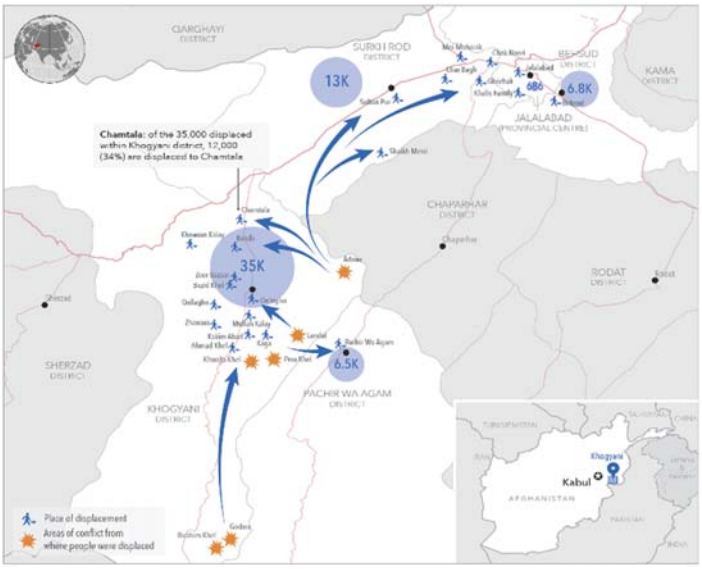
Inter-Cluster mission to the Eastern Region
10 – 12 December 2017

Context:

On 15 October in Nangarhar province, fighting intensified between two non-state armed groups (NSAGs) following a series of clashes over the past few months, resulting in the displacement of more than 40,000 people to Khogyani district centre, Behsud, Chamtala, Chaparhar, Pachieragam and Surkhrod districts as well as Jalalabad City in just a few days. Renewed fighting from 24 to 27 November led to another wave of displacement of around 20,000 people from two dozen villages in areas under control of an NSAG. As of 14 December, more than 61,500 people have been displaced from Khogyani due to these latest hostilities, of whom around 45,000 have received some form of humanitarian assistance. Most the displaced families were able to be absorbed by the host community through rental accommodation with relatives or friends, while 249 families are residing in two informal settlements in Sera Qela and Sardar Banda.



Displacement as of 14 December, 2017 – Source: OCHA DTS

Led by OCHA, an inter cluster road mission was conducted to the Eastern Region between 10-12 December, 2017. Food Security and Agriculture Cluster (FSAC), Emergency Shelter/ Non-Food Items (ES/NFI), Health, WASH and Protection clusters participated in the mission. The mission met with local cluster focal persons, heads of UN agencies in the region, NGOs and internally displaced persons (IDPs) - including women, children and the elderly. Food and NFI distribution sites and health facilities were visited and three focus group discussions were held with the affected communities in Surkhrod and Jalalabad city.

Key findings:

FSAC: At the place of origin (Khogyani), most of the houses are damaged or destroyed as NSAGs are using homes and livestock shelters of the local community for fighting. Their livestock is either looted or consumed as food by armed groups. It is observed that some people were able to bring their livestock along but were compelled to sell it for less than 50 per cent of the price. Most of the people were unable to harvest their crops before fleeing their homes; and those who harvested were unable to transport their produce due to a sudden 300 per cent hike in transportation costs. At present, the only source of income is daily wage/ labour but availability of labour opportunities in Jalalabad is scarce. Some men get one to two days of work per week which again is not sufficient compared to the extensive needs during the winter. This lack of income and food production is hurting almost everyone - especially female and child headed households. Affected IDPs are unable to cover their food and other lifesaving needs during peak hunger and winter season. There is also an increasing call for support when they return to their homes as all have lost their properties including farms and livestock.

