



85% of the assessed settlements in Takhar have no health clinics, leaving many people, like this boy, to suffer and go untreated from curable diseases and infections. © IOM 2018

COMMUNITY-BASED NEEDS ASSESSMENT

SUMMARY RESULTS
 PILOT • TAKHAR
 MAY – JUN 2018

ABOUT DTM

The Displacement Tracking Matrix (DTM) is a system that tracks and monitors displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route.

In coordination with the Ministry of Refugees and Repatriation (MoRR), in May through June 2018, DTM in Afghanistan piloted a Community-Based Needs Assessment (CBNA), intended as an integral component of DTM's Baseline Mobility Assessment to provide a more comprehensive view of multi-sectoral needs in settlements hosting IDPs and returnees. DTM conducted the CBNA pilot at the settlement level, prioritizing settlements hosting the largest numbers of returnees and IDPs, in seven target provinces of highest displacement and return, as determined by the round 5 Baseline Mobility Assessments results completed in mid-May 2018. DTM's field enumerators administered the inter-sectoral needs survey primarily through community focus group discussions with key informants, knowledgeable about the living conditions, economic situation, access to multi-sectoral services, security and safety, and food and nutrition, among other subjects.

DTM enables IOM and its partners to maximize resources, set priorities, and deliver better-targeted, evidence-based, mobility-sensitive and sustainable humanitarian assistance and development programming. For more information about DTM in Afghanistan, please visit www.displacement.iom.int/afghanistan.

COVERAGE

Province	Districts	Settlements		% BMA Settlements Assessed	
		Districts Assessed	Settlements Assessed under BMA		Settlements Assessed under CBNA
Baghlan	15	11	561	201	36%
Kabul	15	9	537	201	37%
Kunar	15	15	359	199	55%
Kunduz	7	7	318	199	63%
Laghman	5	5	205	152	74%
Nangarhar	22	20	908	384	42%
Takhar	17	16	485	199	41%
Total	96	83	3,373	1,535	46%

HIGHLIGHTS

-  **16** districts assessed
-  **199** settlements with largest IDP and return populations assessed
-  **1,566** key informants interviewed
-  **556,183** individuals reside in the assessed settlements
-  **63,767** residents are returnees from abroad
-  **44,079** IDPs currently in host communities
-  **18,790** residents fled as IDPs
-  **81,520** residents are former IDPs who returned home
-  **64,757** residents fled abroad as out-migrants
-  **483** returnees and IDPs live in tents or the open air
-  **85%** (199 settlements) of assessed settlements have received no assistance in the 3 months prior to assessment
-  **94%** assessed settlements rated the quality of healthcare facilities as inadequate or poor
-  **35%** of assessed settlements have no WASH facilities and practice open defecation
-  **29%** of surveyed households were unable to meet basic nutritional needs



METHODOLOGY

DTM in Afghanistan aims to include the Community-Based Needs Assessment (CBNA) as a component of the existing Baseline Mobility Assessment (BMA), which tracks mobility and displacement. As a result, this pilot of the CBNA operates using the same methodology as the BMA.

Exactly as is done in the BMA, for the CBNA, DTM predominantly employs local enumerators from the areas of assessment, who collect quantitative data at the settlement level through community focus group discussions with key informants (KIs). Enumerators also collect qualitative data through direct observations to complement the quantitative research on living conditions, quality and access to basic services, the security situation and socio-economic indicators in each settlement.

The current version of the CBNA takes between two to three hours to complete, per settlement. Through IOM's partnership with the World Bank, DTM and the Bank will conduct a joint-analysis of the CBNA pilot data to produce a shorter, more streamlined CBNA tool that is aligned with the national Afghan Living Conditions Survey and can be implemented nationwide to produce actionable information at the district and settlement level to inform national development programming priorities.

Once this CBNA tool is refined and finalized by partners, this component will operate on the following basis. Enumerators will collect data, daily, using a paper-based form, which will be pre-filled with data from the previous round for verification of existing data and to expedite the assessment process. Completed forms will be submitted weekly to the provincial DTM office and verified for accuracy by the team leader and data entry clerk. Once verified, the data will be entered electronically via mobile devices, using KoBo forms, and submitted directly into DTM's central SQL server in Kabul, where it will be systematically cleaned and verified daily, through automated and manual systems. This stringent review process ensures that DTM data is of the highest quality, accuracy, and integrity.

