

Context: The province has the highest risk profiles in Afghanistan as a result of poor access to basic health services, restricted humanitarian access and exposure to drought. It is the most contested area in the Western Region with civilians in the northern, central and eastern districts significantly exposed to conflict. Basic services provision outside of the provincial capital is minimal. The province has few resources and insecurity has affected the presence and reach of NGOs.

Key Messages

1. The capacity of the health sector to deliver an appropriate response to civilians affected by conflict-related trauma in rural areas remains a significant focus of the humanitarian community. Life-saving health services introduced in neighboring provinces represent an opportunity and a best practice to address the needs of civilians affected by conflict, particularly in eastern Farah.
2. Conflict-displacement has increased ten-fold since 2013 while the capacity to reach and address needs has remained unvaried with almost no access for IDP Task Force members beyond the provincial capital. Little is understood of civilians trapped in contested areas in the east and north.

People in Need	Population (CSO 2014)	Humanitarian Organizations Present with Current Operations	Transition Status
<ul style="list-style-type: none"> • 6,720 conflict IDPs (Jan-Jun 2014, UNHCR) • 3,759 natural disaster affected people (2014, IOM/OCHA) 	<ul style="list-style-type: none"> • Total: 490,600 • Male: 51.3% • Female: 48.7% • Urban: 7.3% • Rural: 92.7% 	UNICEF, UNHCR, WHO, IOM, CHA, VWO, ARCS, ICRC, and VARA	Fully transferred to the Afghan National Army, 31 December 2012 (NATO).

Humanitarian Coordination Structure:

The Provincial Governor chairs the Provincial Disaster Management Committee with the support of ANDMA. There is no Operational Coordinating Team due to the small presence of active humanitarian actors on the ground.

Humanitarian Access (Issues/Constraints):

Humanitarian organizations are severely constrained in their movement outside of Farah city with almost no assessments taking place in the east and northern parts of the province. Even traditionally 'quiet' districts in the west have become largely inaccessible due to AOG presence along the border with Iran. The provincial capital can be easily accessed from the regional humanitarian hub in Hirat, where emergency stocks are stored and can quickly be mobilized from.

Disease Outbreaks as reported by DEWS:

No disease outbreak is recorded in the last six months in Farah province; underreporting in rural areas a concern.

Needs Index 2014 CHAP Farah Province		Humanitarian Needs by Sector/Cluster
Sectors	Score	
Protection	3	<p>Food Security and Agriculture: Less than 1% of the population is considered as "very severely food insecure" and almost 5% are "food insecure" (NRVA 2012). There are concerns that needs are largely under-reported due to lack of access.</p> <p>Health: This is a priority area for humanitarian work due to the fragility of the health delivery system, particularly in rural areas affected by conflict. Referral and treatment of war-related injuries, vaccination and diseases early warning and response are constant challenges for health practitioners. The inability to access areas outside of the provincial capital makes the monitoring of the functionality of the health-sector very difficult.</p> <p>Nutrition: At more than 70%, the prevalence of stunting in the province is highest in the country (NNS 2013). There is no emergency programming in the province.</p> <p>Protection: The province is extremely vulnerable to conflict with UNAMA reporting deteriorating indicators for civcas, with IED use increasing by 17%, and ground engagements by 27%. Conflict-induced IDPs have grown 10 times with respect to the first 6 months of 2013 (UNHCR). There is limited understanding of the needs of the civilian population in contested areas to the east and north of the provincial capital.</p> <p>Water, Sanitation and Hygiene: According to the NNS 2013, 45% of houses holds have access to improved sanitation facilities while 52% have access to safe drinking water.</p>
Health	3	
Nutrition	1	
WASH	2	
ES & NFI	3	
FSAC	4	
Multi-Sector *	3	
Conflict Incidents	3	
Civilian Casualties	4	
Overall Index	2.9	
Legend Rank 19 out of 34 Provinces		
Very High	5	
High	4	
Medium	3	
Low	2	
Very Low	1	