The Welfare Association for the Development of Afghanistan

(WADAN)

Multi-Sector Need Assessment Report

8 September 2022

Acknowledgment

This Multi-Sector Need Assessment was undertaken by the Welfare Association for the Development of Afghanistan (WADAN). The assessment tool was designed and developed by WADAN and the process began on 05/17/2022. A team of 100 data collectors carried out the preparations and fieldwork in five provinces and districts as planned. The data collection process concluded on 07/22/2022 and the final report was drafted based on the data collected from the field.

Executive Summary

Afghanistan has been plagued by consistent warfare for four successive decades, and the crisis dynamics in the country are multi-layered. All walks of life are extremely affected by the ongoing conflict. Increasing poverty, economic decline, and natural disasters have inflicted misery on the country. The situation further deteriorated post August 15, 2021. Access to basic services is limited, the health system is ineffective, unemployment is rising and Afghans who can are leaving their country.

To determine the magnitude of this looming catastrophe and to provide a suitable response, this survey is conducted.

WADAN covered five districts of a province in each region of Afghanistan. The need assessment categories were education, health, livelihood/employment, peace/security, access to justice, shelter, situational analysis, quality of life, WASH, communication, corruption, and operational organizations. The data was collected using two data collection tools; conducting surveys in the target provinces and focus group discussions.

Summary of the key findings:

Survey findings indicate there is a demand for education, health care, and livelihoods are the top priorities of the target communities and every province is placed above the mean. The other three categories peace, shelter, and access to justice fall below the mean and these findings are consistent in all five provinces. Of the total respondents, 77% reported that there is a need for the Education in Emergencies program in their localities. The findings further show that the predominant reasons for out-of-school school-age children were: distance from school, child labor, the costs involved in going to school, and the lack of female teachers.

In addition to this, access to basic health services has become more difficult. Around 72% of the people have health issues and 70% do not have access to a functional health facility. These findings are almost the same in each province surveyed. The most commonly mentioned barrier to health care was the unaffordable cost of medicine. The second economical barrier is the cost of transportation. Most health facilities do not have nurses or midwives. The majority of women cannot access clinics even though the clinics only provide very basic medical services. Furthermore, around 12% of those surveyed have delayed medical care because they do not have the financial resources to afford it. Regarding WASH concerns, we found that toilet facilities are a great need in the target communities, there is 60.6% open defecation and only 17.3% have access to hand washing facilities.

The findings relevant to shelter show that 93% of the houses are made of mud and the normal family size of the surveyed populations on average was 11 members. The findings also show that 46% of the population surveyed have sold their assets to buy the food necessary to meet their daily needs. Due to the growing economic crisis, purchasing power has diminished and around 34% now purchase lower quality and less

expensive food than previously. Around 93% of the respondents have accrued debt through securing food and health care.

A drastic increase in unemployment is the biggest development followed by forced labor.

The results of the survey findings show improved access to telecommunication, around 92% of the people have access to mobile phones and 23% have access to the Internet.

The corruption that was a major challenge in the previous government has been decreased to an extent.

- To address the above-mentioned issues, WADAN has these recommendations: Community-based education including the Education in Emergencies program initiatives should be introduced.
- Provision of medical supplies and psychosocial counseling interventions are recommended in the health sector.
- Improve the livelihood situation, entrepreneurship programs could be introduced and small businesses financed.
- The target communities should be supported with lifesaving initiatives such as food, clean water, and cash-based interventions.

Introduction

Afghanistan is going through a severe humanitarian crisis, the country is plagued by war for the last 4 decades, the political turmoil along with the ongoing natural disasters such as drought, floods, COVID-19, and the rapid unemployment, reduction in income, increase in debt and disrupted agricultural system pushed the country in an uncertain state. All sectors of the population are acutely affected. This Multi-Sectoral Need Assessment gives us concrete evidence on the ground regarding the humanitarian situation. The assessment includes these sectors; education, health, livelihood, shelter, WASH, community safety, communications, operating organizations, security, and corruption. The overall aim of this report is to provide relevant information to humanitarian actors and stakeholders to design their strategies and provide an on-time response.

The executive summary of the report enlists a summary of the findings and proposed recommendations. The methodology section explains how WADAN conducted the survey and Focus Group Discussions as well as the tools to collect and analyze the data. This section also describes the demographics of the target provinces. The findings section of the report gives us both qualitative and quantitative information, this is followed by a conclusion where the most conspicuous findings are enumerated and summarized. The last part of the report is recommendations where proper recommendations are given out based on the findings.

