

2015

HUMANITARIAN NEEDS OVERVIEW

Afghanistan

November 2014



Prepared by the Humanitarian Country Team



KEY HUMANITARIAN ISSUES

Conflict causes death, injury and displacement

7,965 civilians killed and injured by conflict January-September 2014, 22 per cent of which were children. 105,800 people fled their homes, in the same period, amidst increased fighting in Northern Hilmand and other provinces.

1.2 million children acutely malnourished

Of which, 500,000 children under five years old will need treatment for severe acute malnutrition (SAM) in 2015. Malnutrition is an underlying cause in more than one third of under-five child deaths in Afghanistan.

2.2 million people very severely food insecure

Approximately 2.2 million Afghans live on less than 1,500 kilocalories/day and are considered very severely food insecure. Food insecurity affects nearly 8 million people with an additional 2.4 million classified as severe, and 3.1 million moderately food insecure.

225,000 Pakistani refugees in need of emergency assistance

In the wake of a full scale military offensive, some 225,000 people (30,000 families) have fled their homes in Pakistan to neighbouring Afghan provinces. The sudden influx has strained capacities and depleted coping mechanisms in already under-served host communities.

Half a million children dying of preventable diseases

Acute diarrhoea affects nearly 1.7 million and acute respiratory infection some 750,000 children under 5 years per year. Simple, appropriate and inexpensive treatments can significantly reduce both conditions and the associated excess mortality among children in Afghanistan.

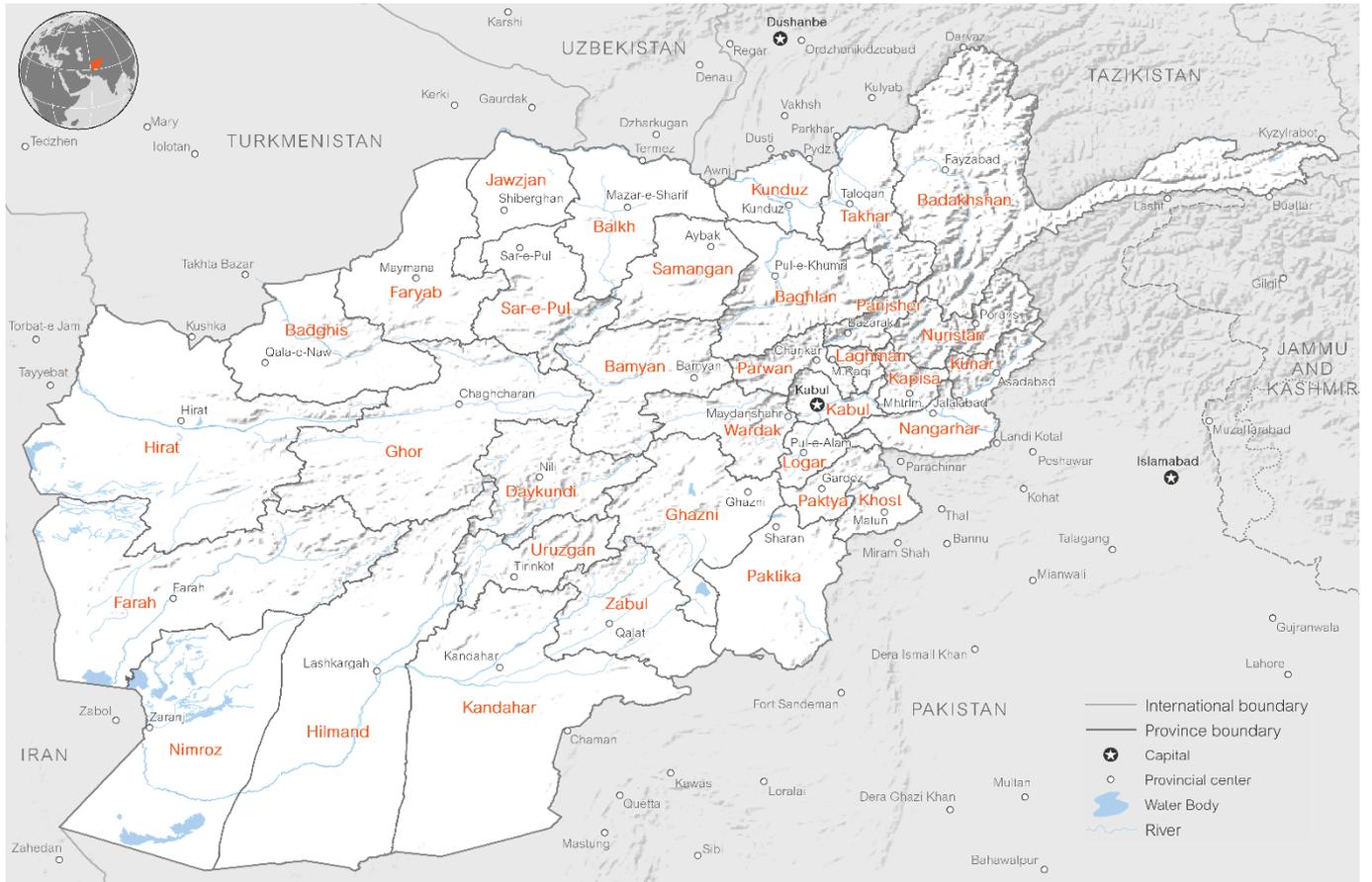
4,000 families face winter without adequate shelter

Some 8,000 homes were destroyed in northern Afghanistan following spring rains and flooding in April. While the humanitarian community is supporting shelter needs in affected communities, some 4,000 vulnerable families living at high elevation risk facing the winter without adequate shelter.

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Assessment registry:
afg.humanitarianresponse.info

REFERENCE MAP



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IMPACT OF THE CRISIS

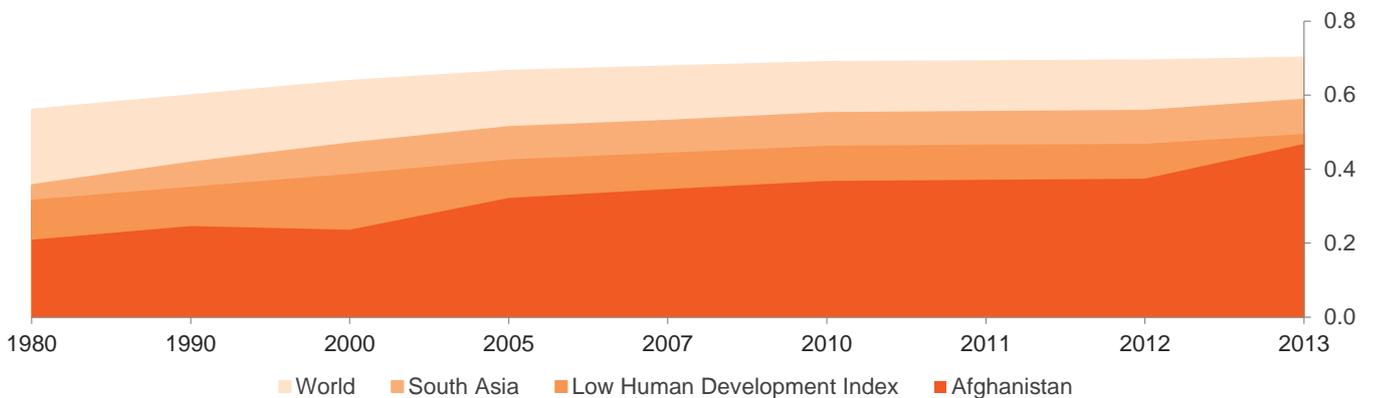
Underlying factors

Overview of the crisis

Despite over a decade of investment by the international community, Afghanistan's human development indicators place the country within the bottom decile of countries globally.¹ Nevertheless, there have been improvements in human development over the past twelve years. The average annual HDI growth rate has increased to 2.46 per cent in 2000-2013 from 1.42 in 1990-2000.²

In 2014, the contest for power between the state and non-state armed actors increased and complex social, political and economic tensions and rivalries came to the fore. In the year of the transfer of political and military power, legitimacy of the authorities remained disputed. The conflict, partly fuelled by the effort to control economic resources in an era of declining international aid expenditure, continued unabated.

Human Development Index (1980 – 2013)



Data source: Human Development Report, UNDP, 2014

The expansion and changing nature of the conflict led to an increasing number of civilians killed and injured in 2014. The transfer of military power from international to national control left state security forces with the challenging task of ensuring a degree of central government control in remote districts and provinces. As of 30 September, 105,800 people were displaced by conflict since January 2014 as compared to 90,300 in the same period in 2013, representing an increase of 17 per cent. Extensive displacement occurred in rural areas in western and central Afghanistan.

While education and healthcare have improved in urban areas, rural populations remain largely vulnerable to maternal and perinatal mortality and to childhood death and disease, with malnutrition a key concern. Natural disasters such as cyclical droughts, floods and landslides caused displacement and loss of livelihoods. Approximately 120,000 people were affected by heavy rains and flooding received assistance in 2014.

The humanitarian crisis

Conflict in 2014

The intensity of fighting between state and non-state actors increased in 2014, with 36 NGO fatalities in the first nine months of the year; almost double the number reported for the same period in 2013. Sharp increases in conflict occurred in Kunar and Nangarhar, in the north-west corridor from Hirat up to Faryab, and in Hilmand (Sangin and Musa Qala districts), Ghor, Logar, and Nuristan provinces.

Conflict-Induced Displacement (2012 – 2014)



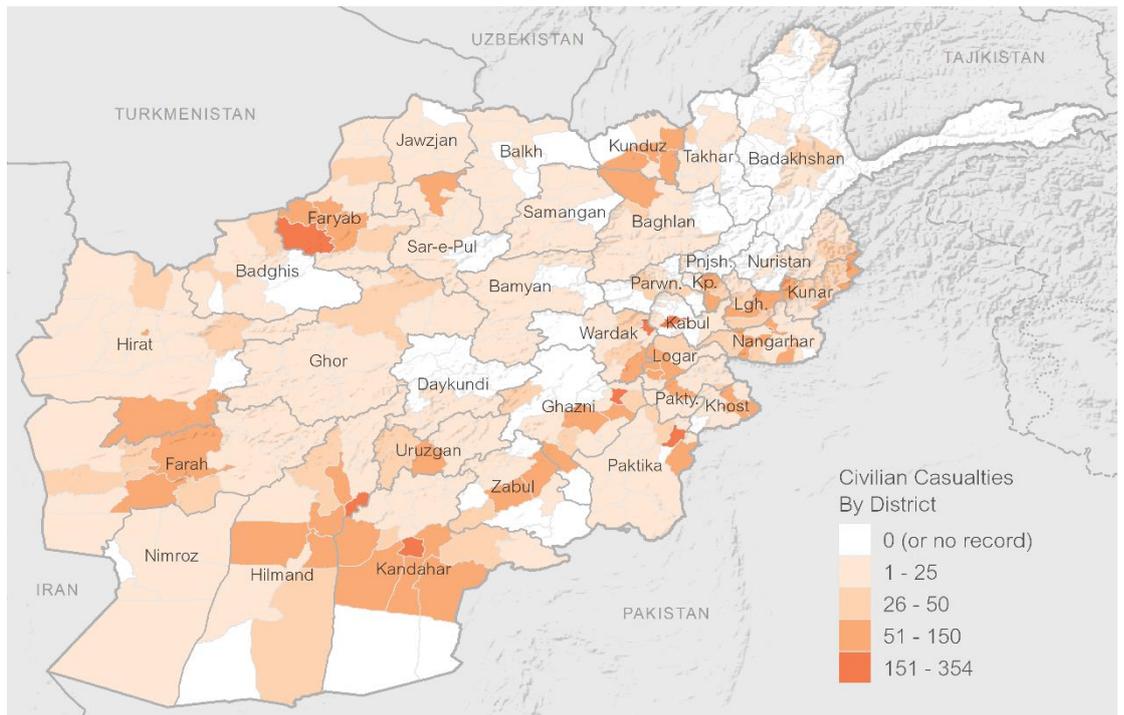
Notes: Includes newly displaced individuals from 1 January 2012 to 30 September 2014. Data source: UNHCR, September 2014

Civilian casualties increased as the nature of attacks changed and more were caught in the crossfire of large scale offensives. From 1 January to 30 September 2014, there was a 14 per cent increase in the number of civilian killed or injured owing to the conflict. There were 7,965 civilian casualties in the first nine months of 2014, 22 per cent of which were children.

Improvised explosive devices (IEDs) were the second biggest cause of civilian casualties. Against this background, the number of incidents affecting humanitarians did not rise proportionally to the increase in the scope and scale of the violence seen countrywide.

Civilian Casualties from September 2013 to August 2014

Notes: 1) From 1 September 2013 to 31 August 2014, 9,604 civilians were killed or injured compared to 8,619 in the same period in 2012/13³. 2) A civilian casualty is defined as a civilian killed or injured resulting directly or indirectly from conflict related violence. 3) Some records could not be matched to a district boundary. 4) Data source: UNAMA Human Rights Unit. PoC reports can be found here: (<http://unama.unmissions.org/Default.aspx?tabid=13941&language=en-US>). Data sources: AGCHO, UNAMA.

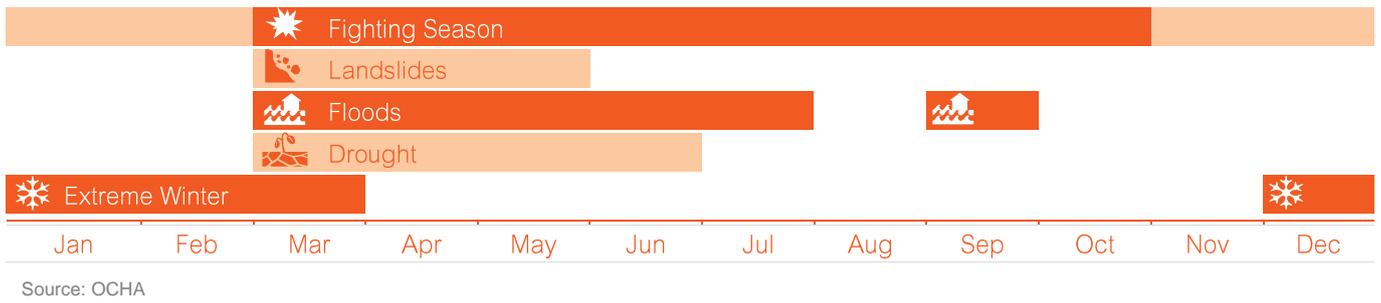


Natural disasters

Afghanistan is a disaster prone country subject to earthquakes, flooding, drought, landslides, and avalanches. Over three decades of conflict, coupled with environmental degradation, and insufficient investment in disaster risk reduction strategies, have contributed to increasing vulnerability of the Afghan people to natural disasters. High levels of poverty, lack of livelihood and income generating opportunities, chronic health problems, and poor state of

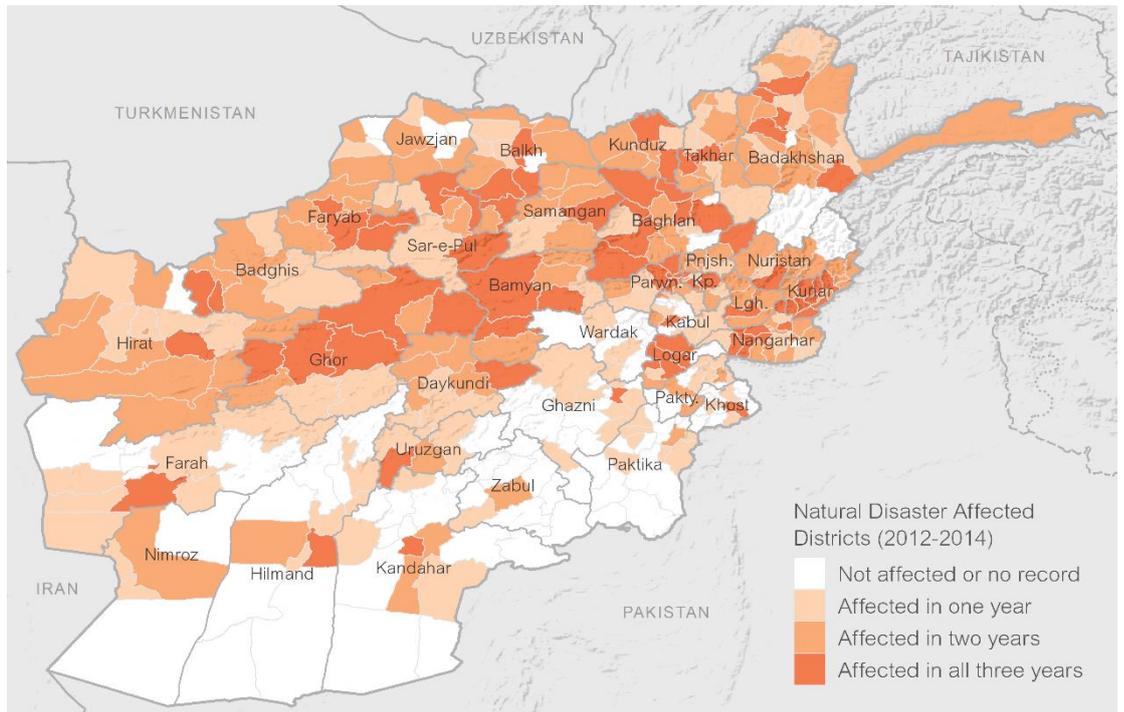
the infrastructure add to the burden of natural disasters. Afghanistan ranks 176 on the Global Adaptation Index (ND-GAIN), which ranks 177 countries according to vulnerability and ability to cope with climate change.

Seasonal Calendar



Areas Affected by Natural Disaster (2012–2014)

Notes: 1) Natural disaster events include avalanches, extreme winter conditions, flooding, heavy rainfall, landslides & mudflows, and extreme weather (sandstorms, hail, wind) as recorded by OCHA and IOM. 2) A natural disaster incident is an event (type, date and district) that has affected Afghans, who may or may not require humanitarian assistance. 3) IOM data is the primary reference. OCHA data includes figures from ANDMA, Red Crescent Society, national NGOs, international NGOs, and ERM. Data source: OCHA, IOM, July 2014.



Since 2011, the country has experienced a series of large scale natural disasters. These include the June 2012 earthquakes which killed 75 people and destroyed over 700 houses in northeast Afghanistan’s Baghlan province; and the floods of April 2014 that destroyed some 8,000 homes in northern Afghanistan.

Political transition

Part of the increase in conflict in 2014 may be attributed to a period of political transition. The Afghan presidential election dominated the 2014 political landscape. After a lengthy audit process, under the full authority of the Afghan electoral bodies, an agreement was signed on 21 September, ending a months long stalemate. Under the terms of the agreement, Ashraf Ghani was appointed as the President and Abdullah Abdullah, was appointed as the newly created Chief Executive Officer.

Economic outlook

Afghanistan’s economy has witnessed a decade of strong annual growth rates above 9 per cent GDP during the period 2003-2012, peaking at nearly 12 per cent in 2012/2013.⁴ Despite strong growth rates, the country remains one of the poorest in the world and relies heavily on international assistance. Per capita income for 2012 is estimated at about US\$680. Afghanistan ranks 169 out 187 in the Human Development Index; well below its neighbours on most human development indicators.⁵ Economic growth dropped in 2013 and 2014 attributed largely

to a reduction in harvest as compared to 2012 and a lack of business confidence due to uncertainties about the outcome of the election. The IMF forecasted the GDP in Afghanistan to be 3.2 in 2014 and 4.5 in 2015.

At the Wales Summit, in September 2014, NATO Allies and partners renewed their commitment to support the Afghan National Security Forces with \$5.1 billion pledged annually until the end of 2017, representing a \$1 billion increase to the pledge made at the Chicago Summit in 2012. There are concerns that the end of the international combat mission will reduce the flow of international assistance to Afghanistan, pushing the economy into recession and creating a fiscal gap. Filling the gap will mean cutting the development and maintenance budgets; reducing discretionary expenditures and scaling back planned development expenditures.

The implications for humanitarians is that health, education, water supply and other planned development spending is likely to be cut, shifting the burden to the humanitarian community to fill gaps created in the delivery of basic services.

Regional issues

The Pakistan government launched, a full scale military operation in North Waziristan Agency on 15 June with a series of airstrikes in the Mir Ali, Degan, and Boya areas of the district.⁶ According to the government of Pakistan, Operation Zarb-e-Azb is targeting non-state armed groups operating in the region, particularly the Tehrik-e-Taliban Pakistan (TTP) and its foreign allies such as al Qaeda and the Islamic Movement of Uzbekistan (IMU). Over a million people have been forced to flee their homes since the start of the operation. While the majority has remained in Pakistan, some 250,000 people have fled to neighbouring provinces in Afghanistan.

