

POPULATION MOVEMENT



Internal displacement:

From January to the end of February 2019, 35,056 individuals fled their homes due to conflict. 19 out of 34 provinces have recorded some level of forced displacement, while 16 provinces are hosting IDPs. 58 % of IDPs are children, facing additional risks due to displacement, including child recruitment, child labour and increased GBV risks. According to OCHA. Top hosting provinces are: Sar-i-Pul (9,548 ind.), Takhar (6,517 ind.), Faryab (4,613 ind.), and Kunduz (2429 ind.), Balkh (2,226 ind), Farah (2,051 ind.).



Return to Afghanistan:

As of 01 January to the end February 2019, 193 refugee returnees have returned and were assisted with repatriation grant. A total of 2,667 undocumented Afghans returned from Pakistan and 42,571 undocumented Afghans returned from Iran. 9% undocumented returned from Iran and 85% from Pakistan were assisted by IOM.

PROTECTION CONCERNS

REGIONS	CONCERNS	MITIGATION	RECOMMENDATIONS
CENTRAL 	<ol style="list-style-type: none"> Limited access to job opportunities causing engagement of negative coping mechanism, particularly in newly displaced communities, including child labor, begging, child and forced marriage. Criminal acts increased in the cities including robbery, abduction and kidnapping which mostly affect children. 19 IDP children abducted in Kabul and Midan Wardak provinces. Lack of documentation/Tazkira mostly for women and children is causing lack of access to humanitarian assistance. IDPs displaced from Ghazni have been denied access to humanitarian assistance in Kabul. 	<ul style="list-style-type: none"> UNHCR covered some of the potential needs under the CPM projects. Regional cluster has been following up with other actors in the area. PSS activities, rights awareness particularly on the rights of children and women are ongoing. Community Based Child Safeguarding Mechanism and Community Based Education systems established in IDPs' communities. Post-arrival humanitarian assistance provided to PSN cases among spontaneous returnees and deportees. Community Based Protection Monitoring is ongoing in High Return Areas and IDP locations. 	<ul style="list-style-type: none"> All Persons of Concern in need to receive assistance, as there are increasing gaps to fill. The unstable security situation will trigger new displacement in central region mainly in urban areas, responding to various emergency needs in a decreasing funding is becoming challenging. Role of government and developmental actors is considered essential to ensure sustainable durable solution.
EASTERN 	<ol style="list-style-type: none"> Sporadic clashes between ANSF forces and AGEs, airstrike, and IEDs/MIEDs in different locations causing civilian casualties. 11 civilians were killed in Beshud and Khogyani districts of Nagahar province. Intra- insurgent clashes between AGES affiliated with Taliban and ISK in Chapadara district of Kunar provoking displacement of an estimated 1,400 families. IHL violations have continued, AGESs affiliated with DAESH (ISK) targeting health and educational facilities including targeting of health workers and teachers, a dispute between AGEs on the clinic operations has reportedly forced the closure of 100 clinics. An IED detonated outside a female gynecologist's clinic in 	<ul style="list-style-type: none"> Advocacy through the regional protection cluster with UNAMA is ongoing on possible mitigation in civilians' casualties. Joint assessment for verification of displaced families led by regional protection cluster and attended by protection partners including UNHCR, PU-AMI, IMC, WFP-PAT, DACAAR, and WAW. Local communities have actively engaged in negotiations with the AGEs for the opening of clinics and 5 reopened, negotiation for other clinics is ongoing. Protection monitoring by protection actors is ongoing. Health cluster alerted on the needs of IDPs in Kunar and the need to support IDPs to access health services through the mobile health team. 	<ul style="list-style-type: none"> Advocacy with the government to reinforce and facilitate exit of civilians from areas of conflict to safer areas without being targeted or forced to join a militant group. Dispatch of MRE teams to assess risks and hazards from explosive remnants of war as well as provide mine risk education in several villages impacted by conflict. Health cluster in coordination with the DoPH to dispatch mobile health teams to areas hosting newly displaced IDPs as the local health clinics have either been severely

