2014
HUMANITARIAN NEEDS OVERVIEW
Afghanistan

22 November 2013
Prepared by OCHA on behalf of the Humanitarian Country Team

PRIORITY NEEDS

1) 5.4 million people will need access to health services, including emergency trauma care

The number of people in need of access to health services has increased from 3.3 to 5.4 million. 2013 saw a 60 per cent increase in the numbers of people treated for weapon wounds, stretching trauma care needs beyond the existing capacity. The conflict is causing widespread disruption to health services.

2) 2.2 million people are very severely food insecure

An estimated 2.2 million people are very severely food insecure, while an additional 8 million people are food insecure.

3) 1.5 million people are in need of protection assistance.

The number of people internally displaced each year has risen from 80,000 in 2011 to 113,000 in 2013. The total number of internally displaced people is over 600,000. In the first 6 months of 2013, a total of 768 violations against children (killing & maiming, attacks against schools and health facilities, abduction, denial of humanitarian access, sexual violence and recruitment) were recorded.

4) 0.5 million people need emergency shelter and non-food assistance

556,000 people will need shelter and non-food assistance in 2014. Most parts of the country are highly vulnerable to new displacement, due to both the conflict and natural disasters.

Website:
https://afg.humanitarianresponse.info/

Photo credit: Top – Sarah Chase, Left -Ramon Shinkfield, OCHA
IMPACT OF THE CRISIS

HIGHLIGHTS

Afghanistan has been in protracted conflict for almost thirty five years, which has seriously hampered poverty reduction and development, strained the fabric of society and depleted coping mechanisms.

As the conflict intensifies, Afghanistan’s most contested areas are witnessing elevated humanitarian needs due to displacement, violence, intimidation, interruption of basic services or inability of people to access services.

The Afghan Presidential elections scheduled for 5 April 2014 are the principal focus of Afghan and international partners given the importance of a peaceful political transfer of authority for the country’s stability and future international support.

In 2014, the transitions in the security, political and economic sectors are likely to have a worsening impact on the humanitarian situation,

51 per cent of the population is aged 15 or below, and more than one in every two Afghans is economically dependent. The labour market will need to accommodate an annual influx of 400,000 to 500,000 new entrants over the next 5 to 10 years, especially in rural areas.

Fact and Figures

- ECHO ranks Afghanistan the seventh-worst country of 160, based on the extent of its humanitarian needs and vulnerability (GNVA 2013/4)
- OCHA ranks Afghanistan second of 192 countries at risk, given its high vulnerability to hazards and low capacity to respond. (OCHA Global Focus Model 2013)
- Almost 6 million refugees have returned to Afghanistan since 2002, and another 2.4 million remain in Pakistan and Iran.

- Human Development Index: UNDP ranks Afghanistan 175 out of 186 countries and territories
- Under-five mortality rate: 97 deaths per 1,000 births
- Maternal mortality rate: 327 deaths per 100,000 live births
- Life expectancy: 49 years
- 36 per cent of the population lives under the poverty line

Introduction

A complex emergency, such as the one in Afghanistan, is a situation with complex social, political and economic origins which involves the breakdown of state structures, the disputed legitimacy of authorities, the abuse of human rights and armed conflict, creating humanitarian needs which require an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country program. Afghanistan is also a protracted emergency, in that a significant proportion of the population has been acutely vulnerable to death, disease and disruption of their livelihoods for a prolonged period of time. The Afghan population is highly mobile with periods of significant fluctuations in displacement both within and beyond the country’s borders.

Afghanistan has been in protracted conflict for almost thirty five years, which has seriously hampered poverty reduction and development, strained the fabric of society and depleted coping mechanisms. Prior to 1979, the country also had extremely low levels of development.

Since 2001, there has been a massive international development aid effort with USD $90 billion pledged. In 2011 alone, the estimated (non-security sector) international development assistance exceeded $7 billion. While in other CHAP countries across the globe the humanitarian appeal is usually a major component of external assistance, humanitarian financing represents less than seven per cent of total international (non-security sector) assistance in Afghanistan. Thus, given the overall scarcity of resources the CHAP strictly focuses on acute humanitarian needs.

Human development indicators improved in absolute terms over the course of the past thirty years, and the last ten years, in particular. However, Afghanistan is rooted in the bottom decile of countries globally. Given this underlying fragility, the escalation of conflict and the prevalence of recurrent natural disasters, Afghanistan remains a protracted complex emergency. During the past five years, armed non-state actors have increasingly challenged the territorial control of the Government and expanded the geographical scope of the conflict beyond the southern and eastern regions of the country. As a consequence, the scale of humanitarian need is increasing. Acute needs are found among populations affected by conflict across the country. These are the populations prioritized by the humanitarian community for life-saving assistance. Chronic needs are equally prevalent, but fall outside the scope of humanitarian action.
Resilience refers to the ability of Afghans to endure stresses and shocks. Communities and households are considered resilient when they are able to meet their basic needs in a sustainable way and without reliance on external assistance. While this is not yet the case in Afghanistan, resilience is a desired end state where vulnerable Afghans have the capacity to maintain basic functions and structures during stresses and shocks, to access a range of skills and resources that allow them to adapt to changing circumstances and the ability to anticipate, prevent, prepare for and respond to shocks and stresses without compromising their long-term prospects. Programmatic activities that build resilience fall into the categories of disaster risk reduction, emergency preparedness, livelihood support and social protection including the delivery of basic services. Thus, strengthened resilience requires national and local leadership, participation and capacity coupled with a sustained commitment by all actors towards a long-term, development-oriented process. In order to succeed, resilience efforts must be supported by appropriate, multi-year funding streams to address the underlying causes of stresses and shocks. Such funding streams fall within development budgets, not humanitarian ones.

Drivers and underlying factors

In 2014, the humanitarian situation is likely to be affected by transition in the security, political and economic sectors, each of these are briefly addressed in turn to provide contextual background.

Security transition

In November 2009 President Karzai expressed the desire for the Afghanistan National Security Forces (ANSF) to assume security responsibility by 2014. In 2010, NATO agreed a timeline for International Security Assistance Force (ISAF) withdrawal, which proceeded from 2011 onwards. Mid-2013 marked the fifth and final tranche of this security transition, with nation-wide transfer of security responsibility from international to Afghan forces. Although there are approximately 70,000 international troops remaining, the Government of Afghanistan has now assumed full sovereignty, and is the lead for all combat operations. Since its deployment in 2001, ISAF generated a military economy in Afghanistan. In 2012 alone, the US Government spent USD $22 billion in contracts. ISAF’s counter-insurgency strategy aimed, inter alia, to establish a legitimate Afghan Government able to deliver essential services. Military-run Provincial Reconstruction Teams (PRTs) and Military Commanders’ Emergency Response Programs (CERPs) were among the key development and financial tools at ISAF’s disposal. CERP grew to almost half a billion USD annually from 2009 onwards 1. At the start of 2014, 90 per cent of civil-military aid teams had closed, as had most ISAF bases. CERP has been reduced and will wind up by the end of 2014. Thus, the security transition marks the end of military spending on reconstruction, development and basic services, and the start of a very uncertain future for those that relied on it, including Provincial Governors. The shrinking ISAF footprint in itself has a direct impact on employment and livelihoods, particularly on jobs in construction, security, transport, logistics and basic commodities such as food, fuel and supplies. The loss of livelihoods will eventually translate into increased humanitarian needs, as each ISAF employed Afghan supports an extended family. However, it is difficult to quantify this effect, as there are no agreed statistics on the number of Afghans employed by ISAF.

