



# PAKISTAN

## COMMUNITY NEEDS IDENTIFICATION

ROUND 1 | DATA COLLECTED: AUGUST – SEPTEMBER 2023



**CCAR**  
Government of Pakistan



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## ACRONYMS

AAP Accountability to Affected Populations

(C)CAR (Chief) Commissioner for Afghan Refugees

CBO Community-Based Organization

CNI Community Needs Identification

DTM Displacement Tracking Matrix

DRIVE Document Renewal and Information Verification Exercise

EED Environmental Enteric Dysfunction

IFRP Illegal Foreigners' Repatriation Plan

IOM International Organization for Migration

KI Key Informant

MPCA Multi-Purpose Cash Assistance

NADRA National Database and Registration Authority

NFI Non-Food Item

NGO Non-Governmental Organization

PKR Pakistani Rupee (currency)

PoR Proof of Registration

RCC Reinforced Cement Concrete

RV Refugee Village

UNHCR United Nations High Commissioner for Refugees

WASH Water, Sanitation and Hygiene

WB World Bank

WHO World Health Organization

## DEFINITIONS

**Community-Based Organization (CBO)** – A non-profit, non-governmental, or charitable organization dedicated to advocating for the community and supporting those in need within the community.

**Forced displacement** – The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to, avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural hazards or disasters.<sup>1</sup>

**Improved sanitation facilities** – Sanitation facilities that hygienically separate human waste from human contact. Improved sanitation facilities include flush or pour-flush to piped sewer system, septic tanks pit latrines, ventilated-improved pit latrines, or pit latrines with slab or composting toilets.<sup>2</sup>

**Improved water sources** – Water sources that are likely to be protected from outside contamination, and from faecal matter in particular. Improved water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection.<sup>3</sup>

**Kacha housing** – Kacha houses are houses where all walls and ceilings are made of mud, straws, bamboos or material other than cement, concrete and iron and are vulnerable to damage due to excessive rains, floods or earthquake etc.<sup>4</sup>

**Pakka housing** – Pakka houses are houses where walls are made of concrete and iron while ceiling is made of mud, straw or bamboo or vice versa.<sup>5</sup>

**Remittances** – Personal monetary transfers, cross border or within the same country, made by migrants to individuals or communities with whom the migrant has links.<sup>6</sup>

**Unimproved sanitation facilities** – Shared or public-use sanitation facilities are not considered to be improved. Also, flush or pour-flush to elsewhere, pit latrines without slab or open pits, bucket latrines, hanging latrines or open defecation are not considered to be improved sanitation.<sup>7</sup>

**Unimproved water sources** – These include unprotected wells, unprotected springs, surface water (e.g. river, dam or lake), vendor-provided water, bottled water (unless water for other uses is available from an improved source) and tanker truck-provided water.<sup>8</sup>

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## DEFINITIONS OF DOCUMENTATION CATEGORIES OF AFGHAN NATIONALS IN PAKISTAN

**1. Proof of Registration (PoR)** – PoR cards are identification cards issued by the National Database and Registration Authority (NADRA), with technical support from other stakeholders. PoR cards facilitate access to various services including education, healthcare, banking and property rental. PoR holders can return to Afghanistan but if they then want to enter Pakistan they require a valid Pakistan visa.

**2. Afghan Citizen Card (ACC)** – ACCs were issued by NADRA, with technical support from other stakeholders, from 2017 to 2018 to undocumented Afghan nationals residing in Pakistan. This card only protects from deportation to Afghanistan. ACC holders can return to Afghanistan but if they then want to enter Pakistan they require a valid Pakistan visa. In addition, ACC cards cannot be renewed, and they do not allow the cardholder to register children born after initial registration under it, whereas this is possible for PoR holders.

**3. Other types of valid documentation** – Any other type of valid documentation that does not fall within the two other categories (PoR card and ACC). For example, individuals of Afghan origin who have a passport with a valid Pakistan visa.

**4. Undocumented and invalid documentation** – This category includes individuals of Afghan origin residing in Pakistan who: a) do not have a document to stay in Pakistan, b) only have a Tazkira (Afghan national identity card), c) have PoR cards valid up to 2015 or, d) only have an Afghan passport and/or visa that is expired.

<sup>1</sup> and <sup>6</sup> International Organization for Migration (IOM) (2019). *IOM Glossary* (No. 34). Available [here](#) (Publication date: 18 June 2019)

<sup>2,3, 7</sup> and <sup>8</sup> World Health Organization (WHO) (2023). *Improved sanitation facilities and drinking-water sources*. Available [here](#) (Publication date unknown)

<sup>4,5</sup> UNICEF (2020). *Coverage survey in slums/underserved areas of 10 largest cities in Pakistan*. Available [here](#) (Publication date: July 2020)

## INTRODUCTION AND METHODOLOGY

### ABOUT THE COMMUNITY NEEDS IDENTIFICATION (CNI)

The International Organization for Migration's (IOM) CNI is used to provide a baseline on living conditions and needs of Afghan nationals in identified settlements rather than providing a detailed overview of multisectoral needs. Subsequent rounds will provide additional details for sectoral interventions.

The CNI collect data at the settlement level through group interviews with key informants (KIs) and direct observations. Data was collected between 1 August and 26 September 2023.

### GEOGRAPHICAL SCOPE

During this assessment, IOM collected information in 8,293 settlements<sup>9</sup> across 33 districts (8 in Balochistan, 10 in Khyber Pakhtunkhwa, 7 in Punjab, 7 in Karachi and 1 in Islamabad), hosting 93.0 per cent of ACC holders and 91.1 per cent of PoR holders.<sup>10</sup>

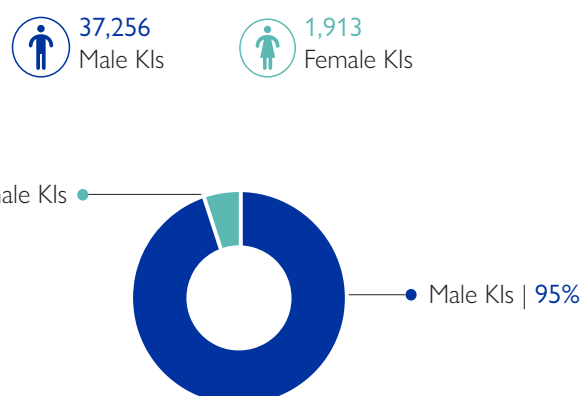
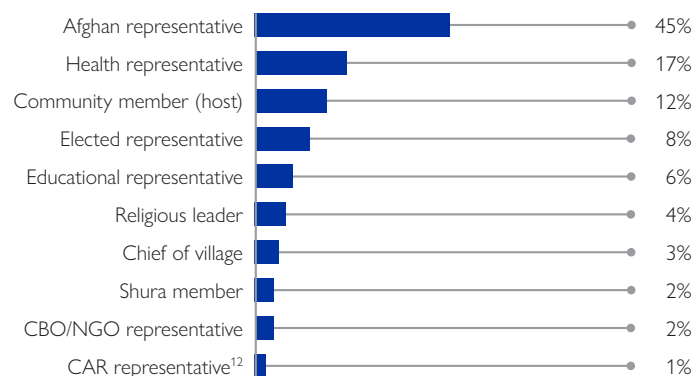


### ENUMERATORS AND KEY INFORMANTS

Enumerators collected quantitative data through group interviews with 39,169 KIs, 95 per cent of which were male and five per cent female.<sup>11</sup> IOM Pakistan will improve female representation in its subsequent rounds. On average, enumerators interviewed five KIs per interview. Almost half of the KIs at the settlement level comprise representatives from the Afghan population, including Afghan representatives (45%) and Shura members (2%). The other KIs represent Pakistani members of the host community in different capacities.

IOM collected data through a network of 239 enumerators (156 male and 83 female). Enumerators were trained by IOM staff from Islamabad between 22 May and 10 July 2023 on topics such as the methodology, community engagement, gender concerns and data collection principles.

### 4.8 Average number of KIs interviewed per group interview



### LIMITATIONS AND CONSTRAINTS

Data is collected at the settlement level through IOM's Displacement Tracking Matrix (DTM) methodology, where KIs provide basic community level information related to different sectors, which can be used to flag areas for assistance or more detailed technical assessments by sector experts. This method may be less accurate than household surveys but allows for cost-efficient aggregate estimates at different administrative levels, such as districts and provinces. Moreover, certain indicators can be over- or under-reported by KIs. To overcome this, IOM Pakistan included a diverse

group of key informants in its group interviews. The data presented in this report should not be generalized for the entire country as it may not provide a complete picture of the multisectoral needs of Afghan nationals in Pakistan.

It should be noted that data collection was finalized in September 2023. This was before the announcement of the "Illegal Foreigners' Repatriation Plan (IFRP)".<sup>13</sup> Therefore, data for 2023 does not capture specific (multisectoral) needs as a result of the announcement of the IFRP.

<sup>9</sup> Please note that Refugee villages (RVs) were excluded from this assessment.

<sup>10</sup> According to the ACC-1 exercise conducted from November 2017 to February 2018 and the DRIVE conducted from March 2021 to February 2022.





<sup>11</sup> The limited female participation in this assessment can be partially attributed to the prevailing cultural and social norms within the Afghan population.