Methodology

The data is collected via two data collection tools, a questionnaire, and Focus Group Discussions. WADAN has conducted this survey and attained first-hand primary data

from the field. The data is then analyzed both quantitatively and qualitatively. The FGDs data is collected via the recording of each session and then coded properly and reported. The qualitative data are presented in the text boxes in quoted form throughout the report. The data is collected in five provinces i.e. Paktia, Kandahar, Nangarhar, Herat, and Balkh. In each province, five districts were selected. The data collection took place through the KOBO system. Following comprehensive training on the objectives of the assessment and tools, a total of 100 surveyors and 50 Maliks were deployed to collect the data. Maliks were deployed to assist the process and provide support to the data collectors as influential figures in the Afghan community. We had 25 districts and in every district, there were two teams of three persons, two data collectors, and one Malik. Per district staff allocation was 6 and total districts were 25. The total deployed personnel was 6*25=150 where 100 of them were data collectors and 50 Maliks. Out of the 100 data collectors, 22 were female. The collected data is analyzed and the findings in this report are based on that analysis. The survey is carried out in the below districts. 400 families were targeted in each province and a total of 2,000 interviews were conducted across the five provinces. The survey is conducted with people of different ages and gender consideration is also maintained. The data is collected from only one member of the household who represented her/his entire household. The participants of the survey are selected based on random sampling from all the 25 participating districts across the 5 zones of Afghanistan. The 400 sample size from each zone represents that region. The margin of error for this sample is estimated at ± 2.19 where n=2000. The data which is collected in the Focus Group Discussions are coded and presented in the findings of this report.

Table 1 ***Districts where the survey is conducted***

Province	**Districts**				
Paktia	Ahmad Aba	Sayed Karam	Wuze Zadran	Samkani	Zazi Aryub
Kandahar	Zheri	Arghandab	Dand	Panjwayee	Spin Boldak
Nangarhar	Momand Dara	Khewa	Surkhroad	Pachir Agam	Khogiani
Herat	Cheshti-e-Sharif	Pashtoon Zarghoon	Injil	Farsi	Obey
Balkh	Charbolak	Chimtal	Sholgara	Dehdadi	Balkh

Demography

A total of 2,000 households were interviewed during the survey in 5 provinces where both males and females were interviewed. Out of the 2000 household heads, 183 were females.

Demographics of Quantitative Data Collection

Table 2 ***Household Statistics 1***

Province	**Household Head (Male)**	**Household Head (Female)**	**Avg Family Members**	**Total Household Members**
Paktia	385	15	16.68	6,674

Kandahar	398	2	15.23	6,092
Nangarhar	361	39	10.15	4,063
Herat	346	54	8.29	3,316
Balkh	327	73	7.42	2,968
Total	**1,817**	**183**		**23,113**

Table 3 *Household Statistics 2*

Province	Number of newborns/Infants and girls (0-5 yrs)	Number of newborns/Infants and boys (0-5 yrs)	Number of girls (6-12 yrs)	Number of boys (6-12 yrs)	Number of girls (13-17 yrs)
Paktia	918	857	682	776	378
Kandahar	718	773	650	786	454
Nangarhar	467	411	474	483	342
Herat	347	330	361	377	239
Balkh	282	262	367	331	256
Total	**2,732**	**2,633**	**2,534**	**2,753**	**1,669**

Table 4 *Household Statistics 3*

Province	Number of boys (13-17 yrs)	Number of female adults [18-59]	Number of female adults [18-59]	Number of elderly females [60+]	Number of elderly males [60+]
Paktia	496	1181	1226	69	91
Kandahar	554	979	984	83	111
Nangarhar	335	746	702	44	59
Herat	230	670	572	76	114
Balkh	221	617	533	39	60
Total	**1,836**	**4,193**	**4,017**	**311**	**435**

Demographics of Focus Group Discussions

Overall 250 participants participated in the Focus Group discussions. They were selected from a range of fields such as Maliks, teachers, doctors, health workers, social activists, and local Youth Shura members. The topics discussed in these FGDs were education, livelihood, living conditions health, peace, corruption, Shuras, and communication.

