

COMMUNITY-BASED NEEDS ASSESSMENT

SUMMARY RESULTS
 PILOT • NANGARHAR
 MAY – JUN 2018



IDPs escape ongoing conflict in southeastern Nangarhar, living in makeshift tent cities, like this settlement in Khogyani district. © IOM 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

-  **20** districts assessed
-  **384** settlements with largest IDP and return populations assessed
-  **1,808** key informants interviewed
-  **2,742,878** individuals reside in the assessed settlements
-  **418,120** residents (13%) are returnees from abroad
-  **248,493** IDPs currently in host communities
-  **88,861** residents fled as IDPs
-  **100,016** residents (14%) are former IDPs who returned home
-  **21,215** residents fled abroad as out-migrants
-  **15,386** returnees and IDPs (2.4%) live in tents or the open air
-  **73%** (320 settlements) of assessed settlements have received no assistance in the 3 months prior to assessment
-  **70%** assessed settlements rated the quality of healthcare facilities as inadequate or poor
-  **63%** of men and 98% of women are unemployed
-  **41%** 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

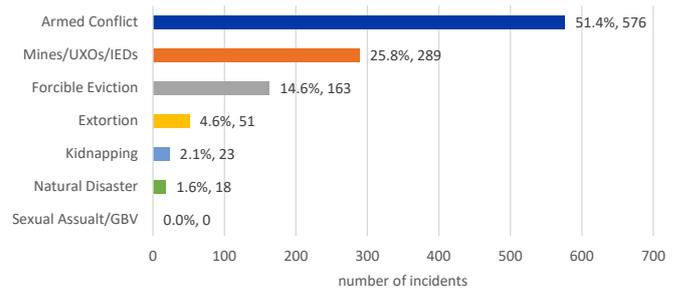
Data on population sizes for the 5 target population categories is collected by time of displacement, using each of the following time frames: 2012-2015 • 2016 • 2017 • 2018.



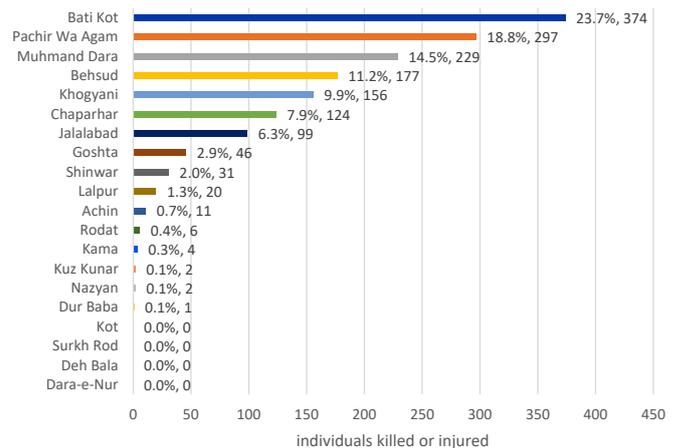
SAFETY & SECURITY

The most common safety and security threats reported in the three months prior to assessment included armed conflict (576 incidents), mines/UXOs/IEDs explosions (289 incidents), forcible evictions (163 incidents) and extortion (51 incidents) Comparatively, Nangarhar reported the highest number (1,579) of injuries and fatalities within three months prior to assessment.

Safety & security incidents in the last 3 months | Nangarhar



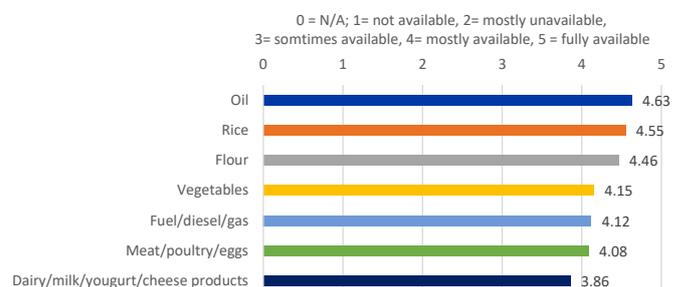
Fatalities & injuries due to conflict in last 3 months | Nangarhar



MARKETS

Food items such as, dairy/milk/cheese were 'sometimes available', and meat/poultry/eggs, vegetables, flour and rice were 'mostly available'. Key commodities such as oil and fuel/diesel/gas were also 'mostly available'. Overall, the basic food items and commodities were generally available in Nangarhar.