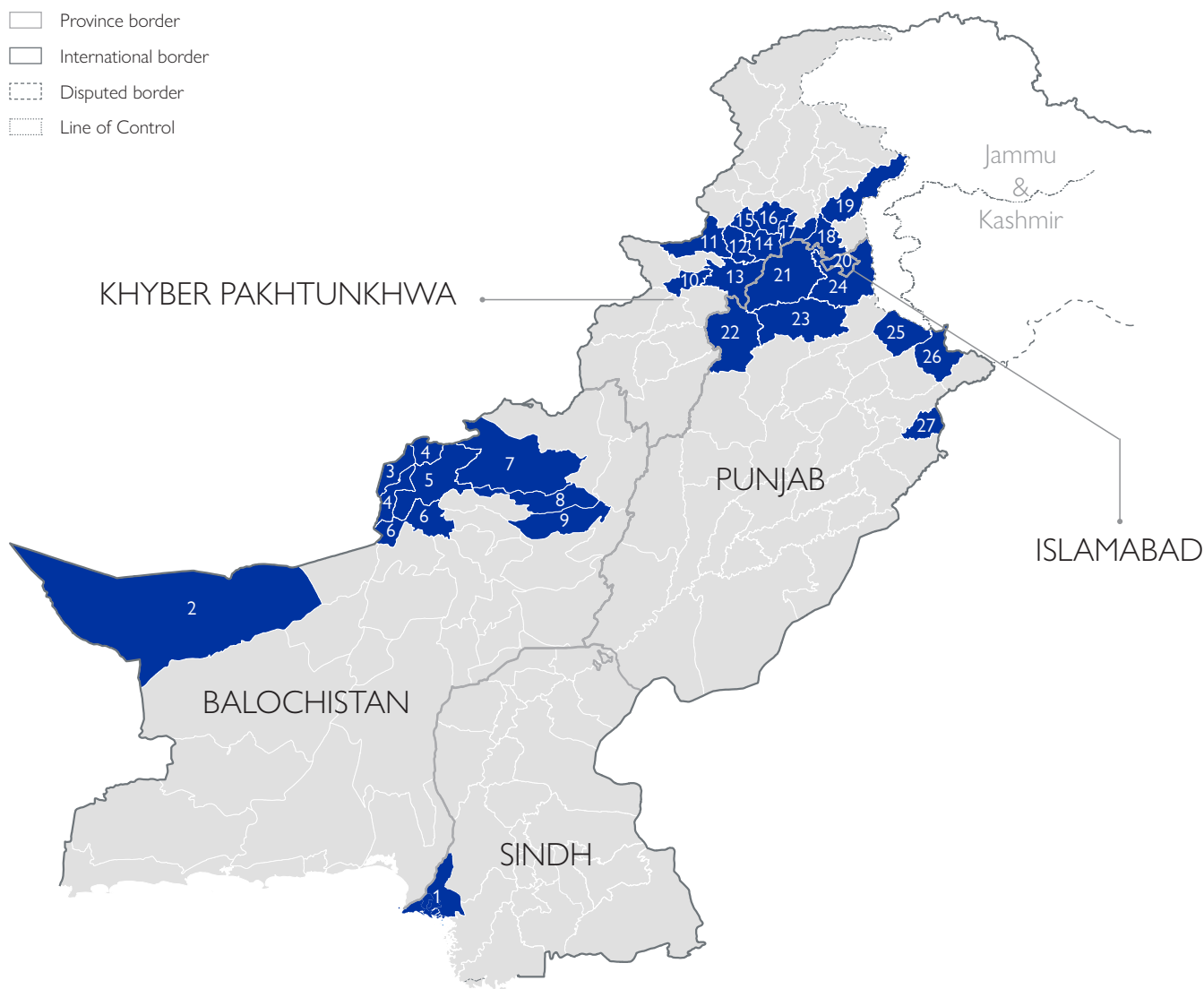
<sup>12</sup> A CAR representative is a person who represents the Commissioner for Afghan Refugees (CAR) in the respective settlement.

<sup>13</sup> On 3 October 2023, Pakistani authorities formally announced the implementation of the IFRP, demanding all undocumented foreigners residing in Pakistan to leave the country by 1 November 2023 or face deportation.

## ASSESSED LOCATIONS

### Legend

-  District border
-  Province border
-  International border
-  Disputed border
-  Line of Control



No.	DISTRICTS	No.	DISTRICTS	No.	DISTRICTS
1.	Karachi (7 districts)	6.	Quetta	18.	Haripur
1.1.	Karachi Central	7.	Killa Saifullah	19.	Mansehra
1.2.	Karachi East	8.	Loralai	20.	Islamabad
1.3.	Karachi Keamari	9.	Duki	21.	Attock
1.4.	Karachi Korangi	10.	Hangu	22.	Mianwali
1.5.	Karachi Malir	11.	Khyber	23.	Chakwal
1.6.	Karachi South	12.	Peshawar	24.	Rawalpindi
1.7.	Karachi West	13.	Kohat	25.	Gujrat
2.	Chagai	14.	Nowshera	26.	Sialkot
3.	Chaman	15.	Charsadda	27.	Lahore
4.	Killa Abdullah	16.	Mardan		
5.	Pishin	17.	Swabi		



## EXECUTIVE SUMMARY

### COMMUNITY NEEDS IDENTIFICATION

- The lack of valid documentation among Afghan nationals remains an important barrier to accessing basic services in Pakistan. Throughout the assessment, a lack of documentation appeared as one of the main obstacles to accessing basic services, including housing, education and health. Another important challenge to accessing services, sometimes even rated higher than a lack of documentation, is the cost of goods and services. Next to the high cost of housing, education and health, KIs signalled the high cost of agricultural equipment for local food production.
- A provincial comparison demonstrates significant variations in the availability of local services and facilities for Afghan nationals across provinces. Settlements in Balochistan reported the worst results, while Sindh (Karachi) reported better results. This is mostly the case for sanitation, food and nutrition, health and education.
- Facilitating the acquisition of valid documentation through registration would not only open doors to fundamental services but also significantly contribute to an improved quality of life for Afghan nationals in Pakistan. This includes enhanced educational opportunities for Afghan children, more stable housing, and better access to healthcare. Furthermore, securing proper documentation would empower Afghan nationals to pursue more stable employment in resilient sectors, fostering a dependable income. This economic stability, in turn, has the potential to elevate their overall well-being.



School girls admire the new artwork in their school completed by IOM Pakistan as part of the rehabilitation of the infrastructure in six schools across Peshawar. [IOM Pakistan 2023]



## KEY FINDINGS

### COMMUNITY NEEDS IDENTIFICATION



Overall, results show that **the lack of documentation** is an important barrier for Afghan nationals in Pakistan to access basic services. The **cost of services** is another significant challenge for Afghan nationals, specifically in relation to housing, health and education.



There are some significant **provincial disparities** in the needs of Afghan nationals across provinces and urban areas. Similar to flood-affected populations, Balochistan exhibits the most concerning outcomes, especially in relation to sanitation, food and nutrition, health and education. Conversely, Sindh (Karachi) demonstrates significantly better results than other provinces in these same sectors.



67%

A significant number of KIs (67%) have reported that the majority, if not all, of the Afghan population **lack adequate income to cover basic needs**. Consequently, one in four KIs (34%) have indicated that most or all Afghan nationals are burdened by **debt**.



76%

Most Afghan households (76%) depend on **daily wages** as their primary source of income. One in five households (22%) also rely on **self-employment** to sustain their livelihoods, likely as a result of their unstable documentation status. Afghan nationals are mostly active in low-skilled sectors, such as construction, wholesale and retail trade and manufacturing.



71%

Seventy-one per cent of Afghan households (71%) are living in **inadequate shelters and housing**, such as kacha housing and tents.<sup>14</sup> Moreover, Afghan nationals experience significant barriers accessing affordable quality housing, such as **a lack of documentation** and the **high cost of housing**.



4%

While a large majority of Afghan nationals have access to functioning sanitation facilities, four per cent of Afghan households still practice **open defecation**, with the highest prevalence in Balochistan (6%), Punjab (6%) and Khyber Pakhtunkhwa (4%). Exposure to human faecal waste results in the development of chronic disorders, including Environmental Enteric Dysfunction (EED), marked by limited nutrient intake, leading to child stunting and wasting.<sup>15</sup>



31%

Thirty-one per cent of Afghan households experience challenges in accessing health services, mostly due to a **lack of documentation**. Additionally, 22 per cent reported the **cost of health services** as a key barrier. Across all provinces, diarrhea is the most reported health concern, leading to chronic disorders, including EED. Malaria is another reported health concern, mostly reported in Balochistan and Sindh.



1 in 4

Only one in four KIs noted that all or most Afghan children, boys and girls, are attending **primary education**. A **lack of documentation** and the high **cost of education** are important barriers for Afghan children to attend primary education.



13%

Legal assistance is generally **not easily available for Afghan nationals** in the assessed communities. Only 13 per cent of assessed settlements reported having legal assistance available within five kilometres from the centre of their settlement. Furthermore, KIs noted that 13 per cent of Afghan households do not know where they can find legal assistance or counselling should they require it.

<sup>14</sup> Please refer to page 5 for the definition of kacha housing.

<sup>15</sup> World Bank (WVB) (2023). *Pakistan | Reforms for a Brighter Future: Discussion Note 1 - Reducing Child Stunting*. Available [here](#) (Published on 20 September 2023).