Entering 2014, armed non-state actors and pro-Government forces remain locked in an escalating stalemate. With a steadily decreasing ISAF footprint, ANSF expansion has appeared sufficient to secure key urban centres but too slow to reverse armed non-state actor momentum in rural areas. The armed non-state actors have displayed an

enhanced capability and intent to conduct aggressive combat operations across the country, but have failed to gain any decisive advantage. By the end of October 2013, armed non-state actor attacks had increased by 41 per cent when compared with the equivalent period last year, nearly matching the activity volumes recorded during the peak year of 2011. The first ten months of 2013 concluded with the third highest count of civilian deaths in armed non-state actor attacks since 2001, for over 1700 civilians killed. Peace talks have stalled in the absence of any credible incentives or commitments on either side.

In the absence of a political settlement, the interests of the conflict parties will continue to converge on the main access roads where the exposure of civilian populations to accidental and collateral harm in Improvised Explosive Device (IED) strikes and conventional engagements will remain high. The conflict activity is set to remain concentrated in southern and eastern provinces where respectively 44 per cent and 29 per cent of the armed opposition's attacks have taken place in 2013. However, a continued deterioration should be anticipated in emerging contested terrains along the Faryab-Farah corridor in the West and along key access routes in the North-East, where the armed opposition have made significant inroads this year, taking advantage of limited ANSF mobility and presence. The proportion of armed non-state actor attacks directed against civilian targets is expected to grow, generating greater volumes of uncontrolled violence, community conflicts and crime.

The top 20 districts by security incident in 2013 were Sangin, Panjwayi, Nari Sarraj, Maywand, Ghazni, Bati Kot, Kandahar, Musa Qala, Andar, Saydabad, Marawara, Qaysar, Mitharlam, Nad Ali, Marja, Qarabagh, Hisarak, Khognyani, Sabari, and Lashkar Gah. Highly contested areas are characterised by elevated humanitarian needs due to displacement, violence, intimidation interruption of basic services or inability of people to access services due to insecurity.

Impact of ISAF withdrawal on health facilities, workers and transport

The withdrawal of ISAF is having a logistical impact on humanitarian operations, especially for emergency health providers. Previously, some humanitarian agencies were able to reach and work in remote or insecure areas due to the presence of airfields run by international forces. With the troop drawdown, these organisations are no longer able to reach some locations or to sustain the health care they were providing. A clear example is Khost, where the ISAF airfield closed in October 2013. Access was temporarily lost; although the humanitarian community is working towards establishing an alternative with regular UNHAS flights. Access by road is often impractical because of the high frequency of security incidents.

As part of its regular operations, ISAF airtlifted injured Afghan and international troops from the battlefield to health facilities. However, following their withdrawal, such military medical evacuations are no longer available. Consequently, Afghan National Security Forces (ANSF) increasingly rely on civilian ambulances and clinics to
transport and treat the war wounded. This undermines the neutrality of health workers and facilities, and places them at risk of violent reprisal attacks from both pro-Government forces and armed non-state actors.

ISAF ran numerous military hospitals around the country, where they treated a significant number of civilians in need of specialised surgical care. The dismantling of these hospitals, or transfer of management to the Government, is expected to place an additional, but as yet unquantified burden on the public health service.

Economic transition

Uncertainty surrounding the political and security transition has led to a slowdown in economic growth in 2013, following strong growth in 2012. Economic growth is projected at 3.1 per cent in 2013. This follows strong growth of 14.4 per cent in 2012 resulting from an exceptional harvest and rapid expansion in services. Growth is projected to remain weak in 2014 before picking up in 2015, assuming a smooth political and security transition. This macroeconomic growth forecast is against a backdrop of an Afghan labour market which is characterised by a young and fast growing workforce. The share of population aged 15 or below is 51.3 per cent, and more than one in every two Afghans is economically dependent. The World Bank estimates that the labour market will need to accommodate an annual influx of 400,000 to 500,000 new entrants over the next 5 to 10 years, especially in rural areas.

After a decade of strong fiscal performance, revenue collection was weakened in 2013 potentially delaying Afghanistan’s path toward self-reliance. Revenues amounted to AFN 48 billion (USD $837 million) in the first six months of 2013, down 11 per cent in nominal terms from AFN 54 billion in the first six months of 2012. The decline in revenue collection is due to the economic slowdown as well as leakages and weakness in administration, particularly in customs. Revenues are expected to remain weak at about 10 per cent of GDP during 2013-14.

Afghanistan faces considerable expenditure needs in the areas of security, infrastructure development and service delivery. Meeting these needs will require significant grant assistance for the foreseeable future. The international community has pledged USD $90 billion for Afghanistan’s reconstruction since 2001, and official development assistance accounts for almost three quarters of the country’s GDP. To improve aid coherence and effectiveness, donors agreed in Tokyo in 2012 to align 80 per cent of development assistance with the National Priority Programmes and to channel 50 per cent of their funding through the national budget. Although the $4 billion per annum of external assistance pledged until 2016 remains significant by international standards, it marks a sharp downward trend on actual external assistance levels provided over the past decade. The fiscal gap arising, coupled with aid conditionalities and low budget implementation rates poses further challenges to ensure the continuity and growth of essential services in particular.

Opium poppy cultivation in Afghanistan rose by 36 per cent in 2013, a record high. Opium production amounted to 5,500 tons, up by almost half since 2012. Two provinces, Balkh and Faryab, lost their poppy-free status, leaving 15 provinces poppy-free this year, compared with 17 last year. Although lower than in 2012, opium prices continued to lure farmers at around $145 per kilogram. Worth an estimated $950 million annually, or four per cent of national GDP in 2013, the sector provides much needed livelihoods for Afghans in rural areas but distorts incentives to develop a sustainable licit agriculture sector. Together with profits made by drug traffickers, the total value of the opium economy within Afghanistan was significantly higher, implying that the illicit economy will continue to grow whilst the licit economy is predicted to shrink in 2014. These illicit profits of the drug industry undermine governance, fuel corruption and land grabbing and ultimately stimulate insecurity and conflict. As aid declines, reliance on the opium economy and other illicit activities could increase, including amongst marginalised populations.

Political transition

The 2014 Afghan Presidential elections scheduled for 5 April 2014 will remain the principal focus of Afghan and international partners given the importance of a peaceful political transfer of authority for the country’s stability and future international support. The incumbent President Hamid Karzai will not be eligible to run due to term limits. A total of 27 candidates were confirmed to have submitted their nominations by Afghanistan’s Independent Election Commission (IEC) on 6 October 2013, the closing day of the nomination period. On 22 October the IEC disqualified 16 of the candidates on technical grounds which are subject to appeal, leaving only 11 in the race. Public statements on behalf of the Taliban indicate they will not participate in any election to be held before the end of the occupation of Afghanistan by ISAF, and have appealed to supporters to turn public opinion against the 2014 elections. The credibility of the Afghan-owned and led process and broad acceptance of the electoral outcome will ultimately depend on a security environment enabling sufficient country-wide turnout and the safety of electoral officials, whilst avoiding disenfranchisement along ethnic lines as well as reduced levels of fraud. The potential length of the election cycle means that uncertainty as to the outcome of the election may continue into the second half of 2014. In the longer-term, Afghanistan’s stability is contingent on a negotiated political settlement to the

2 World Bank Afghanistan Economic Update
3 2013 Afghanistan Opium Survey
conflict. Although multiple tracks have been attempted, these do not yet appear to have yielded a viable process and has not resulted in a change to the operational tempo of the conflict on the ground. Most open political commentary suggests a sustainable process will also have to await the election outcome.

Outlook for 2014

Given the highly dynamic character of the security, and political transitions, the humanitarian community is preparing for increasing complexity and unpredictability in its operating environment. The simultaneous security and political transitions have given rise to economic uncertainty and increased conflict, and this is likely to continue until the end of elections and beyond. A sharp downward trend on actual external assistance levels combined with weak economic growth in 2014 is likely to have a negative impact on the humanitarian situation. Taking a realistic, but not alarmist outlook for 2014, the most likely scenario is a steady deterioration in the current situation leading to a continued increase in humanitarian need with an expected reduction in humanitarian space.