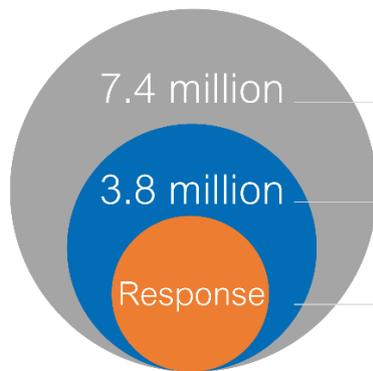
Outlook for 2015

Given the dynamic character of the security situation and power transition and uncertainty about the growing funding gap in Afghanistan to meet recurrent government expenditures, the humanitarian community is preparing for a continued complex and unpredictable operating environment. Economic uncertainty, security and political transitions, and increased conflict levels may continue after the formation of a new government. A sharp downward trend in external assistance combined with weak economic growth and low government revenues is likely to have a negative impact on the humanitarian situation. A realistic, but not alarmist, outlook for 2015 includes continued humanitarian needs on a par with 2014 arising from widespread but low to medium-level conflict, internal displacement due to conflict and natural disasters, Pakistani refugees seeking refuge in Afghanistan, and a decrease in the ability of the government to deliver its planned development goals.

DEMOGRAPHIC PROFILE AND AFFECTED POPULATION

HIGHLIGHTS

- 76 per cent of Afghans live in rural areas
- 105,800 people internally displaced by conflict since January 2014
- 250,000 people exposed to natural disaster every year
- 900,000 people exposed to mine/ERW hazards every year
- More than 2.2 million people with Kcal intake deficiency (<1,500 Kcal/p/d)
- More than 225,000 refugees (30,000 families) from Pakistan in Khost and Paktika since June 2014



People in Need

Humanitarian Need

Defined by key morbidity, mortality, and vulnerability indicators

Strategic Response

Defined by key morbidity and mortality parameters for life-saving intervention

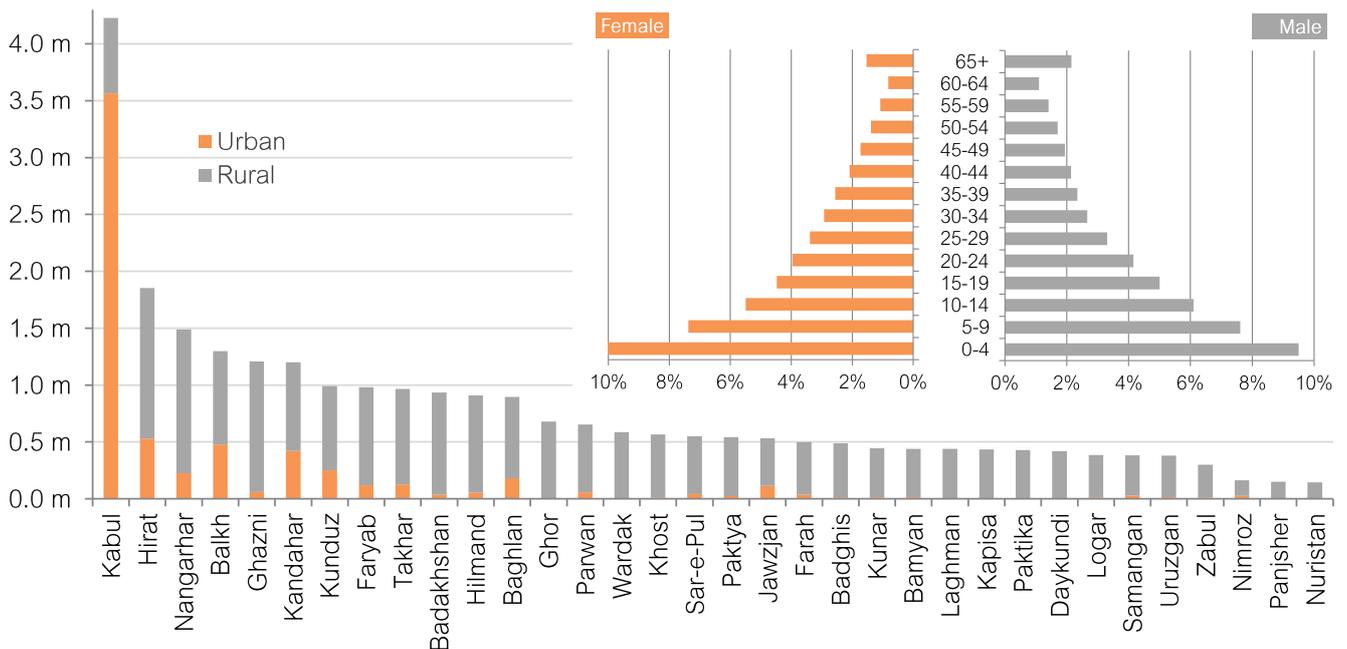
People Assisted

Determined by the ability to respond

Geographic scope and demographic profile

Population of Afghanistan

Demographic Profile



Notes: Total population projected for 2014-2015, including 1.5 million nomadic population. Data sources: NRVA 2012, CSO 2014.

Total population projected in 2014 including 1.5 million nomadic populations is 28.1 million people.⁷ Afghanistan has one of the highest fertility rates in the world. On average, each woman has five children.⁸ Life expectancy is 62.2 years. The population is one of the youngest in the world with 46.6 per cent under 14 years old.⁹ Despite years of conflict and increased rural-urban migration to the largest cities (Hirat, Kabul, and Kandahar), the population is overwhelmingly rural (76 per cent).

Afghanistan has a Gender Inequality Index (GII) value of 0.705, ranking it 169 out of 187 countries in the 2013 Human Development Index¹⁰. Only 5.8 per cent of adult women have reached a secondary or higher level of education compared to 34 per cent of adult men.

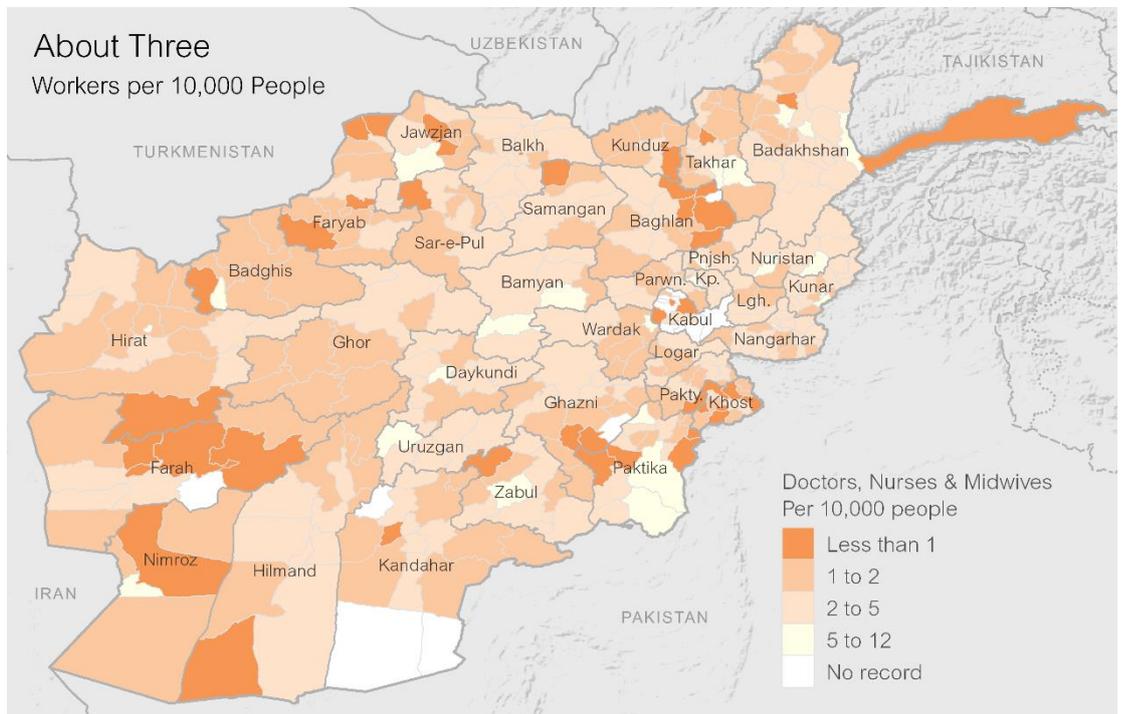
Affected populations

Civilian casualties of conflict

The conflict has affected an increasing number of civilians in 2014. The escalating conflict manifests itself in increased loss of life, injuries, interruption of essential health services, increasing crime, and intimidation.

Access to Basic Health Services

Notes: Health Cluster Indicator: The total number of doctors, nurses and mid-wives should be more than 22 per 10,000 people - National Average: 2.77. Data sources: AGCHO, HMIS 2013 to 2014.



Acute needs of conflict affected communities are heightened due to disruptions in basic health services and a volatile security situation. Constraints to delivery of minimum essential curative and preventive healthcare are contributing to low immunisation coverage and increased morbidity and mortality risk; especially for children and pregnant women.

The 2012 National Risk and Vulnerability Assessment (NRVA) estimated that 85 per cent of the population lives within two hours of a health facility. However, the intensified conflict has reduced the ability of rural populations to access health services due to checkpoints, military action and lack of transport. In some cases, health facilities have been damaged as a result of fighting. This is particularly evident in Hilmand where reduced access due to fighting is a major obstacle to the delivery of health services with health workers unable to reach the facilities.

There is a shortage of trained surgeons, anaesthetists and trauma capacity in conflict affected areas. There are on average only three health workers per 10,000 Afghans which is substantially below a minimum standard of 22 health workers per 10,000.

Malnutrition among women and children

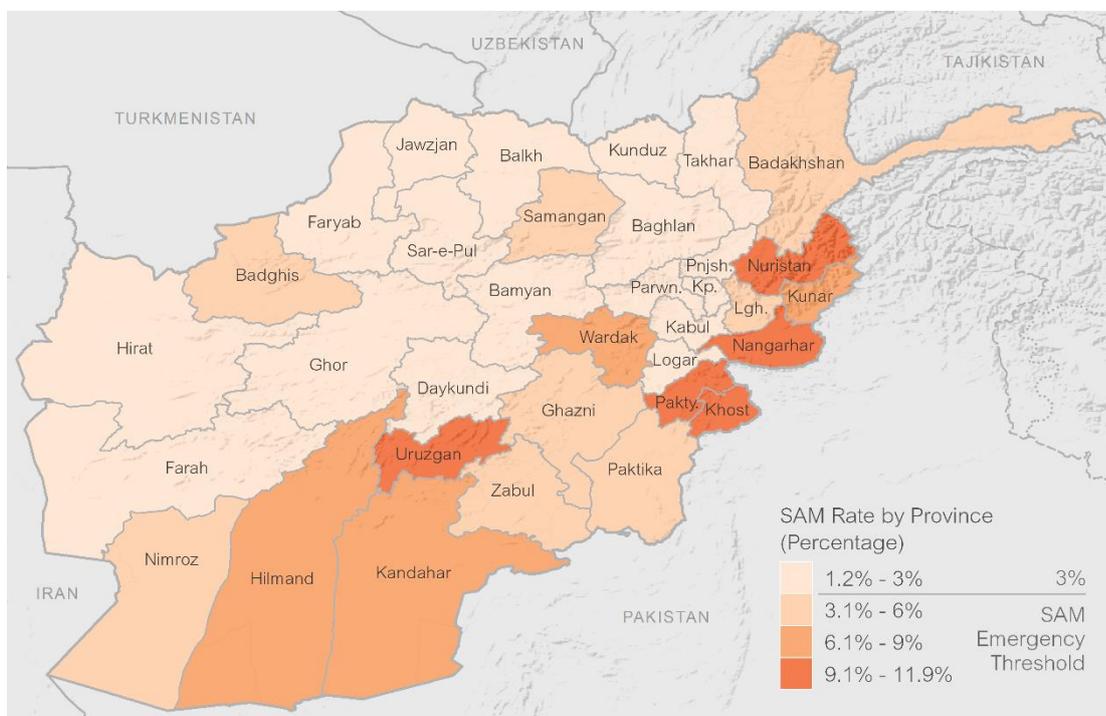
The 2013 National Nutrition Survey (NNS) results confirmed the existence of alarming levels of malnutrition across Afghanistan, with a particularly high prevalence of Severe Acute Malnutrition (SAM) in the south and east. Khost,

Nangarhar, Nuristan and Uruzgan have SAM rates above 10 per cent. The international threshold to indicate an emergency is an excess of 3 per cent. While the national Global Acute Malnutrition (GAM) average remains just below emergency thresholds, there are pockets with elevated GAM and SAM rates that need urgent attention.

The number of children under 5 requiring treatment for malnutrition more than doubled for Moderate Acute Malnutrition (MAM) and more than tripled for SAM in comparison to estimates in the 2014 Common Humanitarian Action Plan (CHAP), amounting to more than 850,000 children. In addition about a quarter of a million pregnant and lactating women also require nutrition support for moderate acute malnutrition.

Severe Acute Malnutrition

Data source: National Nutrition Survey 2013, AGCHO



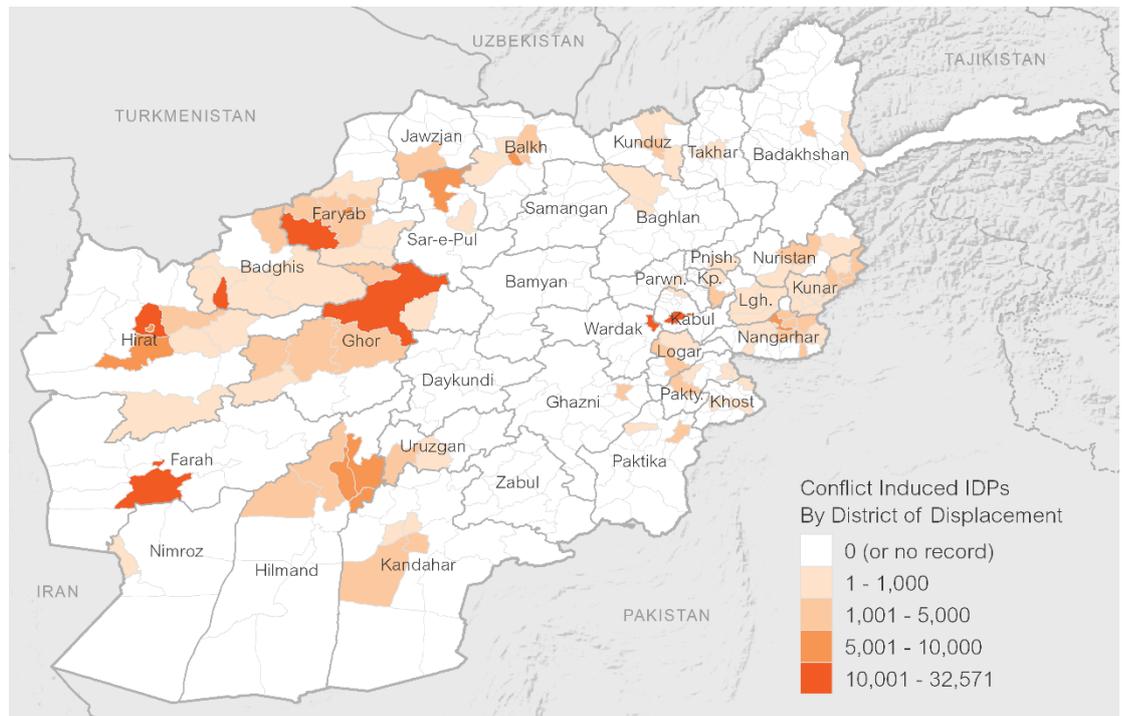
The findings have significant implications for Afghanistan, given an approximate 45 per cent of child deaths linked to malnutrition coupled with the increased risk of death attributable to SAM children from common childhood illnesses such as diarrhoea and pneumonia. Accordingly, some 189,000 under five child deaths in Afghanistan are most likely attributable to malnutrition.

Conflict displaced people

Nearly 105,800 new Afghans were displaced from their homes in 2014 due to the conflict. The actual number of displacements may likely be much higher, as humanitarian agencies are unable to reach - and therefore record - the full extent of internal displacement due to insecurity.

Conflict Induced Displaced People by District of Displacement (September 2011 to August 2014)

Data sources: AGCHO, UNHCR - Individuals displaced from September 2011 to August 2014



Approximately 40 per cent of displaced people move to urban areas, where they join growing numbers of the urban poor. While their immediate needs are humanitarian, protracted displacement in urban areas also requires the Government to respond to their longer term development needs.

The majority of people seek safety in the same or nearby districts, and overwhelmingly in the district or provincial centre; often finding temporary shelter within host communities who are themselves living under constrained circumstances.

For women, among other concerns such as rising incidents of rape, conflict and displacement often exacerbate existing limitations. These include, access to services, lack of female service personnel, housing, freedom of movement, psychosocial stress due to increased levels of poverty, and access to justice to seek recourse for gender-based violence. For children, conflict and displacement often interrupt school attendance, leading to higher levels of child labour to supplement declining family resources and exposure to other protection concerns.

For the elderly, chronically ill, and disabled displacement results in reduced access to services and a breakdown in family structures.

Displaced populations are inordinately exposed to mines and explosive remnants of war (ERWs) whether as a result of debris from battlefields or from former firing ranges. In addition, displacement often adversely impacts property ownership and deprives people of vital civil documentation which is needed to access services.

The IDP policy

In November 2013, the Government of Afghanistan endorsed the National IDP Policy. The policy aims to address the rights of displaced persons, identify durable solutions, and outlines responsibilities of duty bearers through the three stages of displacement – prevention, during displacement and ending displacement. The road map for the Policy implementation commenced in 2014 and involves dissemination of the Policy among displaced communities, duty bearers and other key stakeholders. Development of provincial-level action plans started in three selected provinces in 2014 and will expand to other provinces in 2015.

Refugees

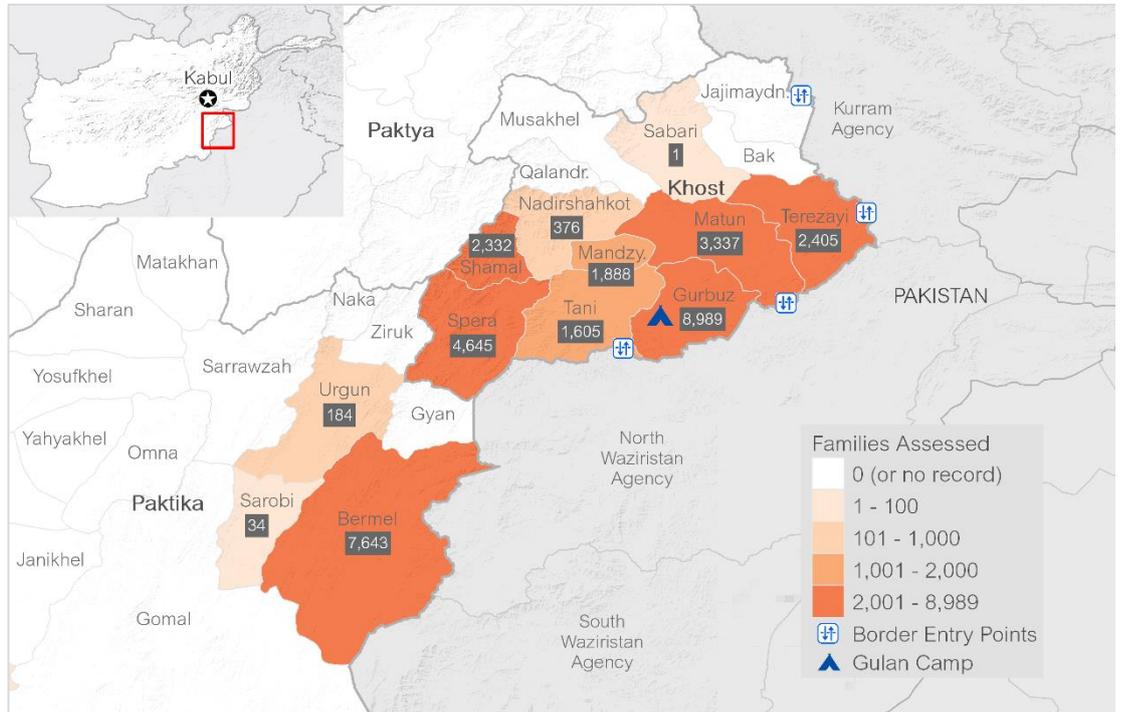
Over a million people have been forced to flee their homes in North Waziristan Agency (NWA) in Pakistan since the start of a full-scale military operation by the Government of Pakistan on 15 June 2014. While the majority of families have remained in Pakistan, a significant number have fled to Afghanistan. More than 30,000 families have been assessed by UNHCR and partners. This figure represents the accumulated number of families that have been verified in Khost and Paktika provinces since the start of the crisis in June and consolidated in a single database managed by UNHCR. UNHCR and partners are making every effort, including verification of the camp, cross-

checking records to reduce duplication and post distribution monitoring to improve the accuracy of population figure.

The sudden influx of refugees is straining already limited resources in host communities. With winter fast approaching, shelter is the most urgent need, as are NFIs, healthcare, and water. Lack of resources and livelihood opportunities will likely make it difficult for refugees to return to Pakistan when the security situation stabilises to allow for voluntary repatriation. Therefore, assistance is required to support refugees when they decide to return home.

Cross-Border Movement from Pakistan

Data sources: AGCHO, UNHCR.



Voluntary refugee returns

The rate of voluntary refugee return declined by 59 per cent in 2014; according to UNCHR, 13,845 Afghan refugees voluntarily returned in the first nine months of 2014 compared to 34,108 in the same period in 2013. Nearly six million Afghans refugees have returned since 2002.