## COMMUNITY NEEDS IDENTIFICATION

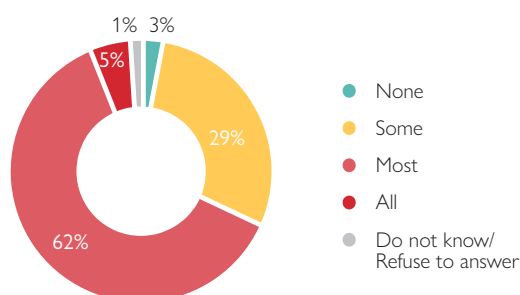


Female members of an Afghan community waiting at a Multi-Purpose Cash Assistance (MPCA) distribution centre in Karachi. [IOM Pakistan 2022]



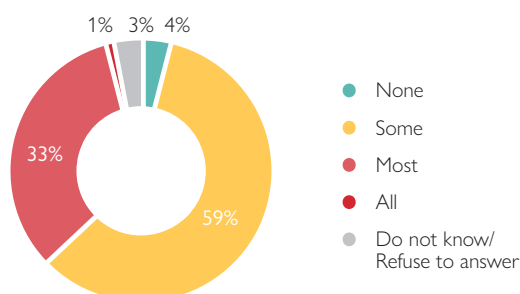
## HOUSEHOLD INCOME AND DEBT

### AFGHAN HOUSEHOLDS WITH INSUFFICIENT INCOME TO COVER BASIC NEEDS



Around two in three KIs reported that most or all of the Afghan households in their community have insufficient income to cover the most basic needs such as food, access to water and sanitation, basic health care and education. Only three per cent stated that all Afghan households have sufficient income to cover basic needs.

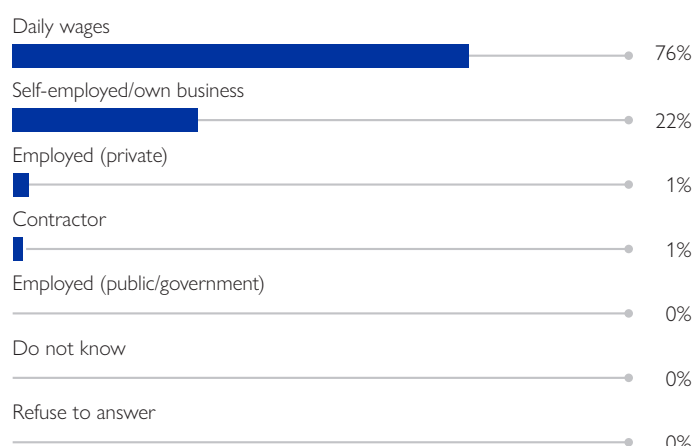
### AFGHAN HOUSEHOLDS WHO ARE IN DEBT



Due to insufficient income in many Afghan households, a significant number of Afghan nationals tend to go into debt to meet their basic needs. Notably, one in three KIs (33%) reported that most Afghan households are in debt, and one per cent indicated that all Afghan households are in debt. Fifty-nine per cent noted that only some households are in debt, and four per cent reported none being in debt.

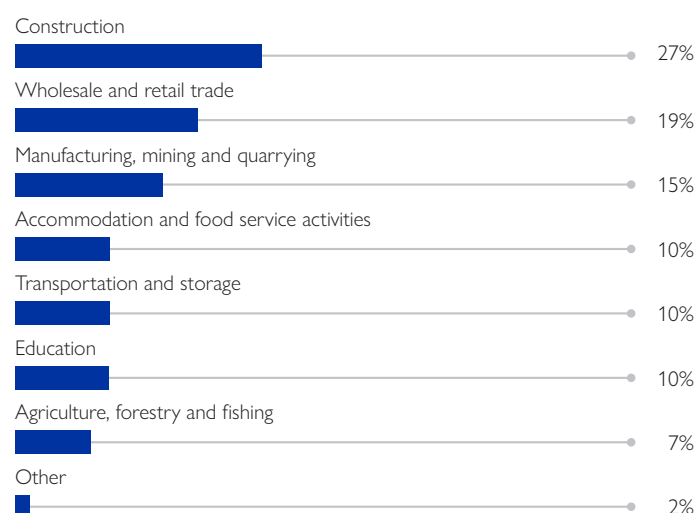
## LIVELIHOODS AND EMPLOYMENT

### MAIN TYPE OF EMPLOYMENT OF AFGHAN HOUSEHOLDS



According to KIs, the predominant form of employment for Afghan households is daily wages, accounting for 76 per cent. Additionally, 22 per cent of households were identified as being self-employed. The high prevalence of daily wages and self-employment could be due to the lack of documentation to access more formal sectors of the economy or due to their lack of skills. Lack of skills was also noted as an important barrier to access employment opportunities in Pakistan

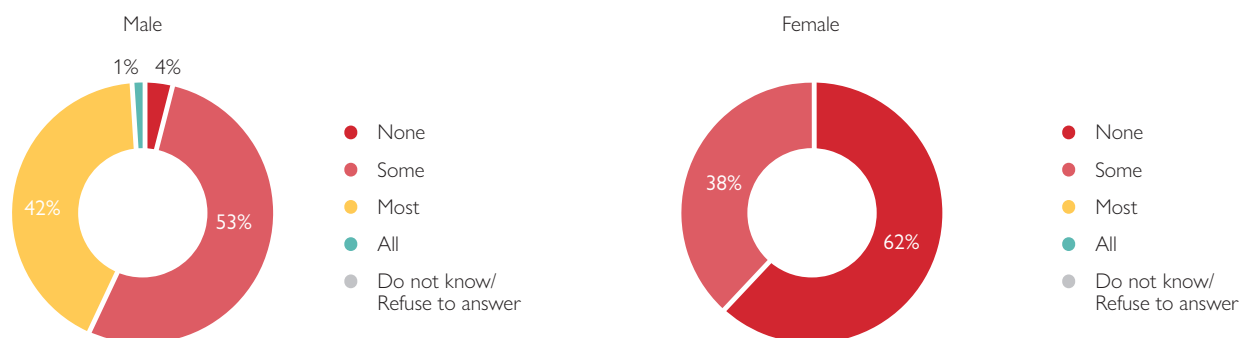
### MAIN TYPE OF ECONOMIC SECTOR AFGHAN HOUSEHOLDS ARE ACTIVE IN



(26% of households; see page 12). Other modes of employment were identified in two per cent of the assessed households, encompassing roles in the private sector or as contractors.

KIs indicated that the majority of Afghan households are working in low-skilled sectors, such as construction (27%), wholesale and retail trade (19%) and manufacturing, mining and quarrying (15%).

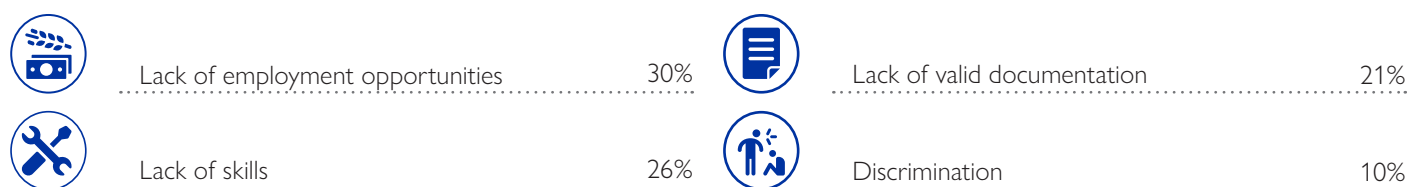
## AFGHAN NATIONALS WHO ARE IN FULL TIME EMPLOYMENT (40+ HOURS A WEEK), BY GENDER



Forty-three per cent of KIs indicated that most or all male Afghan nationals are in full employment. Employment prospects for female Afghan nationals are more limited, with all KIs reporting that none

or some of the female Afghan nationals are in full employment at the time of the assessment.<sup>16</sup>

## EMPLOYMENT BARRIERS FOR AFGHAN HOUSEHOLDS (TOP 4)



KIs identified several employment barriers for Afghan nationals in their community. The most important obstacle is the scarcity of employment opportunities, cited for 30 per cent of households, closely followed by a lack of skills, noted for 26 per cent. A substantial

proportion also pointed out the challenge posed by the lack of valid documentation, accounting for 21 per cent. Lastly, discrimination was reported for 10 per cent of households as an important barrier to employment.



64%

Sixty-four per cent of KIs indicated that none of the Afghan nationals in their community receive international remittances.<sup>17</sup>

<sup>16</sup> Please note that home businesses were not a part of this assessment.

<sup>17</sup> "Remittances are personal monetary transfers, cross border or within the same country, made by migrants to individuals or communities with whom the migrant has links." International Organization for Migration (IOM) (2019). *IOM Glossary* (No. 34). Available [here](#) (Publication date: 18 June 2019).