5 TARGET POPULATIONS

Through the Baseline Mobility Assessments and Community-Based Needs Assessments, DTM tracks the locations, population sizes, and cross-sectoral needs of five core target population categories:

- Returnees from Abroad**
Afghans who had fled abroad for at least 6 months and have now returned to Afghanistan
- Out-Migrants**
Afghans who moved or fled abroad
- Fled IDPs**
Afghans from an assessed village who fled as IDPs to reside elsewhere in Afghanistan
- Arrival IDPs**
IDPs from other locations currently residing in an assessed village
- Returned IDPs**
Afghans from an assessed village who had fled as IDPs in the past and have now returned home

Data on population sizes for the 5 target population categories is collected by time of displacement, using each of the following time frames: 2012-2015 • 2016 • 2017 • 2018.

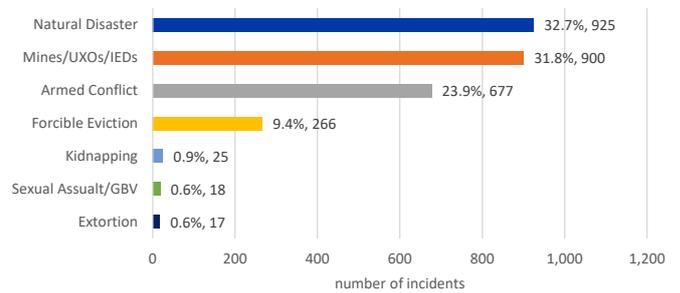


SAFETY & SECURITY

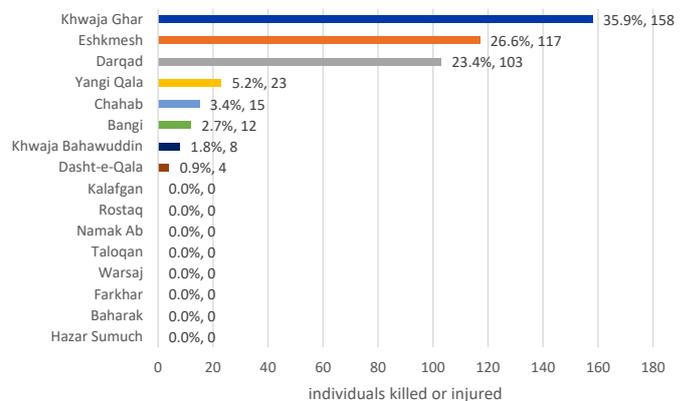
In Takhar, the most common safety and security threat was natural disasters (925 incidents), mines/UXO/IED explosions (900 incidents), armed conflict (677 incidents) and forcible evictions (266 incidents) reported in the three months prior to assessment. Natural disasters affected 23% of the surveyed population, armed conflict affected 15% and mines/UXO/IED explosions affected 6% of the population. In Takhar, 440 people were killed or injured in the three months prior to assessment.

Takhar is one of three provinces where sexual assault was reported (18 cases).

Safety & security incidents in the last 3 months | Takhar



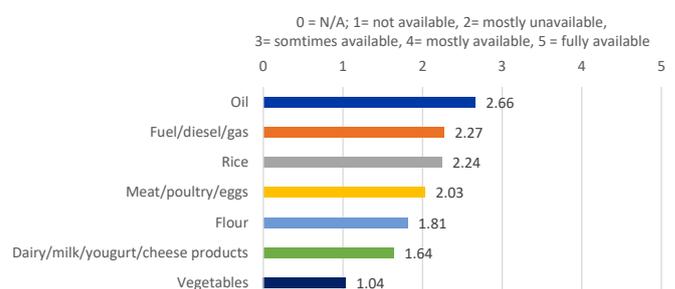
Fatalities & injuries due to conflict in last 3 months | Takhar



MARKETS

In Takhar, food items such as vegetables, dairy/milk/cheese, and flour were 'not available'. Items such as meat/poultry/eggs and rice were 'mostly unavailable'. Key commodities such as oil and fuel/diesel/gas were also 'mostly unavailable'. Overall, basic food items and commodities were generally unavailable in Takhar.