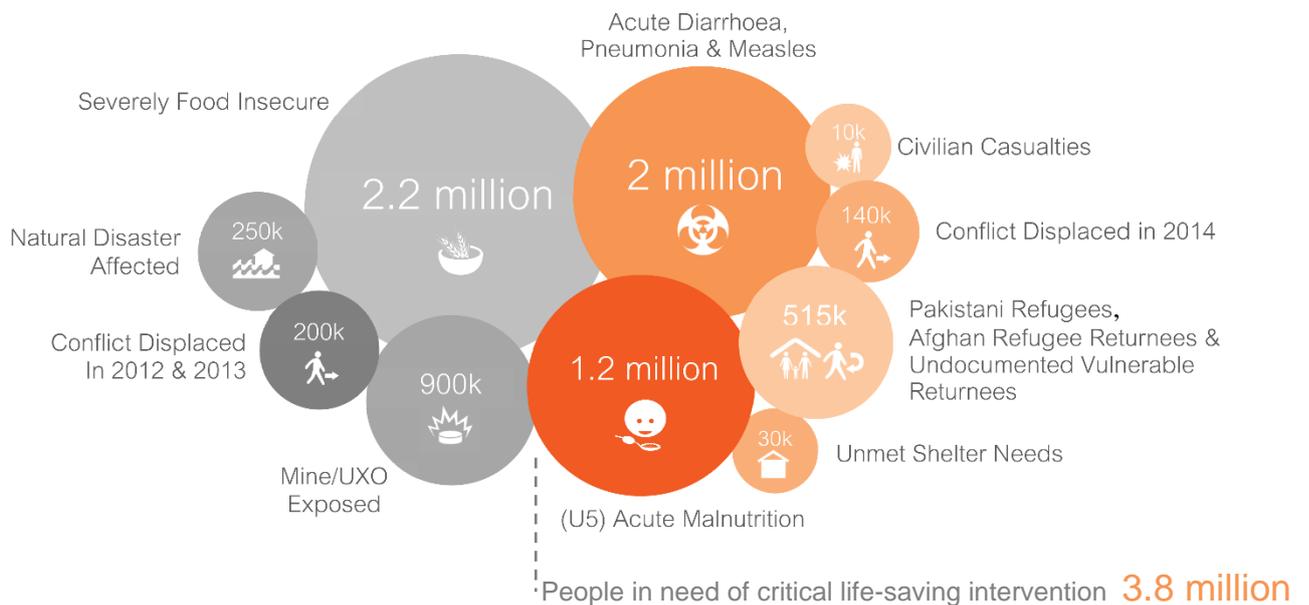
Deportations of undocumented Afghans from Iran and Pakistan have remained high since 2012 with a total of 233,116 from Iran and Pakistan in 2013. Overall, there were some 387,154 deportations and spontaneous returns in the first nine months of 2014.

PRIORITISING HUMANITARIAN NEED

HIGHLIGHTS

- 3.8 million vulnerable people prioritised for humanitarian assistance in 2015
- Five highest ranked provinces based on need are Badghis, Hilmand, Kunar, Nangarhar and Wardak
- Malnutrition contributes to significant increase in Paktika and Wardak needs ranking
- 225,000 refugees (30,000 families) from Pakistan in Khost and Paktika prioritised for assistance
- Evidence-based approach used to identify and prioritise critical life-saving humanitarian action

People in need 7.4 million



7.4 million people in need include those highly vulnerable to the conflict, food insecurity and natural disasters as well as 225,000 Pakistani refugee (30,000 families) in Khost and Paktika and nearly 245,000 Afghan refugee returnees. Those displaced by the conflict in the last three years are still in a position of high vulnerability and are of humanitarian concern. People living on less than 1,500 kcal per day are more vulnerable to natural disaster and socio-economic shocks and are in need of priority assistance. Based on recent historical trends, approximately a quarter of a million Afghans are affected by natural disaster annually. It is anticipated that a similar number of people will be affected in 2015. The estimates associated with different indicators are not mutually exclusive. There is some overlap and the total estimate of people in need likely includes some unavoidable duplication.

An estimate of the overall people in need has been made using a need and vulnerability analysis (see Annex I for a detailed breakdown). It assumes that the impact of conflict and recurrence of natural disasters, such as death, injury and disease, will be consistent with previous years.

People to be assisted

A strategic humanitarian response is required for 3.8 million in need of critical living-saving action, namely those suffering from acute malnutrition, pneumonia, measles, acute diarrhoea with dehydration, and those injured from the conflict and remnants of war. This figure includes some 140,000 people anticipated to be displaced by conflict and some 250,000 affected by natural disasters in 2015.

In addition, as detailed in the UNHCR Refugees and Returnee Chapter, an additional 515,600 Pakistani refugees, Afghan returnees and undocumented vulnerable returnees are identified for assistance.

Those likely to be killed from the conflict, mines or ERWs have been included to account for preventative mine action programmes and timely trauma response.

Need index methodology

An evidence-based approach was developed to identify and prioritise critical life-saving humanitarian action within the context of extreme poverty and under-development. The clusters refined the ranking and prioritisation process introduced in 2014 enabling definition of the relative level of humanitarian need by province. This ranking will help humanitarians prioritise their response.

The heat map approach provides a comprehensive overview of human needs at the inter-sector level, allowing comparison of humanitarian needs and vulnerabilities across geographic areas and sectors, combining data from various sources on different aspects of the crisis (such as mortality, morbidity and vulnerability) in a consistent way.

The methodology used in the needs analysis is intended as an objective basis for identifying relative humanitarian need. It cannot be considered exhaustive or to fully reflect all the complex and localised factors that might influence the humanitarian situation. The clusters were encouraged to interpret the findings in conjunction with other available data, including sub-national cluster reviews, situational analyses, and localised assessments. The tables should help inform decision-making by humanitarian donors, organisations and clusters on resource allocations. However, regular humanitarian assessments are required for a better understanding of the humanitarian situation.

A common multi-cluster consensus of life-saving needs, determined by the Inter Cluster Coordination Team (ICCT), selected relevant indicators to measure morbidity, mortality and vulnerability. The presentation of all adopted indicators has enhanced transparency in the prioritisation process, allowing for greater cross sector analysis of multiple contributors to humanitarian needs, and contributing to improved integrated response strategies.

While significant improvements have been made, the lack of humanitarian assessment data, particularly for crude and under-5 mortality rates, limits the ability to determine excess mortality and morbidity. Understanding the scale and nature of mortality is a key starting point for prioritising humanitarian responses. It allows the humanitarian community to focus on excess mortality. The only available source of data for under five mortality in Afghanistan is the 2011 multi-indicator cluster survey (MICS), which provides estimates of under five mortality at the regional level. There is no available data that would enable an assessment of incremental or excess mortality distinct from that resulting from chronic under-development.

Eight morbidity and mortality indicators

Although available under 5 mortality data cannot indicate excess mortality resulting from the protracted crisis, it does allow for a relative comparison between various rates recorded across the country (rates are regional, see Annex II for methodology). While given a comparatively low weighting in consideration of its currency and relevance, the under 5 mortality indicator has been included in the need and vulnerability analysis (M1).

In the absence of data indicative of incremental mortality seven supplementary proxy indicators were adopted representing the most common reported causes of death during complex humanitarian emergencies. Most deaths are due to preventable causes, especially increased rates of infectious diseases - diarrhoea, acute respiratory infection- pneumonia, measles, severe malnutrition and violent trauma (M2-M8).

Twelve vulnerability indicators

In order to further refine the focus of prioritised humanitarian response, additional indicators of vulnerability were mapped against the needs index.

Despite generally positive outlooks for cereal and grain harvests in the country, the seasonal food security assessment conducted by the FSAC cluster in the spring of 2014 identified many households exposed to recent shocks, either through conflict or natural disaster, to be suffering acute food insecurity. The vulnerability analysis adopted three of the Seasonal Food Security Assessment (SFSA) indicators to help identify the most food insecure populations (V1, V2, V3).

V4 and V5 were adopted as two proxy indicators that speak to the availability of basic health services and maternal and infant mortality. Vaccination coverage is often adopted as a predictor of infant mortality rate. A child's risk of dying is highest in the neonatal period, the first 28 days of life. A baby's chance of survival increases significantly with delivery in the presence of a skilled birth attendant.

Beyond the civilian casualty morbidity and mortality burden ensuing from the continuing conflict, the context of insecurity and violence as well as a high prevalence of mine and ERW hazards, generates additional vulnerabilities in terms of disruption of basic services, limitations imposed on livelihood opportunities and all too often, large scale

displacement of families. The vulnerability index includes three conflict related indicators (V8, V9, V10) to capture the significant impact on humanitarian needs resulting from Afghanistan's conflict profile.

Afghanistan is extremely susceptible to recurrent natural disasters. The humanitarian community responded to more than 120,000 people following a month of heavy rains in April and May. At least 30,000 people still remain without shelter (V11) across eight provinces. The country annually anticipates an estimated burden of approximately 225,000 natural disaster affected individuals based on the number exposed to floods and landslides (V12).

Scores and weighting

For each indicator, scoring band divisions were established to designate the magnitude of the need or vulnerability being described. The data available was translated to an individual score for each province from one to five, with one being very low (best) and five being very high (worst). Allowance was made to weight indicators according to their significance for the humanitarian context. As such, they were weighted according to a hierarchy of proximal and distal causes to adverse health outcomes. Three of the conflict profile indicators were assigned additional weight, to reflect the emphasis placed on conflict determinants in 2014 and the impact of the conflict on humanitarian needs and humanitarian access. The overall provincial needs index was calculated as a weighted average of the individual indicators.

Brief explanation of the overall need and vulnerability index calculation	Index Scale Reference
Overall Need Index – Average mortality and morbidity (M) and vulnerability (V) scores	1 - Very Low
Mortality & Morbidity (M) Score – A weighted average of indicators M1 to M8	2 - Low
Vulnerability (V) Score – A weighted average of indicators V1 to V12	3 - Medium
Conflict Profile – A weighted average of indicators M2, M3, V8, V9 and V10	4 - High
	5 - Very High

Key changes 2013-2014

As compared to the 2014 HNO, four of the five highest ranked provinces, Badghis, Hilmand, Kunar, Nangarhar, remain among the top five provinces in need.

Wardak has shown the most significant change, rising from 14th to 4th on the needs index. This is largely to do with the findings of the 2013 National Nutrition Survey (NNS), which changed the province's nutrition status from very low to very high. Similarly, Paktika rose significantly on the needs index due to new findings of acute malnutrition and poor WASH conditions in the province, namely, nutrition and WASH indicators have been revised from low and very low to very high respectively. Nuristan moved up on the index due to very high needs in health, nutrition and WASH.

Kabul, Kapisa and Samangan have shown marked increases, from relatively low positions on the needs index to moderate rankings. These changes are based on new findings presented in the NNS. WASH factors have contributed to higher needs in Kapisa and Samangan.

Both Balkh and Ghor have lower rankings on the needs index due to lower estimates for nutrition, food security and WASH needs.

Overall Need and Vulnerability Index

Province	Overall Need Index	Mortality & Morbidity (M)	Under-5 Mortality	Civilian Casualties (Conflict)	Civilian Casualties (Mines/UXOs)	Severe Acute Malnutrition	Global Acute Malnutrition	Acute Diarrhoeal Disease	Measles	ARI (Pneumonia)	Vulnerability (V)	Kcal Intake <1,500 Kcal/p/d	Poor Food Consumption	Household Hunger	Vaccination Coverage Deficit	Deliveries without Skilled Birth Attend.	Poor Access to Safe Water	Poor Hygiene Practices	Insecurity	Exposure to Mines/UXOs	Conflict Induced IDPs	Unmet Emergency Needs	Natural Disaster Exposure	Conflict Profile
Weight	-	1	1	3	1	3	1	2	1	2	1	2	1	1	1	1	1	1	3	1	6	1	1	-
Kunar	4.1	4.7	1	5	5	5	5	5	5	5	3.6	1	3	1	2	5	3	4	5	2	5	1	3	4.8
Nangarhar	3.9	4.6	1	5	5	5	5	5	5	4	3.3	1	3	3	1	2	2	1	5	4	5	1	2	4.9
Hilmand	3.8	3.9	2	5	5	5	4	4	3	1	3.7	1	2	1	5	4	2	4	5	4	5	1	3	4.9
Wardak	3.7	3.7	3	4	4	5	5	2	3	3	3.7	1	3	2	4	4	3	2	5	5	5	1	2	4.7
Badghis	3.5	3.1	5	2	2	5	3	3	3	2	4.0	5	3	3	4	5	3	5	4	1	5	1	2	3.6
Laghman	3.5	4.4	1	4	4	5	5	5	4	5	2.6	4	3	3	3	3	2	3	5	2	1	1	3	2.8
Paktika	3.5	4.1	4	5	3	5	3	4	5	2	2.9	1	2	1	1	3	3	5	5	3	3	1	3	3.9
Faryab	3.4	3.2	4	5	5	4	2	1	1	2	3.7	1	1	2	4	4	3	3	5	3	5	4	2	4.9
Ghazni	3.4	3.6	4	5	5	5	3	1	3	2	3.2	5	2	1	4	4	3	4	5	5	2	1	3	3.7
Nuristan	3.4	3.7	1	2	3	5	5	5	4	4	3.1	4	3	4	5	5	5	5	3	2	2	1	3	2.3
Kandahar	3.4	3.6	2	5	5	5	4	1	5	1	3.2	1	3	1	5	2	2	3	5	3	4	1	2	4.4
Badakhshan	3.3	3.5	3	2	2	5	3	4	2	5	3.1	5	5	4	4	5	3	3	3	2	2	2	3	2.2
Sar-e-Pul	3.2	3.4	4	2	2	4	3	4	2	5	3.0	3	3	1	4	4	4	2	2	1	4	2	2	2.8
Ghor	3.1	2.6	5	2	1	3	3	2	2	3	3.6	1	4	3	5	5	4	5	3	1	5	1	3	3.4
Paktya	3.1	3.8	4	3	3	5	5	4	5	2	2.4	1	1	1	1	1	2	2	4	4	3	1	2	3.3
Kabul	3.1	3.1	3	4	4	4	3	1	3	2	3.1	2	3	1	2	1	2	1	3	5	5	1	2	4.3
Kunduz	3.0	3.1	3	4	2	4	3	2	2	3	3.0	2	1	4	2	3	4	3	4	4	3	1	3	3.4
Uruzgan	3.0	3.3	2	3	1	5	5	5	2	1	2.8	4	3	1	5	3	5	3	4	1	2	1	1	2.5
Khost	3.0	3.4	4	4	3	5	5	1	5	1	2.6	3	1	1	5	2	2	2	5	3	2	1	2	3.2
Farah	3.0	2.6	5	3	1	4	2	1	3	1	3.5	1	2	2	4	4	3	3	4	2	5	1	4	3.9
Balkh	3.0	2.9	4	2	1	3	3	2	5	4	3.2	1	3	2	1	2	2	4	3	3	5	3	2	3.5
Hirat	3.0	2.9	5	4	4	3	3	1	3	1	3.1	1	2	1	1	1	2	4	4	3	5	1	3	4.4
Logar	3.0	3.5	3	4	1	3	3	5	3	4	2.4	1	3	1	3	1	3	4	4	4	2	1	2	2.9
Kapisa	2.8	3.3	3	3	1	4	3	4	4	3	2.4	1	1	1	2	3	4	2	3	3	3	1	2	2.9
Jawzjan	2.8	3.0	4	1	1	4	3	3	3	5	2.5	1	2	1	1	2	4	2	3	1	3	5	3	2.3
Baghlan	2.7	3.0	3	3	4	4	3	2	1	3	2.5	1	3	3	2	4	4	3	4	4	1	3	3	2.5
Zabul	2.7	3.2	2	3	5	5	3	2	5	1	2.2	3	3	3	5	1	3	1	4	2	1	1	1	2.4
Samangan	2.7	3.4	4	1	3	5	3	4	1	5	2.0	4	3	1	2	3	4	3	1	2	1	2	3	1.2
Takhar	2.6	2.8	3	1	1	4	3	3	3	4	2.4	5	3	3	3	5	2	2	2	2	1	2	4	1.3
Nimroz	2.5	3.1	2	1	3	5	3	5	3	2	2.0	1	3	4	3	1	5	3	2	2	1	1	3	1.4
Bamyan	2.4	2.9	4	1	3	3	2	3	3	5	2.0	3	4	3	1	2	4	3	2	1	1	1	2	1.4
Daykundi	2.3	2.5	4	1	1	3	3	3	3	3	2.1	1	5	2	3	5	5	3	2	1	1	1	2	1.2
Parwan	2.3	2.7	3	2	1	4	3	2	3	3	1.8	1	3	2	2	1	3	1	3	5	1	1	1	1.9
Panjsher	2.1	2.8	3	1	1	4	3	3	3	4	1.5	1	1	1	3	1	3	2	1	2	1	1	4	1.1
Code	-	-	M1	M2	M3	M4	M5	M6	M7	M8	-	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V12	-

Source: Various, refer to the Afghanistan Humanitarian Response website for further details at <http://www.humanitarianresponse.info/operations/afghanistan>

Overall need and vulnerability index - cluster analysis



Emergency Shelter & NFIs

Emergency shelter is one of the most critical forms of material assistance for conflict or natural disaster displaced people in Afghanistan. Shelter is a critical determinant for survival when initially displaced and is necessary to ensure security, provide protection from climate and reduce vulnerability to disease. Emergency shelter either in the form of plastic sheeting or tents, with typical Non-Food Items (NFI) such as blankets, clothes, kitchen sets and winterisation materials, is a fundamental response.

The need and vulnerability index includes three indicators of particular relevance to the Shelter Cluster, conflict induced Displaced persons (V10), the Unmet Natural Disaster Caseload (V11) and those exposed to Natural Disasters (V12). These indicators identified Faryab and Jawzjan as having the highest level of unmet emergency needs. Panjsher, Takhar and Farah ranked highest for natural disaster exposure. Badghis, Farah, Faryab, Ghor, Hilmand, Kunar and Nangarhar had the highest number conflict displaced people between September 2013 and August 2014. Access is constrained impacting delivery of assistance and basic services as well as limiting livelihood opportunities, forcing people deeper into poverty. Consequently, resilience to future shocks, when a natural disaster or conflict occurs, is reduced. It is estimated that 140,000 people will be displaced by conflict at some stage in 2015.

Flooded houses in Northern Afghanistan

Meeting the unmet needs of populations affected by the 2014 natural disaster (V11), as well as supporting people who might be displaced as a result of natural disasters in 2015, is highlighted as a specific outcome under the third strategic priority. In spring 2014, flooding caused by heavy rains resulted in the complete destruction of more than 8,000 homes. Some 4,000 families remain without shelter going into winter. The largest needs are in Faryab and Jawzjan. Faryab is ranked eighth in the Overall Need Vulnerability Index largely due to poor coverage of service provision and a very high conflict profile score. Due to security concerns in the province, access is limited and few organisations have the capacity to operate safely in the area. This presents challenges to meeting the needs of those who remain without shelter.

Widespread natural disasters occur every year in Afghanistan. Comparisons of affected communities in 2012, 2013 and 2014 do not suggest a clear pattern and cannot clearly indicate where the vulnerability might be comparatively high. The indicator on exposure to natural disasters (V12), which considers floods, drought, landslides and land degradation, was prepared for the Afghanistan Integrated Context Analysis in October 2013¹¹. It is a composite indicator that reflects the frequency of hazard events at the provincial level, and presents a picture of relative vulnerability to shocks across the country with Farah, Takhar and Panjsher identified as having higher exposure and thus increased potential need. Based on recent historical trends, approximately a quarter of a million people are affected by natural disasters annually in Afghanistan, and it is anticipated that a similar number of people will be affected in 2015. The provincial distribution of anticipated affected communities has been derived using the WFP integrated context analysis and is indicative only.

Most of the country has a subarctic mountain climate with dry and cold severe winters during which temperatures can fall to -20°C or below at higher altitudes. Standard emergency issue of tents and plastic sheets do not provide adequate thermal comfort, prevent exposure and reduce the risk of hypothermia at temperatures below -5°C. In such a cold climate affected populations may spend substantial time inside. Shelter solutions require heavyweight construction with high thermal capacity.



Food Security and Agriculture

With nearly eight million food insecure Afghans, achieving sustainable food security is a key challenge for Afghanistan. The main focus of the Food Security and Agriculture Cluster (FSAC) in 2014 will be to support some 2.2 million very severely food insecure people living on less than 1,500 kilocalories/day. Communities require assistance not only with meeting immediate food and nutrient needs, but also support to build resilience and protect livelihoods.

The causes of food insecurity in Afghanistan are complex and vary geographically. Poverty, displacement (due to both conflict and natural disasters), unemployment, dependence on subsistence (and often rain-fed) agriculture and food price rises are all key drivers which deepen vulnerability.

Data on food security used to define targeting of food assistance in 2015 is available through the 2011/20012 National Risk and Vulnerability Assessment (NRVA), the 2014 Pre-Harvest Assessment, refined further by the 2013/2014 NRVA, the 2014 Integrated Phase Classification (IPC), the 2014 Seasonal Food Security Assessment, and livestock price monitoring.