Availability of commodities | Nangarhar

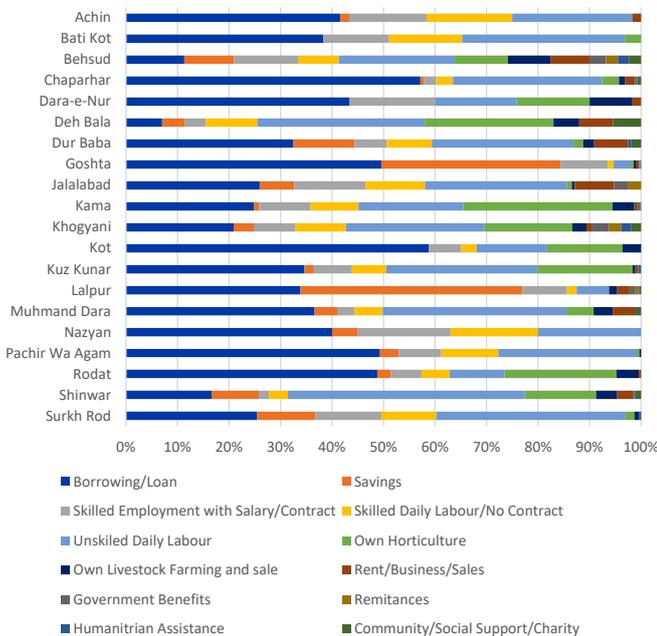




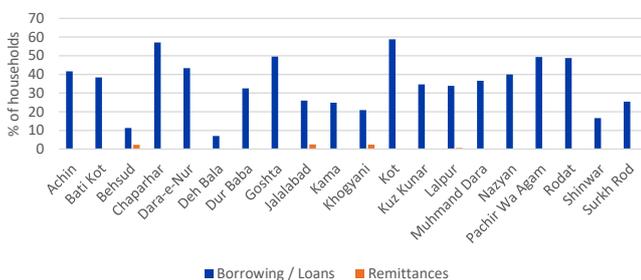
FINANCES & ASSETS

31.1% of households in the surveyed settlements relied on loans as the main source of income, 27.5% engaged in unskilled daily labour, 10.6% were crop farmers and 8% were in skilled employment. Kot district (59%) and Chaparhar (57%) reported the highest reliance on loans. Dara-e-Nur had the highest proportion of skilled employment (17%), while Chaparhar had the lowest (2%). Agriculture was most common in Achin (29%). Daily labour and unskilled labour was reported in Achin (17%) and Nazyan (17%). Across the 320 settlements assessed, 31% of households reported adequate access to farmland and 11% to pastoral land. The monthly average income reported was AFN 6,147, expenses were AFN 9,627 and debt was AFN 7,380. The monthly expenses exceeded income by 56.7%. Only 0.5% rely on remittances as an additional source of income.

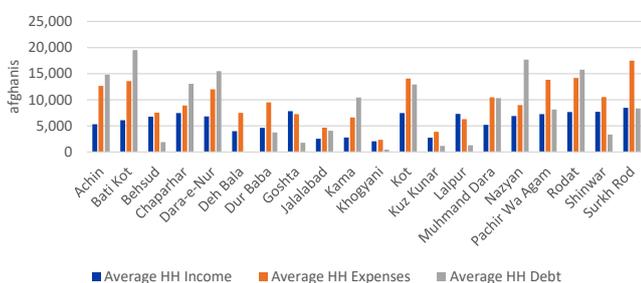
Main Income Sources | ranked by % of households | Nangarhar