Availability of commodities | Takhar

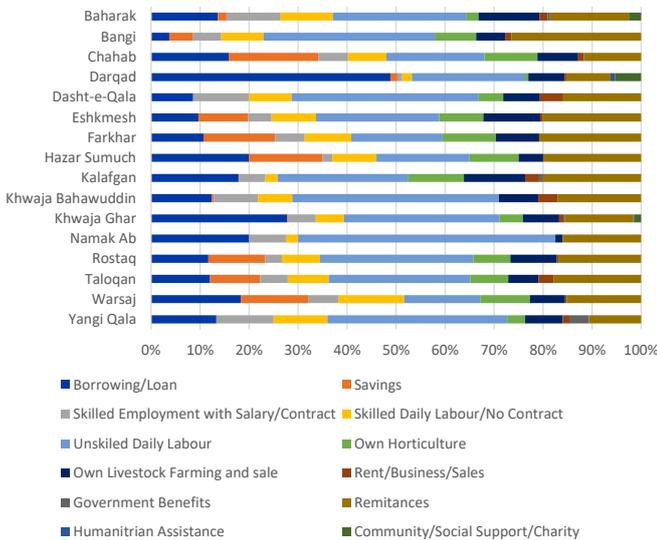




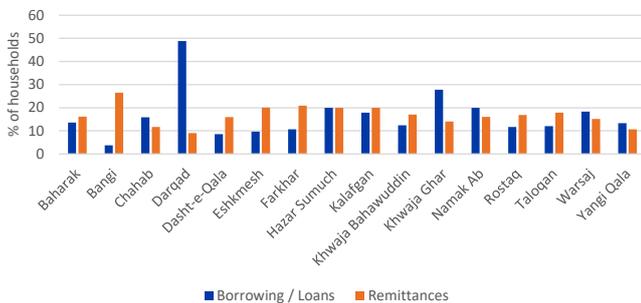
FINANCES & ASSETS

In Takhar, 29.5% of the surveyed population relied on unskilled daily labour as a main source of income, 16.6% relied on loans, 8.2% engaged in livestock farming and 6% were in skilled employment. Darqad district (49%) reported the highest reliance on loans, while Bangi reported lowest reliance on loans (4%). Yangi Qala had the highest proportion of skilled employment (12%) and skilled daily labour (11%), while Darqad reported 1% of skilled employment. Agriculture and livestock farming was most common in Baharak (13%). Daily unskilled labour was prevalent in Namak Ab (53%). Across the 199 villages assessed, 52% of households reported adequate access to farmland and 26% to pastoral land. The monthly average income reported was AFN 5,613, expenses were AFN 6,750 and debt was AFN 6,497. The monthly expenses exceeded income by 20%. Takhar is one of two provinces where remittances are higher than loans. Bangi received highest proportion of remittance (26%), while Darqad received the lowest (9%).

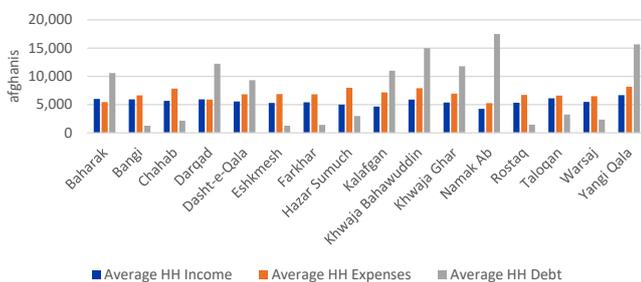
Main Income Sources | ranked by % of households | Takhar