## VOCATIONAL TRAINING OPPORTUNITIES



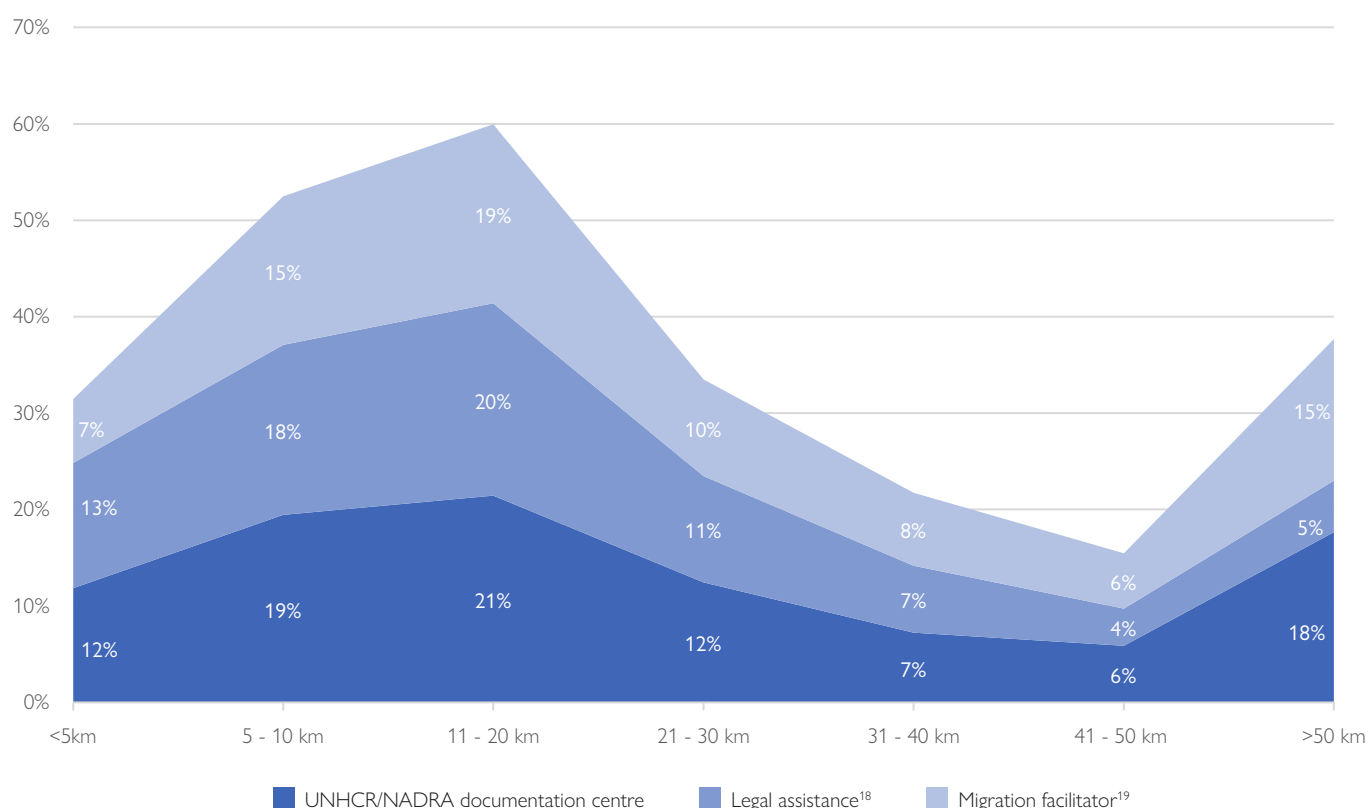
**78%**

of Afghan nationals did not have  
vocational trainings available

As noted by KIs in the previous section, a considerable amount of households (26%) identify a lack of skills as an important obstacle to employment for Afghan nationals in Pakistan. Vocational training is a way to enhance their skill set, empowering them to secure improved employment prospects and attain a more reliable income.

However, KIs noted that 78 per cent of Afghan individuals do not have vocational trainings available. If vocational trainings are available, these are generally only available to PoR holders. ACC holders and Afghan nationals of any other documentation category were reported to have fewer training opportunities.

## DISTANCE TO THE NEAREST SERVICE/FACILITY (IN KM, ONE WAY)



**2% Do not know**  
where a UNHCR or  
NADRA documentation  
centre is

**13% Do not know**  
where legal assistance  
can be found

**20% Do not know**  
where a migration  
facilitator is

KIs were also asked how far certain services or facilities were from the centre of their community. More than half of the assessed settlements (52%) indicated that UNHCR/NADRA documentation and information centres are most often located less than 20 km from the centre of the community. However, 18 per cent also noted that these centres are more than 50 km from the centre.

Fifty-one per cent of settlements noted that legal service providers are located less than 20 km from the centre and only 27 per cent are located more than 20 km away. KIs also noted that 13 per cent

of households do not know where to find a legal service provider.

Migration facilitators are located further away from the centre of the community. Forty per cent of the settlements reported these facilities to be located less than 20 km from the settlement where they live, while 15 per cent are located more than 50 km away from the centre of the community. Twenty per cent of households did not know where migration facilitators are located.

<sup>18</sup> This includes legal advice, counselling, and in some cases, court representation.

<sup>19</sup> This term refers to anyone that is involved in the facilitation of migration services (irregular and regular) via air, land or sea routes, usually in exchange for money. Those services can reach from consultative services for visa application and acquiring (fraudulent) documents, to transportation arrangement, to the facilitation of border crossings. The term used does not intend to neglect the differences in services and often used terms for those persons providing the migration services.

## SHELTER AND HOUSING

### #1 NEED



Cash support

### #2 NEED



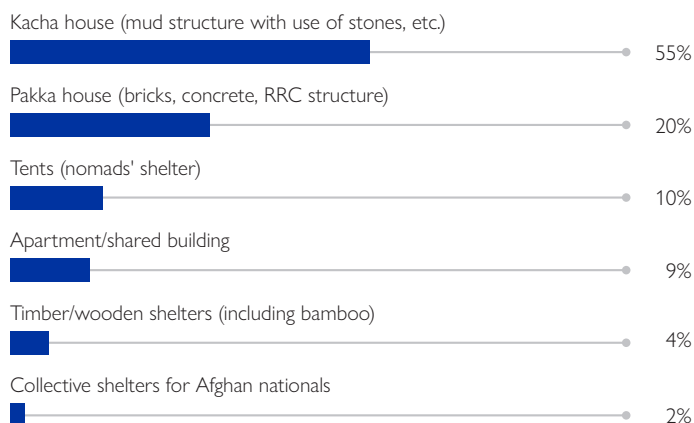
Documentation

### #3 NEED



Quantity and quality of housing

### TYPE OF SHELTER/HOUSING OF AFGHAN HOUSEHOLDS

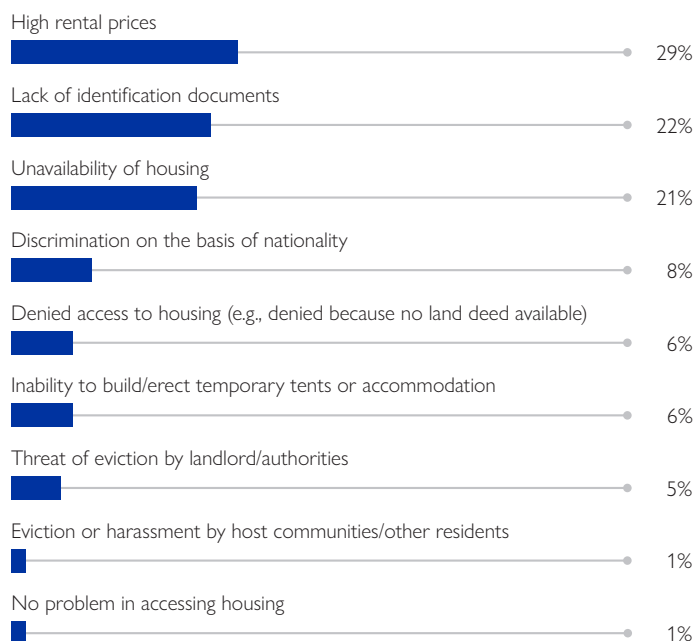


42%

No boundary wall<sup>20</sup>

Of Afghan households do not have a boundary wall

### BARRIERS TO BETTER QUALITY HOUSING FOR AFGHAN HOUSEHOLDS



Fifty-five per cent of Afghan households were reported to live in kacha houses. Kacha houses are houses that are made up of non-durable materials, including mud, grass, reed, stones and straws. They are often unable to withstand hazards, such as floods, earthquakes or heavy storms. Another significant group of households were reported to live in Pakka houses (20%). These houses are made up of more durable materials, such as wood, bricks, cement and steel, and are usually more solid and can last for a longer time. To a lesser extent, Afghan households also live in tents (10%), apartments or buildings (9%), timber or wooden shelters (4%) and collective shelters (2%).