Focus Group Discussion with IDPs at a CHF funded cash for food centre. Photo credit: Philippe Kropf / OCHA

ES/NFI: The need for shelter is extremely high and has exacerbated vulnerabilities due to an increasing cost of rent and a decreased absorption capacity of the host community. Fear of eviction is imminent amongst those hosted or renting accommodation. Overcrowded

accommodations are common as two or more families are renting a two to four room house. Some IDPs that were hosted by friends were asked to leave in order to accommodate displaced relatives. A few of these IDPs requested for tents. Some IDPs informed about the generosity of the host community who provided free accommodation, shared their resources and distributed clothing. In some places, availability of shelters to rent resulted in a pull factor to urban city. Some IDPs are reportedly renting low cost substandard shelters. While

all IDPs met expressed willingness to return once the situation in their places of origin improves, however, there is uncertainty that this will be realised in the near future. The need for winterisation support was also highlighted by the families, especially for female headed families and children. Cash was identified as the preferred modality of assistance by a vast majority of the IDPs. Regarding preference for shelter, the majority identified rental accommodation and indicated to continue relying on agencies if displacement prolongs or the lack of livelihood opportunities remains. Others requested support to be included in the land allocation scheme which will facilitate their access to adequate shelter. Regarding the provision of tents, some mentioned that they will erect these on government land. Due to access constraints, IDPs are required to travel long distances to receive assistance. Some agencies have included transportation costs among the package so that assistance is not used for transportation, however, there is a need to harmonise this approach among all partners. Regarding the distribution of poor quality tents, there was no evidence with the exception of the tents donated to the government, which do not comply with the cluster's standards.

Health: In November 2017, the Nangarhar Regional Hospital reported an increase of 118 per cent in trauma cases and conflict related surgical interventions compared to the same period last year. The top six diseases affecting the displaced population are acute upper respiratory infections, pneumonia, diarrheal diseases, skin diseases, psychological first aid and issues related to reproductive health. Given the current trend, there is an increased risk of epidemic outbreaks within the displaced population such as acute upper respiratory diseases, pneumonia, measles, hepatitis and malaria. If no durable solution is found by the spring season, diarrheal disease could be a potential serious health hazard. The National Disease Surveillance and Response (NDSR) team and Nangarhar Department of Public Health have already been informed and are actively taking note of the situation.

Interaction with IDP women at Surkhrod health facility.
Photo credit: Philippe Kropf / OCHA

Eight health facilities (Bandar sub health centre and Mamand basic health centre in Achin district, Silimankhil basic health centre in Pachieragam district and Zawa, Wazir TaTang, Wazir Pira Khil, Soor and Dag sub health centres in Khogyani district) remained closed, including four recent closures in Khogyani, due to the current wave of insecurity. From the two focus groups discussion on cash, after food and rent, health has been identified as one of the priority needs for the affected population. Specifically, for an individual or family having a medical condition, health has taken a priority over food and rent thereby implying that health services are still not entirely accessible. Focus group discussions have been male dominated and issues pertinent to female headed households and disabled-headed households have not been sufficiently presented.

WASH: Most of the IDPs rented houses in host communities that have access to WASH services to some extent, but there are 249 families (200 in Sera Qela and 49 in Sardar Banda) which are reportedly settled in open spaces and have no access to sustainable WASH solutions.

Protection: Displaced children did not manage to take the final exams in school as they had to escape their communities just before the completion of academic year; they cannot take the final exam at the place of displacement, however advocacy is ongoing with the local authorities to allow displaced children to complete the academic year onsite. The most affected from a psychosocial support perspective are the elderly as they left all their belongings behind, feel like strangers in the new place of displacement, and are not adapting well.

Moreover, men are also traumatised and need psychosocial support as they feel depressed for not being able to find a job and uncertainty about their future as they do not know whether their assets and belongings left behind are still there. Relationships between host and displaced communities are overall peaceful but they do not interact much. Female beneficiaries are at high risk of exclusion from accessing humanitarian services especially due to lack of female staff on the ground: three children died during displacement as they became ill due to the cold weather and their mothers did not bring them to the nearby hospital because of the lack of female medical staff. Displaced families without connections are particularly exposed to risk of eviction due to their inability to pay rents on time. A major

concern is not having resources and capacities for restarting normal life activities, such as livelihood opportunities to support their families and a durable shelter solution. Humanitarian actors, including INGOs, are sometimes using government facilities (i.e. DoRR office) to conduct distributions, which violates humanitarian principles and exposes beneficiaries to enhanced security-related threats considering that government assets and personnel are often directly targeted by NSAGs. No system is in place to collect, analyse and manage protection information in a comprehensive way. Access to most vulnerable who are displaced in NSAGs controlled areas is also a key challenge.

