

COMMUNITY-BASED NEEDS ASSESSMENT

SUMMARY RESULTS **PILOT • KUNDUZ MAY-JUN 2018**



Health facilities and schools are often used by combatants as operational bases in conflictaffected areas and subsequently destroyed during battle, like this bullet-riddled, charred facility in Khan Abad district in Kunduz. © 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 intersectoral 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	Districts Assessed	Assessed	Settlements Assessed under CBNA	% BMA Settlements Assessed
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

- **7** districts assessed **99** settlements with largest IDP and return populations assessed
- key informants interviewed

1.121



632,938 individuals reside in the assessed settlements

95.154



IDPs currently in host communities

- 64,644 residents fled as IDPs
- 624,410 residents (14%) are former IDPs who returned home



residents fled abroad as out-migrants





returnees and IDPs (2.4%) live in tents or the open air

0% (199 settlements)

of assessed settlements have received assistance in the 3 months prior to assessment



0

78.839

assessed settlements rated the quality of healthcare facilities as inadequate or poor



of the shelter in Kunduz was completed destroyed

36%

of surveyed households were unable to meet their 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 jointanalysis 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:

1. Returnees from Abroad

Afghans who had fled abroad for at least 6 months and have now returned to Afghanistan

2. Out-Migrants

Afghans who moved or fled abroad

Internally Displaced Persons (IDPs), subdivided into the following three categories:

3. Fled IDPs

Afghans from an assessed village who fled as IDPs to reside elsewhere in Afghanistan

4. Arrival IDPs

IDPs from other locations currently residing in an assessed village

5. Returned IDPs

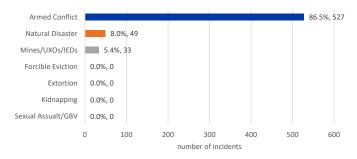
Afghans from an assessed village who had fled as IDPs in the past and have now returned home

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.

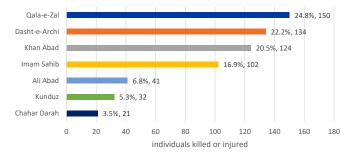


The most common safety and security threat was armed conflict (527 incidents), natural disasters (49) and mines/UXOs/ IEDs explosions (33 incidents), reported in the three months prior to assessment. The armed conflict affected 15% of the population, which was highest amongst the provinces surveyed. Comparatively, Kunduz has the second highest number (604) of injuries and fatalities reported in the three months prior to assessment.

Safety & security incidents in the last 3 months | Kunduz



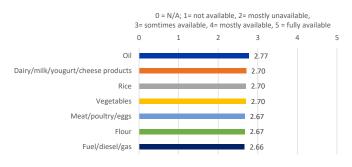
Fatalities & injuries due to conflict in last 3 months | Kunduz





Food items, such as vegetables, dairy/milk/cheese, flour, 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 Kunduz.

Availability of commodities | Kunduz





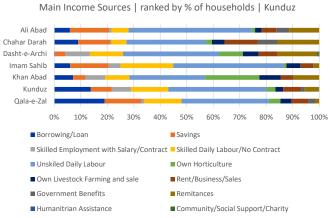
FINANCES & ASSETS \$

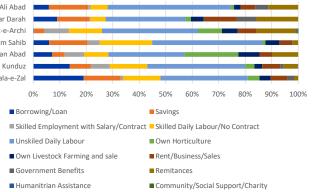
Of the surveyed population, 30.3% relied on unskilled daily labour as a main source of income, 20.8% relied on loans, 10% engaged in crop farming and 8.9% were in skilled employment. Qala-e-Zal district reported the highest (19%) reliance on loans, while Dasht-e-Archi reported no reliance on loans. Imam Sahib had the highest proportion of skilled employment (9%) and skilled daily labour (20%). Chahar Darah had no skilled employment and 6% of skilled daily labour. Agriculture was prevalent in Khan Abad (21%). Daily unskilled labour was common in Ali Abad (47%) and Imam Sahib (42%). Across the 199 villages assessed, 53% of households reported to have adequate access to farmland and 32% to pastoral land. Comparatively, access to farm land was highest in Kunduz district. The monthly average income reported was AFN 5,585, expenses were AFN 7,864 and debt was AFN 2,357. The monthly expenses exceeded income by 40%. Kunduz is one of two provinces where remittances were higher than loans.