Key Messages

- Given the scarcity of resources for life-saving assistance, it is imperative for the CHAP to focus strictly on acute needs in emergencies.
- As ISAF withdraws, every effort should be made to restore humanitarian space, in particular the independence of humanitarian funding and action from political and military objectives.
- The armed conflict is causing increasing harm to civilians and is the predominant driver of humanitarian need. The six first months of 2013 saw a 23 per cent rise in civilian casualties. Death and injuries to women and children rose by 38 per cent. On average two children per day were killed and three children per day sustained injuries due to conflict in the third quarter of 2013.
- One in ten children dies before the age of five, mainly from preventable diseases. The primary conflict-related causes of death and injury are the indiscriminate use of IED, ground engagements, and ERW. In order to reduce the risk to children, proper clearance of ERW from military bases and firing ranges is imperative. Armed non-state actors must cease using victim-activated IEDs and halt the indiscriminate use of IEDs particularly in all areas frequented by civilians.
- All parties to the armed conflict in Afghanistan fail to consistently comply with applicable International Humanitarian Law, in particular the prohibition of attacks aimed at medical facilities and staff.
- In the final phase of security transition, strengthening the protection of civilians and establishing accountability mechanisms within the ANSF is critical. ANSF should revise and strengthen tactical directives, rules of engagements and other procedures to direct and ensure full compliance with legal obligations of all ANSF members to protect civilians.
- 620,000 people are displaced by conflict, of which 113,000 Afghans were newly displaced during the first ten months of 2013. The principal reasons for displacement are armed conflict; general deterioration of security; and intimidation. IDPs have poor access to protection and assistance. The national IDP policy adopted on 28 November 2013 provides a framework to address IDP protection and assistance needs, as well as finding durable solutions to displacement. In 2014, the focus should be on implementing the policy and complementing it with an operational IDP response strategy.
- As the international community’s footprint in the country is reduced, further gaps are likely to emerge in basic service delivery and disaster management. Humanitarian action by international organisations will complement national and provincial structures that have the ultimate responsibility in these areas, while seeking to reduce aid dependency.
DEMOGRAPHIC PROFILE AND AFFECTED POPULATION

HIGHLIGHTS

- 75 per cent of the Afghan population lives in rural areas
- 620,000 Afghans are internally displaced by conflict, with 40 per cent of IDPs in urban areas
- More than 5.7 million people have returned to Afghanistan in the last ten years, representing nearly a quarter of the population

Population of Afghanistan

The population of Afghanistan has one of the highest fertility rates in the world. On average, each woman has between five and six children. At the same time life expectancy is very low, at 49 years. Consequently, the population is one of the youngest in the world with more than half of the population less than 17 years old. Despite years of conflict and an increase in the population in the largest cities in the country (Kabul, Hirat, and Kandahar) the population of Afghanistan is overwhelmingly rural (75 per cent).

Afghanistan has a Gender Inequality Index (GII) value of 0.712, ranking it 147 out of 148 countries in the 2012 Human Development Index\(^4\). Only 5.8 percent of adult women have reached a secondary or higher level of education compared to 34 percent of adult men.

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\(^4\) Human Development Report, UNDP 2013
Afghanistan

HUMANITARIAN NEEDS OVERVIEW

Critical Events Timeline

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Source: OCHA

Affected Population

The number of civilians killed or injured in the first six months of 2013 rose by 23 per cent compared to the same period in 2012⁶. A total of 1,319 civilians were killed and 2,533 injured marking a 14 per cent increase in deaths and 28 per cent increase in injuries compared to the same period in 2012. This rise reverses the decline recorded in 2012 and marked a return to the high numbers of civilian deaths and injuries documented in 2011.

The main factors driving the increase in civilian casualties were increased use of improvised explosive devices by AGEs particularly in populated areas or areas frequented by civilians, and an increase in civilian casualties from ground engagements between ANSF and armed non-state actors.

In the first six months of 2013, civilian casualties from ground engagements in contested areas increased by 42 per cent, with 207 civilian deaths and 764 injuries (971 total civilian casualties)⁷. Ground engagements caused 25 per cent of all civilian casualties, the tactic causing the highest number of civilian casualties after IEDs⁸.

The increasing threat of Explosive Remnants of War (ERW) to civilian life and livelihoods pose significant risks to the safety of Afghans, particularly children. In the first six months of 2013, UNAMA documented 145 civilian casualties from ERW, a 53 per cent increase from 2012.

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⁵ There is an expectation that the fighting season in 2014 may be different than in previous years.
⁶ UNAMA Afghanistan mid-year report 2013: Protection of Civilians in Armed Conflict.
⁷ UNAMA Afghanistan mid-year report 2013: Protection of Civilians in Armed Conflict. UNAMA figures are confined to incidents actively brought to UNAMA’s attention and subsequently verified by UNAMA’s Human Rights Unit. Unlike the figures used by the health cluster, UNAMA’s figures do not include injured fighters, or war wounded patients registered by all medical facilities.
⁸ UNAMA Afghanistan mid-year report 2013: Protection of Civilians in Armed Conflict.
Deaths and injuries to women and children increased by 38 per cent; during the third quarter of 2013 on average two children were killed and three sustained injuries each day due to conflict. IEDs, followed by ground engagements and unexploded ordnance/abandoned explosive ordnance were the leading causes of death.

People living in conflict zones

The lives of ordinary Afghans are increasingly dominated by the growing scale and extent of conflict and insecurity. The conflict manifests itself in deprivation caused by loss of bread winners and livelihoods, injuries, interruption of services, increasing crime, intimidation and break down of social order. Acute needs are often most pronounced in the emergency health sector, as even mobile health clinics are suspended due to conflict. The result is that the delivery of essential curative and preventive care is curtailed, causing low immunisation coverage and subsequent increased morbidity and mortality risk, especially for children, pregnant women, and reduced ability to manage disease outbreaks.

2013 witnessed a significant increase in reported weapon-wounded patients as a direct impact of the conflict, challenging an unprepared health system. Several security incidents resulted in mass casualties, which exposed the unpreparedness of health services to respond at scale to trauma victims.

Almost six million refugee returnees

While figures are much lower compared to the peak period of crisis (2002-2008), Afghanistan is still the largest refugee repatriation operation in the world. In total, more than 5.7 million people have returned to Afghanistan in the last ten years, representing nearly a quarter of the estimated population of the country, posing considerable challenges to the country’s absorption capacity. Afghanistan’s ability to cope with the needs of refugee returnees is largely dependent on the development of the country. When development conditions are not in place to sustainably absorb return of refugees, this population will inevitably add to the humanitarian caseload.

The return figure for 2012 was 94,500 people. Returns in 2013 have dropped, with a total number of returns of some 35,000 as of the end of September 2013. This represents a 46 per cent decline in returns as compared to the same period in 2012. For 2014, UNHCR anticipates that refugees will continue to return to Afghanistan from Pakistan, Iran, and other non-neighbouring countries. For planning purposes, UNHCR estimates 50,000 refugees will return in 2014 taking into account the lowered return figures in 2013 and uncertainty in 2014.

620,000 Afghans displaced from their homes (IDPs)

Over 100,000 Afghans were displaced from their homes in 2012, due to the conflict. During the first 10 months of 2013 another 113,000 Afghans were displaced. Humanitarian agencies are unable to reach – and therefore record – the full extent of internal displacement. Thus the actual number of displacements are likely to be much higher. Overall, the total number of recorded conflict IDPs is close to 620,000 people.

Approximately 40 per cent of IDPs move to urban areas, where they join the growing numbers of urban poor. While their immediate needs are humanitarian, protracted displacement in urban areas also requires the Government to respond to the longer term development needs of these people.
The primary reasons for displacement include armed conflict (36 per cent), general deterioration of security (32 per cent) and intimidation and harassment by anti-governmental elements (10 per cent). The majority of people seek safety in the same or nearby districts, and overwhelmingly in the district or provincial centre. IDPs often find temporary shelter within the host community; however this is not a long-term solution as host communities themselves are often living under very constrained circumstances. Persons fleeing from ground engagements often return to their villages before humanitarian actors are able to reach them, despite the fact that their home communities may still be experiencing the effects of conflict. In situations where the security situation has deteriorated substantially, or where ground engagements are prolonged, people often find themselves in situations of protracted displacement, unwilling to return home.