Response:

FSAC: 8,340 families were assessed and recommended for food assistance by the assessment teams. Almost 5,500 families have already received either food or cash assistance from FSAC partners. Assistance for the remaining caseload continues. 55 per cent have received food assistance from WFP covering one-month food needs whereas partners providing cash for food is covering two months. Major partners providing assistance are WFP, NRC, RI, DRC, SCI, MADERA, NCRO, CWSA, ARCS and NPORRA. Some partners are planning a limited livelihoods support response in the region. As the current response is almost 2 months late so most of the amount provided or food distributed will not last for long. There is a greater need to continue assistance for a minimum of three months. WFP need to restock immediately to provide 2nd month food assistance to 55 per cent of the caseload. FSAC partners recommended cash and food response for at least another month even if the IDPs start going back to their areas of origin as they will still require assistance once they are back.

IDPs served from a food distribution centre in Surkhrod.
Photo credit: Philippe Kropf / OCHA

ES/NFI: Capacity of ESNFI cluster is very limited as current resources are being depleted to respond to new displacements. UNHCR is covering about 7,000 families for winterisation in the Eastern Region.

Health: Health Cluster partners have mobilised five mobile health teams and two static centres to address the health needs of the displaced population. In November, 24,020 IDPs received emergency medical services including 3,271 children vaccinated for OPV, IPV, Penta and Measles. Health facilities in Chamtala 1 and 2 as well as Sheikh Mesri are primarily for IDP from Khogyani providing round the clock services. Sheikh Mesri CHC+ has reported a 75 per cent increase in outpatient consultations (from 4,000 a month to 7,000 in November). Available medicines and non-consumable medical supplies have been depleted and request was made to WHO for emergency medical kits. WHO and Health Cluster has supplied two Interagency Emergency Health Kits (IEHK) to partners. In addition, WHO has supplied one IEHK to Nangarhar Regional Hospital and Fatima-tul-Zohra Provincial Hospital for referral cases. One IEHK has enough medicines to treat 10,000 patients for 3 months for common diseases. Supply in the regional warehouse has been replenished from the Kabul warehouse. So far, no significant issues have been reported and there has been no shortage of medicines and supplies.

WASH: WASH cluster and its partners are well prepared to provide humanitarian response to an emergency situation. Sufficient WASH stockpiles are prepositioned in DACAAR, UNICEF and PRRD warehouses in Kunar, Nangarhar and Laghman provinces. DACAAR is providing 4,300 litres of clean drinking water per day for a duration of two months and has constructed 18 sanitation facilities in Sardar Banda informal settlement (49 families) in addition to the distribution of family hygiene kits and has conducted hygiene promotion sessions. For Sera Qala informal settlement (200 families), DACAAR is providing 21,000 litres of clean drinking water per day for a duration of 14 days only to be extended to two months, depending on the situation. DACAAR has already distributed family hygiene kits and has planned to construct 75 sanitation facilities as well as to conduct hygiene promotion sessions.

Protection: Many protection actors claim they implement activities and attend protection working group meetings but they are not present on the ground and/or implement very generic activities only i.e. child friendly spaces (CFS) and awareness raising.

Gaps:

Leadership: The role of the government was not visible in the response with the exception of tents and some NFIs that were provided to the IDPs. More strong government leadership needed in terms of enhancing its capacity to respond to similar crisis.

Coordination: A critical gap presented by the agencies is the lack of proper coordination within the sectors/clusters. Agencies share sectoral information with OCHA only and do not share it with the cluster focal points. As a result, there is information gap in terms of response and analysis. Secondly, partners represented on assessment teams do not share assessments reports.

ES/NFI: About 900 families assessed and identified by ARCS in Pachiragam district (hard to reach area) are yet to receive ES/NFI assistance. ARCS is coordinating with ICRC Kabul to support 400 families as soon as possible leaving a gap of 500 families. Winterisation assistance for 2,700 families displaced from Khogyani is needed. Moreover, coordination among partners providing cash and those providing in-kind assistance needs to be improved to avoid duplication, cover the needs of the most vulnerable and maximise the use of resources.