Households reliant on loans & remittances by district | Takhar



Average monthly household income, expenses & debt by district | Takhar



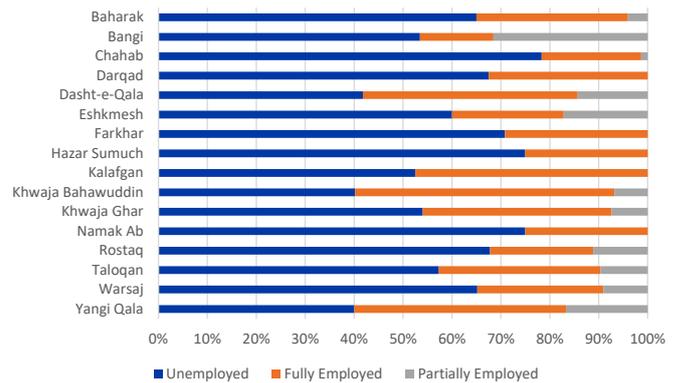
LIVELIHOODS

The unemployment rate for men in Takhar was 58%. Across the 16 districts assessed, unemployment ranged between 42% in Dasht-e-Qala and 78% in Chahab. Female participation in employment was comparatively higher in Takhar, 10% of women were in full employment and 7% were partially employed. In Takhar, the main barriers to employment ranked by importance included lack of economic opportunities, unstable or season work, lack of vocational training and lack of opportunities for women.

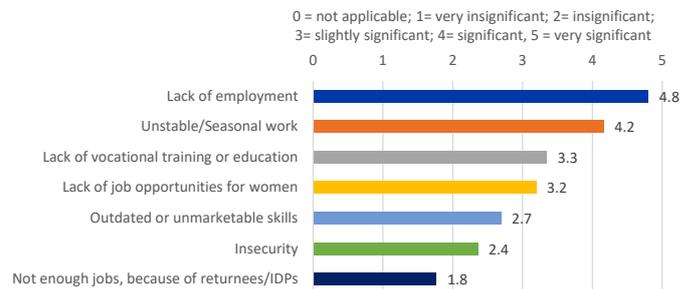
The vocational trainings available in Takhar included tailoring, carpentry, masonry, agriculture and livestock.

In Takhar the average percentage of employed children (25%) exceeded that of the elderly (18%) and women (17%). Despite a comparatively lower unemployment rate for women in Takhar (83%), more children than women were in employment. Yangi Qala district had the highest percentage of the elderly in employment (40%) and Kalafgan reported the highest average percentage of children in employment (53%).

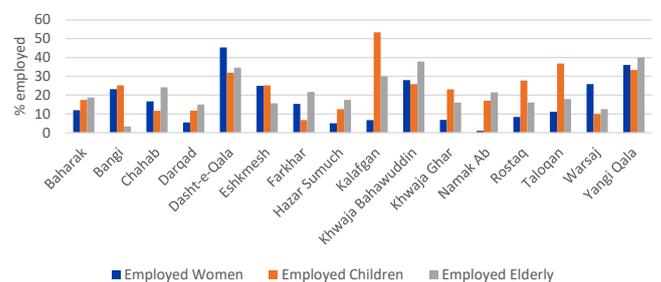
Employment Status | Men (males over 18) | Takhar



Barriers to Employment | ranked by significance | Takhar



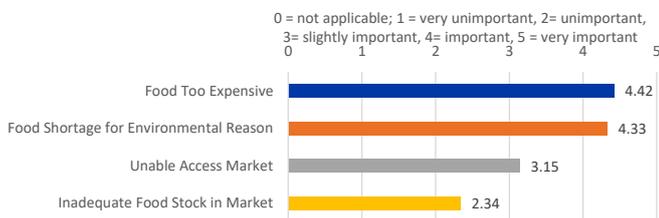
Employment participation of women, children & the elderly | Takhar



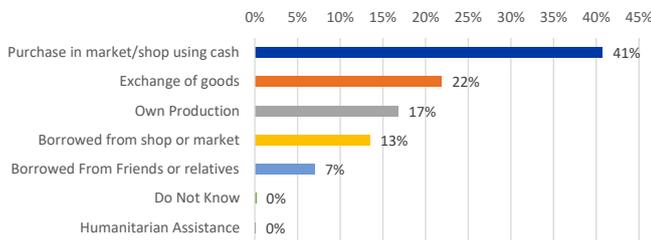
FOOD & NUTRITION

In Takhar, 28.7% of surveyed households were unable to meet the basic nutritional needs. The main reason that prevented households from meeting their basic nutritional needs was the high cost of food and food shortages due to environmental reasons. As a result, 38% bought food using cash, 32% bought food on credit from shops or market, 11% relied on their own production and 10% borrowed from their friends or relatives. The lack of employment opportunities, high number of security incidents and the high cost of food are linked to the inability of households to meet their basic needs and increased poverty.

