

SITUATION OVERVIEW

On the afternoon of March 23, 2019, combatants affiliated with Islamic State Khorasan (ISK) launched simultaneous attacks on Taliban positions in Digal, Korangal and Manar villages of Chapadara district, resulting in heavy fighting that has displaced over 21,000 people (3,112 families) within Kunar and Nangarhar provinces. This includes over half of the population of Chapadara district who have fled the area. Other people in affected areas may be unable to leave due to restrictions on movement, checkpoints or the challenges in moving over mountainous and remote areas.

Displaced people have mostly relocated to nearby safe villages in Taliban controlled areas; closer to the district center and the Dara E Pech areas controlled by the Government; or to the Provincial capital of Asadabad. While numbers cannot be determined accurately, several civilian casualties and injuries have been reported.

Sporadic clashes continue to be reported in several areas of the district, with indications that both sides are reinforcing positions and continuing to mobilize, while the frontlines remain unchanged. There remains a risk that the resumption of fighting and possible counter military operations by Afghan National Security Forces could trigger further displacement.



Map Sources: UNCS, ESRI, The Times Atlas of the World.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

HUMANITARIAN NEEDS

Thirteen joint assessment teams were deployed (eight teams in Kunar and five Teams in Nangarhar) and have identified 15,365 IDPs (2,476 families) in need of humanitarian assistance.

IDPs had mostly fled on foot and were generally lacking clothing, bedding, and hygiene and cooking materials. Assessments have reported that many infants and mothers were visibly weak and in poor health, raising concerns about access to food and nutrition supplies.

At many current displacement locations there are often insufficient shelter toilets and bathing facilities, and there are concerns of the strain put on host communities. In areas of Asadabad, access to water is limited as few wells are operational and IDPs have to travel over hilly terrain to find safe sources, which is particularly challenging for women, girls and boys, raising additional protection issues. The resulting use of unsafe water in these areas increases the risk of water-borne disease.

Reports indicate that access to public services such as health and education is limited or non-existent in areas captured by ISK. Two Basic Health Centres (BHC) located in Nakura and Degal village of Chapa Dara district have been closed since the conflict began.

The department of education in Kunar has reported that 21 schools in villages which are currently under the control of ISK. have been closed due to continued armed clashes, affecting over 7,000 students.

Displaced children have not yet enrolled in local schools due to the uncertainty on how long they will be displaced, resulting in serious disruptions to education.

As assessments continue and with clashes still ongoing these numbers may continue to increase.

HUMANITARIAN RESPONSE

The response is ongoing to the 2,476 families who have been identified as needing humanitarian assistance.

In distributions on 24 March and 3 April, 539 families received food rations, while 1,711 NFI packages were delivered and 107 families received multi-purpose cash.

Mobile Health Teams (MHTs) and fixed health facilities have provided basic health care to around 4,545 people. Health Cluster and WASH Cluster partners have provided four Emergency Health Kits, 10 tents for mobile teams, and diarrheal diseases and trauma kits to support establishment of emergency health services. Partners have also distributed 2,500 hygiene kits, 5,000 mosquito nets, as well as 50,000 chlorine tablets for water purifications. The health cluster together with the department of health is also considering deploying six mobile teams to hosting areas where health services are overstretched.

GAPS & CONSTRAINTS

While Taliban and Government-controlled areas are currently accessible to humanitarian partners, there has been no access to ISK-controlled areas.

Support is required to ensure displaced children gain access to education in the areas they are being hosted, including efforts to help local schools to accommodate them and to expand psychosocial support services to address trauma, among other areas.

With wells damaged, there is a need to reinforce existing WASH services in current areas hosting IDPs, as the increased population is putting strain on the current resources.

The next situation update will be issued once new information becomes available or warranted by the situation on the ground.

Data on the impact of conflict displacement is updated weekly (Sunday) in an interactive dashboard - <https://www.humanitarianresponse.info/en/operations/afghanistan/idps>

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