Households reliant on loans & remittances by district | Nangarhar



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

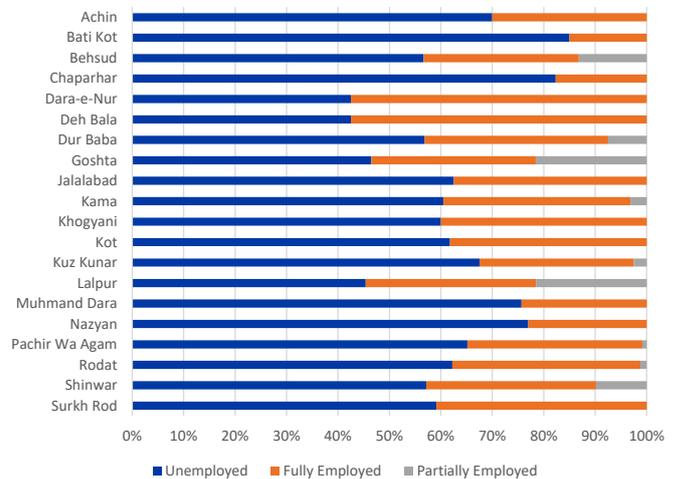


LIVELIHOODS

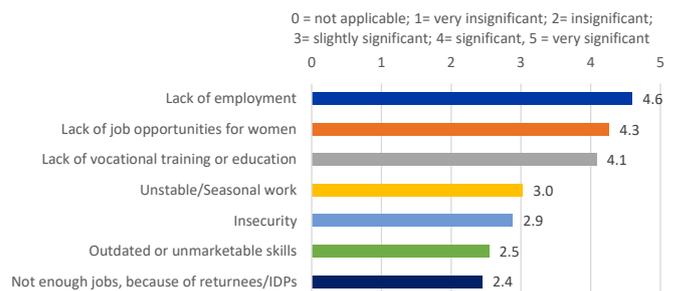
The unemployment rate for men was 63%. Across the 20 districts assessed, the lowest rate was in Deh Bala and Dur Baba (43%), and the highest was in Bati Kot (85%). Female unemployment was 98%. Respondents ranked lack of economic opportunities as the main barrier to employment, followed by lack of employment opportunities for women and lack of vocational trainings or further education. The available vocational trainings included tailoring, carpentry, masonry, business management, computer and mobile repairs, machinery/vehicle repairs, agriculture and livestock.

The average percentage of the elderly employed (14%) exceeded that of children (4%) and women (2%). Chaparhar district reported the highest percentage of the elderly in employment (93%) and Kot reported the highest number of children in employment (37%).

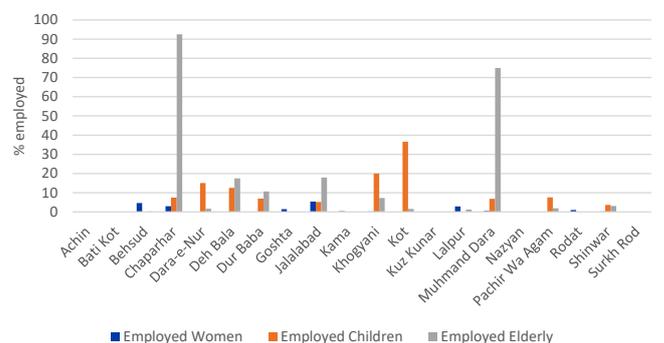
Employment Status | Men (males over 18) | Nangarhar



Barriers to Employment | ranked by significance | Nangarhar



Employment participation of women, children & the elderly | Nangarhar





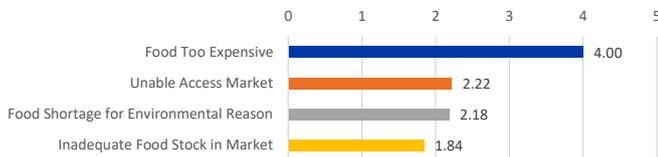
FOOD & NUTRITION

In Nangarhar, 41.4% of surveyed households were unable to meet basic nutritional needs. The main reason that prevented households from meeting their basic nutritional needs was the high cost of food. As a result, 40% bought food on credit from shops or market, 33% of the households purchased food using cash, 13% borrowed from their friends or relatives and 10% relied on their own production. 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 |