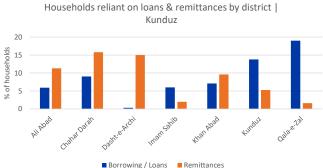


The unemployment rate for men was 45%. Across the seven districts assessed, unemployment ranged between 42% in Qala-e-Zal and 47%.in Imam Sahib. Female participation in employment was very low, as 92% of women were unemployed. The main barriers to employment ranked by importance included insecurity, lack of economic opportunities, lack of vocational training and economic opportunities for women, followed by unstable and seasonal work. Relatedly, there are no vocational trainings available in Kunduz.

The average percentage of employed chidlren (15%) exceeded that of the elderly (11%) and women (8%). Still, comparatively, more children than women were in employment. Dasht-e-Archi and Khan Abad districts had the highest average percentage of the elderly in employment (93%) and Ali Abad reported the highest number of children in employment (22%).

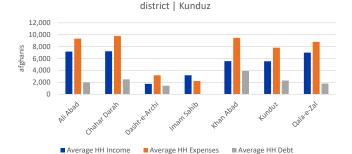




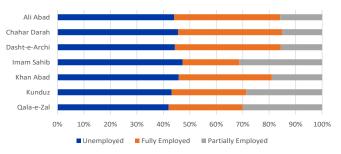


Borrowing / Loans

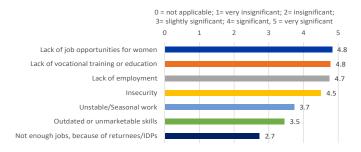
Average monthly household income, expenses & debt by



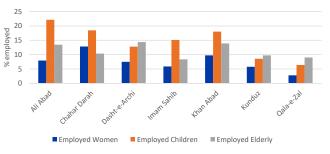
Employment Status | Men (males over 18) | Kunduz



Barriers to Employment | ranked by significance | Kunduz



Employment participation of women, children & the elderly | Kunduz







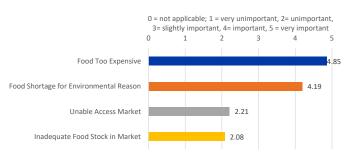
FOOD & NUTRITION

In Kunduz, 36.3% of surveyed households were unable to meet their basic nutritional needs. The main reason that prevented households from meeting their 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.

首 Shelter

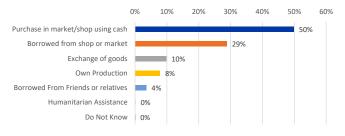
In Kunduz, 57% of houses were not damaged, 17% were moderately damaged, 15% were severely damaged and 12% were completely damaged. It is worth noting that although the proportion of houses that were not damaged was comparatively higher in Kunduz, the proportion of houses that were completely destroyed was the highest here. Chahar Darah had the highest number of completely destroyed houses (26%).

Only 3% of households were unable to afford rent in the six months prior to assessment. The main barriers to accessing housing were the inability to build temporary tents or accommodation, the unavailability of housing options and high costs of rent..

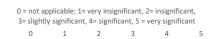


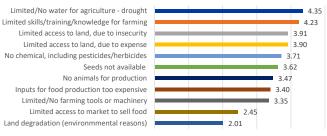
Drivers of Food Insecurity | ranked by importance | Kunduz



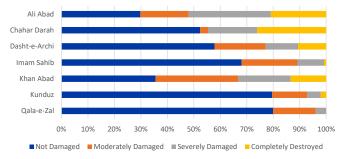


Constraints on local food production | ranked by significance | Kunduz

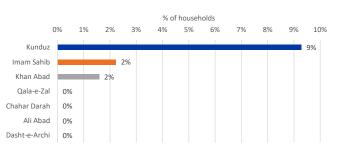








% households unable to afford rent in the last 6 months | Kunduz







In Kunduz, 83% of the surveyed population reported using pit latrines, 9% used ventilated improved pits and 4% had private sewage systems. However, 5% reported no WASH facilities and as a result, practiced open defecation. Additionally, of the surveyed households, there was no 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

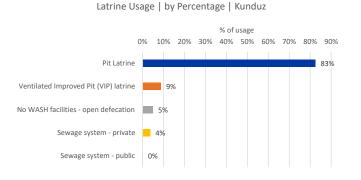
Primary sources of water include shallow dug wells (38%), public hand-pump(32%), surface water (19%), and unprotected karizes (2%).