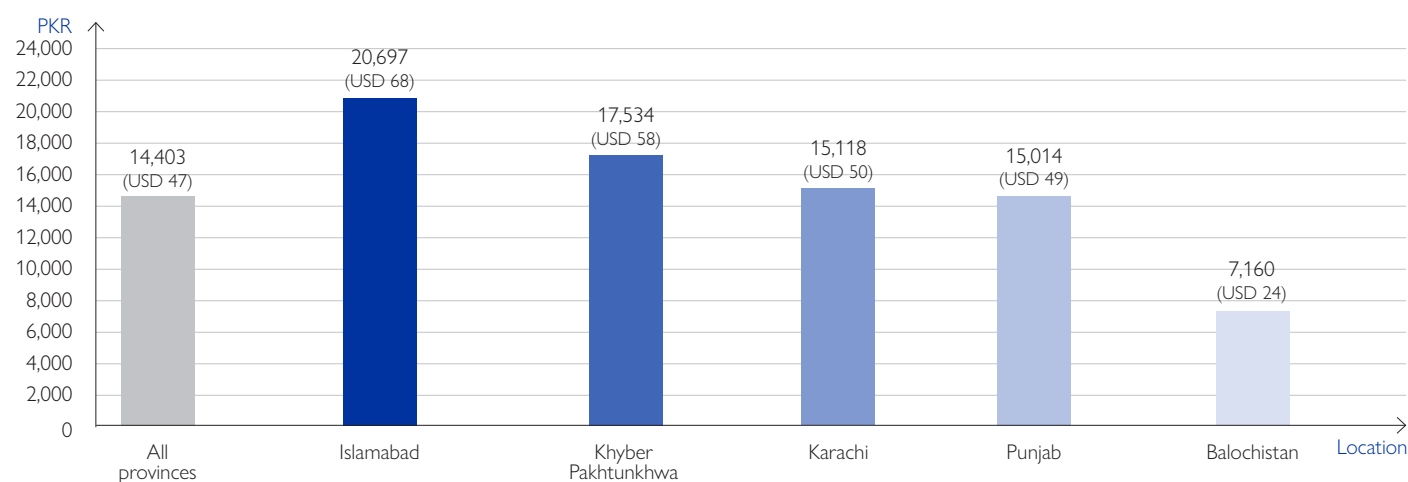
Overall, a significant group of Afghan nationals are living in shelters without boundary walls (42%).

KIs were also asked what the most significant barriers to housing are for Afghan households. High rental prices (29%), lack of identification documents (22%) and unavailability of housing (21%) were reported most frequently.

<sup>20</sup> Afghan nationals often live in extended households of close relatives in one compound. The compound often contains space for laundry, washing space, latrines, and so on. The boundary wall is an important part of this compound because it provides a larger space, including outdoor space, that women can use without being considered 'in public'.



## AVERAGE MONTHLY COST OF RENT FOR A BASIC APARTMENT FOR AN AFGHAN FAMILY OF 7 MEMBERS (N = 6,069)



A majority of Afghan households (61%) in the assessed settlements pay rent for their accommodation. In Khyber Pakhtunkhwa and Islamabad, the largest share of Afghan households were reported to pay rent (87% and 83%, respectively). This trend is also significant in Punjab (78% of households). However, in Karachi and Balochistan, fewer households were reported to pay rent (56% and 40%, respectively).

If Afghan nationals pay rent in their community, KIs were also asked how much rent they pay on average. On average, Afghan nationals pay rent of PKR 14,403 (USD 47)<sup>21</sup> per month for an Afghan family of seven family members. KIs in Islamabad reported the highest average rent, which stood at PKR 20,697 (USD 68), followed by Khyber Pakhtunkhwa (PKR 17,534 or USD 58). The lowest reported rent was in Balochistan (PKR 7,160 or USD 24). The price variation among provinces shows that rent is usually higher in urban areas, such as Islamabad and Karachi.



Kacha shelter used by an Afghan household in Lakki Marwat district in Khyber Pakhtunkhwa. [IOM Pakistan 2023]

<sup>21</sup> Data was originally collected in Pakistani Rupee (PKR). Exchange rates are PKR 303.946 to USD 1 according to the UN Operational Rates of Exchange on 1 September 2023. Available online at: <https://treasury.un.org/operationalrates/OperationalRates.php>

## WATER



93%

Of Afghan households use improved water sources for drinking water

Ninety-three per cent of Afghan households use improved water sources for drinking water.<sup>22</sup> Only three per cent were reported to use unimproved water sources for drinking water, such as an unprotected dug well (3%).<sup>23</sup> This shows that most Afghan nationals have a relatively stable and improved source of water inside or near their dwelling.

### MAIN SOURCE OF WATER USED BY AFGHAN HOUSEHOLDS FOR DRINKING, BY PROVINCE

DISTRICTS	ALL PROVINCES	BALUCHISTAN	ISLAMABAD	KHYBER PAKHTUNKHWA	PUNJAB	KARACHI
Piped water (house connection)	44%	17%	20%	51%	38%	79%
Hand pump/borehole with electric pump	20%	13%	62%	34%	35%	1%
Public tap/standpipe	15%	27%	7%	5%	20%	8%
Tube well/borehole with solar energy	12%	33%	0%	3%	1%	0%
Protected dug well	2%	1%	5%	4%	2%	0%
Protected spring	0%	1%	0%	0%	0%	0%
Bottled water	2%	0%	2%	0%	0%	9%
Unprotected spring	0%	0%	0%	1%	0%	0%
Unprotected dug well	3%	6%	1%	1%	1%	0%
Surface water	0%	1%	0%	0%	0%	0%
Other	2%	1%	3%	0%	3%	3%
Do not know/refuse to answer	0%	0%	0%	1%	0%	0%

The above data on available water sources demonstrates a few provincial variations, especially in Balochistan, where the highest share of households use unimproved water sources. Six per cent of households were reported to use an unprotected dug well and one per cent surface water. Islamabad, Khyber Pakhtunkhwa and Punjab also reported the use of an unprotected dug well (1%, respectively).

Piped water or a household connection was mostly reported in Karachi, accounting for 79 per cent of households. Piped water is also most common in Khyber Pakhtunkhwa (51%) and Punjab (38%). A hand pump or borehole with an electric pump is more common in Islamabad (62%). In Balochistan, a public tap or standpipe and tube well or borehole with solar energy were more frequently reported (27% and 33%, respectively).



School girls wash their hands while attending classes following the rehabilitation of sanitation facilities in Peshawar by IOM to ensure continuous access to water supply. [IOM Pakistan 2023]

<sup>22</sup> "Improved water sources are defined as those that are likely to be protected from outside contamination, and from faecal matter in particular. Improved water sources include household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection." (WHO, 2023)

<sup>23</sup> "Unimproved water sources include unprotected wells, unprotected springs, surface water (e.g. river, dam or lake), vendor-provided water, bottled water (unless water for other uses is available from an improved source) and tanker truck-provided water." (WHO, 2023)

## SANITATION

### #1 NEED



Improved  
sanitation facilities

### #2 NEED



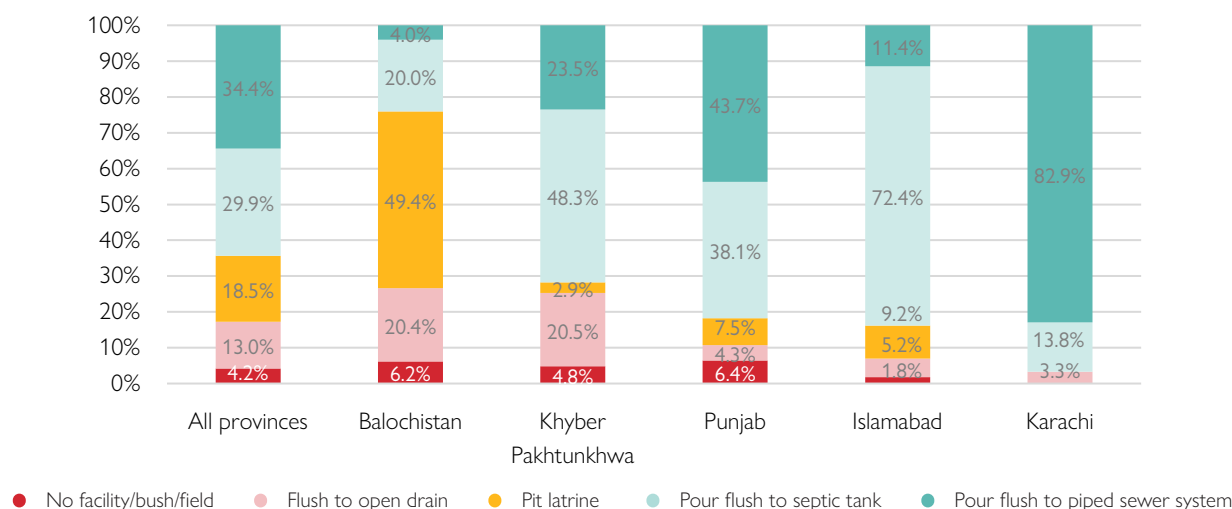
Gender segregated  
latrines

### #3 NEED



Well-lit  
latrines

## MOST COMMON TYPE OF SANITATION FACILITIES USED BY AFGHAN HOUSEHOLDS, BY PROVINCE



Open defecation was reported most frequently in Balochistan and Punjab (6%, respectively) KIs in Karachi, on the other hand, reported the highest share of households having access to a pour flush to piped sewer system (83%).

These sanitation facilities are better equipped to prevent the spread of communicable diseases. However, four per cent also indicated that they have no facility and therefore practice open defecation (unimproved sanitation facility).<sup>25</sup>

A large majority of households were reported to use improved sanitation facilities (83%).<sup>24</sup> Overall, 34 per cent use pour flush to piped sewer system, and 19 per cent use flush to septic tank (30%),



3%



Of assessed settlements indicated that sanitation facilities are **gender segregated** for most or all Afghan nationals in the community.



63%



Of assessed settlements indicated that sanitation facilities are **well-lit** for most or all Afghan residents



85%



Of assessed settlements indicated that most or all of the Afghan households **have access to a functioning sanitation facility**

Only three per cent of KIs reported that sanitation facilities in the community are separated for all or most Afghan males and females.

