Briefing Note - 22/06/2017

# acaps

# **AFGHANISTAN**

# Conflict-induced displacement in Kunduz

 Need for international assistance
 Not required
 Low
 Moderate
 Significant
 Urgent

 Insignificant
 Minor
 Moderate
 Significant
 Major

 Expected impact
 X

#### Crisis overview

Conflict between the Taliban and Afghan security forces in the northern provinces has intensified in the first week of June, especially in Kunduz province. Since the beginning of 2017 12,000 IDPs have been displaced from Kunduz province, the majority to other provinces across Afghanistan, of which over 7,000 were displaced in May. Since January the newly displaced from Kunduz province represent 10% of the total newly displaced population across Afghanistan. IDPs displaced in May made up 49% of Afghanistan's total displacement.

Affected groups	Affected area	Total figures	% of pop. affected
Resident pop.	Kunduz	950,000	24%
Total IDPs 2017	Kunduz	12,000	1.2%
Total IDPs 2016	Kunduz	186,000	20%

Sources: (UNAMA, 24/04/2017; OCHA, 21/05/2017)

# Key findings

# Anticipated scope and scale

Fighting between the Taliban and ANSF forces is likely to continue in Kunduz province, creating additional displacement and increasing humanitarian needs. The number of those forced to flee could significantly increase to reach similar numbers seen in 2016 of over 100.000.

#### Key priorities

- Food: Kunduz province can expect to experience moderate to severe food insecurity. Households have reported using some negative coping mechanisms as a result of their displacement such as reducing quantity and quality of food consumption.
- **Shelter:** IDPs live in substandard shelter conditions, which is expected to worsen with increasing displacement.
- Protection: A growing trend in targeted attacks on civilians is increasing protection risks. IDPs continue to be forced into secondary displacement and to use negative coping strategies including child labour and early marriage.

# Humanitarian constraints

- Continued use of IEDs has a significant impact on access to humanitarian assistance as well as humanitarian access to the affected areas.
- Repeated shelling by the Taliban into Kunduz city continues to create temporary restrictions on the delivery of humanitarian assistance to the city.

#### Limitations

Due to the constrained humanitarian access, there is limited information on the sectoral needs of IDPs who have fled to neighbouring provinces.

### Crisis impact

Conflict between the Taliban and Afghanistan National Security Forces (ANSF) in the northern provinces has intensified in the first week of June, especially in Kunduz province (Khaama press, 07/06/2017). Following the launch of the spring offences at the end of April, Kunduz province accounts for half of all newly displaced people across Afghanistan (BBC, 28/04/2017). This represents a significant spike in newly displaced people from Kunduz province, with the number more than doubling between April (3,500) and May (7,600) (OCHA, 28/05/2017b).

Across the province displacement has shifted from two main districts in April (Dasht-e-Archi, and Kunduz) to three (Kunduz, Qala-e-Zal, and Khanabad) in May. Just under 50% of the newly displaced come from the district of Kunduz with over a third from Qala-e-Zal (OCHA, 28/05/2017b).

Those displaced in the province are mainly heading to four destinations: Kunduz district, Kandahar, Hirat, and Kabul. However, those displaced internally within Kunduz province, namely those from the Qala-e\_Zal district, are predominantly displaced to Kunduz city (OCHA, 28/05/2017).

#### Sectoral Needs:

Food: In Kunduz province, food security levels are classified as Stressed (IPC Phase 2), apart from in Kunduz district where they are Minimal (IPC Phase 1). However, livelihoods that have been impacted by conflict, and rainfed production areas, such as Kunduz province, experiencing reduced rainfall are likely to remain in Crisis (IPC Phase 3) (FEWS, May 2017). Food access across Kunduz province has been reported as insecure, with limited food supplies reaching local markets on a regular basis (NRC, 15/05/2017). In April a survey of IDPs indicated that 36% of IDPs in protracted displacement are severely food insecure compared to 22% of host households (OCHA, 09/05/2017). In Kunduz province households reported some incidence of negative coping mechanisms as a result of their displacement. All IDPS reported borrowing food at least one day per week. The majority of families report having no food stocks and 16% report having less than a week's worth of food (ECHO, 08/05/2017).

**Health:** The Regional Hospital for all northern province is based in Kunduz city. With increasing insecurity in the region and the city there could be increased demand on Kunduz province health facilities, reducing medical supplies and increasing waiting times (NDSR, 28/05/2017). Roughly two thirds of IDPs suffer from some kind of stress disorder or mental health problem due to decades of war, high levels of poverty and

social problems. It is likely that over 7,000 of those displaced from Kunduz province are experiencing mental health problems (Global Research, 10/10/2010).