Table 5 *Focus Group Discussion Participants*

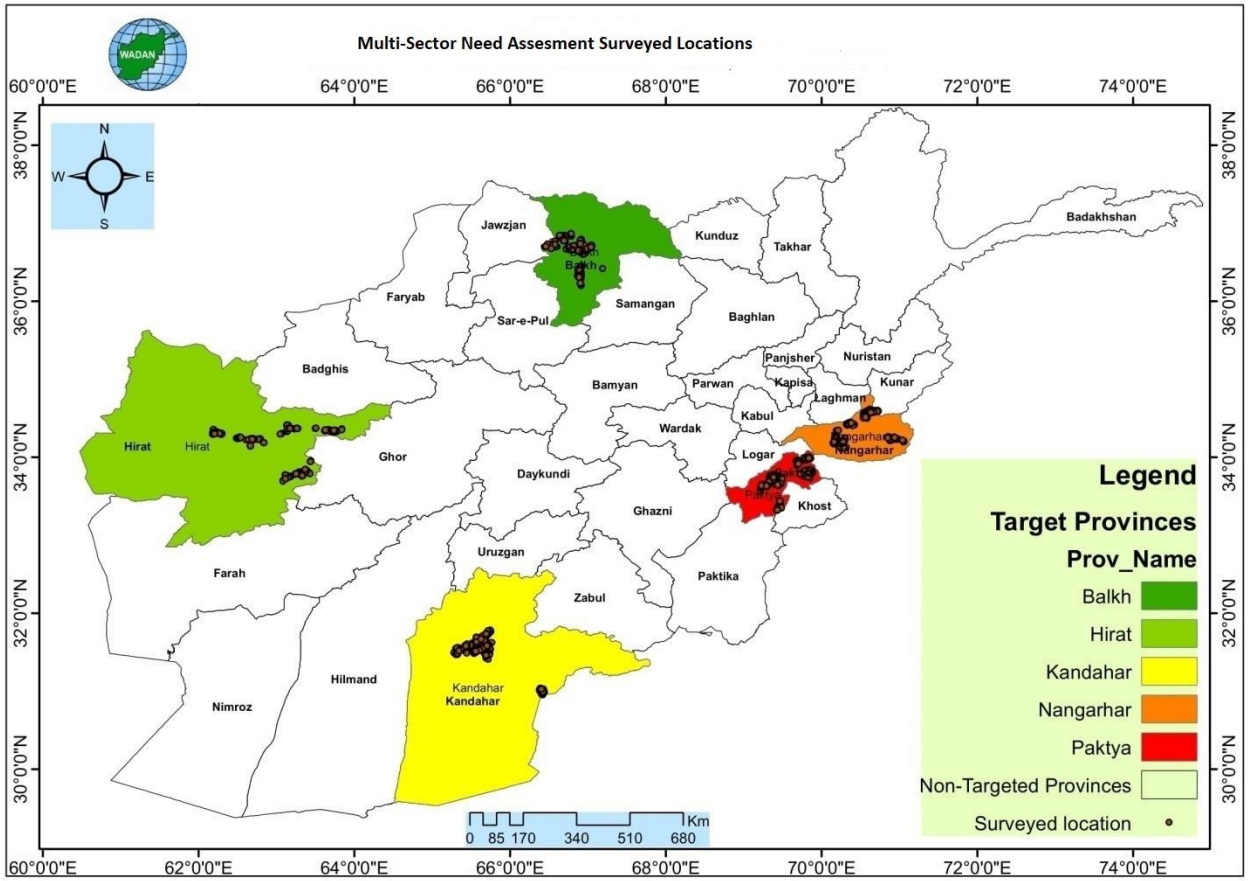
Province	Male	Female
Paktia	48	2
Kandahar	39	11
Nangarhar	37	13
Herat	36	14