KIs indicated that no lighting is available for Afghan nationals in the community.

KIs were also asked if the latrines were well-lit for Afghan residents. The majority of KIs (63%) indicated that latrines for Afghan nationals are well-lit for most or all Afghan residents, while nine per cent of

Eighty-five per cent of KIs reported that most or all Afghan nationals in the community have access to a functioning sanitation facility.

<sup>24</sup> "Improved sanitation facilities are defined as those that hygienically separate human waste from human contact. Improved sanitation includes flush or pour-flush to piped sewer system, septic tank pit latrines, ventilated-improved pit latrines, or pit latrines with slab or composting toilets." (WHO, 2023)

<sup>25</sup> "Shared or public-use sanitation facilities are not considered to be improved. Also, flush or pour-flush to elsewhere, pit latrines without slabs or open pits, bucket latrines, hanging latrines or open defecation are not considered to be improved sanitation. (WHO, 2023)

## FOOD AND NUTRITION

### #1 NEED



Cash support

### #2 NEED



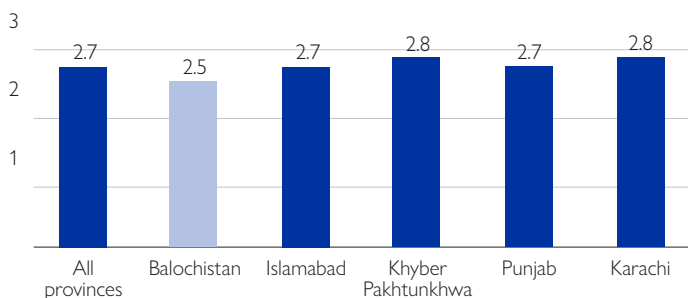
Agricultural inputs  
and land

### #3 NEED



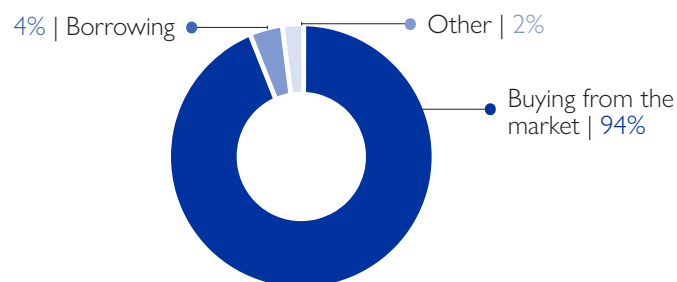
Sources of  
protein

### DAILY AVERAGE FOOD INTAKE OF AFGHAN HOUSEHOLDS, BY PROVINCE



On average, Afghan nationals in the assessed locations consume 2.7 meals per day. The daily average food intake does not differ significantly among provinces, except for Balochistan, where it is 2.5 meals per day.

### MOST COMMON WAY TO ACCESS FOOD FOR AFGHAN HOUSEHOLDS



KIs reported that Afghan nationals most commonly access food by purchasing it from the market (94%), followed by borrowing food (4%), with this practice being more prevalent in Khyber Pakhtunkhwa (9%) and Balochistan (6%).



43%

Of Afghan households have access to all required food types

Overall, 43 per cent of Afghan households in the assessed settlements have access to all required food types. Among the households that experience issues with accessibility, the most frequently mentioned food type was cereals, such as bread or rice (32%) and meat, chicken

### IF FOOD IS NOT ACCESSIBLE, WHICH TYPES OF FOOD ARE NOT ACCESSIBLE TO THE COMMUNITY (TOP 3)?

(Multiple answers, N = 135,206 households, can exceed 100%)



Cereals (bread, rice, etc.) 32%



Meat, chicken or fish 28%

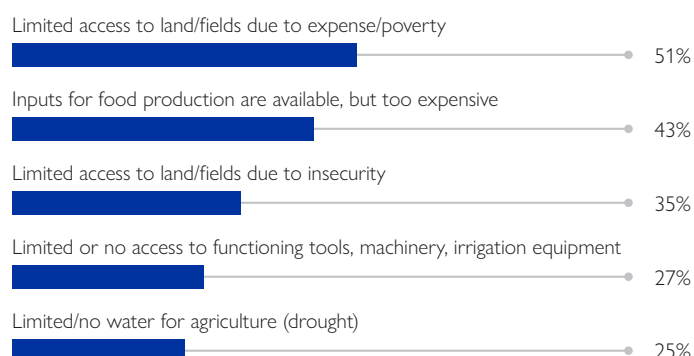


Oil and ghee/fats 14%

or fish (28%). This shows that a majority of Afghan nationals are unable to obtain a sufficient amount of carbohydrates and proteins to maintain a balanced diet. Other food types were reported to a lesser extent.

### CONSTRAINTS ON LOCAL FOOD PRODUCTION (TOP 5)

(Multiple answers, N = 2,524 settlements, can exceed 100%)



In addition to addressing food accessibility, KIs were also asked to highlight the primary constraints concerning local food production. This is particularly relevant given that nine percent of settlements reported Afghan nationals being employed in the agricultural sector; and 34 percent, totaling 2,524 assessed settlements, are identified as having an agricultural focus.

The most frequently identified issue, reported in 51 percent of the settlements, was limited access to land or fields due to expense or poverty. This was closely followed by the high cost of inputs for food production, cited in 43 percent of the settlements. Other noteworthy challenges included limited access to land or fields due to insecurity (35%), insufficient access to functioning tools, machinery, or irrigation equipment (27%), and limited or no water for agriculture (25%), often exacerbated by drought conditions.

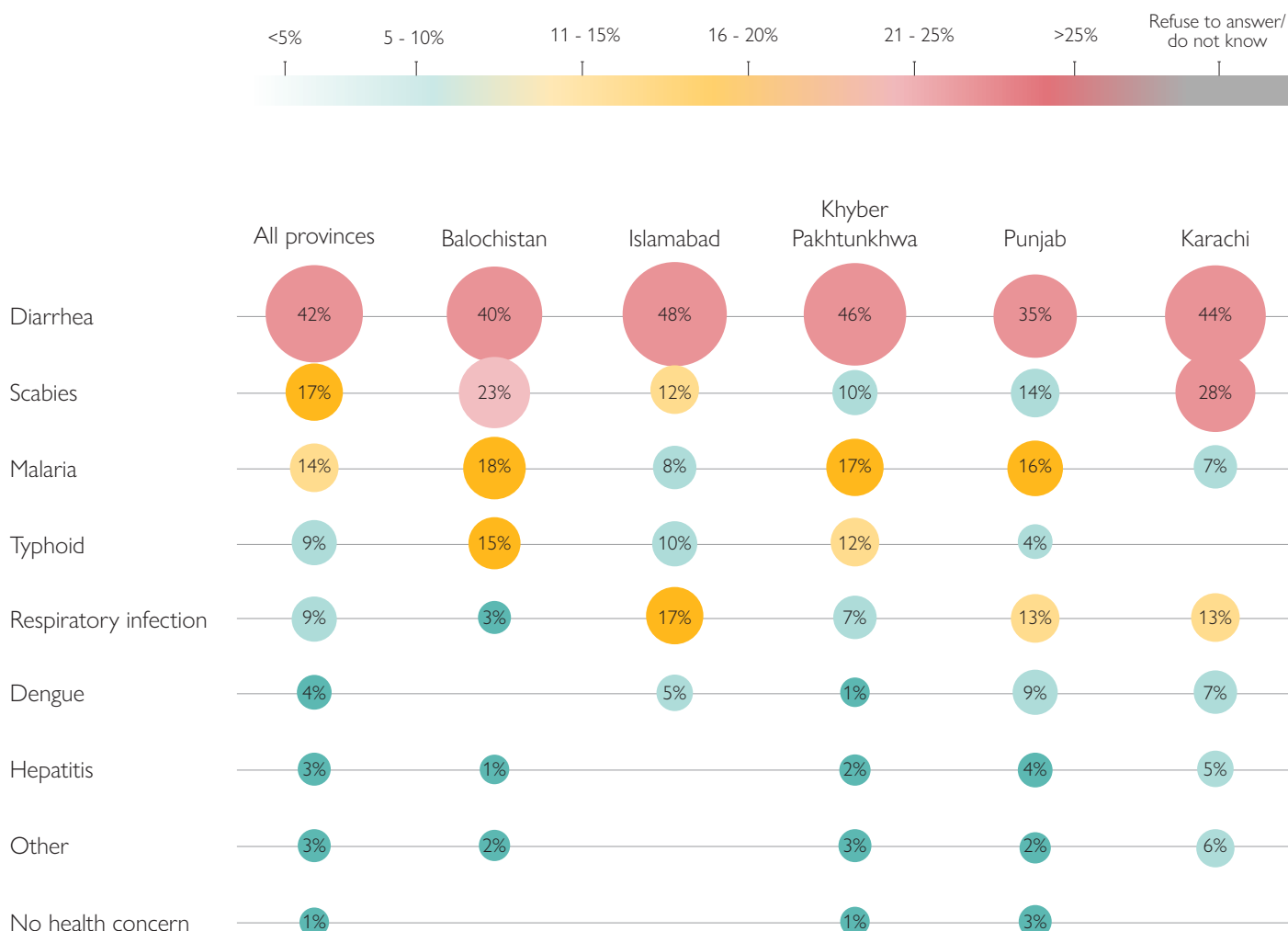
## HEALTH

#1 NEED  
Documentation

#2 NEED  
Medicine/medical  
personnel

#3 NEED  
Cash support

### MAIN HEALTH CONCERN FACED BY AFGHAN NATIONALS AND HOST COMMUNITY HOUSEHOLDS, BY PROVINCE<sup>26,27</sup>



84%

Of interviews included a  
health worker as a KI

Before asking questions on health, enumerators were encouraged to include a health worker in the group interview with KIs. In 84 per cent of the assessed settlements, enumerators were able to include one or more health workers, while 16 per cent of the group interviews did not have a health worker present.