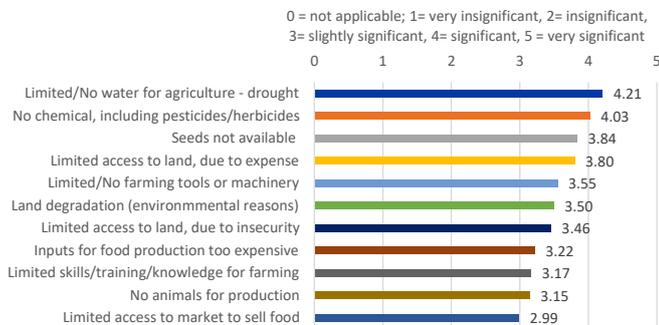
Drivers of Food Insecurity | ranked by importance | Takhar



Food Sources | Takhar



Constraints on local food production | ranked by significance | Takhar

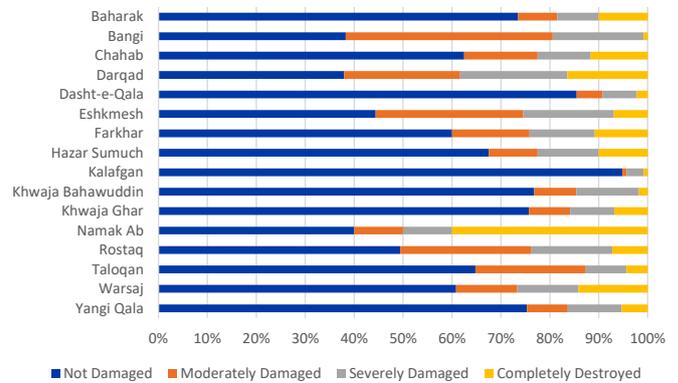


SHELTER

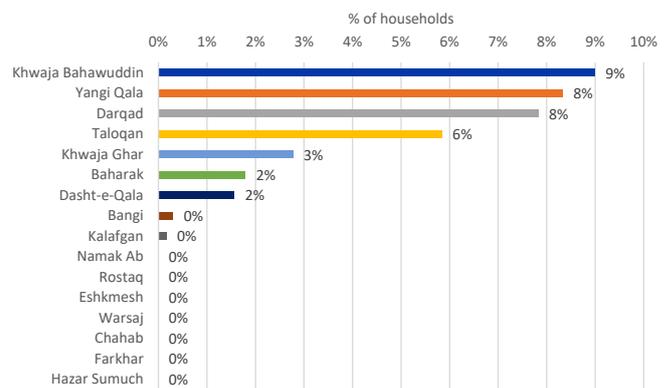
In Takhar, 61% of houses were not damaged, 19% were moderately damaged, 13% were severely damaged and 9% were completely damaged. Namak Ab reported the highest proportion of completely destroyed houses (40%).

Only 2% of households were unable to afford rent in the six months prior to assessment. The main barriers to accessing housing included the inability to build temporary tents or accommodation, unavailability of housing options and denied access to housing or building tents.

Shelter conditions by % of damage and district | Takhar



% households unable to afford rent in the last 6 months | Takhar



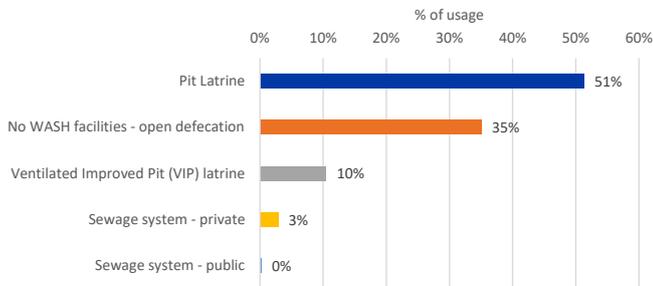
WASH

In Takhar, 51 % of the surveyed population reported using pit latrines, 10% used ventilated improved pits and 3% have private sewage systems. However, 35% reported no WASH facilities and as a result, practiced open defecation. Additionally, of the surveyed households, there was no public sewage system in Takhar. The lack of appropriate and hygienic latrines is a public health challenge. Open defecation also poses an increased risk of sexual exploitation, threat to women’s privacy and dignity and psychosocial stressors.¹