Balkh	28	22
Total	**188**	**62**

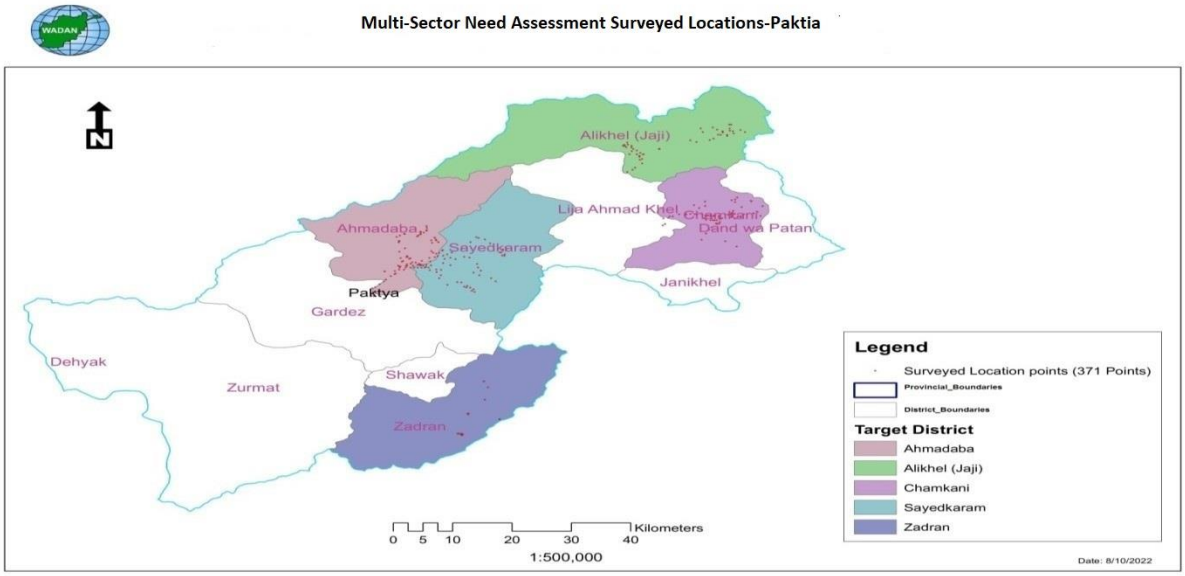
Sampling Localities

The data is collected from 5 provinces (25 districts) across the country.

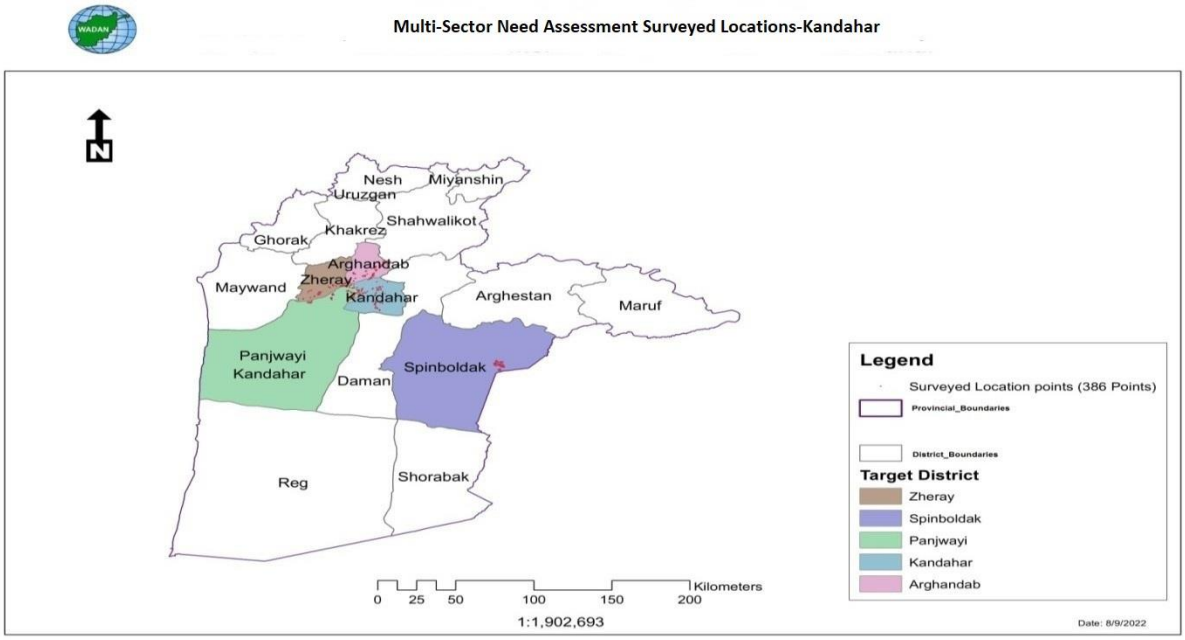
Map 1



Map 2


Multi-Sector Need Assessment Surveyed Locations-Paktia
Alikhel (Jaji)
Lija Ahmad Khel
Chamkani
Dand wa Patan
Ahmadaba
Sayedkaram
Janikhel
Paktya
Gardez
Dehyak
Zurmat
Shawak
Zadran
Legend
Surveyed Location points (371 Points)
Provincial_Boundaries
District_Boundaries
Target District
Ahmadaba
Alikhel (Jaji)
Chamkani
Sayedkaram
Zadran
0 5 10 20 30 40
Kilometers
1:500,000
Date: 8/10/2022