Although the 2014 Pre-Harvest Assessment indicated a third successive year of above average harvest, many households remain too poor to access their daily calorific and nutrient needs, or have faced shocks that have caused them to fall into acute levels of food insecurity. WFP's 2013 Cost of Diet study revealed that even using 70 per cent of their income, 48 per cent to 67 per cent of households (varied geographically) cannot afford a local diet with sufficient nutrients.

Food price rises, in particular for the staple commodity wheat (up 15.9 per cent since August 2013) have restricted household access to adequate, nutritious food. The lack of a balanced, nutritious diet has direct consequences for the levels of acute malnutrition prevalent in Afghanistan, and thus further impacts severe vulnerability.

Food insecurity is most prevalent in the north and central highlands, and most acute in winter and spring lean seasons. According to the NRVA, the provinces of Badakhshan, Badghis, Ghazni, Laghman, Nuristan, Samangan, Takhar, and Uruzgan rank either very high or high in terms of vulnerability to very severe food insecure. Other provinces showing high rates of very severe food insecurity (above 10 per cent of the population) include Zabul (14.2 per cent), Sar-e Pul (10.5 per cent), and Bamyan (10.3 per cent).

Food security indicators at the provincial level do not always accurately reflect district-level needs. District-level data available to FSAC through the NRVA and other sources therefore remain critical to ensuring high quality targeting, particularly in districts not highlighted through the provincial lens. In addition to the above provinces showing high levels of very severe food insecurity, there are other provinces containing district hotspots where over 10 per cent of the population are very severely food insecure— these include Balkh, Kunduz and Parwan.

Further, given the complex combination of factors causing food insecurity, the HNO prioritisation of conflict-affected areas does not necessarily reflect actual food assistance needs. Hence the relatively low overall ranking in Overall Need and Vulnerability Index of Badakhshan, Uruzgan, Samangan and Takhar, which are prioritised by FSAC.

From a livelihoods perspective medium, high and very high vulnerability indicators are more common in zones recurrently affected by shocks. A comparison at provincial level shows that agro-pastoral, intensively irrigated and mixed agriculture are the livelihood zones more often associated with medium, high and very high levels of poor food consumption, household hunger, national disaster exposure and conflict. Protecting and rebuilding the livelihoods of vulnerable households is one of the most effective ways of ensuring that children and their families have access to the nutritious food they need, especially in a protracted crisis.

An additional 2.4 million Afghans are considered to be severely (as opposed to very severely) food insecure, and face a daily challenge to source a proper, nutritious diet. Another 3.1 million are moderately food insecure. For many of these people, a severe shock – whether natural or man-made – could quickly force them into acute need of food assistance. FSAC will monitor the evolving situation and respond as necessary whenever government capacity is insufficient to provide an appropriate response.



Health

In order to support identification of the highest relative needs, while focusing on life saving criteria, the indicators for under-five mortality, prevalence of acute watery diarrhoea, measles, and acute respiratory infections were included in the Overall Need and Vulnerability Index. Proxy indicators such as immunisation coverage and deliveries by skilled birth attendants (institutional delivery) were included to help identify the most vulnerable population groups and highlight where populations have poor access (geographical and availability) to health services. Districts and provinces with high levels of insecurity and conflict, resulting in civilian casualties and displacement, ranked highest for critical lifesaving needs and vulnerabilities. In light of the above, and taking into consideration key morbidity and mortality indicators, coverage of services and the capacity of local populations to respond, the Health Cluster's priority provinces for CHAP 2015 mirror the top 15 provinces identified by the ONVI's multi-sector analysis -- Badakhshan, Badghis, Faryab, Ghazni, Ghor, Hilmand, Laghman, Kandahar, Kunar, Nangarhar, Nuristan, Sar-e Pul, Paktika, Paktya and Wardak.

Provinces scoring high and very high on the conflict profile will undoubtedly inform Health Cluster targeting due to the need to address increasing civilian casualties. In Hilmand the number of people wounded by weapons increased by more than 9 per cent in the first nine months of 2014 compared to the same period in 2013. Conflict induced displacement has also been seen in Badghis, Hilmand, Kandahar, Kunar, Nangarhar, Wardak. Access to

health services have been interrupted in Kunar and Wardak as a direct result of the conflict. The provinces of Laghman and Paktika are highly insecure and indicate high prevalence of communicable disease outbreaks.

Faryab, Ghazni and Kandahar ranked high owing to insecurity which affects local access to services. Access in Faryab and Ghazni is hindered by geographic and climatic conditions. Kandahar has a high prevalence of communicable disease outbreaks.

Other provinces, such as Badakhshan and Sar-e-Pul, have experienced and are prone to natural disasters and show high population vulnerability as well as high prevalence of diarrheal disease and low access to health services (including low per cent of deliveries by skilled birth attendants and low EPI coverage).

Significant variations are noted at district and sub-district level in 14 provinces. There are 8 districts ranked as high in 6 medium-ranked provinces and 13 districts ranked high in 8 low ranking provinces. The Health Cluster is recommending that these districts be included in the Cluster's 2015 Strategic Response Plan targeted population.

The increased vulnerability has been attributed to ongoing conflict, which is leading to displacement, cross border movement, and poor performance and/or coverage of the public health system. These factors are compounded by harsh weather, difficult terrain and recurrent natural disasters.



Nutrition

The analysis of humanitarian needs by the Nutrition Cluster is primarily informed by 2013 National Nutrition Survey (NNS2013), as well as the combined multi-cluster need and vulnerability index. According to NNS2013 malnutrition prevalence estimates, approximately 1.2 million children under five-years of age require treatment for acute malnutrition annually. Of these children, approximately 500,000 will require treatment for Severe Acute Malnutrition (SAM) and 700,000 will need treatment for moderate acute malnutrition (MAM). Around 10 per cent of SAM cases present with medical complications, amounting to approximately 50,000 acutely malnourished children requiring specialised inpatient care.

Adopting international thresholds to identify provinces with severe acute malnutrition rates greater than 3 per cent as very high need, 17 have been scored 5, and a further 11 a 4 (high need). All the 34 provinces are ranked medium or above, indicating complex vulnerability, ten provinces indicate high MAM and SAM rates namely Hilmand, Kandahar, Khost, Kunar, Laghman, Nangarhar, Nuristan, Paktya, Uruzgan and Wardak.

Only six provinces, Balkh, Bamyán, Daykundi, Ghor, Hirat and Logar, are ranked medium to low for prevalence of acute malnutrition.

An analysis of key vulnerability indicators shows that there is a close association of high prevalence of malnutrition with insecurity, morbidity of key diseases, poor vaccination coverage, poor hygiene and sanitation practices as well as presence of conflict induced displaced.

There is a close association of insecurity and high prevalence of malnutrition. The top nine ranked provinces on the vulnerability index all indicate very high levels of SAM. Of these, the top five provinces (Badghis, Hilmand, Kunar, Nangarhar and Wardak) are also ranked very high for conflict displaced. In Afghanistan, insecurity seriously impacts access to essential health and nutrition services, particularly for women and children. Livelihood options are also significantly constrained, in some places, reducing food availability and more commonly household purchasing power thereby increasing vulnerability to food insecurity and susceptibility to malnutrition.

The conflict is not the only factor influencing high levels of malnutrition. The Overall Need and Vulnerability Index (ONVI) highlights a number of provinces also ranked high and very high for SAM which fall towards the bottom end of the table in considering overall relative need. For some of these provinces, notably Baghlan, Jawzjan, Kapisa, Nimroz and Samangan, it is possible to identify clear correlations between high SAM rates and poor access to safe water. Excluding Baghlan, all of these provinces also indicate high or very high scores for at least one of the three life threatening childhood diseases, diarrhoea, measles or ARI.

Throughout the provinces, the incidence of these diseases appear closely linked to elevated levels of acute malnutrition. Of the top 13 ranked provinces with high to very high SAM, at least 50 per cent of them are also ranked high to very high in terms of the disease burden and potentially indicates, underlying or causal factors for the high malnutrition.

The link between poor sanitation practices and malnutrition seen through correlations in the ONVI matrix has also been highlighted in the NNS2013. According to the NNS 2013 provinces with high global acute malnutrition (GAM) levels such as Khost, Nuristan, Paktika, Paktya and Uruzgan all reportedly showed high prevalence of poor

hygiene and sanitation practices. The top six ranked provinces in terms of poor hygiene practices all have high or very high SAM scores.

A mapping of food insecurity against prevalence of GAM rates in the country demonstrates the limited correlation between food availability and malnutrition. In Afghanistan it is more evidently the case that alternative causal, underlying factors such as access to services, both health and nutrition, poor hygiene and sanitation practices, low literacy levels among women and caregivers and cultural practices of early marriage, adolescent pregnancy and poor birth spacing contribute significantly to the prevalence levels seen. Badakhshan is the only province in the country that shows a correlation between poor food consumption and high prevalence of SAM. The NNS2013 findings also reported that almost three-quarters of respondents had acceptable food consumption scores.

While the current analysis has been undertaken at province level, it is acknowledged that there are likely to be pockets of high vulnerabilities within lower-ranked provinces. The cluster will attempt to ensure coverage wherever greatest needs are identified through additional assessments and surveillance. In 2014 thus far, just two nutrition surveys have been carried out in Kandahar City and in Ghor province. The surveys estimated GAM and SAM rates of 11.9 per cent and 3.3 per cent (Kandahar), and 9.2% per cent and 0.7 per cent (Ghor). These results do not differ significantly from the NNS2013 findings.



Protection

The overall protection situation for civilians has been very challenging in 2014. As of 30 September, 105,800 persons had been displaced owing to conflict in 2014. According to UNAMA's 2014 Midyear Report on the Protection of Civilians, ground combat was the leading cause of civilian casualties in the first half of 2014, with indirect fire (mortars, grenades) impacting homes, agricultural fields and playgrounds and civilians caught in the crossfire. Attacks on tribal elders, civilian government officials, religious elders as well as civilian justice officials, and battles in district centres are all tactics that intimidate civilian populations and often result in displacement. Temporary or permanent school closures and attacks on healthcare staff are directly related to the conflict. With a declining economy, uncertainty, insecurity and other factors, the trend is for populations to move to urban areas or district centres. For protection actors, reaching displaced populations to assess their needs and provide vital assistance and services remains a constant challenge.

Displacement affects all persons, and notably the most vulnerable, which includes women, children, the elderly, the disabled, and the chronically ill. For women, conflict and displacement often exacerbate existing societal limitations – access to services, lack of female personnel within services, freedom of movement restrictions, psychosocial stress due to increased levels of poverty and isolation, access to justice for survivors of SGBV, housing, land and property and other issues related to legal redress, amongst other serious concerns such as rising levels of incidents of rape, and increasing reliance on negative coping mechanisms such as subjecting children to forced and early marriage. For children, conflict and displacement often interrupt school attendance, lead to higher levels of child labour to supplement declining or loss of family income, some of which may be hazardous and increase exposure to other protection concerns such as drug abuse, sexual violence. According to UNAMA, children casualties from ground forces more than doubled in the first six months of 2014, with 520 children civilian casualties (112 deaths and 408 injuries) up 110 per cent from 2013.¹² For the elderly, chronically ill, disabled and others, access to services, breakdown in family structures and insufficient specialised social services are pressing concerns.

Displaced populations are inordinately exposed to mines and explosive remnants of war (ERWs) whether as a result of debris from battlefields or from former firing ranges; for the period January to September 2014, the Mine Action Coordination Centre of Afghanistan (MACCA) reported an average of 33 civilian casualties per month compared to 42 in the same period last year. Many of the victims are men and boys who are engaged in salvaging ERWs or in pastoral activities, or children playing. Assistance for those injured and impaired by mines and ERWs is costly and remains inadequate.

In addition, displacement often adversely impacts property ownership, deprives people of vital civil documentation that is needed to access services and engenders serious property-related concerns. As displaced populations seek the relative safety and opportunity of urban centres, the growing phenomenon of rapid urbanisation often results in extreme indignity and unprecedented levels of deprivation, against a backdrop of declining community safety nets and excessive reliance on harmful lifestyle choices.

The situation has been particularly dramatic in Badghis (Qala-e-Naw), Farah, Faryab (Qaysar), Hilmand (Lashkargah, Nahr-e-Saraj, Sangin), Kunar (Barkunar, Nari, Shigal Wa sheltan), Nangarhar (Behsud, Nazyan), Paktya (Gardez), Sar-e-Pul (Sar-e-Pul) and Uruzgan (Tirinkot), and to some extent Wardak; where there are widespread and repeated displacements as a result of ongoing conflict between state and non-state armed

actors, as well as a pervasive deterioration in the general security environment. Kunar has suffered repeated episodes of cross-border shelling. In Nangarhar province's Nazyan district, fighting between non-state armed has displaced hundreds of families. In Nuristan, a province that has remained inaccessible to the vast majority of humanitarian agencies, the district of Du Ab experienced intense conflict, which belies the overall conflict profile rating of "low."

Conflict in the northern districts of Hilmand continues to result in large numbers of displaced families and cause high levels of civilian casualties. There are reports of mines and IEDs being laid on exit routes. The circumstances on the ground make it difficult for humanitarians to provide urgent assistance. For the most part, only families who manage to flee to Lashkargah city have been assisted.

Repeated conflict in Faryab (Almar, Ghormach, Gurziwan, Kohistan Pashtunkot, Qaysar districts) has resulted in displacements, increased protection needs, and intensified vulnerabilities. Hirat has seen high levels of civilian casualties as a result of conflict and exposure to mines coupled with a high influx of conflict-related displaced persons. With its strategic proximity to Kabul, Wardak has experienced high levels of civilian casualties due to the conflict, and exposure to mines and ERWs. The province has high levels of security incidents. Despite an overall conflict profile rating of medium, recent events in Kunduz province, specifically in Archi, Chardara, Khanabad, Imam Saheb districts where some districts have reportedly come under the control of non-state armed actors, protection needs have been elevated, with attendant human rights repercussions for the civilians living there, undermined by shrinking humanitarian access.

High levels of insecurity, repeated ground engagements between state and non-state armed actors and displacement, particularly in rural or remote areas, have a negative impact on civilian quality of life. These conditions often provoke negative coping mechanisms that generally affect women and children. This ongoing turmoil is manifested by disruption of basic services (where they exist), with attendant diminishing access thereto - in particular for the most vulnerable such as women and children, the disabled, the elderly, and the chronically ill - difficulties in sustaining livelihoods, loss of property and assets, psychosocial problems and a life without dignity.

These circumstances directly infringe on fundamental human rights of individuals to life, liberty and security of person, amongst other fundamental human rights, and contribute to a precarious protection environment, for both protracted and newly displaced populations.



Water Sanitation and Hygiene

By design, the two WASH specific indicators (V6 & V7) had minimal influence on the final provincial rankings of the Overall Need and Vulnerability Index (ONVI), in which mortality, morbidity and security indicators were weighted more heavily. This is evident from the distribution of provinces with high and very high WASH indicator scores throughout the ONVI ranking table. The value of WASH indicator inclusion in the ONVI is to enable analysis of the correlations seen between high scores for WASH vulnerabilities and high morbidity scores, indicating provinces where WASH vulnerabilities are potentially contributing to increased rates of disease.

The critical link between poor WASH conditions and morbidity is exemplified in the diarrhoea-malnutrition cycle. Using multiple indicators from the cross sector ONVI, the cluster undertook further analysis of provinces showing strong WASH/morbidity linkages. Provinces scoring at least 4 for acute diarrheal disease (ADD) were selected. This subset was further reduced by identifying those provinces that also scored 3 or above in either the safe water or poor hygiene indicators. This analysis showed that in the ONVI's top ten provinces, poor WASH conditions were likely underlying causes of high morbidity in Hilmand, Kunar, Laghman, Paktika and Nuristan. Strong WASH/high morbidity linkages were identified for Badakhshan, Kapisa, Logar, Nimroz, Samangan, Sar-e Pul, and Uruzgan. Emphasising the strong linkage between WASH / infection / disease and malnutrition, among these 12 provinces, only Logar did not score 4 or above for severe acute malnutrition (SAM).

In an apparent contradiction to expected links, ten provinces (Badghis, Baghlan, Balkh, Bamyan, Daykundi, Ghazni, Ghor, Hirat, Jawzjan, and Kunduz) showed WASH indicator scores of 4 or 5 in the absence of high scores for ADD. Notably, two of these (Badghis, Ghazni) are in the top ten provinces of the ONVI. Explanations could fall under four general categories. First, the presence of high WASH risks could be offset by mitigating factors not represented in the ONVI analysis. For example, four of the top ten Afghan cities are in this group of provinces and urban areas tend to be more educated. One possible reason these provinces are showing low ADD is that their education levels translates to better hygiene practices, compensating for their lack of WASH hardware. Second, temporal factors may be significant, and this group of provinces may be on the verge of disease outbreaks. Third, the absence of internationally recognised thresholds allows for a substantial degree of subjectivity. For example, the diarrhoea threshold values for scores 3 and 4 are quite close (169 and 196 cases per 1,000 people,

respectively), and choosing a 3 in the screening analysis would have incorporated three more provinces. Fourth, the data may be impacted by inherent sampling bias. For example, the diarrhoea data is based on the number of people treated at health clinics, but the clinics are not distributed in proportion to population density. One province may be suffering from diarrhoea but registered low numbers because few clinics (relative to other provinces) were present to collect the data. In consideration of such uncertainties, a more conservative approach could be argued thereby increasing the number of provinces to be targeted by the WASH Cluster from 12 to 22. It is likely that development of the Strategic Response Plan will focus on prioritising the 12 high impact provinces while allowing contingency for action in other areas, as supporting data becomes available.

Anecdotal information from the north and north east Regional Cluster Focal Points (RCFPs) were generally consistent with the ONVI analysis with the exception of Faryab and Balkh, in which high incidences of diarrhoea and poor access to safe water were reported by the north RCFP. This discrepancy is likely associated with the obscuring of highly vulnerable districts through the extrapolation of data to the provincial level. This averaging effect may be present in other provinces, so the WASH Cluster will work with regional partners to obtain quantitative district level data, and update the vulnerability analysis as possible.

REFUGEE AND RETURNEE CHAPTER ¹³

Afghanistan is expected to continue through a series of transitions: political, economic and security. The uncertainty associated with these transitions will continue to affect, both refugee and returnee, population movement. In addition, the flow of deportations and voluntary return is largely contingent on a combination of regional political dynamics between Afghanistan and its neighbouring countries, which may impact their policies towards undocumented Afghans. As it is almost impossible to ascertain what could affect the migration trend and what would be the result, it is important to maintain the post-arrival assistance mechanism at the border points to be the base of collective response for possible mass return from Iran or Pakistan. The sudden displacement from North Waziristan Agency following military operations in Pakistan since June 2014 demonstrates how regional dynamics affect population movements.

District	Overall Ranking	Refugee Population Vulnerability	Absorption Capacity Vulnerability	Unmet Needs Vulnerability	Access Vulnerability	WASH Vulnerability	Index Scale Reference:
Weight	-	1	1	1	1	1	1 - Very Low
Khost Province							2 - Low
Spera	3.8	3	3	5	5	3	3 - Medium
Gurbuz	3.6	5	5	4	1	3	4 - High
Sabari	2.0	1	1	1	4	3	5 - Very High
Tere Zayi (Alishir)	2.0	1	1	1	4	3	
Mando Zayi	1.8	1	1	1	3	3	
Nadir Shah Kot	1.8	1	1	1	3	3	
Khost (Matun)	1.6	2	1	2	1	2	
Shamal-Lakan	1.6	1	2	1	1	3	
Tani	1.6	1	1	1	3	2	
Paktika Province							
Barmal	4.0	4	3	5	5	3	
Urgoon	2.2	1	1	1	5	3	
Wazakhwah	2.2	1	1	1	5	3	
Surubi	2.2	1	1	1	5	3	

Calculation of Coefficients: 1) Families in Need = Refugee Families - Families that Received NFIs; 2) Refugee Population Vulnerability = Refugee Population / Highest district Refugee Population; 3) Absorption Capacity Vulnerability = Refugee Population / Local Population (The coefficients thus obtained were normalised, so that they would all be in the range from 0 to 1); 4) Unmet Needs Vulnerability = Refugee Families / Highest district Refugee Families; 5) Overall ranking = Unweighted average of specific rankings. Source: UNHCR.

Refugees from Pakistan

More than 30,000 families¹⁴ have fled their homes in North Waziristan Agency (NWA) since the start of a military operation in June 2014. In an effort to identify immediate needs and protection risks faced by refugees, as well as the impact on host communities, several Focus Group Discussions were conducted. Refugees and host communities participated in the discussions, where the most urgent need emerged as shelter. While host communities have readily opened their homes to refugees, in some districts the number of refugees nearly matches that of the local population. Available accommodations, and other resources, are very limited, particularly as winter approaches and sleeping in open air is no longer possible. Other priority needs include NFIs, healthcare, and water. Refugees also cited poverty, lack of job opportunities, and limited resources as vulnerability factors.

While the displaced population tends to share close family, tribal, and friendship ties, a limited number of women, elderly, and children without support have been identified. Assistance will be provided for these and other vulnerable categories as Persons with Specific Needs (PSN). Other planned protection activities include camp management, mine clearance and mine risk education, emergency education, identifying and addressing gender based violence, identification and necessary actions on behalf of unaccompanied and separated children, family tracing, and protection monitoring. It is anticipated that the lack of resources and livelihood opportunities will make it difficult for refugees to return to Pakistan when the security situation stabilises to allow for voluntary repatriation.