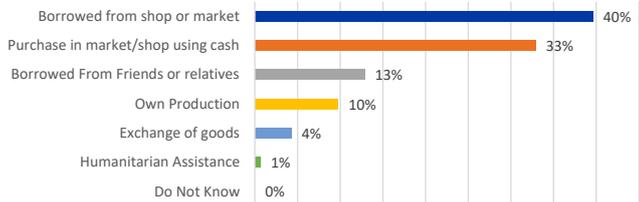
Nangarhar

0 = not applicable; 1 = very unimportant, 2 = unimportant, 3 = slightly important, 4 = important, 5 = very important



Food Sources | Nangarhar

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%



Constraints on local food production | ranked by significance

Nangarhar

0 = not applicable; 1 = very insignificant, 2 = insignificant, 3 = slightly significant, 4 = significant, 5 = very significant

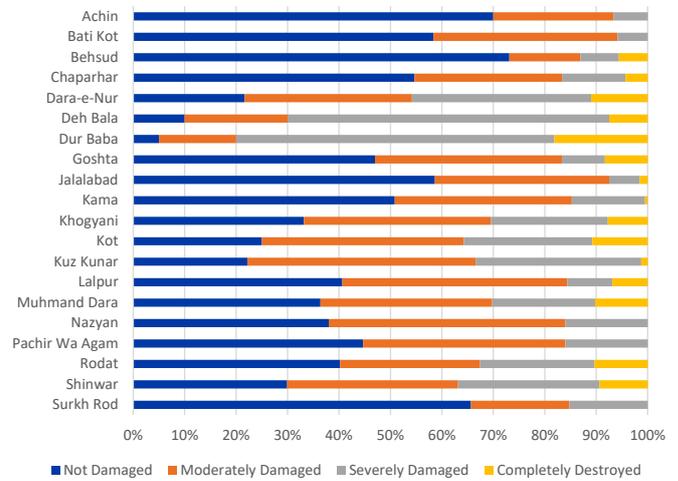


SHELTER

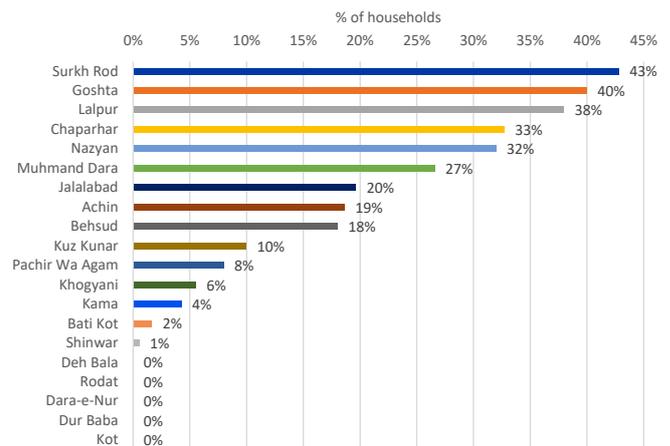
Despite high incidents of conflict, 46% of houses were not damaged, 30% were moderately damaged, 18% were severely damaged and 6% were completely damaged.

After Kabul, Nangarhar reported the highest percentage (14%) of households that were unable to afford rent in the six months prior to assessment. The main barriers to accessing housing were the unavailability of housing options, inability to build temporary tents or accommodation, and high rent costs.

Shelter conditions by % of damage and district | Nangarhar



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



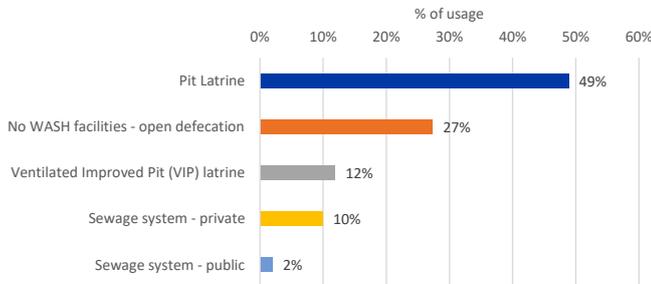
WASH

In Nangarhar 27% of the surveyed population do not have WASH facilities, and as a result, practice open defecation, 49% reported using pit latrines, 12% used ventilated improved pits and 12% have private sewage systems. Additionally, of the surveyed households, only 2% reported a public sewage system. 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