Access to health care

Based on minimum standards as outlined by the Health Cluster access to basic public health care services is dramatically low across the entire country. There is on average only one health care worker per 10,000 Afghans which is well below the minimum standard of 22 health care workers. Access for women is much lower as there is only one health care profession per 30,000 Afghans (Annex B).
PRIORITISING HUMANITARIAN NEED

HIGHLIGHTS

- The five provinces with the relative highest humanitarian needs are Hilmand, Kunar, Badghis, Nangarhar and Ghor. These provinces have seen a high level of security incidents, and produced large numbers of IDPs. Across all sectors their humanitarian needs have been rated high or very high.

- The number of internally displaced has increased year-on-year from 85,000 in 2011 to 102,000 in 2012 to 113,000 at the end of October 2013. Almost half of all recorded displacements this year occurred in Hilmand (53,000).

- The health cluster has recorded a 77 per cent increase in civilians wounded in 2013 compared to 2012, the majority in the south. The highest humanitarian health needs are in Hilmand, Kandahar and Nuristan, where access to health facilities is severely limited.

Overview

Humanitarian actors in Afghanistan face a key challenge: ensuring that resources are allocated where they are most needed, and in an impartial, equitable and transparent manner. To improve the humanitarian community's needs analysis, the clusters and OCHA have developed an approach that takes into account all available information on the humanitarian situation, using proxy indicators where necessary, to define the level of need by province. Ultimately, this ranking is intended to help humanitarian practitioners prioritise their response.

The approach and methodology used this year has been improved compared to the methodology used in last year's CHAP, although there are still gaps in the scope and quality of data used. Improvements include collecting new assessment data, analysing older data more closely, and weighting of indicators based on their relative quality and importance to the overall analysis. To reflect new assessments and surveys, the ranking of needs by provinces will be updated in the 2014 mid-year review.

Key changes 2013 - 2014

The change in methodology means that there cannot be a direct comparison between the 2013 CHAP to this year's HNO. For example in the 2013 CHAP the Nutrition and the FSAC cluster did not rank all provinces, whereas this year they were able to rank all provinces. Also the change in cluster methodology has resulted in a change in the rank of several provinces which does not necessarily indicate an improvement or degradation in the humanitarian situation in the province.

Notwithstanding those caveats, many provinces did not change significantly in rank and Hilmand, Kunar and Nangarhar remained among the top five provinces in need. The biggest change is the arrival of Badghis in the top five. The main reasons for this change are nutrition which changed from 'low' to 'very high' and FSAC which changed from 'medium' to 'very high'.

In the lower portion of ranking the biggest change is seen by Parwan, ranked 8th last year and 32nd in this year's analysis. Multi-sector ranked Parwan as very 'high' (last year multi-sector was included in the overall ranking and it was not included in this year's ranking). Neither FSAC nor Nutrition clusters ranked Parwan due to insufficient data last year, but this year it was scored 'very low' by both.

People in need of humanitarian assistance

Based on IASC guidelines each cluster/sectors was asked to develop an estimation of the people in need of humanitarian assistance. These estimations were developed as part of the cluster/sectors individual needs analysis (Annex A). The purpose of developing an estimation of the number of people in need of humanitarian assistance is to provide an objective basis for humanitarian planning and needs assessment.

Each cluster developed these estimates at provincial level based on data gathered during their needs analysis. From these populations each cluster determined their targeted caseloads which are discussed in the cluster response plans. The table below shows the estimated people in need calculated for each cluster. Due to the separate assessment process followed by the clusters it is not possible to aggregate the total number of people in need in Afghanistan.
Health has the highest number of people in need at 5.4 million, followed by FSAC, WASH, Protection and Nutrition. A table with the breakdown by provinces in available in Annex B and target caseloads are discussed in detail in the cluster strategic response plans.

### Needs index methodology

Based on expert knowledge, extensive discussions, and membership consensus each cluster carried out a needs analysis based on a selection of key indicators and humanitarian thresholds, for each cluster's detailed methodology and analysis please see Annex A. All clusters ranked the provinces ranging from one to five, with one being very low (best) and five being very high (worst).

All other clusters developed their ranking at the provincial level using district level data. However, two clusters, namely FSAC and Health, were able to conduct the analysis at the district level, which substantially bolstered the quality of the analysis. FSAC was the only cluster to complete a needs assessment in the fall of 2013, highlighted in bold in the table below.

The overall provincial needs index was calculated as an average of the individual cluster needs index. Multi-sector was not included in the calculation due to the limitation of the indicators (i.e. indicators only focused on provinces of refugee returns and entry points to the country), and did not analyse sector need. Two conflict indicators were added to the cluster analysis to fully reflect the impact of the conflict on humanitarian needs.

The methodology used for the need analysis is intended as an objective basis for identifying relative humanitarian need. It cannot fully reflect all the complex and local factors that might influence the humanitarian situation. It should inform, but not dictate, the decision of humanitarian donors, organisations and clusters on where to allocate resources. The emphasis should be on prioritising resources in a principled and transparent manner.
Due to the dynamic nature of the situation in Afghanistan, this analysis will be revised as part of the CHAP mid-year review.

### Needs Index

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<tr>
<th>Province</th>
<th>Needs Index (Rank)</th>
<th>Protection</th>
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<th>Nutrition</th>
<th>WASH</th>
<th>ES &amp; NFI</th>
<th>FSAC</th>
<th>Conflict Incidents</th>
<th>Civilian Casualties</th>
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### Index Scale:

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

### Notes:

1. The overall needs index was calculated as an average of the cluster needs indexes and the conflict profile indexes. *Multi-sector was not included in the calculation due to the limitation of indicators (i.e. indicators only focused on provinces of refugee returns and entry points to the country), which did not analyze specific sector needs.
2. The overall ranking does not include vulnerability due to physical or humanitarian access issues.
3. Assessment indicators specific to humanitarian need were only used by FSAC; all other clusters relied on proxy indicators.
Of the 620,000 conflict-induced IDPs recorded since 1994, 113,000 were displaced in 2013 alone. 258,000 conflict-induced IDPs were displaced post-2011, and 58,000 people were recorded as displaced due to natural disasters post-2011. Cluster analysis indicates DPs displaced post-2011 remain in need of humanitarian interventions to safeguard their protection rights, particularly as there are significant challenges in accessing displaced populations. Hilmand, Faryab, Hirat, Badghis and Ghor rank highest in terms of both static IDP population and of influx since 2011.

The nature of the conflict has changed in 2013: the parties are increasingly engaging in ambushes and ground engagements in provinces such as Kunar, Ghazni, Khost and Nangarhar, with a consequent sharp increase in civilian casualties. The armed opposition’s targeted killings, occupation of health and education infrastructure, intimidation and harassment, have led to increased levels of displacement and civilian casualties (particularly in Hilmand, Kunar, Nangarhar, Maydan Wardak, Ghazni and Kandahar). For civilian populations, this change in tactics has engendered increased exposure to protection risks, in particular among women, children, the elderly and disabled.

The displaced are beset by challenges such as inadequate access to basic services; disruption to family life, destruction of livelihoods and property leading to reliance on negative coping mechanisms. Children in particular are forced into child labour, denied access to education and health facilities, and exposed to other protection risks such as child recruitment. In the first six months of 2013, a total of 768 UN Security Council Resolution on children and armed conflict (UNSCR 1612) violations against children (killing & maiming, attacks against schools and health facilities, abduction, denial of humanitarian access, sexual violence and recruitment) have been recorded.