Undocumented vulnerable returnees

Since 2007, between 200,000 and 300,000 Afghans have been deported from Iran and Pakistan each year. For many returning Afghan migrants, reintegration remains a challenge. Many arrive in Afghanistan in a highly vulnerable physical and mental state. Humanitarian support continues to be required to prevent them from being at risk of death, secondary displacement, sexual abuse, kidnap and other violations of human rights.

Unaccompanied migrant children continue to be the largest single group of vulnerable non-refugee returnees assisted by since 2009. Minors move primarily due to lack of employment opportunities in Afghanistan. Many report treatment which is of concern from a protection standpoint during the deportation process. There is an urgent need to support minors and their families with means of generating income in order to avoid secondary displacement.

Single female returnees face particularly high protection risks and reintegration challenges. A majority are in need of shelter and vocational training. Other groups include Afghan families who were displaced from North Waziristan Agency due to military operations as well as drug-addicted individuals.

For Afghan families displaced from North Waziristan, the largest need in 2015 will continue to be non-food items, food, tents and medical assistance.

Afghan refugee returnees

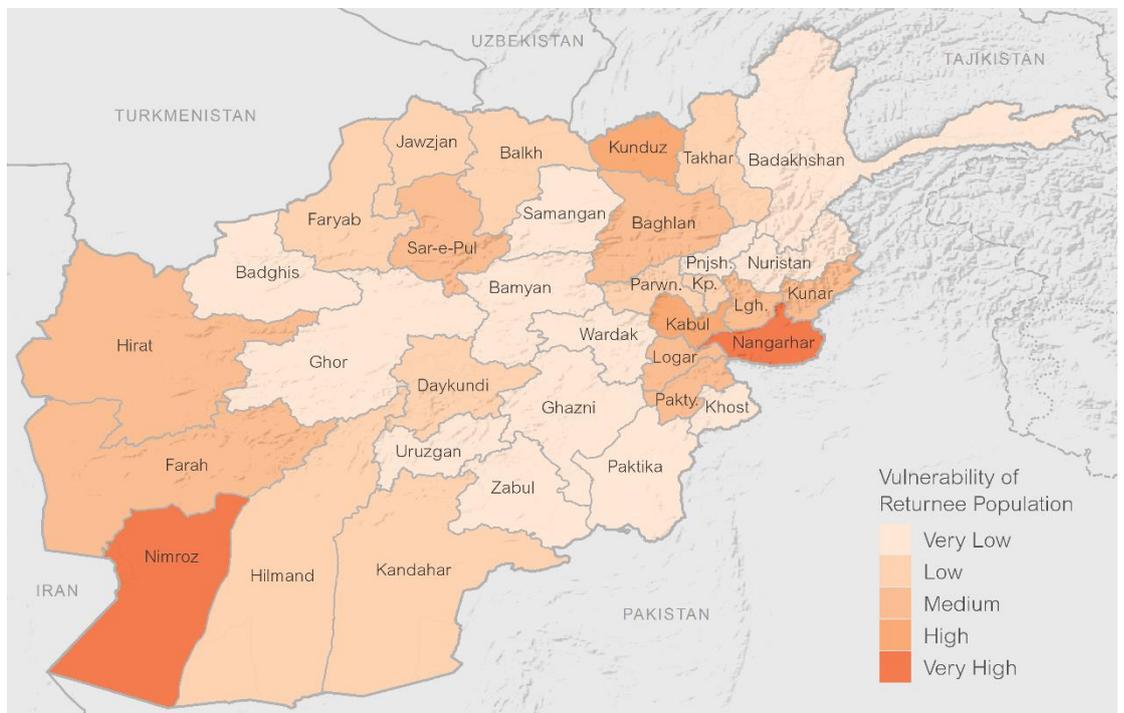
Afghanistan is the largest repatriation operation in the world. Nearly 6 million Afghan refugees have returned since 2002, representing nearly 20 per cent of the population. This poses considerable challenges to the country’s absorption capacity. The most vulnerable returnees, including female-headed households and unaccompanied minors will be prioritised for the provision of shelter and access to basic services.

For 2015 planning purposes, the figure 172,000 Afghan refugee returnees will be used. For those returning the vulnerability figures are expected to be higher than previous years, with refugees repatriating who may face increasing intimidation, deteriorating economic opportunities or the possibility of camp closure in countries of asylum. Therefore, an increase of people with specific needs is anticipated, identified on their return.

The absorption capacity in Afghanistan remains challenging. The deteriorating security situation and withdrawal of international security forces, high levels of unemployment, landlessness, limited access to basic services, and disputes over property rights will continue to present impediments to return and reintegration.

Refugee Returnee Province Needs Index

Calculation of Coefficients: 1) Families in Need = refugee families - families that received NFIs; 2) Refugee Population Vulnerability = refugee population / highest district refugee population; 3) Absorption Capacity Vulnerability = refugee population / local population (coefficients were normalised to range from 0 to 1); 4) Unmet Needs Vulnerability = refugee families / highest district refugee families; 5) Overall Ranking = un-weighted average of specific rankings. Source: UNHCR.



There is also a need to incorporate long term reintegration support in humanitarian assistance for returnees, who are particularly vulnerable to forced internal displacement. Reintegration of returnees cannot be viewed as being facilitated solely by humanitarian activities. Humanitarian assistance must be complemented by development programming to ensure sustainability.

OPERATIONAL ENVIRONMENT

HIGHLIGHTS

- 1 million people received emergency food assistance in 2014
- More than 120,000 people assisted in 28 provinces after heavy rains and flooding as a result of effective joint government and humanitarian preparedness planning, coordination and response
- 174 attacks against the humanitarian community; more than half in Hirat, Kabul, and Nangarhar
- Access to provinces with high vulnerability remains constrained with insufficient humanitarian footprint

Humanitarian response capacity

Humanitarian coordination is led by the Humanitarian Coordinator (HC) and is supported by OCHA and the Humanitarian Country Team (HCT), which is comprised of UN humanitarian agencies, international and national NGOs, and donors. Technical clusters support effective and efficient humanitarian coordination. In 2014, provincial coordination was extended to Operation Coordination Team (OCT) meetings and participation in Provincial Disaster Management Committee (PDMC). This resulted in greater coordination between the Government and humanitarian partners.

Response capacities in the Provincial Disaster Management Committees (PDMC) and Afghan National Disaster Management Agency (ANDMA) vary from region to region. PDMCs in the north and northeast have proven effective in managing responses to natural disasters through joint planning, assessments and distributions. The effectiveness of this mechanism was demonstrated through the successful OCT and PDMC preparedness, planning and response to large scale floods in 2014. Through forward and coordinated planning, sufficient stockpiles of food, non-food and medicines were pre-positioned and distributed; ensuring life saving needs were met in a timely manner. In the eastern, southern, central and western regions there were improvements in the coordination of assessments and operational responses.

Aid delivery remains largely reliant on support from the international community. In some cases, the politicisation of aid distributions affects the capacity of agreed coordination mechanisms to assess needs and respond appropriately. This challenges need-based responses and leads to duplication as illustrated most recently in the deliveries of aid to Sangin district in Hilmand province by multiple actors with no coordination. This can be attributed to a number of factors, including operation functions of the PDMCs not being prioritised by some provinces, insecurity as a constraint to recruiting experienced staff to support the government, and limited presence of humanitarian and development actors to help build government capacity in preparedness and response.

The Afghanistan Red Crescent Society (ARCS) participates in the National High Commission of Disaster Management (NHCDM) and PDMCs and through its network of some 320,000 volunteers pre-positions emergency stocks and manage relief efforts.

Many national NGOs have greater access to remote and insecure areas, with many of these NGOs implementing partners to the UN, International organisations and INGOs. However, overall national NGO capacity remains limited. The Common Humanitarian Fund (CHF) due diligence process has highlighted this gap; only four from a total 31 national NGOs have passed the process¹⁵. However, some well established national NGOs have played an important role in overall assessment and response to emergencies in 2014. In comparison with previous years, national NGO capacity is improving with many organisations demonstrating proven stand alone capacity. In the eastern, southern and western regions, national NGOs have been contracted to deliver the Basic Package of Health Services (BPHS). The 3Ws (Who, What and Where) inform humanitarian actors about potential gaps or overlaps in the humanitarian response. In 2014, a rigorous exercise was undertaken by clusters to ensure that the 3Ws map only includes humanitarian organisations (excluding government departments or development partners), who are operationally present in the field and directly implementing a humanitarian project. This more stringent approach has contributed to the reduction in the overall number of NGOs reported as active humanitarian partners from some 210 organisations in 2013 to 134 organisations in 2014. The reduction in reported presence was also partially due to the election period, when a number of NGOs reduced their overall presence and suspended key activities in April and May 2014. The number comprises eight United Nations agencies or funds, 70 international NGOs and 50 national NGOs, as well as the Red Crescent and Red Cross Societies.¹⁶

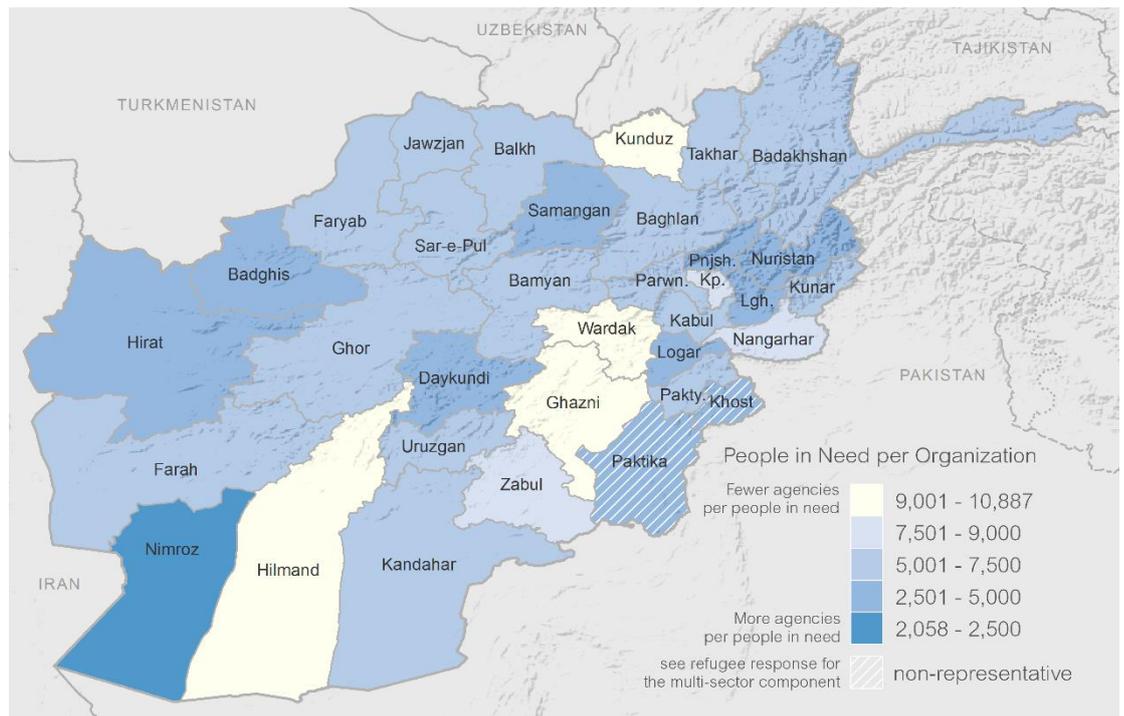
The overall distribution of humanitarian partners per province in 2014 has remained relatively static compared to 2013. However, there has been a slight reduction in the number of actors in the central highland and central regions, and an increase in the number humanitarian partners in Khost and Paktika due the refugee response. These figures are subject to change, as major emergencies such as the floods in the north and the refugee influx shift the humanitarian focus.

Indicative presence gap

Overall presence based on need remains a challenge in Afghanistan due to access and security constraints. The presence gap index includes data on people in need, which implicitly represents the needs index, and the 3W data provided by clusters. A large number of actors does not necessarily mean that all needs are covered. However, this index serves as a guide to re-evaluate areas and populations in need that may be currently under-served by the humanitarian community.

Indicative Humanitarian Presence Gap

Notes: 1) The indicative humanitarian presence gap is derived from the number of people in need of life saving assistance and the number of humanitarian actors present in the province. 2) The indicative presence gap does not show the potential gaps for individual clusters. The lighter blue provinces have relatively fewer humanitarian actors (i.e. the gap) compared to the assessed needs and the darker blue provinces have relatively more humanitarian actors compared to the assessed need. Data sources: AGCHO, Clusters.



As highlighted in the Indicative Humanitarian Presence Gap map above, provinces in white and lighter shades of blue indicate areas that are underserved and the darker blue shades indicate areas where there are relatively more humanitarian partners. This analysis should be used as an overall comparison of one province against another. It does not show potential gaps for individual clusters. As illustrated in the map, the presence of humanitarian actors in the southern regions is limited. The presence gap in Khost and Paktika is not represented since the refugee response has been separately analysed. The west, central highland and parts of the north have a comparatively higher number of humanitarian partners. Provinces where there is shortage of partners and a higher level of need include Ghazni, Hilmand, Kandahar, Kapisa, Kunduz, Khost, Nagarhar, Paktika, Wardak, and Zabol. Whereas Badghis, Daykundi, Hirat, Laghman, Logar, Nimroz, Nuristan, Panjsher, and Samangan have relatively more humanitarian agencies compared to overall needs.

Internal displacement

The IDP Task force, co-chaired by the Ministry of Refugees and Repatriation and UNHCR, coordinates issues related to internal displacement with the participation of UN agencies, NGOs, and interested government actors (including ANDMA, AIHRC and ARCS) and donor representatives. Regional IDP task forces in Gardez, Hirat, Jalalabad, Kandahar, Kabul, and Mazar-e Sharif; and sub-regional taskforces in Kunduz and Maimana are co-chaired by the Department of Refugees and Repatriation and UNHCR. The principal objective of taskforces is to collect and validate preliminary displaced persons data in order to inform programming decisions. IDP taskforces assess immediate protection and assistance needs of newly displaced populations and undertake emergency assistance including NFIs and food distributions, and referrals to relevant actors/clusters. While the focus of the

IDP taskforces is conflict-induced displacement, there are instances where they have responded to natural disasters. As such, there is close coordination between the IDP taskforces and PDMCs.

Refugee response

Since June, humanitarian efforts have expanded to meet the most urgent needs of refugees from Pakistan's North Waziristan Agency. UNHCR re-established a presence in Khost. UNICEF is exploring options to establish a presence in Khost and Paktika. NGOs already working on the ground increased their overall capacity to meet growing humanitarian needs. New partners are supporting emergency assistance. For the most part, NGOs are active in government-controlled areas in Khost. Insecurity remains the greatest challenge in accessing and assisting displaced families, as most are in areas not under government control.

Humanitarian access

The operational environment for humanitarians remained challenged most notably in the central, eastern and western regions with personnel and assets directly targeted in 2014. In the first three quarters of 2014, a total of 174 attacks against humanitarian personnel, assets and facilities were reported. This was the highest recorded in any January-September period to date. However, there was not a marked increase in NGO-related incidents as compared to the same period last year. In fact, the total number of incidents involving NGOs is only slightly higher (171) than those recorded in the first three quarters of 2013. With the exception of two provinces, (Bamyan and Jawzjan), there were incidents of varying degree throughout the country. The most affected province was Nangarhar (42 incidents), followed by Kabul (39 incidents) and Hirat (28 incidents).

Security constraints result largely from fighting on the ground. Fragmented channels of communication with combatants and the lack of clarity in the chain of command, mostly across the insurgency, have made agreements unstable and uncertain. It is widely accepted that constraints have increased in 2014, directly affecting the capacity of NGOs to work outside of larger urban areas. Travel between all provincial hubs remains problematic with personnel mostly choosing to fly in and out of provincial capitals.

However, NGO presence at provincial level did not decline. There has been an increase in the number of humanitarian partners in eastern region, even in insecure provinces such as Kunar. There are indications of international NGOs expanding to poorly served provinces such as Badghis, Farah, Ghor, and Kandahar. However, to date, most are in the planning phase. Time will be required to establish community acceptance, understand the security context, and become operational.

The frequency of incidents involving humanitarian actors has translated into a more conservative approach to programming, with activities and geographical reach reduced, as organisations wait for opportunities to expand again. For example, in Ghor province, the operational reach of key NGOs was reduced in 2014 due to worsening access in Chaghcharan and adjacent districts. Many NGOs with emergency response capacity have multi-year development funding and are therefore taking a "wait and see" approach before ceasing activities completely. In the north and north east, humanitarian access is limited in Faryab, Kunduz, and parts of Badakhshan, Jawzjan, and Sar-e-Pul. In the east, for most partners, access is limited to district or provincial centres.

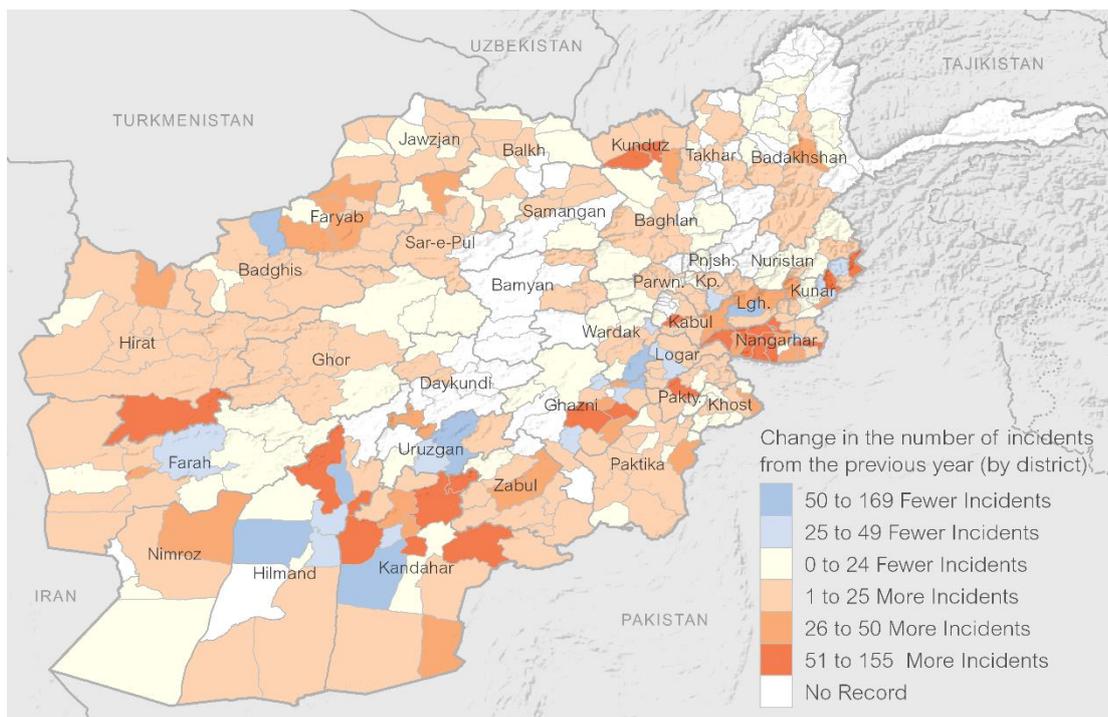
For the first time since 2012, OCTs have been established in Hilmand, Nimroz, and Uruzgan provinces following increased access. Overall, humanitarian access in the south has not changed. Access remains heavily constrained, especially for the UN. However, the work of organisations offering critical health services in northern Hilmand shows that acceptance can be built and successful emergency programming provided in contested areas.

In the southeast, humanitarian access expanded in Khost and parts of Paktika due to the influx of refugees from North Waziristan Authority, Pakistan. Through concerted engagement and support from the government, as well as tribal elders in non-government controlled areas, humanitarians are able to access all districts. However, access to more remote areas remains a challenge, particularly in Paktika.

In the eastern region, humanitarian access has worsened in the second half of 2014, mainly in Kunar and Nangarhar provinces. In Nangarhar's Dur Baba area assessments of conflict-induced displaced people had to be suspended due to active conflict. UN agencies have limited access to provincial centres in Laghman, Kunar, and Nangarhar. A handful of NGOs can access district centres in the above provinces. Nuristan has remained a province with limited access by UN agencies and NGOs. However, some NGOs continue to offer essential basic health services. Where government structures are absent or operate remotely from Jalalabad and Kunar, provincial emergency coordination structures such as ANDMA, PDMC and DoRR are lacking. Polio campaigns have continued in all the four provinces in the eastern region with some access challenges.

Change in Conflict Incidents by District

Data sources: Various from 1 September 2012 to 31 August 2014.



HUMANITARIAN RISK PROFILE

HIGHLIGHTS

- The risk of adverse events is nearly five times higher in Kunar and three times higher in Hilmand
- Faryab has had the highest increase; the relative risk of conflict-induced displacement is six times higher
- The risk of disease outbreaks is seven times higher in Zabul and Nuristan
- Daykundi, Kabul and Takhar have substantially lower risk scores across all indicators

The Afghanistan humanitarian risk profile is a planning tool to help predict changes in existing risk based on possible escalations in severity. It does so by analysing existing risks in relation to events in the past.