Shelter & NFI: In 2017 reports have identified significant upward pressure on the price of rent in both urban and rural areas with high numbers of IDPs and returnees. Returnee and IDP families are increasingly living in sub-standard housing options such as tents or unfinished and damaged buildings (Food Cluster, 12/05/2017). 47% of IDPs reported partial damage and 2% reported complete destruction of their homes. At present, 54% report hosting as their current accommodation, 42% report renting. (ECHO, 08/05/2017). The majority of displaced report loss of kitchen items, blankets, hygiene items, and water containers. NFIs have been reported as the second priority need for over a quarter of the caseload, and the third priority need for over a third of the caseload for those displaced. (ECHO, 08/05/2017).

Protection: In the first quarter of 2017 armed groups continue to target civilians intentionally and deploy indiscriminate attacks in areas with a civilian presence. Suicide and complex attacks continue to cause record levels of civilian casualties. Specifically, the use of IED is common and puts civilians trying to leave at risk (Khaama Press, 07/06/2017). Compared to the first quarter of 2016, UNAMA recorded a significant increase in women civilian casualties and a 3% increase in child casualties in the first quarter of 2017 (UNAMA, 27/04/2017). IDPs continue to be forced into secondary displacement and to use negative coping strategies including child labour, early marriage, and reducing quantity and quality of food consumption (protection Cluster, 15/05/2017). As of May over 50% of IDPs are children. They face a particular risk of abuse and exploitation (OCHA, 09/05/2017).

#### Vulnerable groups affected

For IDPs from Kunduz province the most commonly cited vulnerabilities include pregnant and breastfeeding women, and elderly-headed households. (ECHO, 08/05/2017). Further to this the following should be considered:

**Children under 18:** Comprise on average 57% of IDPs, therefore it is possible to estimate the number of children under 18 newly displaced from Kunduz province between April and May at just under 6,500. (OCHA, 28/05/2017).

**Disabilities:** Specific details on displaced people with disabilities is not available but the national level is reported to be as high as 2.4%, therefore there could be around 3,000 individuals with disability needs. (CSO, 12/06/2017)

#### Humanitarian and operational constraints

Armed groups such as the Taliban commonly use IEDs to hinder ANSF movements on their positions. This has a significant impact on not only access to humanitarian assistance but also on humanitarian access to the affected areas (Khaama Press, 07/06/2017).

Access to Kunduz province continues to be limited due to the intensifying conflict. On 8 June, prolonged shelling temporarily stopped humanitarian activities in Kunduz city. 19% of those displaced in 2017 across Afghanistan have been displaced to hard to access areas. These areas include the districts of Kunduz city and Qala-e-Zal (OCHA, 30/05/2017).

# Potential aggravating factors

#### Seasonal information

The fighting intensifies in Kunduz province following the launch of the annual spring offensive by the Taliban. On 28 April the Taliban announced its launch - a later start than in previous years (BBC, 24/04/2017). Fighting peaks around October and declines moving into the winter in November.

The spring wet season ended in May, with lower than average rainfall, particularly for Kunduz province, and it is likely that this will affect wheat production in 2017 and further worsen the food security situation (FEWS Net, 30/05/2017).

#### Other aggravating factors:

Returnees: The number of returnees continues to strain resources in host communities and in turn also puts pressure on IDPs located in those communities, such as those from Kunduz province (OCHA, 09/05/2017). Although the number of returnees has slowed in the first week of June as a result of Ramadan they are expected to remain high in coming months. So far this year over 200,000 returnees have returned from Iran and Pakistan (IOM, 03/06/2017). Kunduz Province is one of the main destinations of registered Afghan refugees who have returned from Pakistan in high numbers since mid-2016 (NRC, 07/05/2017).

#### Contextual information

#### Drivers of the current conflict

As of November 2016, government forces are in control of an estimated 57% of Afghanistan's territory. It controlled 72% in November 2015. One-third of the Afghan population lives in contested districts (SIGAR, 30/04/3017). The Taliban have been pushing

on Kunduz province since 2015, when they successfully captured Kunduz city in September 2015. However, after ANSF removed them from the city in 2015, they launched attacks again in October 2016, which resulted in the displacement of over 100,000 people (NRC 07/06/2017) The renewed offensive by the Taliban in Kunduz province, and the past two years' experience indicate that they will try again to take Kunduz city, with fighting expected to intensify moving towards October.