Map 3


Multi-Sector Need Assessment Surveyed Locations-Kandahar
Nesh
Miyanshin
Uruzgan
Shahwalikot
Khakrez
Ghorak
Arghandab
Zheray
Maywand
Kandahar
Arghestan
Maruf
Panjwayi
Kandahar
Daman
Spinboldak
Reg
Shorabak
Legend
Surveyed Location points (386 Points)
Provincial_Boundaries
District_Boundaries
Target District
Zheray
Spinboldak
Panjwayi
Kandahar
Arghandab
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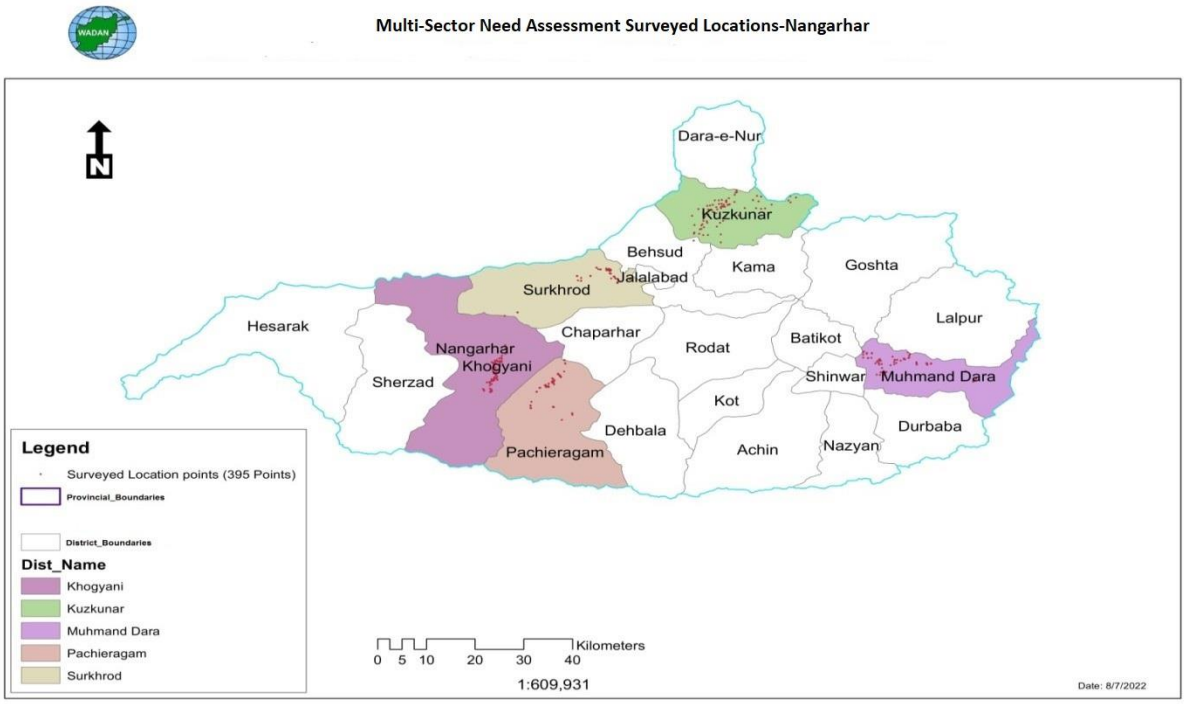
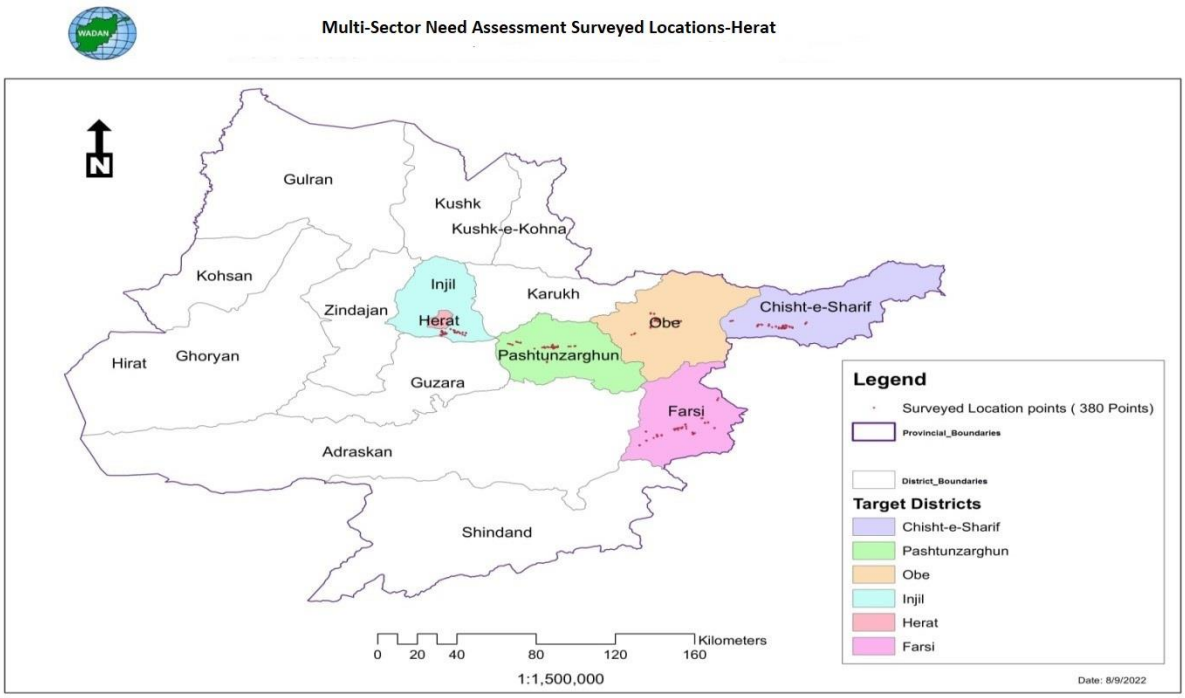
Kilometers
1:1,902,693
Date: 8/9/2022