Civilians in conflict areas face repressive governance by armed non-state actors, restrictions on movement, fear of reprisal attacks and retaliatory intimidation by both parties to the conflict, deliberate denial of access to humanitarian assistance, and other violations. While displacement due to ground engagements is generally short-term, displacement due to intimidation, harassment, occupation or control of communities by insurgents, weakened governance, is often longer term; and is characterised by a breakdown in community structures and safety nets, and a general perception of insecurity, raising a number of protection concerns, in relation to child protection, gender-based violence, housing land and property violations and exposure to mine/Explosive Remnants of War (ERW) risks.

For the mine action sector, although 75 per cent of known minefields have been cleared, the 25 per cent remaining still makes Afghanistan one of the most landmine and ERW impacted countries in the world. In spite of significant achievements, an average of 40 civilians were injured or killed per month in 2013 as compared to 30 per month in 2012.

In order to identify areas with a higher requirement for humanitarian assistance, the Health Cluster has used multiple criteria that reflect localised health impacts and vulnerability, as well as local capacity, population coverage and functionality of the existing health system. Districts and provinces reporting increased insecurity, violent incidents, civilian casualties and displacement, rank highest in terms of needs and vulnerability. These are also the areas reporting lowest population coverage by services.

The disruption of health services with closure of clinics and hospitals and suspension of outreach/mobile health services has severely compromised access to essential curative and preventive care. Coverage of essential vaccinations is dangerously low and disease outbreaks result in high case fatality. The potential for a large scale outbreak of vaccine preventable diseases remains high, particularly among populations affected by drought, floods, harsh winter, or displacement.

The provinces of Hilmand, Kandahar, and Nuristan were identified as having ‘very high’ vulnerability. However, significant variations in the health situation often exist between districts and sub-districts within one province. There are seven districts ranked as ‘very high’ within provinces ranked as ‘medium’, and six districts ranked as ‘high’ within ‘low’ ranked provinces. Conversely, two districts ranked as ‘very low’ can be found in provinces ranked as ‘very high’.

Across Afghanistan 101 districts have been identified as high or very highly vulnerable, accounting for a total population of 5.4 million. The increased vulnerability to negative health impacts in these areas can be attributed to the large proportion of the population who are negatively affected by access constraints caused by insecurity, increased conflict and violent incident related needs, and the associated poor performance and coverage of the public health system. These factors can be further compounded by harsh terrain, extreme weather, and recurrent natural disasters.
According to geographic distribution, the vulnerability mapping and ranking of districts undertaken in 2013 largely reflects the patterns of need identified in the previous year. However, the deterioration of the security situation and relative stagnation of developmental gains has resulted in a significant increase in the total number of people in need of humanitarian support year on year, increasing from 3.3 million to 5.4 million people.

**Water Sanitation and Hygiene (WASH)**

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The WASH cluster originally aimed to conduct the WASH vulnerability and needs analysis for 2014 using district level data. However, the data available from national information sources limited this analysis to the provincial level only. In some cases the cluster was able to complement and compare the provincial data with more detailed information pertaining to specific IDP/returnee and natural disaster affected population groups provided by UNHCR and IOM.

The 2013 cluster analysis identified Kunar in the east, Sari Pul in the north and Ghor in the west as having very high vulnerability with regards to WASH indicators. The same analysis also found eight other provinces as high ranking. The high and very high ranking provinces are prone to displacement, disease outbreaks, flash floods, dryness and other natural disasters.

There are a large number of districts that have a high need and vulnerability although they are located in the lower ranked provinces. This is particularly the case with regards to data on IDPs. Hirat province ranked low in the index, while it includes three districts, (Hirat city, Injil and Gozara districts), that rank very high in terms of IDP and returnee needs and vulnerability.

The number of humanitarian actors focused specifically on emergency WASH interventions is limited. Development and humanitarian WASH interventions are mixed within the mandates of most of the cluster partners. This gap in capacity remains high, although in recent years capacity building initiatives, coupled with the availability of emergency funds, have directed partners towards humanitarian activities.

The deficiency of appropriate and updated information sources to determine acute humanitarian WASH needs in the country is noted by the cluster. Accordingly the partners plan to conduct appropriate and timely assessments to inform a more accurate needs analysis in 2015.

**Nutrition**

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Country level vulnerability analysis is severely hampered by the absence of recent national level nutrition data. The last nutrition survey was conducted in 2004. More recent data is available however, this information is localised and gathered through small scale surveys only. These assessments, often undertaken to inform CMAM programme baselines, have been limited to district level data collection, inevitably producing varying estimates of malnutrition prevalence that cannot accurately inform a national vulnerability assessment.

A National Nutrition Survey has recently been conducted however data was not available at the time of the HNO assessment process. The identification of nutrition vulnerability was therefore based upon a set of proxy indicators utilising complimentary information to assess the impact of other factors affecting the underlying causes of under nutrition. This process drew on key health indicators, assessment of food security data and analysis of vulnerability to shocks as well as the impact of ongoing conflict on access.

Based on the vulnerability mapping exercise, the four provinces of Badghis, Nangarhar, Urzugan and Zabul were rated very high. Another nine provinces (Badakhshan, Balkh, Ghor, Jawzjan, Kunar, Laghman, Nuristan, Sari Pul and Takhar) were rated with high vulnerability. The remaining 21 provinces were assessed as having medium or low vulnerability. No district level analysis was undertaken and therefore this ranking does not enable accurate identification of very highly vulnerable districts or pockets where levels of malnutrition may be found to be particularly high despite the province receiving an overall moderate or low ranking.

Using an approach which combines the ranking of vulnerability based on aggravating factors and estimates of GAM and SAM drawn from existing surveys, the nutrition cluster has identified 1.4 million people in need, more than 80 per cent of which are children under 5 years old.

All SAM and MAM calculations have been based on the 2011 and 2012 small scale surveys. Provinces with similar characteristics were grouped together and an average of the GAM of the provinces surveyed was used as a basis for malnutrition estimates in provinces unsurveyed. As soon as the NNS data becomes available, the new information will be incorporated into the clusters’ vulnerability ranking and subsequently inform prioritization, planning and targeting.
The FSAC Cluster considers populations that have recently been affected and/or will be affected by transitory shocks in 2014 to be in need of humanitarian assistance, so as to ensure they can recover from, and avoid falling into, chronic food insecurity. The cluster will advocate for the most relevant assistance in food and/or livelihood recovery, to be given to households affected by conflicts and insecurity as a priority. Only very severely food insecure populations will be considered as a proxy of the acute food insecurity. A very severely food insecure person has a diet of less than 1,500 Kcal per day while all people with a diet of less 2,100 Kcal per day are considered as food insecure. While about eight million people are food insecure in Afghanistan, an estimated 2.2 million people are facing very severe food insecurity. In addition, a forecast number of 500,000 new IDPs and natural-disaster affected populations will also be in need of assistance. For each of these groups, the cluster considers 80% of these caseloads as actual targets.

Food insecurity is most prevalent in the north and central highlands, and most acute in winter and spring lean seasons. The provinces of Badghis, Daykundi, Badakhshan, Ghor, Faryab, Farah, Logar, Sar-e-Pul, Takhar, Bamyan and Balkh, Hilmand, Jawzjan rank either very high or high in terms of humanitarian needs and vulnerability to shocks.

Although the above-mentioned provinces should be targeted as a priority, FSAC should still be able to intervene in other provinces that would be affected by severe shocks, such as floods, landslides and drought, whenever the capacity of the government authorities is too low to ensure an effective and timely response.

The ES/NFI Cluster has projected that 581,000 people will be in need of emergency shelter and NFI assistance across Afghanistan in 2014. Most provinces are highly vulnerable to new displacements due to a combination of impacts from natural disasters and insecurity due to internal conflicts. To inform the Vulnerability Ranking Methodology, data was obtained only at the Provincial level due to restricted humanitarian space and displacement patterns.