According to KIs, diarrhea is the most commonly cited health

concern in all provinces but was more prevalent in Islamabad (48%), Khyber Pakhtunkhwa (46%) and Karachi (44%), compared to Balochistan (40%) and Punjab (35%). The high prevalence of diarrhea is concerning as it can lead to the development of chronic disorders, including Environmental Enteric Dysfunction (EED), marked by limited nutrient intake, leading to child stunting and wasting.<sup>28</sup> Malaria is another important health concern among all provinces, but it is more concerning in Karachi (28%) and Balochistan (23%). Scabies is also an important health concern, especially in Khyber Pakhtunkhwa and Balochistan (18% and 17%, respectively). Other health concerns are typhoid, which is mostly reported in Balochistan (15%) and Khyber Pakhtunkhwa (12%). Respiratory infection is only reported as high in Islamabad (17%).

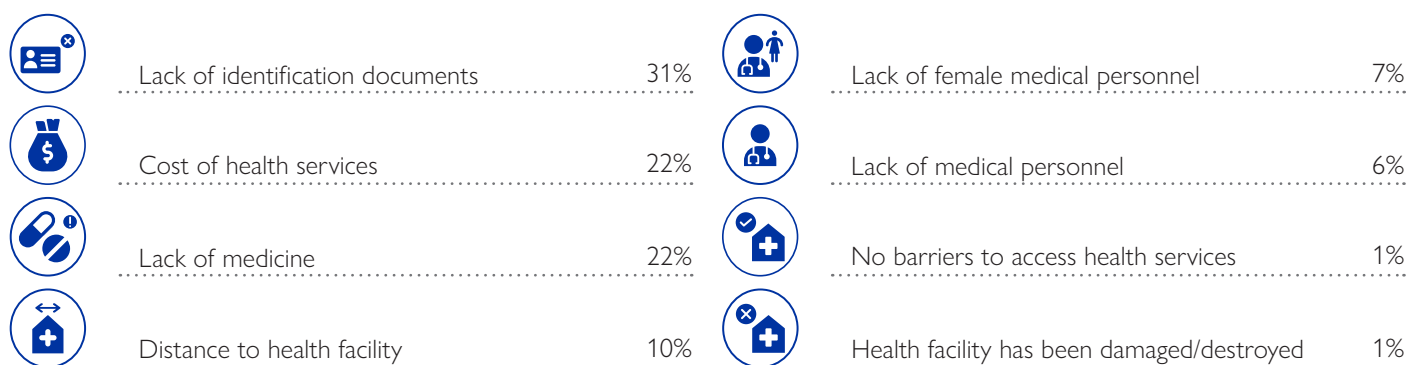
<sup>26</sup> Given the limited participation of female respondents in this assessment, it is likely that specific female health concerns are under-reported.

<sup>27</sup> Due to rounding off, totals may not add up to 100 per cent.

<sup>28</sup> "EED is a subclinical often asymptomatic disease of the small intestine which alters gut structure due to chronic pathogen contact and ingestion, restricting the body's ability to absorb and use nutrients through the small intestine". World Bank (WB) (2023). Pakistan | Reforms for a Brighter Future: Discussion Note 1 - Reducing Child Stunting. Available [here](#) (Published on 20 September 2023).



## BARRIERS TO ACCESS HEALTH SERVICES FOR AFGHAN HOUSEHOLDS

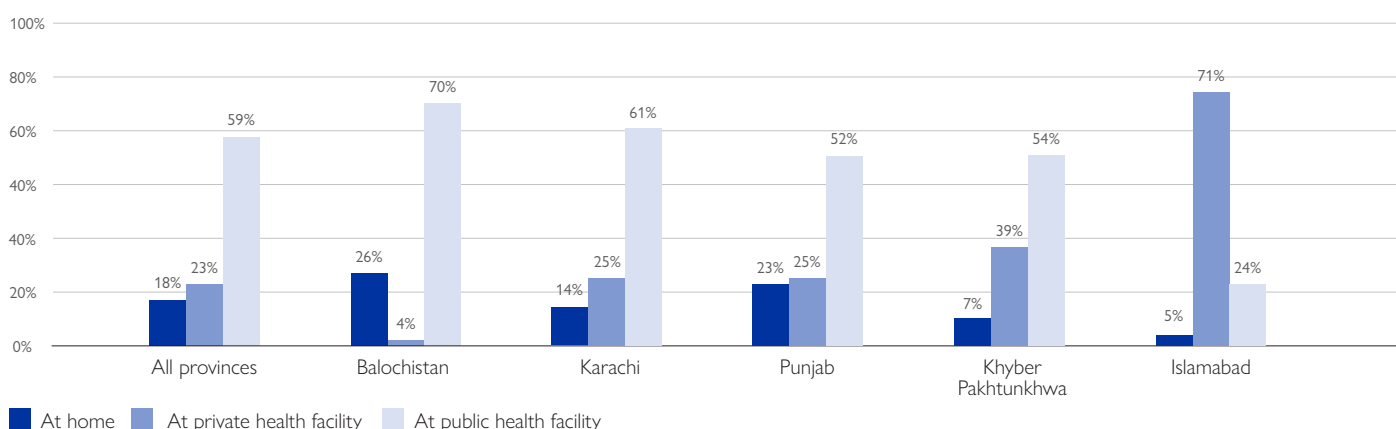


Lack of identification documents is the most important barrier for Afghan nationals in Pakistan to access health services in their community. This was followed by the cost of health services (22%) and lack of medicine (22%). Other barriers, but less important, are distance to a health facility (10%), lack of female medical personnel (7%), lack of medical personnel in general (6%), and finally, the

health facility being destroyed or damaged (1%). Only one per cent reported no barriers to access health services for Afghan nationals.

KIs also observed that health facilities are generally accessible to community members, indicating it is usually less than 40 minutes (walking distance) away from the centre of the community.

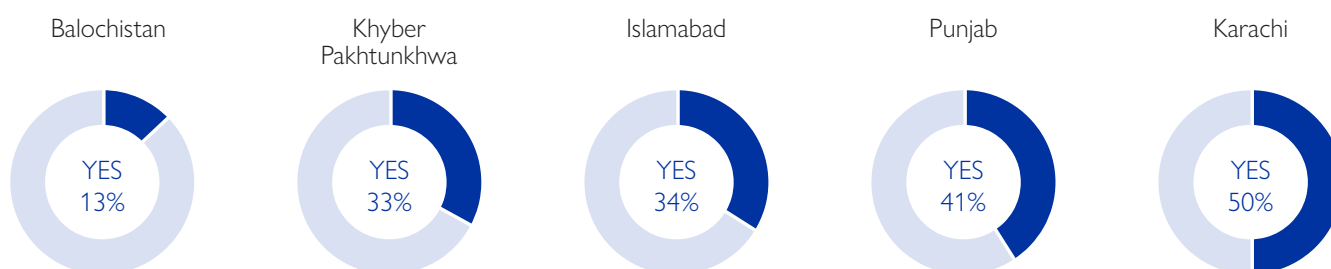
## WHERE DO AFGHAN WOMEN GIVE BIRTH? BY PROVINCE



KIs also provided data on where Afghan women give birth. Overall, 18 per cent of Afghan women give birth at home, while 82 per cent of Afghan women give birth in either public or private health facilities. Notably, the highest proportion, 59 per cent, give birth in public health facilities, and 23 per cent do so in private health facilities.

However, there are significant variations in results across different provinces. Balochistan has the highest share of Afghan women who give birth at home (26%), followed by Punjab (23%), Karachi (14%) and Khyber Pakhtunkhwa (7%). On the other hand, giving birth at a private health facility is most common in Islamabad (71%), followed by Khyber Pakhtunkhwa (39%). KIs in Balochistan reported the highest share of Afghan women giving birth at a public health facility (70%).