	<p>Jalalabad, injuring three women and three children</p> <p>4. Children in displacement locations are unable to enroll in local schools. Parents are unwilling to register their children in local schools due to uncertainty about the timeframe of their displacement.</p>		<p>affected or closed due to conflict.</p> <ul style="list-style-type: none"> A gap is noted in provision of community level PSS services in the current response structure. ERPC urged the health cluster and protection partners to assess the possibility of community outreach or mobile teams when it comes to PSS services.
<p>NORTHERN</p> 	<ol style="list-style-type: none"> Increase in civilian casualties including killing of children, 25 children killed during the reporting period in the region. Delay in provision of humanitarian assistance. Cold weather with unavailability of sufficient winterization assistance, and spread of seasonal diseases. Lack of documentation mostly for women and children which is causing lack of access to humanitarian assistance. Limited access to health facilities, potable water, and employment. 	<ul style="list-style-type: none"> All cases were verified and followed up through UNAMA by regional MRM-Task Force. Advocacy through Northern Region Protection Cluster ongoing, the concerns have been raised in regional HRT meetings. As a result of protection monitoring findings and follow up through NRPC, UNHCR provided emergency shelter (tents) to more than 143 new IDP families. Regular follow up by regional HLP TF and assist those in critical need of civil documents. Followed up the concerns with health service providers and OCHA. UNHCR covered some groups under community based protection projects. 	<ul style="list-style-type: none"> Advocacy with all parties involved in the conflict for protection of civilians during engagements, particularly children. The coordination for such responses has to improve in the region. Awareness raising among IDPs' communities in the region on the importance of obtaining of ID-card. Linking of humanitarian response with development programs.
<p>NORTH EASTERN</p> 	<ol style="list-style-type: none"> Delay in provision of humanitarian assistance, particularly food distribution to new IDPs. Limited access to health facilities, potable water, and employment by IDPs. Cold weather with unavailability of sufficient winterization assistance for displaced communities in Takhar and Badakhshan provinces. Prolonged IDPs' petitions process and delay in IDP identification. Drug addiction among IDPs and returnees with lack of health facilities, based on the statistic by MoPH/ DoPH around 22,000 person have been addicted with drugs in Kunduz province. Civilian casualties including killing and maiming of children, 34 killed and injured including 24 children in Teloka area around Kunduz City and Dasht-i-Qala District of Takhar Province. 	<ul style="list-style-type: none"> Advocacy through regional cluster on provision of on time assistance with OCT and UNHCR Mazar office is ongoing. UNHCR covered some of the potential needs under the CPM projects. Regional cluster has been following up with other actors in the area, however durable solution still remain a gap. Through the regional cluster advocacy effort, shelters by UNHCR and winterization assistance by other members of the ESNFI regional cluster provided to the most affected communities. Regional protection cluster shared concerns about addicted IDPs with protection actors. Through the cluster advocacy joint assessment team has been established to identify IDPs and accelerate the process. All cases of children were verified and followed up by UNAMA and regional MRM-Task Force. 	<ul style="list-style-type: none"> APC to discuss delay in assistance provision with WFP and other ICCT members. Linking of humanitarian response with development programs. APC to follow up on the ID-card issue with actors. APC to discuss considering of prolonged IDPs needs with OCHA as they have been delayed by the process. The drug addiction in Kunduz should be considered seriously, and APC to advocate with health cluster for possible programs under AHF and donor agencies for long term solution. Advocacy through UNAMA with parties to the conflict for protection of civilians during engagements, particularly children.

SOUTH



1. Human and animals' casualties, destruction of agricultural lands' by flood and limited assistance provision-areas not under Gov. control remained unattended by humanitarian actors.
2. Civilian casualties- caused by military operations, airstrikes, stray bullets, bombardments, and IEDs. Local Houses are used as entrenchments by parties to the conflict and in some cases AGEs do not allow people to leave conflict areas. Limited access to affected population.
3. Limited access to health facilities, potable water, and employment by IDPs.
4. Lack of documentation mostly for women and children which is causing lack of access to humanitarian assistance.
5. Problems faced by women including- lack of access to ID-card caused by cultural barriers, followed by psychological problems, access to shelter, safe latrines, nutritious food during pregnancies, medical facilities, literacy, hygiene kits, proper food due to poverty.
6. Lack of women safe house in the region.