The ES/NFI Cluster is not able to profile IDPs in all districts due to a lack of access and limited partner presence, and therefore the availability of data is inconsistent across districts. Provincial level data provides an overview of displacement patterns, trends and general vulnerabilities. In addition, the displacement trends of the last three years show that the majority of conflict and natural disaster-induced IDPs are moving towards the main cities and provincial centres.

Based on the results of the cluster analysis, the provinces of Faryab and Hirat are ranked very high for vulnerability. These two provinces currently host the largest number of conflict-induced IDPs as well as having experienced a high number of security incidents. An additional 16 provinces have a vulnerability ranking of ‘high’.

The displacement trends over the last three years show that these provinces experienced a combination of high insecurity and natural disasters, which resulted in a higher number of displacements. Provincial capitals and large cities are the main areas hosting the biggest portion of displaced population. It is important to note, however, that there are a number of districts in lower ranked provinces which remain of concern.

Multi-sector assistance to Afghan refugees, and undocumented vulnerable migrants (non-refugees), returning from neighbouring countries will remain crucial in 2014, with an estimated 239,010 people in need of assistance, of whom around 198,300 are eligible for assistance, (based on existing unmet needs and taking into consideration where communities are unable to absorb a further estimated 50,000 new refugees returning in 2014). The provinces recording very high needs and vulnerability are Hirat, (the most popular entry point from Iran), and Nangarhar, (the most popular entry point from Pakistan), which will be prioritised for assistance. Regional capitals and large cities with relatively better security situations are the natural migration destination for returnees in order to source viable economic opportunities; as a result Hirat City and Jalalabad City are popular destinations for returnees who are originally from the same region.
Provinces ranked high in the Northern Region; Kunduz, Baghlan and Balkh are popular destinations from Iran both through Islam Qala and Milak, as well as from Pakistan. In the Central Region, Kabul is a popular destination as the capital of Afghanistan, receiving a big proportion of refugee returnees from Pakistan. In the Western Region, Nimroz is a very popular destination from Iran especially through its Milak Border Point and also from Pakistan through Spin Boldak. In the Eastern Region, Kunar and Laghman are popular destinations from Pakistan. In the Southern Region Kandahar receives returnees from Pakistan through various boarder stations where monitoring remains a politically sensitive issue.

It is also important to recognise that legal aid remains a vital area for assistance for returnees and undocumented vulnerable migrants, (directly linked to the security of land tenure to reduce the threat of forced eviction), and that greater engagement from the Government, as well as development and legal actors, (and appropriate inter-linkages with humanitarian agencies), is important in responding to the longer-term needs of returning refugee populations which fall outside of this CHAP.

Districts and provinces ranking

The overall provincial ranking can conceal variations in needs between districts in the same provinces. For example, within the health sector, about half of the districts ranked as “very high” and “high” for health needs are found in provinces that have been ranked overall as “medium” or “low” for health needs. For a more precise analysis, needs assessments need to be carried out at the district level.

Furthermore, some provinces, such as Wardak and Ghazni, score relatively low for humanitarian needs, despite having a high for protection needs. This may require further analysis to understand this apparent tension.

Contradictions may appear to exist between food security and nutritional needs in some provinces e.g. Nangarhar, where a very high degree of nutritional needs are shown, yet a very low one in food-security. However, poor nutritional status may reflects more the poor access to healthcare, low child feeding knowledge and practice, and a lack of clean water and sanitation provision than a shortage of food. In the case of Nangarhar, both these sectors (health, WASH) show high needs.

For more specific information on the ranking of individual districts for clusters where this was done, please refer to Annex A.
RESPONSE CAPACITY

HIGHLIGHTS

- Afghanistan’s progress towards the goals set in the Hyogo Framework for Action (HFA) to reduce vulnerability and exposure to disasters has been modest.
- There are limited Governmental resources and operational capacity for emergency health preparedness.
- In order to strengthen resilience and reduce the impact of disasters, more must be done to develop early warning systems and meteorological forecasting.
- The geographic presence of humanitarian actors is primarily concentrated across the northern half of the country, with a relative paucity in the number of organisations operating in the southern half.

National and local capacity and response

In Afghanistan, disaster management is regulated by the Law on Disaster Preparedness, Response and Risk Reduction and spans both natural and man-made disasters. A National Disaster Management Commission (NDMC), under the leadership of the President or Second Vice President, comprised of line ministries, provincial/municipal authorities as appropriate and the Afghan National Disaster Management Authority (ANDMA) is assigned the central coordinating role. The NDMC is mandated to provide strategic direction through all phases of the disaster management cycle and ANDMA, on behalf of the NDMC, coordinates all disaster management action. OCHA participates in the NDMC on behalf of the international humanitarian system.

Operationally, the NDMC is supported in each of Afghanistan’s 34 provinces by Provincial Disaster Management Commissions (PDMC) under the leadership of Provincial Governors, provincial representatives of line Ministries, the relevant district authorities and ANDMA. The PDMCs are charged with prevention and mitigations activities, aided by District Disaster Management Commissions as appropriate.

The financial resources for disaster response are allocated from the national budget supplemented by contributions and assistance provided by international and Afghan organisations. In 2013, the national budget for disaster management was AFN 900 million (USD $15.7 million) which was further supplemented by the strategic grain reserves managed by the Ministry of Agriculture, Irrigation and Livestock (MAIL).

The Afghanistan Red Crescent Society (ARCS) participates in the NDMC and PDMCs and is supported by a wide network of members and infrastructure through which to preposition emergency stocks and manage relief operations. The ARCS operates through a pool of approximately 32,000 volunteers that can be mobilised to provide response during emergencies.

Despite the formal existence of disaster management and risk reduction mechanisms, Afghanistan’s progress towards the goals set in the Hyogo Framework for Action (HFA) to reduce vulnerability and exposure to disasters has been independently assessed as “quite fragile”

Focus on emergency health preparedness

The Government spends $5.50 per capita on a basic package of health service (BPHS) and $10.90 per capita overall on the health sector, including central administration. WHO recommends an allocation of $20-25 per capita in the context of Afghanistan. According to the Ministry of Public Health, BPHS has 60 per cent coverage of the population. There are limited Governmental resources and operational response capacity for emergency health preparedness. While trauma care and mass casualty guidelines exist, operational capacity and funding to support implementation is limited. Consequently, the Ministry relies heavily on the international community, primarily WHO and NGO partners, to deliver emergency health services including early warning of disease outbreaks.

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9 UN Secretary-General’s Special Representative for Disaster Risk Reduction, Margareta Wahlström
Afghanistan is prone to recurrent sudden and slow-onset natural hazards; it is twelfth on the seismic risk index, twenty second on the drought risk index and twenty fourth on the flood risk index. The NDMC takes the lead role in preparedness, response and risk reduction but serious gaps in system due to weak coordination and the absence of emergency delivery procedures remain.

In order to strengthen resilience and reduce the impact of disasters, more must be done to develop early warning systems and meteorological forecasting. Afghanistan also needs to establish efficient watershed management to secure the rainfall that enters various groundwater sources. To support these measures, emergency coordination should be enhanced at all levels.

Internal displacement

Afghanistan has established an IDP Task Force to determine the number, profile, location and needs of IDPs and to coordinate emergency relief efforts and provide sustainable durable solutions. This task force is co-chaired by the Ministry of Refugees and Repatriation and UNHCR with the participation of UN agencies, NGOs and interested Government and donor representatives. A key objective is to provide basic protection and assistance to the growing number of internally displaced people based on vulnerability criteria.

Since early 2012, the task force has supported the development of a national policy on internally displaced people to provide a framework not only for responding to recurring short-term humanitarian interventions and recent displacement, but also to pursue the full range of solutions for ending displacement. The IDP policy was adopted on 28 November 2013 providing a framework for systematic, coordinated approaches to IDP protection and assistance which should ultimately alleviate the cycle of short term humanitarian interventions.