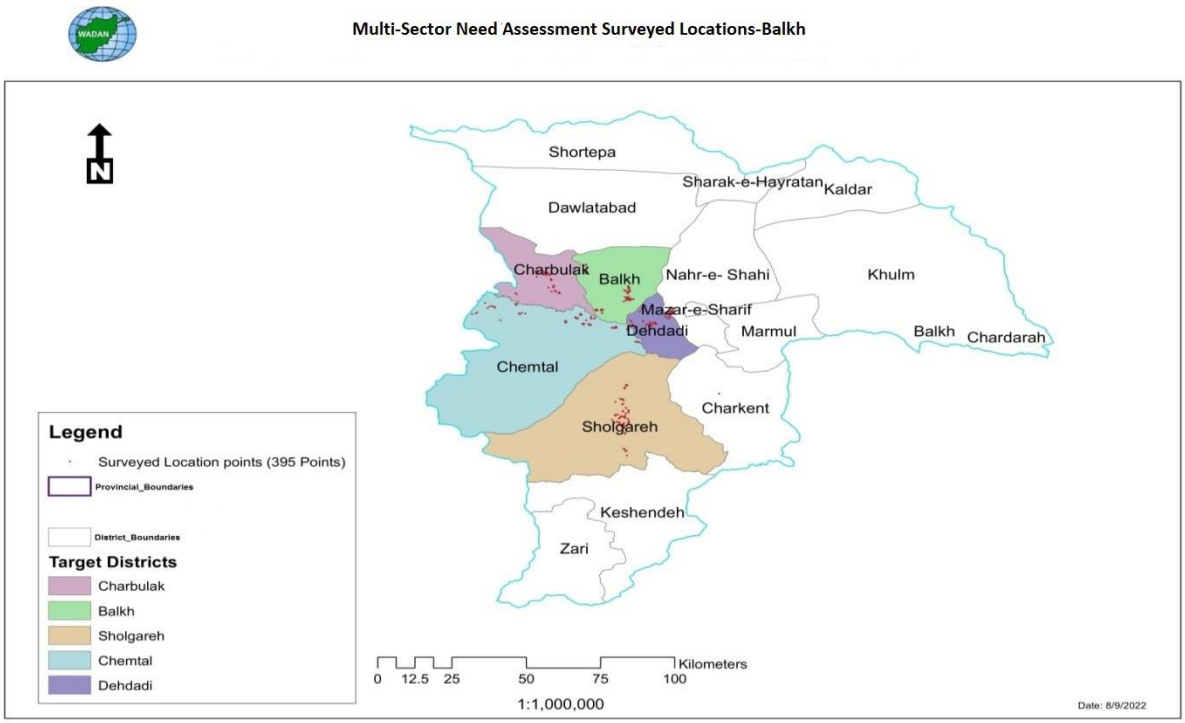
Map 4


Multi-Sector Need Assessment Surveyed Locations-Nangarhar
Dara-e-Nur
Kuzkunar
Behsud
Jalalabad
Kama
Goshta
Surkhrod
Lalpur
Hesarak
Chaparhar
Batikot
Nangarhar
Khogyani
Rodat
Sherzad
Shinwar
Muhmand Dara
Kot
Durbaba
Dehbala
Pachieragam
Achin
Nazyan
Legend
Surveyed Location points (395 Points)
Provincial_Boundaries
District_Boundaries
Dist_Name
Khogyani
Kuzkunar
Muhmand Dara
Pachieragam
Surkhrod
0 5 10 20 30 40
Kilometers
1:609,931
Date: 8/7/2022

Map 5


Multi-Sector Need Assessment Surveyed Locations-Herat
Gulran
Kushk
Kushk-e-Kohna
Kohsan
Injil
Karukh
Zindajan
Herat
Obe
Chisht-e-Sharif
Hirat
Ghoryan
Pashtunzarghun
Guzara
Farsi
Adraskan
Shindand
Legend
Surveyed Location points (380 Points)
Provincial_Boundaries
District_Boundaries
Target Districts
Chisht-e-Sharif
Pashtunzarghun
Obe
Injil
Herat
Farsi
0 20 40 80 120 160
Kilometers
1:1,500,000
Date: 8/9/2022

Map 6



Findings

All the below findings are derived from the primary set of data that our teams collected from the field. No secondary sources are utilized.

