

NOVEMBER 2017 - EASTERN REGION UPDATE

AFGHANISTAN PROTECTION CLUSTER

HIGHLIGHTS

- The security environment in the Eastern region remained highly volatile. Armed clashes continued to be reported between the Government forces and anti-government elements in Hisarak, Sherzad, Khogyani, Pachir Wa Agam, Dih Bala, Achin, Shinwar, Bati Kot & Nari Districts as well as Alingar districts of Laghman and Kunar.
- Humanitarian agencies continued their efforts to assess and assist Khogyani IDPs scattered across different villages of the district including the neighbouring districts of Surkhrod, Behsud, Pachieragam, Chaparhar and Jalalabad City (see update on the next page).
- 50 civilians were evacuated to Khogyani hospital, suffering from conflict-related wounds.

A women and her 3 children reportedly died from mortar fire in Azizkhil sub-village of Perakhil, along with 1 young child and several wounded in a separate incident.

- In addition to the interruptions to education at the critical time of exams, some schools including Bar Biar high school and several primary school in Peerakhil and Bibi Mariam and Kambo were closed. Two schools, Peerakhil and Kamboare reportedly being used as military outposts by Non state armed groups(NSAGs).
- Conflict-induced displacement continued to have a significant impact on individuals with specific needs such as children, women, older persons and persons with disabilities. These affected groups continued to be the most vulnerable to the deprivations of forced displacement, including over-crowding and drastically substandard accommodation, lack of privacy, and precarious water and sanitation facilities
- UNHCR protection monitoring partner APA identified 76 PSN (persons with specific needs) cases and referred them for assistance. In addition UNHCR assessed and identified 1,431 persons for winterisation assistance.
- UNFPA partner AADA provided specialized gender based violence (GBV) services focused on psychosocial support to 166 individuals as well as GBV and health education to 1,629 persons.
- UNMAS teams have been deployed to assess incidents of mine contamination as well as conduct mine risk education (MRE).
- Efforts are being made to mainstream GBV risk mitigation measures and response into the health sector by IMC and PU-MI. IMC has trained medical personnel including doctors, midwifes, and nurses on identification, referral and psychosocial counselling of GBV survivors in Kaga DH, LOKHAI, Chamtalla 1 and Chamtalla 2 basic health centres' key staff (The health facility staff have capacity to respond to GBV and make safe referrals.
- The medical staff of the said health families are in contact with IMC for any response to cases who require advanced care. Meanwhile, NCRO continues to provide GBV awareness in Kaga area under CHF funded project to local community as well as to IDPs. AADA has established two mobile health teams and the two existing health facilities (Chamtalla 1 and 2).
- Elsewhere, more than 1,600 were reported to have been displaced due to cross-border shelling in Dangam and Shegal Wa Sheltan districts of Kunar Province. Assessment teams were deployed in Asadabad Dangam and Shegal Wa Sheltan districts on 15th November. A total of 910 IDPs (130 families) were assessed out of which 777 IDPs (111 families) were assisted by humanitarian agencies.
- Emergence of a new armed group was reported in Chawkay District, Kunar Province, leading to the displacement of 434 persons (62 families) on 14 November 2017. The displaced were from Chambil, Badgor, Andarlachak, Griga, and Gagizo villages into Chawkay District peripheries to the district centre. NRC teams have deployed assessmentteams in Chawkay District sinceSunday, 17 November 2017
- On 25th and 26th November, 214 families (1,498 Individuals) are reported displaced in Kandagul, Noorualam Saeb and Sar Qily village of Alingar district Laghman province due to increased presence of AGEs, protection teams are monitoring the situation. GAPS AND CHALLENGES

SITUATION OVERVIEW



19,474 internally displaced identified in November (121,525 people have been displaced since January 2017)

1,422 registered refugees returned from other countries in November (**16,201** in 2017)



1,364 undocumented returnees returned in November 2017



200,668 estimated protracted IDPs



27 protection cluster partners active:

AHEAD/OXFAM, AIHRC, APA, DRC, HEWAD, IMC, IOM, IRC, DRC,NCRO, NPORRA, NRC, OHW, PU-AMI, RI, RSSAO, SCI, TABISH, TDH, UNAMA, UNHCR, UNICEF, UNMAS, UNOCHA, WAW, WCC, CORDAID

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- The deterioration of security in Pachiragam and anti-government elements (AGE's) control over several villages blocked the access for humanitarian partners to IDPs displaced in those areas. The response to the displacement of 600 families in Pachiragam district is being coordinated with Afghanistan Red Crescent Society.
- Hard to reach districts of Pachiragam including conflict affected villages could not yet be accessed by MRE partners due to security. As such MRE and decontamination needs remain unassessed.
- The continuous identification of cases suffering from psychosocial trauma suggests the need to increase the provision of services in this sector. However the limited presence of service providers in this field continues to hamper service delivery in this area.
- Most of the IDPs have reported to be living in a desperate economic situation unable to feed their families and are dependent on support from international agencies and hand out from the community for daily survival. The widespread poverty of host communities, coupled with the strain of sharing limited resources with displaced families, necessitates the provision of the second phase of life-saving assistance by humanitarian agencies.
- There are increasing reports of duplications and detection of local residents among IDPs as well as unnecessary interference by political representatives to influence the assessment process, by putting pressure on the teams to prioritise certain areas, or by including additional families on the list. This simply undermines the humanitarian response, stretching assessment teams and limited resources as well as causing delay in the assessment and delivery of emergency.