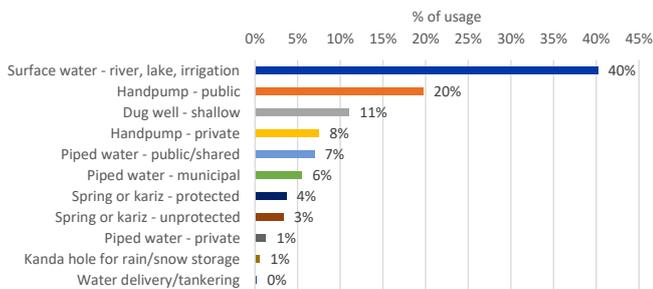
Primary sources of water include surface water (40%), public hand-pump (20%), shallow dug wells (11%), and private hand-pump (8%).

¹ Saleem, M., T. Burdett, V. Heaslip, 2019, Health and social impacts of open defecation on women: a systematic review, BMC Public Health, 19(158): 1-12.

Latrine Usage | by Percentage | Takhar



Drinking Water Sources | by percentage | Takhar

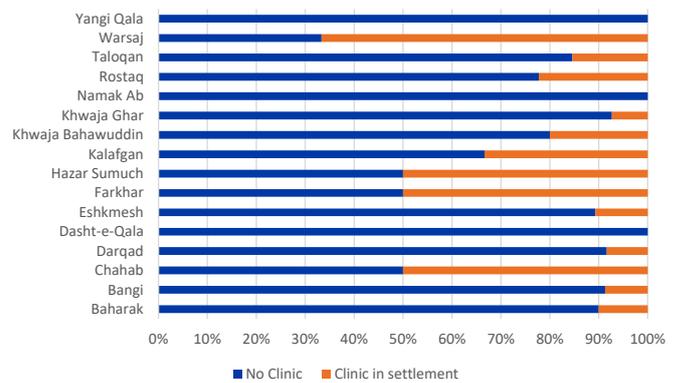


HEALTH

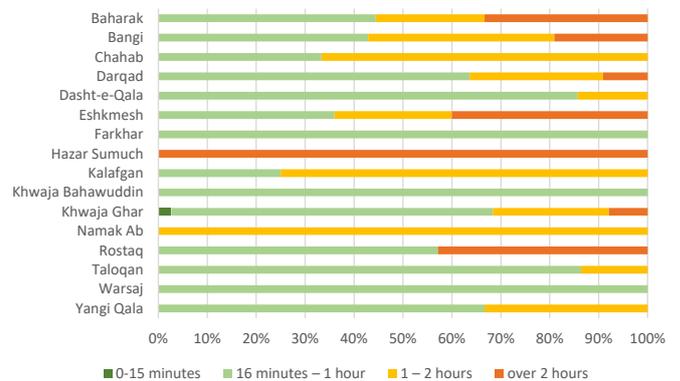
In Takhar, 85% of the assessed households had no clinic in their settlements. Despite high security incidents, across the 199 assessed settlements in Takhar, the main health conditions and diseases included dehydration (27,723 cases) pregnancy complications (8,520 cases), communicable diseases (8,435 cases), measles (4,305 cases) and respiratory infections (3,506 cases). It was reported that 11.7% of the total population were affected by illnesses and medical conditions.

In terms of prenatal and female health, pregnancy complications are the second most reported health problem in Takhar highlighting the severe lack of female healthcare. Of the 2453 cases of tuberculosis, 50.5% of cases were untreated. For 94% of the surveyed settlements, the quality of health care facilities were inadequate or poor.