The risk analysis approach assumes the most likely scenario, and uses recent data to provide a provincial view of risks caused by conflict incidents, civilian casualties, disease outbreaks, drought, conflict displacement and restrictions in humanitarian access. It can help inform preparedness actions and enhance response capacities in a context that is complex and dynamic. It draws attention to regions that may be more susceptible to a decline in the humanitarian situation.

A more detailed explanation of the risk analysis approach and interpretation of the humanitarian risk profile can be found on the Afghanistan Humanitarian Response website ([here](#)).¹⁷

Afghanistan humanitarian risk register

The risk register is updated biannually and focuses on key risks identified for the upcoming six months. It is based on IASC guidance on Inter-Agency Emergency Response Preparedness (ERP) and an agreed set of Minimum Preparedness Actions (MPA) that track overall readiness for an emergency in the country. The register includes threshold indicators for each risk and shows which organisation is monitoring them. (See Annex X for full results of the risk register).

The overall risk severity in Afghanistan was assessed to be in the low to moderate range. The most severe risks in the second half of 2014 were the conflict (12 out of a possible 25) followed by attacks on humanitarian actors and outbreaks of disease (both scoring nine out of a possible 25). In comparison to the same period in 2013, there has been an increase in the perceived risk for increased conflict levels and attacks on humanitarian actors.

The least severe risks for the second half of 2014 were natural disasters and a drastic deterioration in economic food access (ranging between four and six out of a possible 25). Since flood events are lower in the second half of the year and the likelihood of wheat crop or harvest failure was rated low.

Understanding existing risks

The location of previous emergencies provides the baseline for future emergencies in 2015, by showing where the highest existing risks are geographically. (See the Humanitarian Risk Profile (Annex XI) for a detailed provincial risk overview). A relative risk approach takes into account provincial population figures to compare existing risks in a province against national risk averages. In general, provinces with smaller populations will have a higher relative risk than those with larger populations. A relative risk score of 1 means that the risk in the province is the same as the national average.¹⁸ A relative risk score that is greater than 1 means that the risk in the province is higher than the national average. While a higher relative risk score does not necessarily mean that there is increased humanitarian need, it does highlight the susceptibility of a province's population to a specific risk event.

Provincial highlights

- Hilmand and Kunar have the highest risk score. In the last year, the risk of experiencing a conflict incident was five times higher in Kunar and three times higher in Hilmand.
- From September 2013 to August 2014, the risk of being killed or injured directly or indirectly from conflict related violence was approximately four times higher in Kunar.¹⁹
- Faryab and Nangarhar have the highest increase in risk across all conflict indicators compared to the previous year. The overall risk of being impacted by conflict is more than two times higher in both provinces.

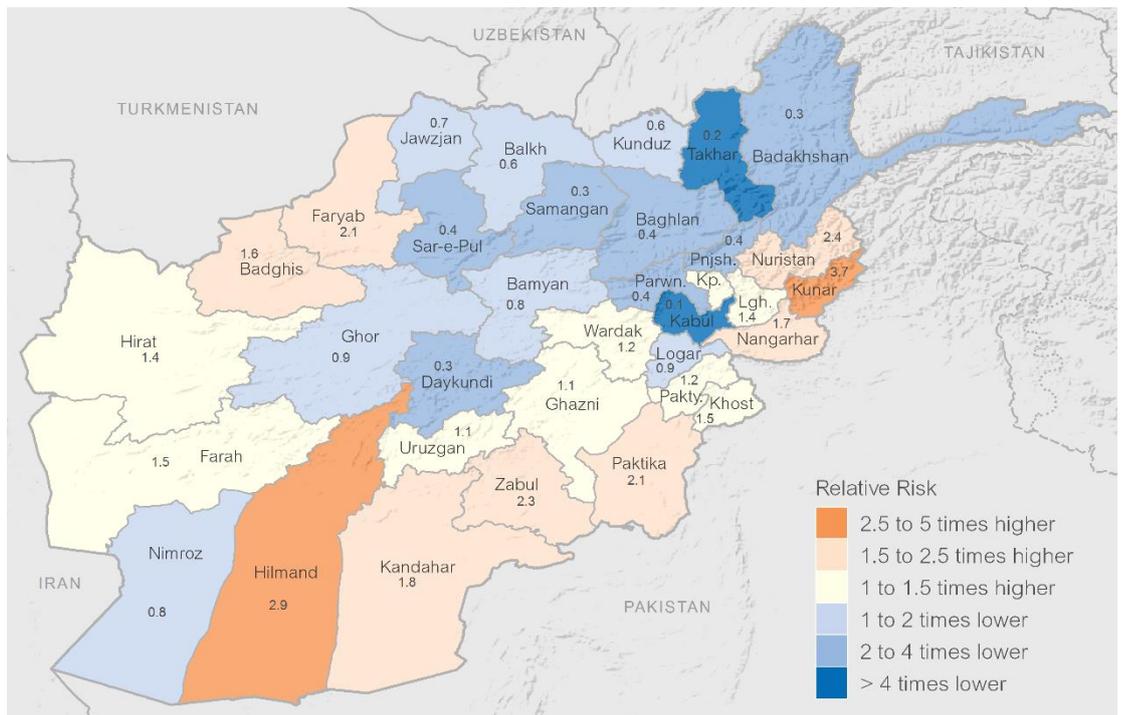
- In the last year, the relative risk of conflict induced displacement in Faryab was nearly six times higher than anywhere else in Afghanistan.
- Nuristan and Zabul are at seven times higher risk of disease outbreaks compared to other provinces.
- Daykundi, Kabul and Takhar are at the lower end of the scale. These provinces have substantially lower risks across all indicators relative to anywhere else in Afghanistan.

Possible escalation of existing risk

Based on the risk severity rating from the July-December 2014 Risk Register, an overall “escalated” risk score was calculated for each province.²⁰ However, due to the small variation of risk severity scores, there were relatively small differences between the escalated risk profile and the existing overall risk profile. The most notable escalation in risk is observed in Kunar, where there is a relatively high risk of conflict-related incidents to Afghans. In comparison to the possible escalation of risk in 2014, the escalated risk for 2015 remains largely the same. Provinces within the southern belt and western region are at higher risk of being impacted by the conflict.

Possible Escalation of Risk by Province

Notes: 1) These risk indicators were selected as proxies for the risks identified in the risk register. 2) The relative risk is ratio of actual (observed) events and expected events (based on a national incident rate derived from CSO 2013-14 population estimates). 3) The overall index score was based on an average of all risk indicators weighted by the scale (escalation) factor. 4) The scale factor is the "severity" outcome for an associated risk as defined by the risk register (updated June 2014). Data sources: UNAMA, Health Cluster, UNHCR, OCHA, CSO.



INFORMATION GAPS

HIGHLIGHTS

- Accurate and reliable data for evidence-based planning remains a challenge due to limited cluster-led real time field assessments
- Analysis of needs and gaps relied heavily on secondary data which are out of date and are not necessarily reflective of the humanitarian situation
- Lack of access, security considerations, funding limitations and limited humanitarian presence, capacity and coverage are constraints
- Crude Mortality Rate and accurate population figures are not available. Population estimates are based on extrapolations of the last Afghanistan population Census of 1979 and 2003-2004 Household Listing data which do not represent actual population growth
- Lack of data at local and district levels is a key impediment to planning humanitarian action

Cluster	Planned
ES/NFI	<ul style="list-style-type: none"> • Comprehensive Needs Assessment • New IDP assessment • Post-distribution monitoring • Gap analysis of affected populations
FSAC	<ul style="list-style-type: none"> • Integrated Phase Classification (IPC) • Pre-harvest assessment • NRVA 2013-14 and launch of NRVA 2015-16 • Afghanistan Prospects Report 2015 • Seasonal Food Security Assessment 2015
Health	<ul style="list-style-type: none"> • Health system functionality and coverage at province level • Crude Mortality Rate • Mass casualty capacity assessment at EPHS level
Nutrition	<ul style="list-style-type: none"> • SMART surveys • Rapid Nutrition Assessments • Nutrition surveillance through health facilities and communities
Protection	<ul style="list-style-type: none"> • Comprehensive Needs Assessment of Displaced persons and returnees (UNHCR) • HLP targeted baseline assessment • Demographic Health Survey (GBV module) • IDP assessments/monitoring • Urban profiling (targeted) • Mine and ERW Impact Free Community Survey (ongoing)
WASH	<ul style="list-style-type: none"> • Comprehensive National WASH Assessment 2015 • Annual monitoring and evaluation of WASH programming • Forecast of WASH needs in Major Urban Centres • A National Water Balance Assessment

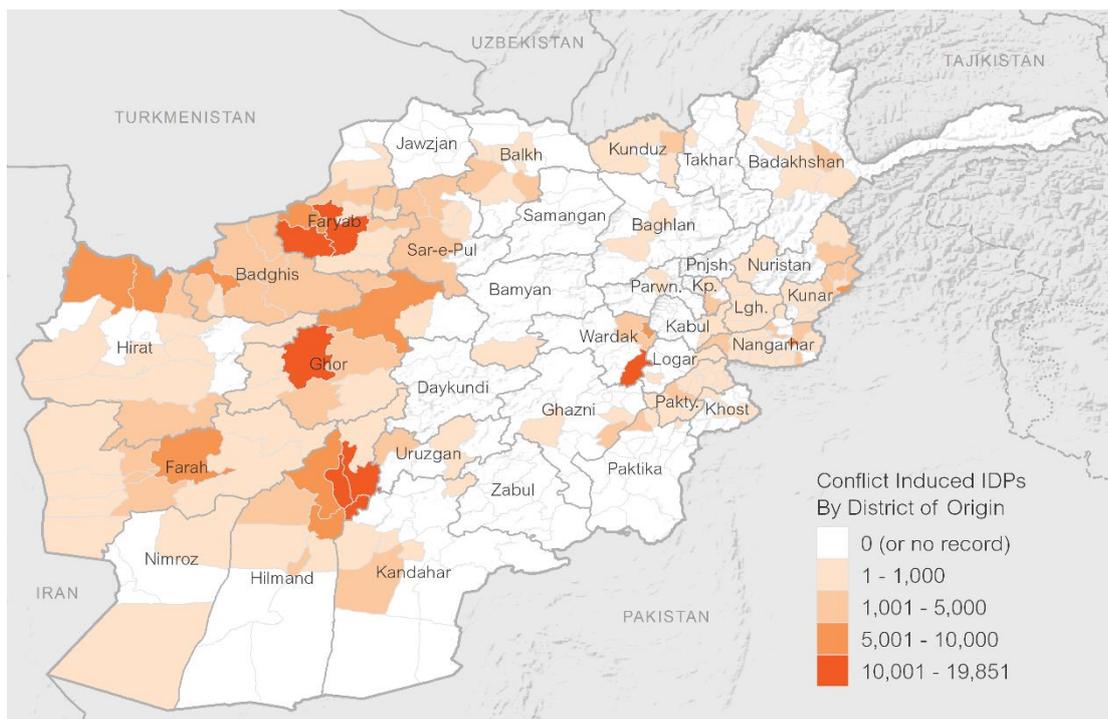
The coordination of assessments on natural disasters is now fully institutionalised through the PDMC mechanism. In 2014, the Rapid Assessment Form (RAF) was implemented in all 34 provinces of Afghanistan. The RAF is a collective effort based on the IOM questionnaire and adopted by all cluster leads. In 2013, extensive training targeted key government and humanitarian actors in all provinces. The training provided an opportunity to engage with government on harmonisation of response, which has resulted in the wide use of the RAF and better coordination overall.

ANNEXES

- Annex I: Conflict Induced Displaced People by District of Origin
- Annex II: Indicator Summary for the Overall Need and Vulnerability Index
- Annex III: Indicator Data for the Overall Need and Vulnerability Index (Part 1 & 2)
- Annex IV: Population by Province (CSO 2014-2015 Estimates)
- Annex V: Estimated Burden based on the Indicators of the Overall Need and Vulnerability Index
- Annex VI: Refugee Return Province Needs Index (Table)
- Annex VII: Who Does What Where (Table of Actors by Province and Cluster)
- Annex VIII: Who Does What Where (Map of Actors by District)
- Annex IX: Conflict Incidents by District (from September 2013 to August 2014)
- Annex X: Afghanistan Humanitarian Risk Register (July to December 2014)
- Annex XI: Humanitarian Risk Profile (Table of Risk Scores)
- Annex XII: Afghanistan: Overview of Assessments and Informed Decision-Making

Conflict Induced Displaced People by District of Origin

Data sources: AGCHO, UNHCR - Individual IDPs displaced from September 2011 to 31 August 2014



Indicator	Source	Unit & Description	Indicator Scoring Bands					
			Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)	
Mortality & Morbidity								
M1	Under-5 mortality	AMICS 2010-2011	deaths per 1,000 live births	≤70	>70 to 85	>85 to 100	>100 to 125	>125
M2	Civilians casualties (conflict)	UNAMA (1-Sep-13 to 31-Aug-14)	number of civilian casualties (previous 12 months)	≤77	>77 to 132	>132 to 296	>296 to 436	>436
M3	Civilians casualties (mines/UXO)	MACCA (1-Sep-13 to 31-Aug-14)	number of civilian casualties (previous 12 months)	≤3	>3 to 6	>6 to 10	>10 to 20	>20
M4	Severe Acute Malnutrition (SAM)	NNS 2013	% under-5 children	≤0.5%	>0.5% to 1%	>1% to 1.50%	>1.5% to 3%	>3%
M5	Global Acute Malnutrition (GAM)	NNS 2013	% under-5 children	≤2%	>2% to 5%	>5% to 10%	>10% to 15%	>15%
M6	Acute diarrhoeal disease (ADD)	HMIS (1-May-11 to 30-Apr-14)	cases per 1,000 people (previous 3 year average)	≤146	>146 to 169	>169 to 196	>196 to 237	>237
M7a	Measles prevalence	HMIS (1-May-11 to 30-Apr-14)	cases per 1,000 people (previous 3 year average)	≤0.22	>0.22 to 0.37	>0.37 to 0.53	>0.53 to 1.02	>1.02
M7b	Measles outbreaks	DEWS (1-May-11 to 30-Apr-14)	number of outbreaks (previous 3 year average)	≤0.9	>0.9 to 2.4	>2.4 to 3	>3.0 to 5.5	>5.5
M8	Acute Respiratory Infections (ARI)	HMIS (1-May-11 to 30-Apr-14)	cases per 1,000 people (previous 3 year average)	≤38	>38 to 53	>53 to 73	>73 to 99	>99
Vulnerability								
				Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
V1	Kcal intake deficiency	NRVA 2012	% below 1,500 kilocalories per day	≤5%	>5% to 10%	>10% to 15%	>15% to 20%	>20%
V2	Poor food consumption	SFSA 2014	Food consumption score (composite indicator)	-	- to -	- to -	- to -	-
V3	Household hunger	SFSA 2014	Household hunger scale (composite indicator)	-	- to -	- to -	- to -	-
V4	Vaccination coverage deficit	NICS 2013	% without coverage for Penta3 (valid; before 1 year)	≤47%	>47% to 58%	>58% to 69%	>69% to 82%	>82%
V5	Deliveries without a SBA	NNS 2013	% deliveries without a Skilled Birth Attendant (SBA)	≤46%	>46% to 55%	>55% to 64%	>64% to 72%	>72%
V6	Poor access to safe water	NRVA 2012 & NNS 2013	% without access improved source	≤20%	>20% to 40%	>40% to 60%	>60% to 80%	>80%
V7	Poor hygiene practices	NNS 2013	% of households without soap available	≤30%	>30% to 50%	>50% to 70%	>70% to 90%	>90%
V8	Insecurity	Various (1-Sep-11 to 31-Aug-14)	number of security incidents (3 year average)	≤20	>20 to 100	>100 to 200	>200 to 500	>500
V9	Exposure to mine/UXO hazards	MACCA 2014	number of people living within 500m of hazards	≤4,000	>4k to 8k	>8k to 30k	>30k to 60k	>60,000
V10a	Conflict induced IDPs	UNHCR (1-Sep-11 to 31-Aug-14)	total people displaced in the last 3 years	≤1,000	>1k to 2.5k	>2.5k to 5k	>5k to 10k	>10,000
V11	Unmet natural disaster caseload	ES&NFI	number of people needing life-saving assistance	-	0 to 2.5k	>2.5k to 5k	>5k to 10k	>10,000
V12	Exposure to natural disasters	WFP	integrated natural disaster analysis score (WFP)	-	- to -	- to -	- to -	-

Notes: 1) A more detailed write-up of the data sources, scoring bands and composite indicators is provided on the Afghanistan Humanitarian Response website; 2) Data related to civilian casualties for indicator M2 may not reflect final figures since more accurate information may have become available after the data was received. However, any variation is anticipated to be minimal; 3) composite indicators V2, V3 and V12 are derived from multiple indicators, including multiple scoring divisions that cannot be represented in this table (readers are encouraged to refer to the supplementary calculations provided on the Afghanistan Humanitarian Response website)

Province	Morbidity and Mortality Indicators											Vulnerability Indicators												
	Under-5 Mortality	Civilians Killed (Conflict)	Civilians Injured (Conflict)	Civilians Killed (Mines & UXO)	Civilians Injured (Mines & UXO)	Severe Acute Malnutrition (U5 Rate)	Global Acute Malnutrition (U5 Rate)	Acute Diarrhoeal Disease (Prevalence)	Measles Prevalence (3 Year Average)	Measles Outbreaks (3 Year Average)	ARI Prevalence (3 Year Average)	Kcal intake deficiency (<1,500 Kcal/p/d)	Poor food consumption	Household hunger	Vaccination coverage deficit	Deliveries Without a Skilled Birth Attend.	Poor Access to Safe Water	Poor Hygiene Practices	Insecurity	Exposure to Mines/UXOs hazards	Conflict induced IDPs (1-Sep-11 to 31-Aug-14)	Conflict induced IDPs (1-Sep-13 to 31-Aug-14)	Unmet natural disaster caseload	Exposure to natural disasters
Indicator Code	M1	M2	M2	M3	M3	M4	M5	M6	M7a	M7b	M8	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10a	V10b	V11	V12
Badakhshan	99	36	69	0	4	3.2%	9.3%	204	0.28	1.7	108	38%	5	4	74.5%	87%	52%	53%	107	6,821	1,651	403	2,168	3
Badghis	127	39	76	3	3	3.5%	7.3%	181	0.36	2.7	47	21%	3	3	72.0%	88%	58%	93%	386	3,740	15,672	6,942	0	2
Baghlan	99	41	102	0	12	2.7%	9.8%	164	0.16	0.3	70	2%	3	3	48.7%	65%	76%	60%	284	40,965	131	83	4,144	3
Balkh	122	35	80	0	1	1.4%	5.7%	150	0.58	6.0	84	5%	3	2	38.4%	55%	30%	77%	181	12,350	12,790	4,590	3,670	2
Bamyan	122	8	9	7	1	1.4%	5.0%	196	0.43	2.3	134	10%	4	3	45.6%	52%	76%	53%	27	1,857	0	0	0	2
Daykundi	122	26	15	0	0	1.2%	5.3%	170	0.28	2.7	65	3%	5	2	66.1%	85%	87%	60%	32	0	0	0	0	2
Farah	127	147	137	1	0	1.6%	3.9%	134	0.53	1.0	29	1%	2	2	81.1%	65%	46%	62%	387	7,377	12,310	9,319	0	4
Faryab	122	227	390	4	20	1.5%	3.7%	123	0.15	0.3	50	2%	1	2	69.7%	67%	57%	70%	684	11,190	31,327	18,510	6,786	2
Ghazni	124	232	402	5	19	4.0%	9.8%	141	0.33	3.0	43	28%	2	1	74.5%	64%	44%	81%	1454	84,383	1,908	1,812	0	3
Ghor	127	68	54	2	1	1.4%	5.3%	167	0.21	3.0	66	2%	4	3	95.5%	84%	76%	91%	136	198	22,183	5,944	0	3
Hilmand	71	252	558	11	10	7.1%	14.5%	196	0.24	3.0	30	0%	2	1	97.4%	71%	40%	77%	1697	55,139	69,839	22,708	0	3
Hirat	127	136	236	4	14	1.4%	5.6%	109	0.18	8.7	24	3%	2	1	40.3%	42%	37%	86%	471	10,161	36,804	4,707	0	3
Jawzjan	122	28	38	0	3	2.1%	6.3%	179	0.52	2.3	114	4%	2	1	44.3%	51%	63%	42%	111	1,579	4,964	2,979	10,367	3
Kabul	90	108	275	5	9	2.0%	6.5%	73	0.42	2.0	46	6%	3	1	54.7%	19%	20%	26%	198	196,791	14,820	594	0	2
Kandahar	71	288	423	18	27	8.4%	13.5%	117	0.61	5.7	16	3%	3	1	82.9%	51%	34%	60%	1962	16,098	6,901	3,215	0	2
Kapisa	90	49	158	0	3	2.2%	7.4%	209	0.72	3.0	69	1%	1	1	49.7%	63%	60%	41%	155	17,950	3,366	1,686	0	2
Khost	124	105	298	5	5	10.9%	18.2%	117	1.59	9.7	29	14%	1	1	85.1%	53%	35%	37%	1059	9,821	1,668	174	0	2
Kunar	65	154	406	14	33	6.5%	16.2%	330	1.15	5.0	143	0%	3	1	50.0%	76%	48%	82%	1515	7,515	15,165	8,418	0	3
Kunduz	99	126	263	2	4	2.7%	7.5%	167	0.23	1.7	62	10%	1	4	57.9%	57%	64%	63%	412	30,210	4,310	3,916	0	3
Laghman	65	66	233	1	18	5.1%	16.0%	319	0.44	5.0	121	19%	3	3	58.7%	61%	39%	64%	511	6,387	946	946	0	3
Logar	90	131	205	0	1	1.2%	6.8%	243	0.99	0.7	74	3%	3	1	66.5%	44%	45%	85%	297	54,524	1,382	0	0	2
Nangarhar	65	210	636	2	21	11.9%	21.2%	286	1.31	5.3	83	2%	3	3	44.2%	50%	38%	20%	1736	53,400	24,407	12,823	0	2
Nimroz	71	16	18	5	5	3.7%	9.4%	273	0.53	2.7	46	5%	3	4	65.3%	45%	80%	63%	72	4,239	485	0	0	3
Nuristan	65	43	44	1	7	11.4%	19.4%	269	1.09	2.7	88	19%	3	4	94.0%	90%	92%	93%	126	7,237	1,876	336	0	3
Paktika	124	150	336	6	3	4.0%	8.7%	197	0.55	8.3	39	4%	2	1	43.7%	55%	44%	94%	744	16,786	2,595	0	0	3
Paktya	124	64	206	1	6	9.2%	16.7%	210	1.06	13.7	50	4%	1	1	44.9%	43%	27%	32%	429	53,227	2,527	1,684	0	2
Panjsher	90	10	15	1	1	2.6%	7.2%	179	0.85	0.0	96	4%	1	1	59.3%	41%	44%	33%	4	6,363	270	0	0	4
Parwan	90	35	94	2	1	2.4%	6.9%	161	0.44	1.7	73	5%	3	2	51.1%	39%	51%	17%	124	64,113	93	0	0	1
Samangan	122	16	12	1	7	4.4%	7.8%	232	0.20	0.3	103	17%	3	1	48.3%	57%	74%	69%	19	7,127	0	0	614	3
Sar-e-Pul	122	42	39	3	2	1.8%	6.2%	210	0.23	1.0	109	11%	3	1	71.7%	66%	75%	33%	96	3,580	5,072	2,268	1,598	2
Takhar	99	22	50	1	2	2.6%	7.9%	184	0.16	4.0	76	23%	3	3	65.6%	73%	35%	38%	72	6,710	19	0	607	4
Uruzgan	71	113	115	0	0	11.2%	21.6%	295	0.15	2.7	37	17%	3	1	96.7%	58%	86%	60%	426	743	2,250	1,440	0	1
Wardak	90	74	247	7	4	8.8%	16.6%	169	1.07	0.3	72	0%	3	2	73.7%	72%	57%	50%	506	92,716	15,924	630	0	2
Zabul	71	63	124	5	17	4.6%	9.4%	159	1.46	5.7	34	14%	3	3	83.1%	46%	52%	19%	234	5,404	0	0	0	1