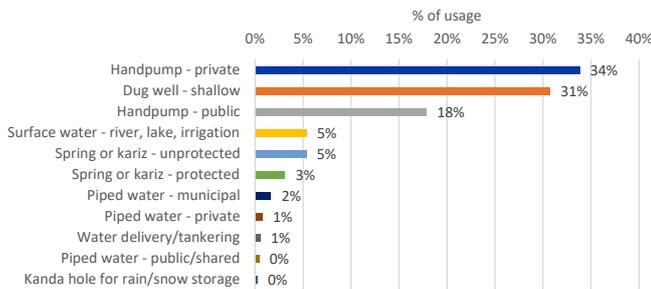
Primary sources of water included private hand-pump (34%), shallow dug wells (31%), public hand-pump (18%), and surface water (5%).

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 | Nangarhar



Drinking Water Sources | by percentage | Nangarhar

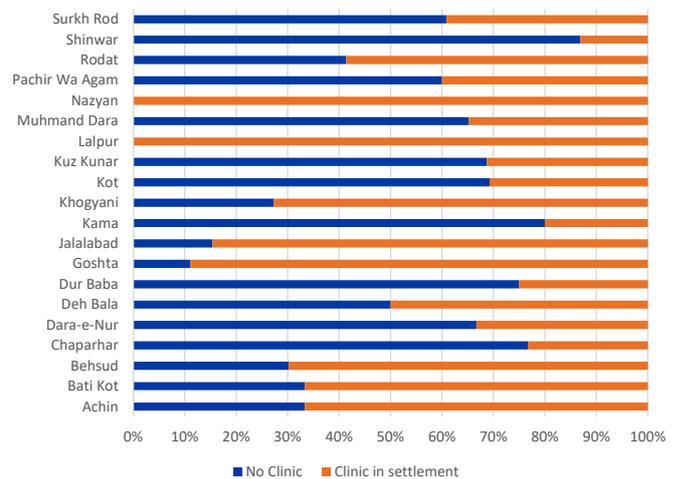


HEALTH

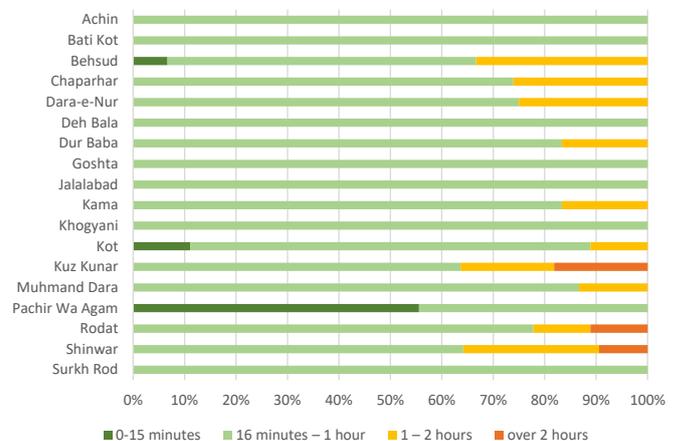
Across 320 assessed settlements, 55% had no clinic located in their settlements. The main health conditions and diseases cited include influenza (106,095 cases), dehydration (38,222 cases) pregnancy complication (24,630 cases), measles (18,316 cases), drug addiction (14,392 cases), and respiratory infection (13,214). It was reported that 9% of the total population were affected by illnesses and medical conditions.

In terms of prenatal and female health, Nangarhar reported the highest number of pregnancy complications (24,630 cases) highlighting the severe lack of female healthcare. Similarly, Nangarhar also reported the highest number of tuberculosis (TB) cases. Of the 5,638 cases of TB, 31% of cases were untreated. For 70% of the surveyed settlements, the quality of healthcare facilities was perceived to be inadequate or poor.