Protection of civilians

Since August 2012, a Protection of Civilians forum has been convened regularly at the Principals’ and Expert levels. The forum is chaired by the Humanitarian Coordinator with participation by the Office of Administrative Affairs, National Security Council, Ministries of Defence, Interior, ISAF and line Ministries as appropriate, UN cluster lead agencies, the Afghan Independent Human Rights Commission, UNAMA Human Rights, the Protection
Cluster and OCHA. The Principals’ forum meets quarterly and addresses issues related to the conflict including civilian casualties, displacement and access of affected populations to basic services.

Humanitarian response capacity

Humanitarian coordination comes under the direct leadership of the Humanitarian Coordinator (HC). He is supported by OCHA in its overall secretariat function, and by the Humanitarian Country Team, which is comprised of UN humanitarian agencies, international and Afghan NGOs, and humanitarian donors. To support effective and efficient humanitarian coordination, technical clusters are active in the fields of health, nutrition, water sanitation and hygiene, food security and agriculture, emergency shelters and non-food items and protection. The clusters coordinate amongst each other under the chairmanship of a dedicated inter-cluster coordinator in OCHA.

At the regional and provincial levels, Humanitarian Regional Teams and Operational Coordination teams have been activated in order to coordinate the delivery of humanitarian assistance directly to those most in need.

A 3W (Who – the organisation undertaking activity, does What - sector of activity and Where - district where activity is undertaken) informs humanitarian actors about potential gaps or overlaps in the humanitarian response. Each cluster has collected this critical information as part of their needs and gap analysis. The 3W below is a compilation of 3Ws from each cluster and only includes humanitarian organisations, not government departments. In Annex A the needs analysis of each cluster includes a specific 3W map or table and in Annex B is a table with the number of actors by province.

The geographic distribution of humanitarian actors is primarily concentrated across the northern half of the country, with fewer organisations operating in the southern half. It is important to note that the number of organisations does not equate to capacity and that a high number of actors does not mean that all of the humanitarian needs in all sectors are met.

It is difficult to compare the number of humanitarian actors from the 2013 CHAP to this years HNO due to the differences in data collection methodology by several clusters and the increased effort by clusters to identify actors working in their sector as well as changes in funding. As a result there have been significant changes in FSAC, Protection and Health clusters with fewer changes in the WASH and Nutrition 3Ws.

The financial resources required for humanitarian response are outlined in the annual Common Humanitarian Action Plan. Allocations by donors to individual UN and NGO implementing partners and clusters are recorded on the global Financial Tracking System, and maintained online by OCHA in Geneva. As of 22 November 2013 the 2013 CHAP currently funded at $474,428,380 (77 percent).
Humanitarian presence compared to need

In order to ensure that the acute needs prioritised are being targeted, it is critical to understand the intersection of current humanitarian need and the actual humanitarian response. To better comprehend this situation, a comparison was made between the identified need (as defined by the clusters) and the humanitarian community’s ability to respond, measured by the number of implementing agencies currently active in the response. The analysis found a significant discrepancy between severity of humanitarian needs and actual capacity on the ground to respond to those needs.

Using the information provided by the clusters on the severity of need, people in need of humanitarian assistance, and the existing response, the presence gap has been defined as a ratio of the “number of agencies” and the “number of people in need” weighted by the needs index.

\[
\text{Presence Gap Index (Province)} = \frac{\sum \text{cluster} \left( \frac{\text{People in Need} \times \text{Need Index}}{\text{Number of Agencies}} \right)}{\sum \text{cluster} (\text{Needs Index})}
\]

The presence gap index is built from the people in need, needs index and 3W data provided by the clusters. The limitations to this approach are acknowledged; for instance, large number of actors does not necessarily mean all the needs are covered. However, in the absence of a more comprehensive capacity assessment of the clusters, this index provides a general guide to re-evaluate areas and populations in need that may be currently underserved by the humanitarian community.

As shown in the map below the provinces in shades of orange and red indicate areas that currently may be underserved. This analysis does not compare provinces but should be used to understand the needs and identified people in need versus the number of humanitarian agencies actively working in the province.

Kandahar, Ghazni, Wardak and Parwan provinces have relatively fewer actors compared to the need whereas Kabul, Hirat, Faryab, Jawzjan, and Khost have relatively higher number of actors compared to the need.
HUMANITARIAN ACCESS

HIGHLIGHTS

- The humanitarian community is not systemically targeted by any party to the conflict. However, the exposure of humanitarians to violence is increasing.
- In 2014, humanitarian access in contested rural areas is likely to experience further constraints.
- Humanitarian staff members could potentially access all provinces using air services, but aviation services are inadequate in terms of locations served, frequency of flights, emergency capacity and user affordability.

Access constraints

OCHA applies a global access monitoring and reporting framework to collect and analyse the impact of access constraints on humanitarian response.

More than 2,600 access constraints were reported from October 2012 to October 2013 with ten provinces (Wardak, Nangarhar, Hilmand, Logar, Farah, Kunar, Faryab, Kandahar, Kabul and Badakhshan) accounting for 57 per cent of all constraints recorded. Of the nine types of constraints monitored, the five most prevalent in Afghanistan are military operations and ongoing hostilities, restriction of movement into affected areas, restrictions on conflict affected populations access to services and assistance, violence against humanitarian personnel, assets and facilities and interference in the implementation of humanitarian activities.

The presence of landmines, UXO and explosive remnants of war (ERW) also impact access. An average of 40 civilians were injured or killed per month in 2013 and over 920,000 Afghans still live within 500 meters of landmine contaminated areas. The provinces with the highest number of civilians killed or injured due to UXO or ERW are Nangarhar, Kandahar, and Kunar.

Fixed physical access constraints unrelated to the conflict include limited road infrastructure and rugged terrain both throughout the year and with seasonal variation, eight provinces; Badakhshan, Baghlan, Kunar, Laghman, Nuristan, Panjsher, Samangan and Wardak are categorised as the most challenging.
Change in conflict incidents by district from 2012 to 2013

As evidenced by the change in the volume of conflict incidents by district between October 2012 and October 2013, the nature and scope of the conflict in Afghanistan remains dynamic and continues to evolve year on year with ongoing changes in the density and geographical spread of security incidents. The correlation between conflict incidents and the 2,600 access constraints recorded is not always close or direct and may involve a time lag thus requiring closer analysis at the district and actor level taking into account the nature of activities undertaken.

Access outlook for 2014

Although the humanitarian community is not systemically targeted by any party to the conflict, the exposure of humanitarians to violence is increasing. Humanitarian incidents have reached a record high for a total of 189 incidents by the end of October. Armed non-state actors were responsible for 100 of these, equally split between ‘accidental/collateral impacts’, ‘deliberate and hostile’ events, and a grouping of less severe incident types such as ‘information gathering’, thefts and ‘shaping’ operations. Situational encounters with armed non-state actors resulted in the growing number of casualties, of which two thirds occurred collaterally and mostly in urban centres. The cases of armed non-state actors deliberately targeting NGO staff (20 cases in total) occurred most frequently in rural areas witnessing armed non-state actor expansion. Overall, there were 21 NGO aid worker fatalities with a further 64 injured. The practical limits of acceptance strategies appeared throughout a number of cases in which armed non-state actors targeted humanitarians as proxies for the purpose of their own internal messaging or in unrelated retaliatory measures. Criminal violence levels remained stable, and stemmed more frequently from disputes linked to the individual profile of staff members than from an income-oriented criminality. Although the incidents caused by ANSF typically occurred without violence, there has been an increased number of ANSF interference with humanitarians. This constituted 20 per cent of all incidents and primarily impacted the health sector in contested areas.