Province	Total	Total Male	Total Female	Urban Total	Urban Male	Urban Female	Rural Total	Rural Male	Rural Female	U5 Children	U5-Boys	U5-Girls
Badakhshan	935,327	476,547	458,780	36,738	18,811	17,927	898,589	457,736	440,853	177,712	90,633	87,079
Badghis	487,838	249,362	238,476	14,518	7,448	7,070	473,320	241,914	231,406	92,689	47,272	45,418
Baghlan	894,838	458,623	436,215	180,784	92,033	88,751	714,054	366,590	347,464	170,019	86,710	83,309
Balkh	1,298,247	664,086	634,161	476,872	244,839	232,033	821,375	419,247	402,128	246,667	125,800	120,867
Bamyan	439,899	222,960	216,939	12,624	6,312	6,312	427,275	216,648	210,627	83,581	42,626	40,955
Daykundi	417,476	214,405	203,071	0	0	0	417,476	214,405	203,071	79,320	40,453	38,867
Farah	498,951	255,892	243,059	36,611	18,937	17,674	462,340	236,955	225,385	94,801	48,348	46,452
Faryab	981,197	500,758	480,439	119,681	60,850	58,831	861,516	439,908	421,608	186,427	95,078	91,349
Ghazni	1,208,559	617,544	591,015	59,083	30,173	28,910	1,149,476	587,371	562,105	229,626	117,109	112,517
Ghor	679,085	346,867	332,218	6,944	3,535	3,409	672,141	343,332	328,809	129,026	65,803	63,223
Hilmand	909,395	466,881	442,514	53,781	28,153	25,628	855,614	438,728	416,886	172,785	88,120	84,665
Hirat	1,852,790	938,592	914,198	529,996	269,285	260,711	1,322,794	669,307	653,487	352,030	179,535	172,495
Jawzjan	530,751	270,100	260,651	113,747	57,820	55,927	417,004	212,280	204,724	100,843	51,430	49,413
Kabul	4,227,261	2,183,847	2,043,414	3,565,037	1,845,238	1,719,799	662,224	338,609	323,615	803,180	409,622	393,558
Kandahar	1,200,929	616,020	584,909	422,176	217,316	204,860	778,753	398,704	380,049	228,177	116,370	111,806
Kapisa	433,867	218,949	214,918	1,515	884	631	432,352	218,065	214,287	82,435	42,042	40,393
Khost	565,211	289,406	275,805	11,488	5,933	5,555	553,723	283,473	270,250	107,390	54,769	52,621
Kunar	443,272	226,906	216,366	13,635	7,070	6,565	429,637	219,836	209,801	84,222	42,953	41,269
Kunduz	990,937	504,333	486,604	250,319	128,652	121,667	740,618	375,681	364,937	188,278	96,022	92,256
Laghman	438,346	224,612	213,734	5,050	2,651	2,399	433,296	221,961	211,335	83,286	42,476	40,810
Logar	385,638	196,188	189,450	9,721	4,924	4,797	375,917	191,264	184,653	73,271	37,368	35,903
Nangarhar	1,489,787	762,551	727,236	224,018	115,322	108,696	1,265,769	647,229	618,540	283,060	144,360	138,699
Nimroz	162,135	82,914	79,221	26,007	13,256	12,751	136,128	69,658	66,470	30,806	15,711	15,095
Nuristan	145,574	74,263	71,311	0	0	0	145,574	74,263	71,311	27,659	14,106	13,553
Paktika	427,692	219,462	208,230	2,778	1,515	1,263	424,914	217,947	206,967	81,261	41,443	39,818
Paktya	542,896	277,545	265,351	24,239	12,372	11,867	518,657	265,173	253,484	103,150	52,607	50,544
Panjsher	151,004	77,214	73,790	0	0	0	151,004	77,214	73,790	28,691	14,632	14,058
Parwan	653,362	330,479	322,883	58,199	29,415	28,784	595,163	301,064	294,099	124,139	63,311	60,828
Samangan	381,459	195,275	186,184	29,036	14,518	14,518	352,423	180,757	171,666	72,477	36,963	35,514
Sar-e-Pul	550,238	281,717	268,521	42,797	22,093	20,704	507,441	259,624	247,817	104,545	53,318	51,227
Takhar	966,576	492,976	473,600	127,256	64,638	62,618	839,320	428,338	410,982	183,649	93,661	89,988
Uruzgan	380,469	195,855	184,614	13,761	7,070	6,691	366,708	188,785	177,923	72,289	36,867	35,422
Wardak	586,623	299,392	287,231	3,030	1,515	1,515	583,593	297,877	285,716	111,458	56,844	54,615
Zabul	299,125	153,412	145,713	11,993	6,186	5,807	287,132	147,226	139,906	56,834	28,985	27,849
Afghanistan	26,556,754	13,585,933	12,970,821	6,483,434	3,338,764	3,144,670	20,073,320	10,247,169	9,826,151	5,045,783	2,573,349	2,472,434

Notes: (1) The population data is taken from the Central Statistics Organisation population estimates for the Persian Calendar year 1393 (April 2014 to March 2015); (2) the under-5 children estimates are based on assumptions made by the nutrition cluster (based on NRVA results) - 19% of the total population is under the age of 5, 51% of the population is male and 49% of the population is female.

Province	Critical Life-Saving Intervention ²¹ based on Indicators M2, M3, M5, M6, M7, M9, V10b, V11	Overall Humanitarian Need based on indicators M2, M3, M5, M6, M7, M9, V1, V9, V10a, V11, V12	Mortality and Morbidity (Individuals)									Vulnerability (Individuals)					
			Under-5 mortality	Civilians Killed (Conflict)	Civilians Killed (Mines & UXO)	Civilians Injured (Conflict)	Civilians Injured (Mines & UXO)	Global Acute Malnutrition	Acute Diarrhoea with Dehyd. Burden	Measles Burden	Pneumonia Burden	Kcal intake deficiency (<1,500 Kcal/p/d)	Exposure to mine/UXO hazards	Conflict induced IDPs (Sep-11 to Aug-14)	Conflict induced IDPs (Sep-13 to Aug-14)	Unmet natural disaster caseload	Exposure to floods and landslides
Indicator Code	-	-	M1	M2	M2	M3	M3	M5	M6	M7a	M9	V1	V9	V10a	V10b	V11	V12
Badakhshan	156,249	530,401	17,594	36	0	69	4	42,478	10,068	259	100,763	358,786	6,821	1,651	403	2,168	7,297
Badghis	50,479	194,403	11,772	39	3	76	3	17,195	3,167	177	22,876	127,893	3,740	15,672	6,942	0	3,561
Baghlan	120,429	186,883	16,832	41	0	102	12	42,734	10,242	144	62,926	16,404	40,965	131	83	4,144	9,037
Balkh	166,014	252,585	30,093	35	0	80	1	35,491	12,834	752	108,559	59,149	12,350	12,790	4,590	3,670	6,873
Bamyan	73,321	120,326	10,197	8	7	9	1	10,646	3,307	190	59,153	43,617	1,857	0	0	0	1,530
Daykundi	42,398	53,065	9,677	26	0	15	0	10,717	4,248	116	27,275	9,716		0	0	0	951
Farah	44,941	66,633	12,040	147	1	137	0	9,556	10,868	264	14,649	4,426	7,377	12,310	9,319	0	6,898
Faryab	100,541	152,188	22,744	227	4	390	20	17,795	7,838	147	48,825	23,002	11,190	31,327	18,510	6,786	4,637
Ghazni	127,541	584,218	28,474	232	5	402	19	57,337	15,894	403	51,438	361,556	84,383	1,908	1,812	0	10,642
Ghor	72,747	102,343	16,386	68	2	54	1	17,368	4,633	140	44,537	11,565	198	22,183	5,944	0	1,594
Hilmand	129,848	248,147	12,268	252	11	558	10	64,269	14,693	215	27,132	2,968	55,139	69,839	22,708	0	13,061
Hirat	113,260	222,856	44,708	136	4	236	14	50,146	12,903	341	44,772	52,966	10,161	36,804	4,707	0	14,372
Jawzjan	94,816	126,937	12,303	28	0	38	3	16,139	4,226	274	60,761	21,638	1,579	4,964	2,979	10,367	6,919
Kabul	359,222	869,725	72,286	108	5	275	9	131,943	31,789	1,789	192,709	250,082	196,791	14,820	594	0	49,404
Kandahar	118,283	177,723	16,201	288	18	423	27	78,339	15,993	731	19,249	29,712	16,098	6,901	3,215	0	9,944
Kapisa	52,619	76,842	7,419	49	0	158	3	15,673	4,895	312	29,844	2,756	17,950	3,366	1,686	0	1,837
Khost	75,152	163,330	13,316	105	5	298	5	49,927	7,096	896	16,646	72,758	9,821	1,668	174	0	4,105
Kunar	116,519	136,251	5,474	154	14	406	33	34,951	8,438	508	63,596	1,386	7,515	15,165	8,418	0	4,084
Kunduz	111,408	247,796	18,640	126	2	263	4	36,148	9,710	233	61,007	94,765	30,210	4,310	3,916	0	11,019
Laghman	96,856	198,008	5,414	66	1	233	18	34,101	8,458	195	52,839	90,161	6,387	844	946	0	4,705
Logar	48,620	120,833	6,594	131	0	205	1	12,651	6,703	382	28,547	12,803	54,524	1,382	0	0	3,503
Nangarhar	329,265	440,379	18,399	210	2	636	21	153,293	35,957	1,951	124,372	37,022	53,400	24,407	12,823	0	9,108
Nimroz	16,460	32,942	2,187	16	5	18	5	7,432	1,375	85	7,524	7,326	4,239	485	0	0	4,431
Nuristan	29,630	66,065	1,798	43	1	44	7	13,738	2,531	158	12,771	26,450	7,237	1,876	336	0	1,208
Paktika	44,640	86,739	10,076	150	6	336	3	18,085	9,360	234	16,467	18,473	16,786	2,595	0	0	4,244
Paktya	85,375	165,304	12,791	64	1	206	6	44,112	11,428	575	27,300	21,457	53,227	2,527	1,684	0	4,402
Panjsher	21,055	34,142	2,582	10	1	15	1	5,284	1,144	128	14,472	5,820	6,363	270	0	0	634
Parwan	79,939	178,064	11,172	35	2	94	1	22,001	9,853	289	47,664	31,348	64,113	93	0	0	2,571
Samangan	58,987	132,309	8,842	16	1	12	7	14,435	4,712	77	39,113	62,721	7,127	0	0	614	3,474
Sar-e-Pul	86,108	151,916	12,755	42	3	39	2	16,459	5,845	127	59,724	54,674	3,580	5,072	2,268	1,598	4,750
Takhar	122,329	350,672	18,181	22	1	50	2	37,290	10,644	155	73,558	214,474	6,710	19	0	607	7,140
Uruzgan	67,187	130,488	5,133	113	0	115	0	39,885	11,481	59	14,094	58,926	743	2,250	1,440	0	2,821
Wardak	97,986	211,052	10,031	74	7	247	4	47,242	7,015	629	42,138	2,329	92,716	15,924	630	0	2,727
Zabul	30,442	76,441	4,035	63	5	124	17	13,619	5,862	435	10,317	39,079	5,404	0	0	0	1,516
Total	3,340,668	6,888,003	508,413	3,160	117	6,363	264	1,218,480	325,211	13,372	1,627,619	2,228,208	896,701	313,553	116,127	29,955	225,000

Province	Overall Ranking	Returnees Population Vulnerability	Absorption capacity Vulnerability
Weight	-	1	1
Nangarhar	4.0	5	3
Nimroz	4.0	3	5
Kabul	3.0	4	2
Kunduz	3.0	3	3
Baghlan	2.0	1	3
Farah	2.0	1	3
Hirat	2.0	2	2
Kunar	2.0	1	3
Laghman	2.0	1	3
Logar	2.0	1	3
Paktya	2.0	1	3
Sar-e-Pul	2.0	1	3
Balkh	1.5	1	2
Daykundi	1.5	1	2
Faryab	1.5	1	2
Hilmand	1.5	1	2
Jawzjan	1.5	1	2
Kandahar	1.5	1	2
Kapisa	1.5	1	2
Parwan	1.5	1	2
Takhar	1.5	1	2
Badakhshan	1.0	1	1
Badghis	1.0	1	1
Bamyan	1.0	1	1
Ghazni	1.0	1	1
Ghor	1.0	1	1
Khost	1.0	1	1
Nuristan	1.0	1	1
Paktika	1.0	1	1
Panjsher	1.0	1	1
Samangan	1.0	1	1
Uruzgan	1.0	1	1
Wardak	1.0	1	1
Zabul	1.0	1	1

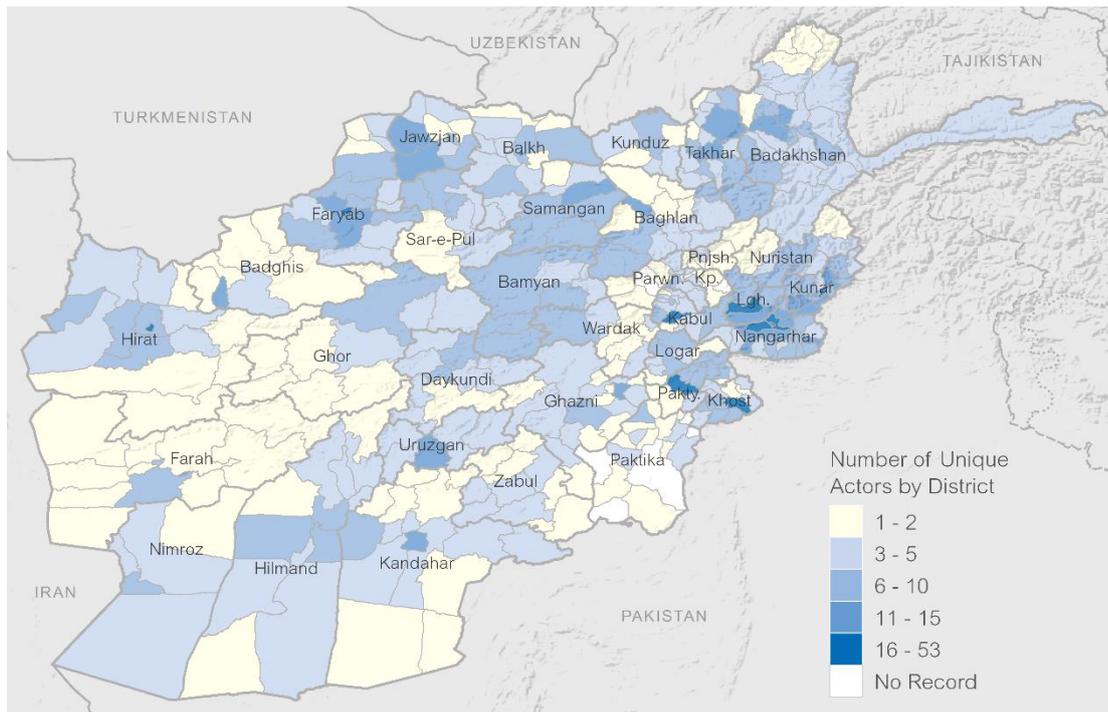
Calculation of Coefficients: 1) Returnee Population Vulnerability = Returnee Population / Highest province Returnee Population; 2) Absorption Capacity Vulnerability = Returnee Population / Local Population (The coefficients thus obtained were normalised, so that they would all be in the range from 0 to 1); 3) Overall ranking = Un-weighted average of specific rankings. Source: UNHCR.

Province	Number of Organizations							Number of National NGOs					
	Unique Organizations	ES & NFI	FSAC	Health	Nutrition	Protection	WASH	ES & NFI	FSAC	Health	Nutrition	Protection	WASH
Kabul	60	2	4	12	3	21	28	-	-	2	-	9	5
Nangarhar	39	7	4	5	2	21	12	-	1	2	1	8	1
Balkh	30	8	2	4	2	8	14	-	-	1	1	3	5
Hirat	28	9	3	7	3	11	6	2	1	2	1	3	1
Badakhshan	27	9	5	7	3	5	7	1	1	1	1	3	2
Kunar	22	6	5	2	1	12	6	-	2	-	-	5	1
Baghlan	21	8	2	5	1	6	4	-	-	1	1	2	1
Laghman	20	5	4	3	1	11	1	1	1	-	-	5	-
Khost	19	8	1	8	1	2	3	1	-	2	-	1	-
Samangan	19	6	3	2	3	2	9	-	-	1	2	-	2
Faryab	18	5	3	4	3	2	8	-	1	2	1	-	2
Takhar	18	6	4	3	2	2	5	-	-	1	1	1	2
Jawzjan	17	10	2	3	3	2	7	-	-	2	1	1	1
Kandahar	17	3	1	8	3	5	4	-	-	2	1	1	1
Paktya	16	6	1	5	3	4	4	1	-	2	1	1	-
Sar-e-Pul	15	9	3	1	3	1	2	-	-	1	3	-	1
Hilmand	14	2	1	4	3	5	1	-	-	2	1	2	-
Badghis	13	4	3	3	2	1	4	1	1	1	1	1	1
Ghazni	13	2	1	7	3	2	2	-	-	5	3	-	-
Logar	13	1	1	5	2	6	-	-	-	2	-	2	-
Parwan	13	2	2	-	1	7	1	-	-	-	-	3	-
Bamyan	12	4	2	-	3	-	4	-	-	-	1	-	-
Daykundi	12	1	3	-	3	-	6	-	1	-	1	-	2
Kunduz	12	3	3	4	1	1	3	-	-	1	-	1	1
Uruzgan	12	3	1	2	1	3	4	-	-	2	1	2	-
Ghor	11	3	4	1	2	1	5	1	-	1	1	1	1
Nuristan	10	3	4	2	1	4	1	-	1	-	-	3	-
Paktika	10	6	-	1	1	-	3	3	-	-	-	-	-
Wardak	9	-	2	4	1	4	1	-	-	1	-	3	-
Nimroz	8	1	1	3	2	1	2	-	-	1	1	-	-
Farah	7	3	1	3	2	2	-	1	-	1	1	1	-
Kapisa	7	2	1	1	-	1	2	-	-	-	-	1	-
Panjsher	6	1	-	-	-	4	1	-	-	-	-	2	-
Zabul	4	-	-	2	1	1	1	-	-	1	1	1	-
Total (Unique):	134	34	18	44	29	46	41	8	5	14	10	21	12

Notes: 1) 3W provided by clusters: ES&NFI July-14; FSAC July-14; Health Sept-14; Nutrition Sept-14; Protection Sept-14; WASH Sept-14. 2) The figures specified only represent the count of reported organisations, i.e. Government departments not included in the count. 3) Multi sector has not been included since membership agencies exist within the other clusters. 4) The total number of organisations is a unique count from all clusters (excluding multi-sector). 5) The protection 3W does not represent a) human rights violations monitoring activities (covering all accessible districts), b) the broader coverage area of services (only the district the service is located in is represented while the coverage may extend to multiple districts), c) advocacy at the national level. Data source: Clusters.