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



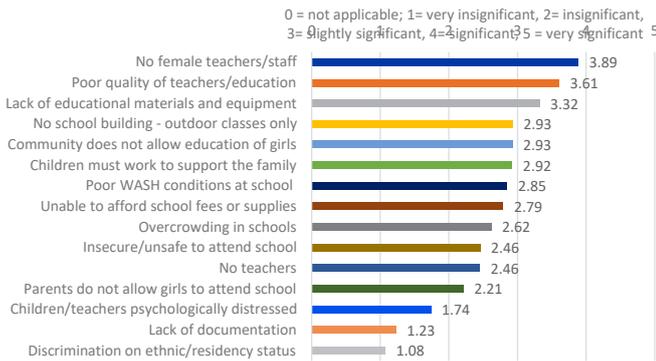
Access to Health Services | % of settlements without clinics by walking distance to nearest clinic | Nangarhar



EDUCATION

The main barrier to education was the lack of female staff and poor quality of teachers, followed by lack of school infrastructure, high fees, overcrowding and lack of sanitation. Cultural norms and familial restrictions on female education were more important than economic barriers to accessing education.

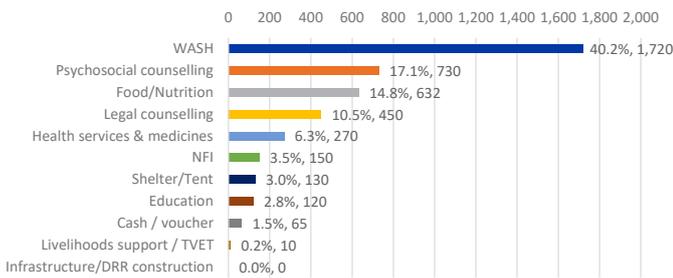
Barriers to Education | ranked by significance | Nangarhar



ASSISTANCE

Of the seven assessed pilot provinces, Nangarhar received 27% of the overall assistance. Of the assistance delivered in Nangarhar, 40.2% was received for WASH, 17.1% was received for psychosocial counselling, 14.8% was received in food and nutrition, and 10.5% was received for education. Despite high unemployment rates and prevalence of many diseases, only 0.2% assistance was received for livelihoods support and 6.3% assistance for health was received.

Assistance received by number of beneficiary families | Nangarhar



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

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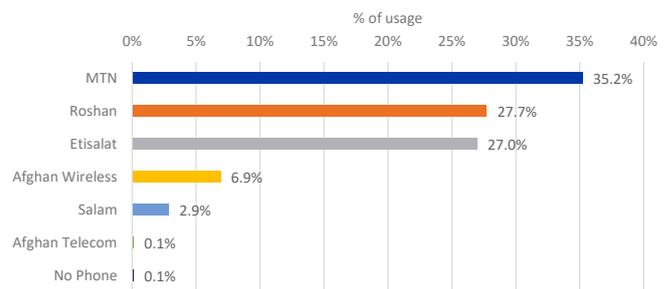


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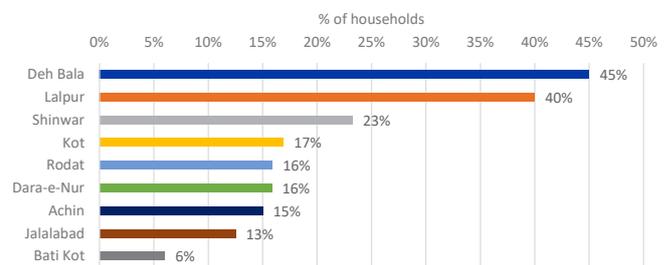
UTILITIES

Nangarhar reported the highest electricity shortages in comparison to the other six pilot provinces. On average, for 16 days per month and for an average of 12 hours per day, the surveyed households faced electricity shortages. Furthermore, 88.5% were denied access to public electricity. In terms of mobile phone connectivity, 18% of households received no signal. On average, for 6 days per month there is no mobile service or signal. MTN, Roshan and Etisalat 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 | Nangarhar



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



Electricity sources by percentage of household usage | Nangarhar