Health: The current capacity for trauma care is overstretched in health centres and the regional hospital. With the increase in caseload, and the already outdated infrastructure, both health facilities and referral centre have over-reached their maximum capacity. Human resources, medical equipment and non-consumables, medicine and building infrastructure are urgently needed to cope and replenish supply with the increase in demand for health services in the region. Although medical kits are prepositioned, the response to affected communities would still be a challenge in the event of a major disease outbreak. Inadequate access to areas due to insecurity (i.e. Achin, Nazian and Pachieragam) as well as limitation in monitoring of some operational areas such as Khogyani IDPs' settlement due to security restrictions have caused limitation on the overall assessment of the humanitarian response.

WASH: Some WASH partners are not regularly participating in WASH cluster meetings. WASH services in health clinic located at Surkhrod district centre are overstretched.

Protection: Protection-specific assessments have been carried out under single organisations' flags. Information collection, analysis and sharing is very poor and not coordinated.

Recommendations:

Cash assistance as a preferred mode of assistance: Provide cash for rent to extremely vulnerable families for three months to cover the winter period and promote cash as a preferred mode of assistance due to its flexibility and as a first choice of the affected communities.

Replenishment and prepositioning of emergency stockpiles: Preposition 500 emergency shelter kits. Preposition NFI stocks for 2,000 families. Restock WFP warehouses for the second month of food distribution. Preposition necessary medical supplies, pneumonia kits, and diarrheal kits for ongoing demands in health service provision. Support NSDR in disease surveillance and response. Upgrade WASH services in schools and health facilities.

Increased participation of women in response efforts: Recruit sufficient female aid workers for response.

Harmonisation of response packages: Ensure harmonisation of assistance packages in cash for rent and duration of food assistance (both cash and in-kind) as currently these do not complement each other. Harmonise NFIs and WASH packages to avoid duplication of certain items. Some partners providing assistance include transportation costs plus the assistance package while others provide just the package excluding transportation costs.

Advocacy and respect for international humanitarian law: Increased advocacy with the government to play a more active role in response and with the donors to provide timely assistance through appropriate funds allocation. Education and child protection partners to continue advocating with local authorities to make sure displaced children can take the final exams at the place of displacement and enrol in the new academic year. Enhanced advocacy and capacity building of the partners to avoid using government buildings for humanitarian activities and distributions. Advocacy with the NSAGs to access vulnerable population displaced in conflict zones and areas under their control.

Enhanced intra-cluster coordination: Encourage partners to share needs and response related information with the regional/ provincial cluster focal points. Protection Cluster to enhance the level of engagement and coordination with Protection actors (General Protection, CP, GBV), keep 3Ws updated and develop operational service mappings.

Improved information collection and sharing: Partners indicated that HEAT tool does not provide comprehensive information of the existing needs. Partners conducting assessments are reluctant to share results with other response actors. Improvement in tool and advocacy with donors to encourage assessment partners for timely information sharing is required.

Joint programming and response: Establish joint humanitarian distribution centres where distributions can take place in a more principled, coordinated and safe manner. ICCT to undertake frequent field missions to understand needs in a holistic way and to support joint/ integrated response efforts.

Protection matters: Protection Cluster to discuss about the opportunity and feasibility to centralise protection assessment, analysis and reporting by having APC deployed and managed rapid protection assessment teams. Mobilise more specialised GBV and CP capacities especially in terms of PSS, counselling and case management for highly traumatised individuals. Ensure protection mainstreaming in clusters' programming and ongoing response.

Food assistance, emergency livelihoods support and sustainable solutions: The short term or one-month response will not fulfil the needs of affected people. Affected IDPs and FSAC partners recommended to provide food assistance for the second month on priority basis as most of the food provided is already consumed by the IDPs. There is a greater need to provide emergency livelihood protection assistance once IDPs start going back to their places of origin. Kitchen gardening, small scale poultry and agriculture rehabilitation through inputs provision can help in securing diverse food for survival. Build linkages with development actors and advocate for supporting medium and longer term projects including livelihood and shelter support.

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