## IS THERE A HEALTH REFERRAL SYSTEM WITH ACCOMPANYING AMBULANCE IN PLACE? BY PROVINCE

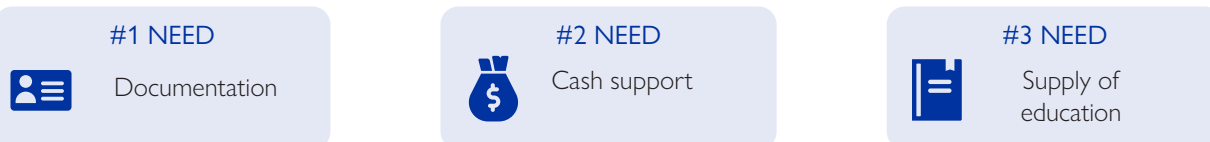


The majority of settlements (64%) do not have a health referral system in place. Balochistan has the lowest share of settlements where a health referral system is in place (13%). In Islamabad and Khyber

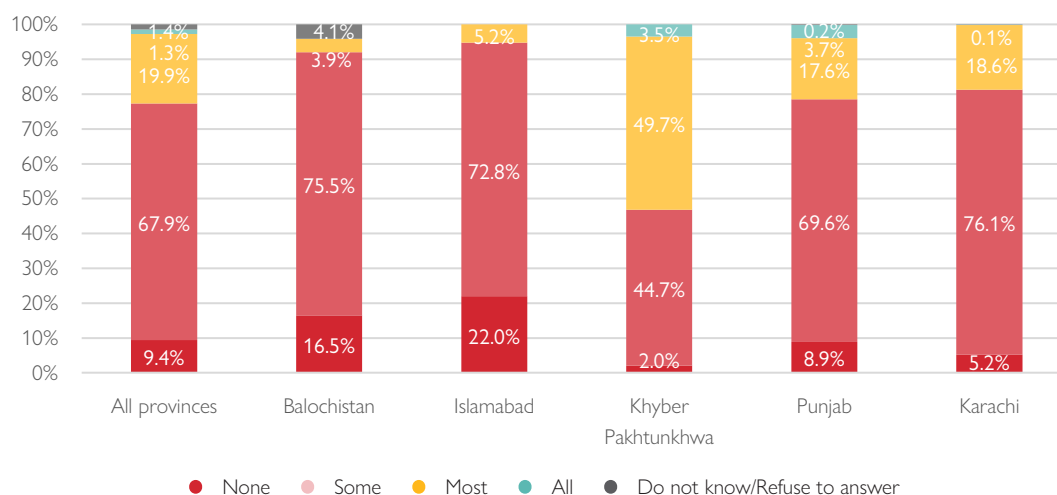
Pakhtunkhwa one in three villages (34% and 33%, respectively) has one and in Karachi half of the settlements (50%) have one.



## EDUCATION



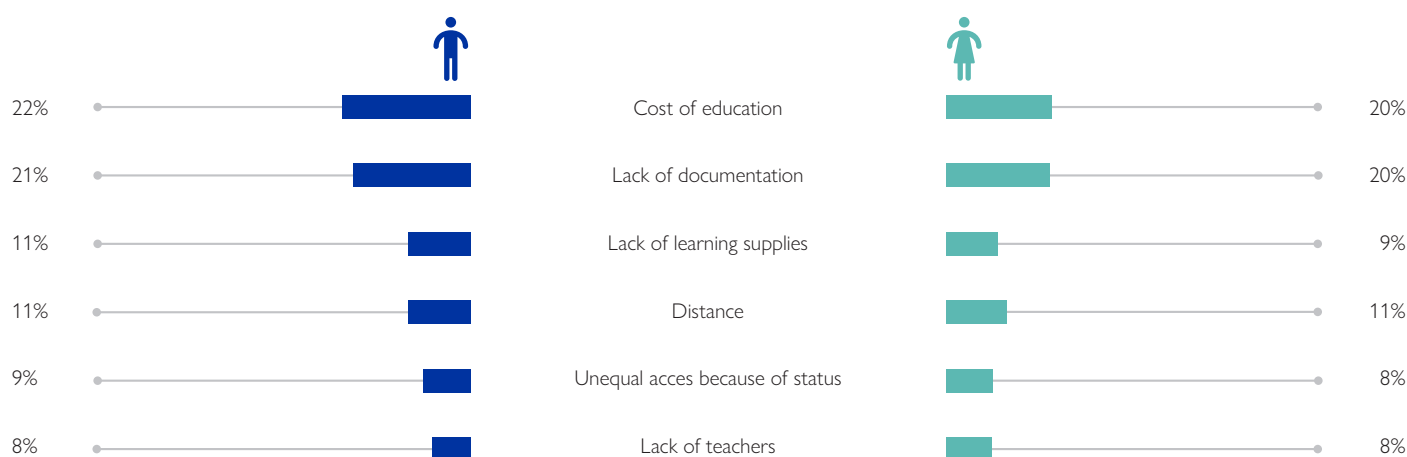
### AFGHAN CHILDREN (BOYS AND GIRLS) ATTENDING PRIMARY EDUCATION (GRADES 1 TO 5)



Only one per cent of KIs reported that all of the Afghan children (boys and girls) in their community attend primary education (grades 1 to 5). Twenty per cent reported that most of the children attend primary education. Conversely, nine per cent of KIs reported that none of the children attend primary education and more than half of the KIs (68%) noted that only some of the children attend primary education.

There are a few provincial disparities. Khyber Pakhtunkhwa shows the best results for school attendance. Three per cent of KIs indicated all children attend primary school and 50 per cent noted most children attend primary education. Islamabad and Balochistan, on the other hand, reported the lowest attendance rates. In both provinces, no KIs reported all Afghan children attend primary education, while only five per cent in Islamabad and four per cent in Balochistan reported most Afghan nationals attend primary education.

### BARRIERS TO ACCESSING EDUCATION SERVICES FOR AFGHAN CHILDREN (TOP 6), BY GENDER



From the assessment, barriers to education are mostly consistent for boys and girls. However, it is noteworthy that previous research in similar contexts has identified distinct barriers for boys and girls in accessing education.<sup>29</sup> Nonetheless, such gender-specific disparities were not observed in the findings of this assessment.

Similar to other indicators, lack of documentation and cost of

education are the most important barriers to access education. Around one in five households reported the lack of documentation (boys: 22%; girls: 20%) and the cost of education (boys: 21%; girls: 20%). KIs also identified other barriers which are mostly related to the supply of education, including lack of learning supplies (boys: 11%; girls: 9%), distance (boys: 11%; girls: 11%), unequal access because of status (boys: 9%; girls: 8%) and lack of teachers (boys: 8%; girls: 8%).

<sup>29</sup> Asia Displacement Solutions Platform (ADSP) (2022). *Barriers to Access Education for Afghan Refugees in Khyber Pakhtunkhwa (KP), Pakistan*. Available [here](#). (Published January 2022)

## ELECTRICITY AND TELECOMMUNICATION

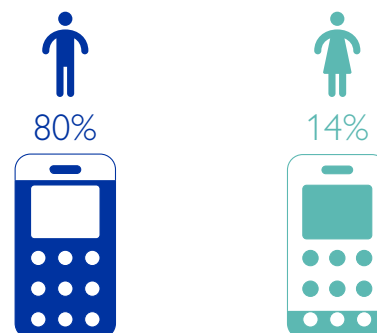
7 in 10 (69%)

Of assessed settlements indicated most or all Afghan households have access to electricity



Around seven in ten (69%) KIs reported that most or all Afghan households have access to national or regional electricity grids. On the other hand, 31 per cent indicated that none or some Afghan households have access to electricity.

## AFGHAN NATIONALS WHO OWN A MOBILE PHONE, BY GENDER

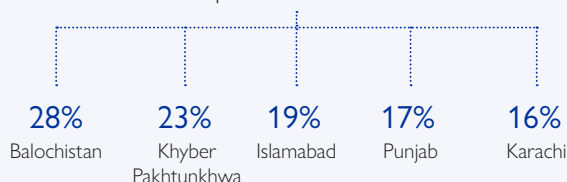


Findings regarding mobile phone ownership reveal significant gender disparities. On average, eighty per cent of Afghan males own a mobile phone, while only 14 per cent of Afghan females own a mobile phone.

## HUMANITARIAN/EMERGENCY SUPPORT

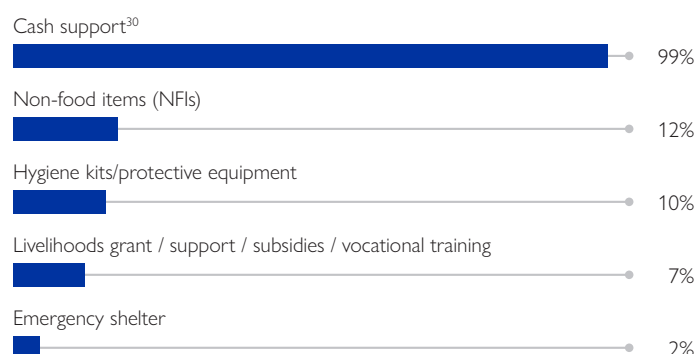
1 in 5 (21%)

Of assessed settlements received assistance in the past six months



Around one in five settlements (21% or 1,555 settlements) indicated they had received assistance during the last six months. Assessed communities in Balochistan (28%) and Khyber Pakhtunkhwa (23%) were most likely to receive assistance compared to other provinces. Of those communities that had received assistance, almost all

## IF ASSISTANCE RECEIVED, TYPE OF ASSISTANCE RECEIVED (TOP 5) (Multiple answers, N = 1,555 settlements, can exceed 100%)



settlements received financial assistance (99%). To a lesser extent, communities also received non-food items (NFIs) (12%), hygiene kits or protective equipment (10%), livelihoods grants, support, subsidies or vocational training (7%) and emergency shelters (2%).

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)



54%

Of households reported that organizations **do not inform** the community that services provided by humanitarian organizations are free.



69%

Of households reported that there is **no mechanism** for residents to provide feedback and make complaints regarding humanitarian assistance or aid workers.

<sup>30</sup> Cash support includes financial support and multi-purpose cash assistance (MPCA).



## IOM PAKISTAN

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