- Assessment of flood affected families has been conducted by humanitarian agencies and government, assistance was provided to some families, however it did not cover the entire needs yet. Protection monitoring is ongoing, some PSN cases identified and referred for assistance.
- Regional cluster advocacy with UNAMA is ongoing, COMAC is providing assistance to those affected by conflict.
- UNHCR through CPM and MC implemented vocational training for women in Kandahar. Rights Awareness raising other activities including WASH/hygiene materials distribution, PSS activities are ongoing. Some vulnerable cases are covered through PSN programs in the region. NRC through ICLA program providing legal services including assisting in getting civil documents however they only operate in urban areas of Kandahar province.

- Flood contingency planning should be part of the clusters' activities. For the current case load, ES/NFIs, WASH and IOM should continue with their advocacy role in the region until the gap is filled. Humanitarian Access Group should initiate negotiations with AGEs and provide access to AGE controlled areas.
- Consistent advocacy by UNAMA with parties to the conflict for decreasing civilian casualties and mitigating IHL violations.
- NRC ICLA program to be extended to all provinces and districts for facilitating ID card issuances.
- Most of the humanitarian assistance is provided in the cities, the assistance should be extended to rural areas and villages, and Kabul level advocacy with ICCT members is needed.
- Advocacy and gender mainstreaming programs recommended.

WESTERN



1. Large scale employment of negative coping mechanisms within the drought-related IDP population, 282 cases of child marriage (142) and begging (140) in Hirat province and 63 cases of child marriage in Badghis province. All incidents are verified by protection agencies and this is likely underreported by PoCs. Also most likely to further engage in negative coping mechanisms are a population of 6,718 PSN throughout Hirat, Badghis and Ghor provinces. Employment of negative coping mechanisms occurs as a result of poor livelihoods conditions and lack of coping abilities.
2. Majority of drought affected IDPs settled on the private lands in Herat, Badghis and exposed to force eviction; in Herat despite of advocacy by protection cluster/ HLPTF the government is still to specify a suitable state land for the relocation of the IDPs, as the already specified lands are either under dispute or not suitable for the IDP relocation.

- Community awareness activities on GBV-related issues and coverage in the national legislation;
- Case referral and case management;
- Specific PSN assistance (available with some protection actors, not all);
- Awareness and response through Women Friendly Health Spaces;
- Specific Child Protection monitoring and responses at Child Friendly Spaces (CFS) and Temporary Learning Spaces (TLS).
- Community awareness on child protection risks through mobile teams
- Training of community Shuras, elders and religious leaders on negative coping mechanisms.
- Regular monitoring of the child protection risks within the IDP communities.
- Protection monitoring.
- In Badghis with the strong advocacy of the HLPTF government is in the process of paying rent for the land owners to mitigate the risk of force eviction.
- In Herat advocacy is ongoing to find a suitable land for the relocation of the IDP currently under the threat of force eviction

- Integrated package and prioritization of assistance from humanitarian actors (ICCT)
- Rapid linkages to livelihoods actors and projects, in order to mitigate the employment of negative coping mechanisms.
- Since drought is not new in Afghanistan, unless we assist the government of Afghanistan to address the root cause, otherwise each year the problem will repeat and humanitarian agencies need to spent resources on the problems which could have been solved differently, and to do that replication of a successful drought response is recommendable.

PROTECTION OF CIVILIANS

Insecurity and violence continue to have a heavy impact on the people. During the reporting period, Eastern region experienced the highest number of civilian casualties, followed by Southern and Northern regions. Suicide and complex attacks, ground engagements and aerial attacks remained the leading causes of civilian casualties.