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.

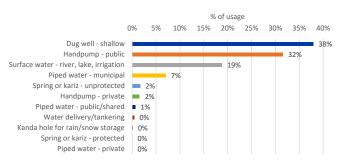


Across 199 assessed settlements, 57% of them had no clinic located in their settlements. The main health conditions and diseases included dehydration (5,378 cases) pregnancy complication (2,829 cases), respiratory infection (2,262 cases) drug addiction (1,453 cases) and tuberculosis. No cases of influenza were reported. It was reported that 3.2% of the total population were affected by illnesses and medical conditions.

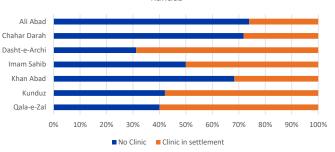
In terms of prenatal and female health, pregnancy complications was the second most reported health condition highlighting the severe lack of female healthcare in Kunduz. Of the 1,406 cases of tuberculosis, 12.5% of cases were untreated. For 74% of the surveyed settlements, the quality of healthcare facilities were perceived to be inadequate or poor.



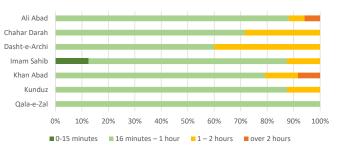
Drinking Water Sources | by percentage | Kunduz



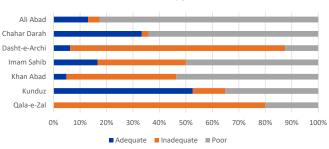
Access to Health Services | % of settlements with clinics | Kunduz



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



Quality of Medical Services | by adequacy of medical staff (% of settlements) | Kunduz

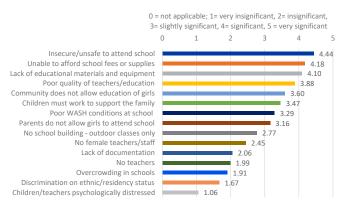




\square EDUCATION

The main barrier to education included cultural norms against female education, poor quality of teachers, high school fees and lack of educational equipment. In Kunduz, cultural norms and familial restrictions on female education alongside economic barriers were equally significant barriers to accessing education.

Barriers to Education | ranked by significance | Kunduz

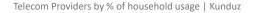


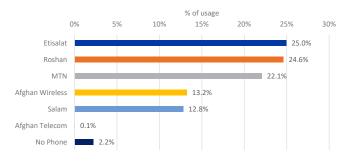
ASSISTANCE

Of the seven assessed provinces, Kunduz received no assistance in the three months prior to assessment.

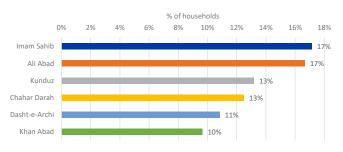
UTILITIES

Kunduz reported relatively lower levels of electricity shortages in comparison to the other six provinces. On average, for 6 days per month and for an average of 7 hours, the surveyed households faced power shortages. Furthermore, 50.9% were denied access to public electricity. In terms of mobile phone connectivity, only 12% of households received no signal. However, the quality of the service was poor and for 15 days per month, on average, there is no mobile service or signal. MTN, Etisalat, Roshan and Afghan Wireless 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.

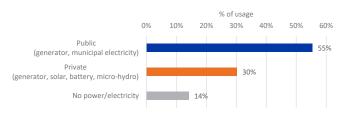




Telecom Services | % of households with no signal/service by province | Kunduz



Electricity sources by percentage of household usage | Kunduz



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