#### Relevant stakeholders

Taliban: The Islamist group's activities have expanded from south and southeastern areas to northern province, especially Kunduz, Balkh, and Faryab province. Since being defeated by a US invasion in 2001, the Taliban have been seen as a rural militant movement capable only of hit-and-run attacks on cities. However, over the last few years they have demonstrated an alarming push into urban population centers and the ability to control whole districts. Estimates place Taliban control of Afghanistan at over 10% (AFP, 08/09/2016 & Department of Defence, 21/06/2017)

Afghan National Security Forces (ANSF): ANSF are composed of around 350,000 personnel, including troops and police (Military Times, 10/01/2016). The Special Inspector General for Afghanistan Reconstruction (SIGAR) released a report in April that outlined challenges faced by ANSF including unsustainable casualties, temporary losses of provincial and district centres, weakness in logistics, often corrupt or ineffective leadership, and over-reliance on highly trained special forces for routine missions (NPR, 01/05/2017).

#### Past displacement

On 3 October 2016, sporadic clashes between government forces and Taliban militants occurred in Kunduz city (AFP 06/10/2016). Following this approximately 33,000 people were displaced from Kunduz city to neighbouring provinces in northern Afghanistan (Radio Free Europe 10/10/2016). Almost three-quarters of all those displaced in 2016 in the northeast were from Kunduz province (116,000 from Kunduz district and more than 25,000 from Dasht-e Archi district) (Afghanistan Analyses Network, 28/12/2016).

## Key characteristics

- Demographic profile: Kunduz province has an estimated population of 950,000, of which 49% are female and 51% are male. Of those in Kunduz 75% live in rural areas. (World factbook, 09/06/2017)
- WASH statistics: In Kunduz province sources of water include: handpumps (34%), dug wells (39%), stream/river (48%), and pipe water (13%). The average travel time

to a water source was reported to be four minutes. 69% of the population have a latrine available with latrine types indicated as community latrine (23% and family pit latrines (74%). 72% of households reported the use of a latrine the last time they defecated. (ECHO, 08/05/2017).

- Key health statistics: Countrywide Infant mortality rate: total: 112.8 deaths/1,000 live births; male: 120.3 deaths/1,000 live births; female: 105 deaths/1,000 live births. Countrywide maternal mortality rate: 396 deaths/100,000 live births. (World factbook, 09/06/2017)
- Food insecurity: Stressed (IPC Phase 2) for Kunduz Province, with the exception of Kunduz District, which is minimal (IPC Phase 1). (FEWS, May 2017).
- Nutrition levels: Between January and March 2016, global acute malnutrition among children under two in Kunduz province was 31.5%, while SAM was 13% (FEWS NET, June 2016). National average for GAM is 9.5% (OCHA, 09/05/2017).
- Literacy levels: 38.2% (2015 estimates for Afghanistan); 52% male, 24.2% female.

### Response capacity

#### Local and national response capacity

The Ministry of Refugees and Repatriations (MORR) is responsible for supporting conflict-induced IDPs. The objective of the MORR is to provide resettlement and reintegration support to IDPs and returnees (Government 2017).

#### International response capacity

Six main INGOs are currently operating in Kunduz province: ACTED, DACAAR, NRC, SCI, UNICEF, and WFP. These organisations are proving sectoral support for: WASH, in the form of hygiene kits; food packages; NFI kits, including emergency shelter; CASH, specifically for food and NFIs. (OCHA, 10/06/2017)

# Information gaps and needs

- Sectoral needs of IDPs in Kunduz province who have fled to neighbouring provinces is limited.
- There is a lack of information on the response provided by the government to those who have been recently displaced.
- Information on the profile of IDPs who are fleeing Kunduz province is lacking.

No specific details on where newly displaced people are moving to or which host communities they are now based in.

#### Lessons learned

- Supporting host communities is crucial. Most IDPs fleeing displacement in Afghanistan prefer to integrate in host communities, rather than return to their original locations (IDMC 16/07/2015).
- Accessing livelihoods is an essential need wherein agricultural interventions provide food security and increased peaceful co-existence among IDPs and host community members (UNHCR, 15/05/2017).
- There is significant need for child friendly spaces for psychosocial and life skills services and selection and strengthening of protection community structures to facilitate the effectiveness of the referral pathways for vulnerable children including unaccompanied and separated children (UNHCR, 15/05/2017).
- SGBV is commonly used as a weapon of war. Access to survivors is difficult: many are reluctant to come forward due to fear of stigmatisation. Trained female health workers are needed. (SUDO, 09/05/2015)

# Map of affected area