Whilst urban centres will remain accessible to humanitarians despite higher risks of casualty-heavy incidents and predatory criminality, humanitarian access in contested rural areas might become subject to less predictable constraints which will require robust operational flexibility, targeted advocacy and greater tolerance of risk. The scope for safe implementation of humanitarian interventions without long-standing community relationships and in areas undergoing conflict expansion will decrease and will be contingent upon individual negotiations with a greater variety of conflict stakeholders.
This section builds on the prior analysis of provincial needs to give a forward look at the humanitarian emergencies in provinces in 2014. The purpose of this section is to inform preparedness actions. It is not intended to influence the geographical allocation of financial resources. It can be used to enhance the system’s preparedness and ultimately, its response capacity in a context that is highly complex and dynamic.

The risk profile has been designed to replace the traditional contingency or scenario planning, which typically elaborates a best, worst and most likely scenario. The risk profile only describes the most likely scenario, the steady deterioration of the humanitarian situation. It uses recent data to provide a provincial view of risks caused by conflict incidents, civilian casualties, limited access to basic health, drought, conflict displacement and the restriction of humanitarian access.

There are three components to the humanitarian risk profile:

- The Afghanistan humanitarian risk register, which identifies and rates the severity of emergency events.
- The relative risk that inhabitants have in each province to emergency events.
- The possible escalation of these risks.

A more detailed explanation of the risk analysis approach and interpretation of the humanitarian risk profile is provided in Annex C.

The Afghanistan humanitarian risk register

The risk register approach follows the current IASC guidance, on Inter-Agency Emergency Response Preparedness (ERP). The HCT applied this guidance to identify the likelihood and impact of selected emergency risks in Afghanistan. To accompany the Afghanistan Risk Register there is a monitoring sheet to identify progress on an agreed set of Minimum Preparedness Actions (Annex C). These track the overall country systems’ readiness for an emergency. This is included in more detail in the strategic response plan. The approach focuses on the main risks identified for the next six months. The risk register will be updated on a bi-annual basis. The main risk events identified for the second half of 2013 were: 1) an increase in conflict, 2) attacks on humanitarian agencies, 3) natural disasters, 4) disease outbreak, and 5) adverse socio-economic conditions.

The risk severity of an event is based on the likelihood and impact of an emergency. For example, a high likelihood (5) and a moderate impact (3) would lead to a risk severity score of 15. The register includes thresholds indicators for the risks, and shows which organization is monitoring them. A summary of the risk register is below (the full results of the risk register are set out in Annex C).

Overall, the severity of the risks was assessed to be in the minimum to moderate range. The most severe risks for Afghanistan in the second half of 2013 were judged to be those that came from an increase in conflict (nine out of a possible 25), followed by outbreaks of disease. The least severe risks were judged to be those of a drought, pandemic or the destabilization of the socio-economic environment through economic migration (four out of a possible 25). As the growing season was already completed at the time the risk register was compiled, the likelihood of a wheat crop or harvest failure was rated as low.
Understanding the existing risks

The location of emergency related incidents or events over the last few years provides the baseline for future emergencies in 2014. A relative risk approach was adopted to compare the risks of these events within a province against the nationwide risk. The relative risk considers the number of people living in a province. Provinces with a smaller population will typically have a higher relative risk than provinces with a larger population, for the same number of events. (See page 8 for the population per province).

A relative risk score of 1 means that the risk within the province is the same as the risk outside of the province and is similar to the Afghanistan national average. A relative risk score that is greater than 1 means that the risk within the province is higher than the risk outside of the province and is above the national average. This shows where the existing risks are the highest and provides the baseline for future emergencies in 2014.

It is important to note that a higher relative risk does not necessarily mean there is higher humanitarian need. Rather, the tool tries to capture what is the current susceptibility a person living in a province has to a risk event.

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10 This is not technically correct according to the relative risk calculation, but has been purposefully described using the "average" term to facilitate simple messaging to the reader.
AFGHANISTAN

HUMANITARIAN NEEDS OVERVIEW

Provincial highlights

- Kunar and Hilmand are at the top of the risk scale. In the last three years, the risk of experiencing a conflict incident in Kunar was eight times higher than outside of Kunar. The risk of experiencing a conflict incident in Hilmand was three times higher than outside of Hilmand.

- At the other end of the risk scale are Bamyan, Panjsher and Kabul. For risks related to conflict, these provinces were eight times less likely to experience an incident of conflict than the risk outside of them.

- From 2010 to 2013, the risk of being killed or injured directly or indirectly from conflict violence was approximately five times higher in Kunar than outside of the province.11

- The relative risk of drought occurring in Kunar is eight times lower than the rest of Afghanistan.

- In the last three years, the relative risk of conflict induced displacement occurring in Hilmand was nearly six times higher than anywhere else in Afghanistan.

- In the last year, the relative risk of an event restricting humanitarian access within Wardak was more than four times higher than anywhere else in Afghanistan.

- The relative risk of not being able to access basic health care was more than two times higher in Farah, Khost and Kandahar, as at October 2013.

11 In the above example, the number of civilian casualties in Kunar was 1,736 killed and injured over the last 3 years. Based on a national average of approximately 91 civilian casualties per 100,000 people and a provincial population of 436,000, the expected number of casualties is 395. In effect, individuals living in a province with a smaller population will typically have a higher relative risk than those living in a province with a larger population, for the same number of civilian casualties.

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### Humanitarian Risk Profile

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<th>Killings</th>
<th>Casualties</th>
<th>Limited Access</th>
<th>Forced Displacement</th>
<th>Restricted Human Access</th>
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Notes:

1) These risk indicators were selected as proxies for the risk identified in the risk register.
2) The relative risk is ratio of actual (observed) events and expected events (based on national incident rate).
3) At a relative risk score of 300 means that the risk is at least 300 times lower, i.e. could be greater than 300 times lower.
4) The overall average was based on an average of all risk indicators weighted by the scale escalation factor.
5) The scale factor is the "severity" of an associated risk defined by the risk register.
6) Data sources: UNAMA, UNAMA, IOM, MoPH, Ministry of Urban, UN OCHA, CSO.

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In the above example, the number of civilian casualties in Kunar was 1,736 killed and injured over the last 3 years. Based on a national average of approximately 91 civilian casualties per 100,000 people and a provincial population of 436,000, the expected number of casualties is 395. In effect, individuals living in a province with a smaller population will typically have a higher relative risk than those living in a province with a larger population, for the same number of civilian casualties.
Possible escalation of existing risk

Based on the risk severity rating from the July to December 2013 Risk Register, an overall “escalated” risk score was calculated for each province\(^2\). However, there was little difference between the escalated risk profile and the exiting overall risk profile due to the minimum to moderate assessment of the risk severity scores. The most noticeable escalation in risk is observed in Kunar, where there is a relatively high risk to Afghans living in that province potentially impacted by conflict incidents.

Outlook for 2014

Humanitarians expect a steady deterioration in the situation along the lines of the current situation. This is a realistic, but not alarmist outlook for 2014. However, given the highly dynamic character of the economic, security, and political transitions, the humanitarian community is preparing for ever increasing complexity and unpredictability in the operating environment. The simultaneous security and political transitions have given rise to increased conflict, economic uncertainty and this is likely to continue until the end of elections and beyond. Thus, there is no best case scenario for Afghanistan.

\(^{12}\) This was done by taking an average of the existing relative risk score for each event (e.g. security incidents) weighted by the severity score as determined through the risk assessment process.
ASSESSMENT PLANNING

HIGHLIGHTS

Assessments needed in 2014 include:

- IDP caseload verification and profiling
- Integrated Phase Classification (IPC)
- Health system functionality and coverage at province level
- National nutrition survey
- Protection baseline surveys
- Comprehensive national WASH assessment

Cluster analysis of humanitarian needs and gaps will continue to be informed by a variety of assessments going into and throughout 2014. These assessments will be contingent, in a large part, on the level of district and provincial-level security and access. Implementing partner agency presence, capacity and coverage may also be limiting factors.

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