally Displaced Person		
IED	Improvised Explosive Device		
IHL	International Humanitarian Law		

This document is produced by OCHA 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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