Number of Humanitarian Actors by District

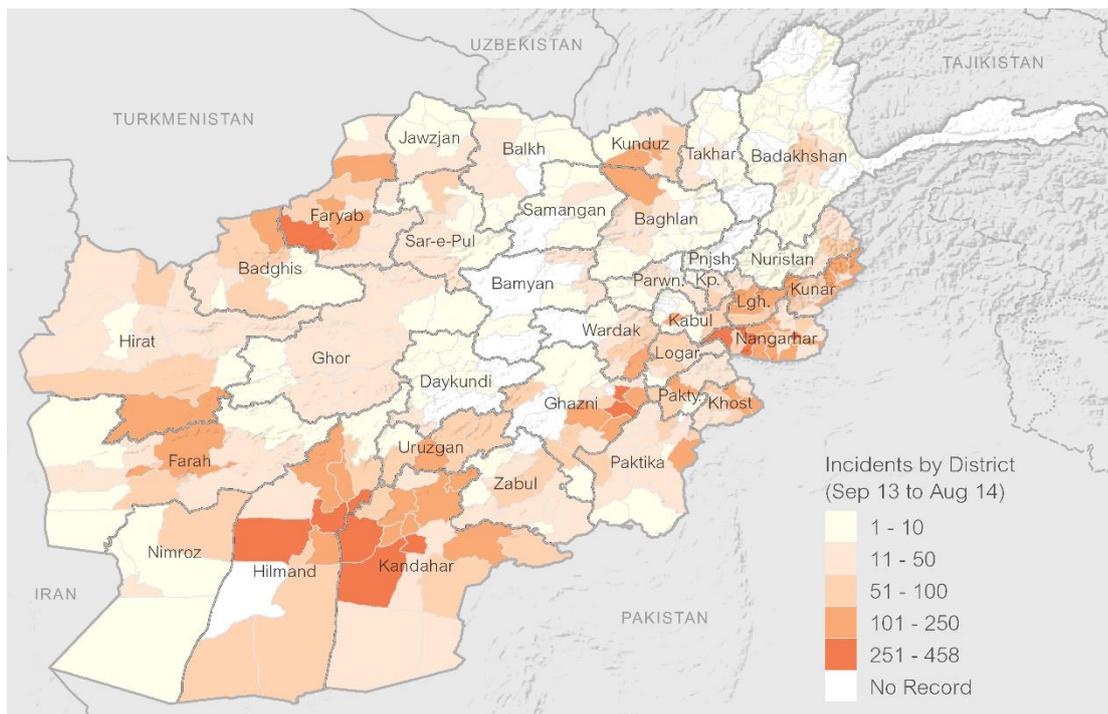
Notes: 3W provided by clusters: ES&NFI July-14; FSAC July-14; Health Sep-14; Nutrition Sep-14; Protection Sep-14; WASH Sep-14. Note: The protection 3W does not represent 1) human rights violations monitoring activities (covering all accessible districts), 2) the broader coverage area of services (only the district the service is located in is represented while the coverage may extend to multiple districts), and 3) advocacy at the national level. Data sources: AGCHO, Cluster 3Ws.



Conflict Incidents by District (from September 2013 to August 2014)

Notes: Incident types include: abductions, air strikes, armed clashes, assassinations or attempted assassinations, IED detonated or discovered, mine/UXO incident, stand-off attacks, or suicide attacks.

Data sources: Various from 1 September 2013 to 31 August 2014.



ID	Risk Indicator	Impact (1 to 5)	Likelihood (1 to 5)	Severity Impact x Likelihood	Change from 2013 (Severity)	Anticipated Caseload (Previous)	Triggers for stepping up preparedness
Increase in Conflict							Risk Rating: Medium
1.A	A significant increase in the population that cannot access essential services	3	4	Medium 12	▲ by 3 points	-	Indicator: Population unable to access essential services Source: UNHCR/UNICEF/WHO Threshold: 10% increase Monitored by: HCT
1.B	A significant increase in populations of concern that cannot be operationally accessed by agencies	3	4	Medium 12	▲ by 3 points	-	Indicator: Population unable to be accessed by agencies Source: UN/ICRC/NGO/AIHR Threshold: 10% increase Monitored by: HCT
1.C	A significant increase in civilian casualties	3	3	Medium 9		(4,763)	Indicator: Civilian casualties Source: UNHCR/ICRC/AIHR Threshold: 15% increase Monitored by: UNAMA Human Rights
1.D	A significant increase in human rights violations	3	4	Medium 12	▲ by 3 points	-	Indicator: Human rights violations Source: UNHCR/ICRC/UNICEF Threshold: 25% increase Monitored by: UNAMA Human Rights
1.E	A significant increase in internal displacement in any one district or province	3	3	Medium 9		(56,959)	Indicator: Conflict induced displacement Source: UNHCR Threshold: 10% increase Monitored by: UNHCR
Increase in attacks (direct & indirect) on humanitarian agencies							Risk Rating: Medium
2.A	A significant increase in attacks on humanitarian agencies (compound, offices or staff)	3	3	Medium 9	▲ by 3 points	(157)	Indicator: Attacks on agencies (including intimidation) Source: INSO/UNDSS Threshold: 10% increase (comparison to previous period) Monitored by: OCHA, HCT
Drastic deterioration in economic food access							Risk Rating: Low
3.A	Rapid increase in the price of staple foods (wheat, wheat flour, rice)	3	2	Low 6	No change	320,000 (160,000)	Indicator: Price of staple foods (wheat, wheat flour, rice) Source: WFP (monthly market price monitoring) Threshold: ≥5% 1-month or ≥10% 1, 2, or 5-year comparison Monitored by: FSAC
Disease outbreaks							Risk Rating: Medium
4.A	Epidemics / Outbreaks	3	3	Medium 9	No change	200,000 (200,000)	Indicator: Case fatality rate of confirmed outbreak Source: DEWS Threshold: Case fatality rate exceeds international standard Monitored by: WHO
Natural disasters							Risk Rating: Low
5.A	Drought	2	2	Low 4	No change	- (500)	Indicator: Population affected by drought Source: IOM, ANDMA, NGOs, FEWSNET Threshold: More than 20,000 people Monitored by: NDMC, FEWSNET, FSAC
5.B	Earthquake in/near large urban area	3	2	Low 6	▲ by 1 point	- (2,200)	Indicator: Population affected by earthquake Source: IOM, ANDMA, NGOs Threshold: More than 20,000 people Monitored by: NDMC, IOM
5.C	Major earthquake in/near large urban area (Kabul, Jalalabad, Kunduz)	5	1	Low 5	No change	-	Indicator: Population affected by earthquake Source: IOM, ANDMA, NGOs Threshold: More than 20,000 people Monitored by: NDMC, IOM
5.D	Flood	2	3	Low 6	No change	21,000 (34,000)	Indicator: Population affected by floods Source: IOM, ANDMA, NGOs Threshold: More than 20,000 people Monitored by: NDMC, IOM
5.E	Landslides, avalanches	2	3	Low 6	▲ by 3 points	- (2,500)	Indicator: Population affected by landslide or avalanche Source: IOM, ANDMA, NGOs Threshold: More than 20,000 people Monitored by: NDMC, IOM
5.F	Extreme (harsh) winter	1	4	Low 4	No change	16,000 (1,500)	Indicator: Population affected by extreme winter Source: IOM, ANDMA, NGOs Threshold: More than 20,000 people Monitored by: NDMC, IOM

Risk Severity Score	Impact				
	(1) Negligible	(2) Minor	(3) Moderate	(4) Severe	(5) Critical
(1) <20%	1	2	3	4	5
(2) 20-40%	2	4	6	8	10
(3) 40-60%	3	6	9	12	15
(4) 60-80%	4	8	12	16	20
(5) >80%	5	10	15	20	25

Notes: ▲ ▼ rise or fall in severity rating compared to the same period in the previous year

Province	Conflict Incidents	Civilian Casualties	Conflict Induced IDPs	Exposure to Drought	Disease Outbreaks	Overall Risk Profile	Conflict Related Risk	Possible Escalation
Indicator Code	R1	R2	R3	R4	R5	-	-	-
Kunar	5	4	5	-8	2	3.2	4.7	3.7
Hilmand	3	3	5	2	1	2.8	3.6	2.9
Nuristan	1	2	-1	-3	7	2.2	1.2	2.4
Zabul	1	2	-10	-5	7	2.1	1.0	2.3
Faryab	1	2	6	1	-10	2.1	3.1	2.1
Paktika	2	3	-10	3	2	2.2	1.9	2.1
Kandahar	3	2	-1	-7	2	1.6	1.8	1.8
Nangarhar	3	2	2	-10	-1	1.4	2.1	1.7
Badghis	-1	-2	4	1	1	1.6	1.9	1.6
Farah	1	2	3	2	-4	1.6	1.8	1.5
Khost	2	2	-10	2	1	1.4	1.5	1.5
Hirat	-2	-2	-1	2	4	1.6	-1.8	1.4
Laghman	2	2	-2	3	-2	1.5	1.4	1.4
Paktya	1	1	-1	-2	2	1.2	1.1	1.2
Kapisa	-2	1	-1	2	2	1.3	-1.2	1.2
Wardak	1	2	1	2	-3	1.3	1.3	1.2
Ghazni	2	1	-2	2	-6	1.2	1.3	1.1
Uruzgan	1	2	-2	-10	1	-1.0	1.2	1.1
Logar	1	2	-3	-5	-10	-1.2	1.3	-1.1
Ghor	-3	-2	2	2	-2	1.1	-1.2	-1.1
Nimroz	-1	-2	-10	-10	2	-1.4	-2.1	-1.2
Bamyan	-9	-9	-10	1	3	-1.2	-13.9	-1.3
Jawzjan	-3	-3	1	2	-2	-1.2	-1.8	-1.5
Balkh	-5	-4	1	1	-1	-1.4	-2.1	-1.6
Kunduz	-1	1	-1	-10	-10	-1.8	-1.1	-1.6
Sari Pul	-3	-2	1	-10	-5	-2.4	-1.7	-2.2
Parwan	-3	-2	-10	1	-2	-1.8	-3.6	-2.3
Baghlan	-2	-2	-10	2	-8	-1.9	-3.2	-2.5
Panjsher	-10	-2	-10	3	-10	-1.5	-6.2	-2.8
Badakhshan	-4	-3	-8	-2	-2	-2.7	-4.6	-3.0
Samangan	-10	-5	-10	3	-10	-1.6	-10.0	-3.0
Daykundi	-5	-4	-10	-3	-1	-3.3	-6.8	-3.4
Takhar	-8	-5	-10	-3	-3	-4.9	-9.1	-5.5
Kabul	-10	-4	-10	-10	-7	-10.1	-8.7	-9.2
Severity Factor	12	9	9	4	9	-	-	-
Data Period & Notes	Sep-13 to Aug-14	Sep-13 to Aug-14	Nov-13 to Aug-14	1951 to 2004	Jan-13 to Jun-14	Average of indicators R1, R2, R3, R4 and R5	Average of indicators R1, R2 and R3	Weighted (severity) average of indicators R1 to R5

Notes: 1) These risk indicators were selected as proxies for the risks identified in the risk register. 2) The relative risk is ratio of actual (observed) events and expected events (based on a national incident rate derived from CSO 2013-14 population estimates). 3) A relative risk score of "-10" means that the risk is at least 10 times lower, i.e. could be more than 10 times lower. 4) Overall index score was based on an average of all risk indicators weighted by the severity (escalation) factor. 5) The severity factor is defined by the risk register (Updated June 2014). Data sources: UNAMA, HMIS-MoPH/Health Cluster, UNHCR, OCHA, CSO.

Afghanistan: Overview of Assessments and Informed Decision Making



Introduction

Informed decision making for key national programmes relies upon the gathering and analysis of assessment information. The systems and a selection of primary indicators are presented below. Are the existing systems fit-for-purpose? Are there major gaps in the existing systems? Could the existing systems accommodate a rapid scaling-up approach?



Legend

Passive (Grey)
Active (Colored)

2010 Collect
2016 Update

Year of scheduled update; or Interval of the continuous system reporting.

Survey or System

Geographical Representation
Village (V)
District (D)
Province (P)
National (N)

Component Level

Indicators

Fit for Humanitarian Purpose
Inadequate (Red)
Limited (Orange)
Adequate (Blue)

Situation (Baseline) Information

Survey or System	AMS, DHS	HMIS	NICS	HMIS	NRVA, MICS	NNS	NRVA	SDES	NRVA
Geographical Representation	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive
Year of scheduled update; or Interval of the continuous system reporting.	D Active	D Active	D Active	D Active	D Active	D Active	D Active	D Active	D Active
Component Level	P 2010 Collect	P Continuous	P 2013 Collect	P Continuous	P 2012 Collect	P 2013 Collect	P 2012 Collect	P 2011 Collect	P 2012 Collect
Indicators	N 2016 Update	N Months	N ---- Update	N Quarterly	N ---- Update	N ---- Update	N ---- Update	N ---- Update	N ---- Update
Component Level	Mortality	Morbidity	Morbidity	Essential Health Service	Water & Sanitation	Nutrition	Food Security	Population	Poverty & Livelihoods
Indicators	Crude, Under 5	Trauma	Vaccination Coverage	Physician Density	Access to Safe Water & Sanitation	GAM, SAM, MAM	Calorie Consumption	Size, Age, Sex, Literacy	Poverty Gap, Employment Rate
Fit for Humanitarian Purpose	Not representative of contested areas; not current; insufficient geographical detail	Passive data collection system; quarterly based reporting, i.e. long lag	Relatively recent data collection; limited representation of contested areas	Passive data collection system; quarterly based reporting; insufficient trauma related data	Not representative of displaced populations or contested areas; designed for development	Relatively recent data collection; limited representation of contested areas	Not representative of displaced populations or contested areas; designed for development	Result for only 3 of 34 provinces released; completion timeframe unknown	Not representative of displaced populations or contested areas; designed for development

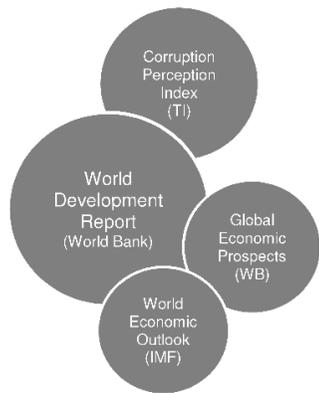
Global Analysis

Human Development Index (HDI) 2013
<http://hdr.undp.org/en/2013-report>

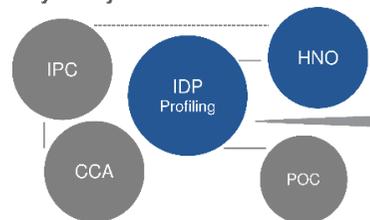
Index for Risk Management (InfoRM) 2013
<http://inform.jrc.ec.europa.eu/>

Humanitarian Programme Information

Survey or System	SMART	Health Cluster	DEWS	HFFS	WASH Cluster	SMART, CMAM	PHS, SFSA	PMT, BMP	IDP-RR-NA
Geographical Representation	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive	V Passive
Year of scheduled update; or Interval of the continuous system reporting.	D Active	D Active	D Active	D Active	D Active	D Active	D Active	D Active	D Active
Component Level	P ----	P 2014	P Continuous	P ----	P ----	P 2014	P 2013 Release	P 2014	P 2013
Indicators	N 2014	N On-going	N Days	N Jan. 2015	N Jun. 2015	N On-going	N 2014 Update	N On-going	N ----
Component Level	Mortality	Morbidity	Morbidity	Essential Health Services	WASH	Nutrition	Food Security	Displacement	Returned Refugees & IDPs
Indicators	Crude, Under 5	Trauma	Outbreaks	Status, Staff	15 Key Indicators	GAM, SAM, MAM	Calorie Consumption	IDPs, RRs, Refugees, Economic Migrants	Size, Livelihoods, Employment
Fit for Humanitarian Purpose	May be obtained from the nutrition SMART surveys; limited coverage	Passive data collection; overlap with HMIS; difficult to gain complete national picture	375 functional sites (DEWS)	14 priority provinces to be surveyed (limited coverage)	To target IDPs, host communities & other populations of concern	Surveys planned for 8 districts through CHF	34 provinces to be surveyed in 2014, results to be ready by mid-September 2014	Limited follow-up on reintegration and sustainability	Status based approach

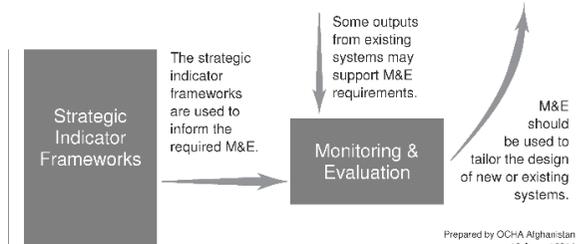


Country Analysis



Strategies & Priority Outcomes

- Strategic Response Plan (CHAP)
- UN Development Action Framework
- Afghanistan National Development Strategy (National Priority Programs 2014 to 2018)
- Aid Management Framework



Prepared by OCHA Afghanistan 19 August 2014

END NOTES

- 1 The estimated non-security international development assistance was \$6.5 billion in 2012. The finalised 2013 figure is expected by December 2013.
- 2 UNDP Human Development Report 2014
- 3 United Nations Assistance Mission for Afghanistan (UNAMA)
- 4 World Bank, Afghanistan Economic Update April 2013
- 5 UNDP Human Development Report 2014
- 6 Press Release: No PR125/2014-ISPR," Inter Service Public Relations, June 15, 2014. (https://www.ispr.gov.pk/front/main.asp?o=t-press_release&id=2573)
- 7 Population estimates are based on extrapolations of the last Afghanistan population Census of 1979 and 2003-2004 Household Listing data which do not represent actual population growth.
- 8 United Nations Statistics Division (<https://data.un.org/CountryProfile.aspx>)
- 9 ibid
- 10 Human Development Report, UNDP 2014
- 11 The integrated context analysis was prepared by the Vulnerability Analysis and Mapping (VAM) unit of WFP. The analysis was carried-out at the district level using data from 1951-2004 and aggregated to the provincial level for the CHAP.
- 12 Afghanistan Midyear Report 2014, Protection of Civilians in Armed Conflict, UNAMA.
- 13 See "2015 Afghanistan Refugee and Returnee Overview" on the Afghanistan Humanitarian Response Website: <https://www.humanitarianresponse.info/operations/afghanistan/document/2015-afghanistan-refugee-and-returnee-overview>
- 14 Cumulative figure for operational planning purpose only.
- 15 Seven national NGOs are still under review.
- 16 Cluster 3Ws
- 17 <https://www.humanitarianresponse.info/operations/afghanistan/document/risk-analysis-approach-supplementary-guide-afghanistan-hrp>
- 18 According to the relative risk calculation, this is not technically correct, but has been purposefully described using the term "average" to help convey the idea.
- 19 In this example, the number of civilian casualties in Kunar was 506 killed and injured in the last year. Based on a national average of approximately 37 civilian casualties per 100,000 and a provincial population of 436,000, the expected number of casualties is 160. Individuals living in a province with a smaller population will have a higher relative risk than those living in a province with a larger population, for the same number of civilian casualties.
- 20 This takes the average existing relative risk score for each event (e.g. security incidents) weighted by the severity score as determined through the risk assessment process.
- 21 Notes: M1) Under-5 mortality has been excluded from the overall sum of burden due to the currency and relevance to the humanitarian situation since it does not articulate the incremental mortality above a situation of chronic under-development; M2 & M3) the number civilians killed and injured from 1 September 2013 to 31 August 2014 (data related to conflict civilian casualties may not reflect final figures since more accurate information may have become available after the data was received. However, any variation is anticipated to be minimal.); M5) the annual burden of GAM estimated by the Nutrition Cluster from the NNS; M6, M7 & M9) refer to the sheet 'Disease Burden', only prevalence of acute diarrhoea with dehydration has been adopted since this is considered to be the most severe; V1) the number of people existing on less than 1,500 kcal/person/day was generated by FSAC using NRVA 2012 results for the 2014 CHAP; V9) number of individuals living within 500m of mine hazards estimated by MACCA; V10) number of IDPs reported from September 2011 to August 2014; V11) number of individuals whose shelter needs have not yet been met, assumes a family size of 7.4 (NRVA); V12) number of people exposed to floods and landslides, refer to the sheet 'Natural Disaster Burden', which assumes an average natural disaster caseload of approximately 250,000 individuals, of which 90% are affected by floods and landslides (IOM and OCHA natural disaster incident records 2012 to 2014).