On 24 Feb 2019-UNAMA and UN Human Rights released its annual report on civilian's protection. The report documented 10,993 civilian casualties (3,804 deaths and 7,189 injured), representing a five per cent increase in overall civilian casualties and an 11 per cent increase in civilian deaths compared to 2017. UNAMA attributed the majority of civilian casualties –63 per cent– to Anti-Government Elements (AGEs), 37 per cent to Taliban, 20 per cent to *Daesh*/Islamic State Khorosan Province (ISKP), and 6 per cent to undetermined AGEs. Pro-Government Forces caused 24 per cent of civilian casualties-14 per cent by Afghan national security forces, six per cent by international military forces, as well as four per cent by other pro-Government armed groups and forces. Key factors contributing to the significant increase in civilian casualties in 2018 were suicide attacks and aerial operations.

The following are some of the instances of major incidents which caused large number of civilian casualties during the reporting period.

Ground Engagement: ANSF conducted a clearing operation against Taliban in Takhar province which resulted in firefight between Taliban and pro-government forces using heavy weapons. Taliban retaliated with mortars. One mortar missed its intended target and impacted civilians in Dasht-e-Qala district which caused heavy civilian casualties including women and children.

Aerial attack: Pro-government forces conducted an airstrike in Helmand province, Sangin district, which caused the killing and injuring of several civilians, including women and children.

Radio remains key channel for rural communities in Northeast Afghanistan to be part of conversations about Human Rights and peace: In its efforts to support public dialogue among Afghans about human rights, UNAMA works closely with local media partners not just in the provincial capitals but also at district-level. Since last year UNAMA has been cooperating with Radio Jaihoon in Imam Sahib District to create more opportunities for local residents to come together and discuss publicly issues that are of critical importance to them. Noorullah Doost, in charge of Radio Jaihoon, believes that cooperation with UNAMA enhances the variety of topics and provides residents with access to information about protection of civilians and the functioning of democracy. He further added that "some of the listeners told our staff that those messages made them think about how to keep themselves, particularly their children, safe and away from the conflicts and violent incidents." The UN Mission is collaborating with Radio Jaihoon in Imam Sahib, Radio Payman in Baghlan-e-Jadid district of Baghlan, as well as Radio Kishm in Jurm district of Badakhshan, helping thousands of rural householders, in often remote locations, engage in programmes on democratic processes and protection of civilians in armed conflict.

NATURAL DISASTER

Response to Drought:

Protection Cluster has been a key player in leading and facilitating joint protection monitoring missions and joint need assessments, coordinated activities in the region through regular operational coordination team ICCTs and working in partnership with OCHA and the government of Afghanistan for provision of assistance to 2.2M individuals estimated to be affected by drought across Western and South Western regions. A round 253,600 people displaced from rural areas of Herat, Badghis and Ghor to the urban and cities in Herat province. The vast majority of them are not able to find livelihood opportunities, women and children suffering additionally, the families sending children for collecting firing materials and women to work in the host communities' houses.

Through the leadership of the Protection Cluster, 22 protection partners are working at the ground and providing assistance through a joint efforts to meet the needs of displaced families. So far under protection cluster: 956 protection monitoring mission conducted to the affected sites, 597 PSN cases identified and their protection concern shared with involved actors follow up. 9, 971 GBV survivors received legal, health, psychosocial support, 3, 537 cases referred for case management, and of women and 12,620 girls reached with GBV and PSS services through Women Friendly Health Spaces. 23,137 women, girls, men and boys reached with GBV awareness through community dialogues, and 3,755 dignity kits distributed and Mine risk education was provided to 2, 140 persons. Seven mobile child protection teams are monitoring and screening at-risk children in Herat City and four in Qala-e-Naw. Identified child protection cases were registered and managed by social workers and two additional child friendly spaces have been established.

The Protection Cluster conducted a secondary data review of protection monitoring, assessments, and reports to better understand the scope of the negative coping mechanisms being employed by drought-induced IDPs in Badghis, Ghor and Hirat. The reports shown that 345 IDPs, 205 child marriage and 140 begging, engaging in negative coping mechanisms. These practices are exposing IDPs to grave risks such as abuse, harassment, and enforced disappearance, increased incidence of domestic violence, health and mental health issues, among others. APC with support of ICCT developed advocacy paper not and presented the data and the fact to the HCT for their further advocacy with donors' community. APC will continue to collect data and update its protection analysis of these particular concerns.