Access to Health Services | % of settlements with clinics | Takhar



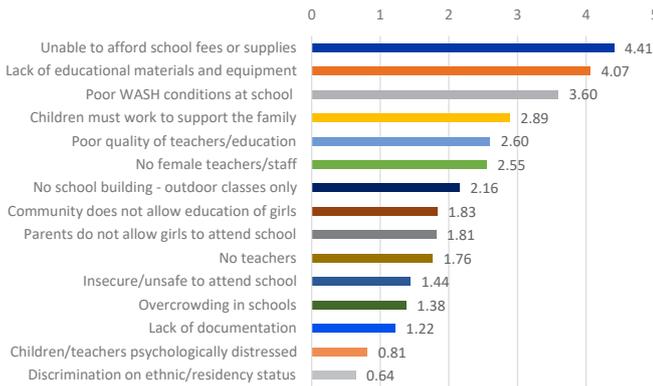
Access to Health Services | % of settlements without clinics by walking distance to nearest clinic | Takhar



EDUCATION

In Takhar, the main barrier to education included high cost of education, lack of educational materials and lack of sanitation in schools. However, the high fees and drop-out rates of children to support their families is similarly ranked. In Takhar, cultural norms and familial restrictions on female education were less important than economic barriers for accessing education.

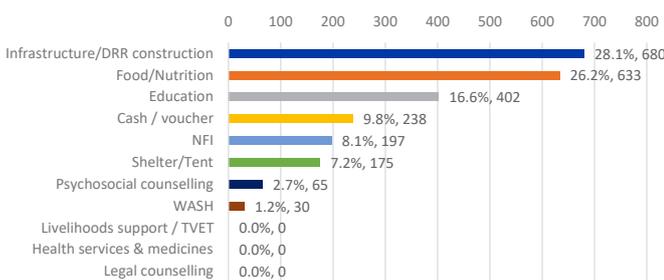
Barriers to Education | ranked by significance | Takhar



ASSISTANCE

Of the seven assessed pilot provinces, Takhar received 15% of the overall assistance. Of all the assistance delivered, 28.1% was received for infrastructure and disaster risk reduction, 26.2% was received in food and nutrition, 16.6% was received for education and 9.8% cash vouchers were delivered. Despite the high prevalence of diseases and lack of female healthcare, no assistance for healthcare was delivered.

Assistance received by number of beneficiary families | Takhar



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Please visit www.displacement.iom.int/afghanistan for more information, including maps, datasets and dashboards.

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DTM in Afghanistan is generously supported by:



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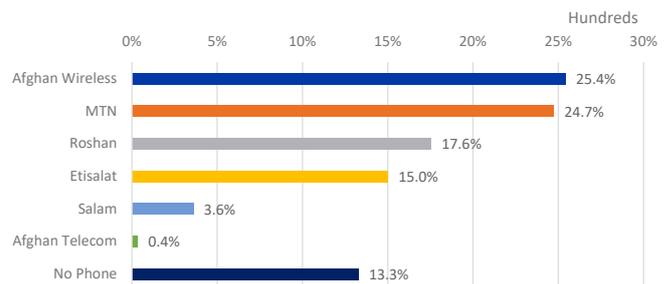
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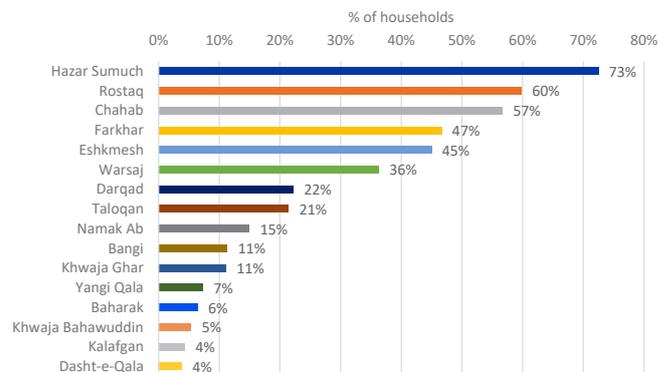
UTILITIES

In Takhar, 60.5% of households were denied access to public electricity. On average, for 8 days per month and for an average of 8 hours per day, the surveyed households in Takhar faced electricity shortages. In terms of mobile phone connectivity, 22% of households received no signal. On average, for 4 days per month, there is no mobile service or signal. MTN, Afghan Wireless and Roshan are most common service providers. Cell phone coverage has further implications upon communication campaigns, feedback mechanisms, phone surveys and mobile money solutions for cash-based assistance.

Telecom Providers by % of household usage | Takhar



Telecom Services | % of households with no signal/service by province | Takhar



Electricity sources by percentage of household usage | Takhar