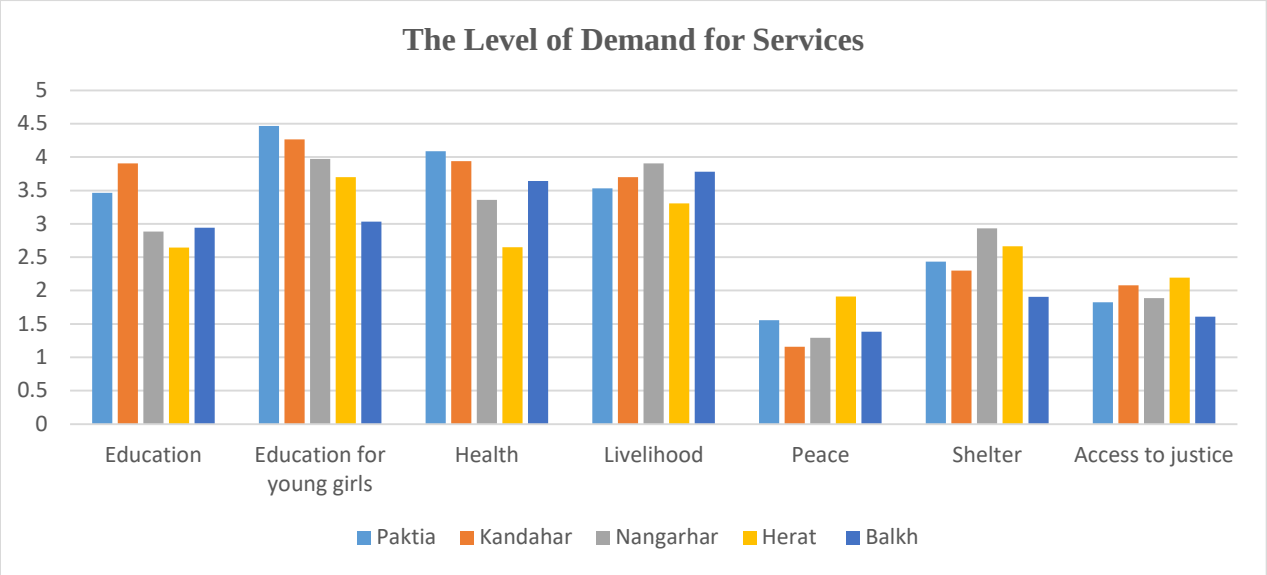
Intersection Information

On the whole, education, health, and livelihood are the top priorities of the target communities and every province is placed above the mean. The other three categories peace, shelter, and access to justice almost fall below the mean and this is consistent in all five provinces. The demand is high for education in Paktia and Kandahar while Nangarhar, Herat, and Balkh have a low demand. The health sector is highly under-developed, under-skilled, understaffed, and very low-supplied. The demand for health is higher in Paktia, Kandahar, Nangarhar, and Balkh but Herat is milder. Livelihood is the sector where all the provinces have a higher unanimous demand. Peace is less demanded as clearly visible. The demand for shelter is high in Nangarhar and Herat but milder in other provinces. Access to justice is similar in all the provinces and it is visible that this category is not a top priority.

The question here was asked: Rate the following considering the need of your community. Rating is from 1 through 5, where 1 is the lowest and 5 is the strongest. The respondents were asked to select multiple options from the following categories:

Education, Education for young women, healthcare, livelihood/employment, peace/security, shelter, and access to justice. The below graph is developed from the average responses based on the ratings of different options.

Figure 1



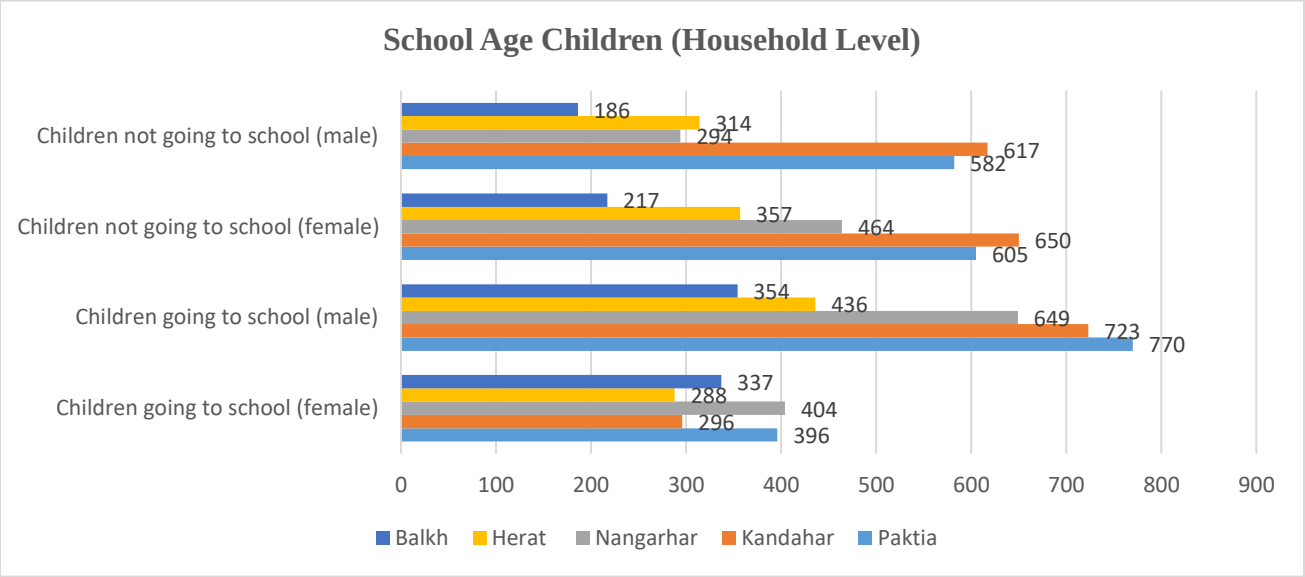
Education

The issue of education in the target communities is one of the most pressing issues, the prime concerns are the distance in all the provinces, professional teachers being unavailable, and the lack of educational materials in the government schools. Both the quantitative data analysis and FGDs results concerning education are aligned.

Children going to school/not going to school

The two provinces where most of the male students don't go to school are Paktia and Kandahar whereas in Nangarhar, Herat, and Balkh the number of male students who don't go to school is comparatively less. The same trend is also seen in female students too. Balkh is the only province where both male and female students who don't go to school are the least. This is because of the non-closure of schools in that province by the de facto authorities. Children who don't go to school and are males are the greatest in Paktia followed by Kandahar and Nangarhar. The same result is seen regarding female students.

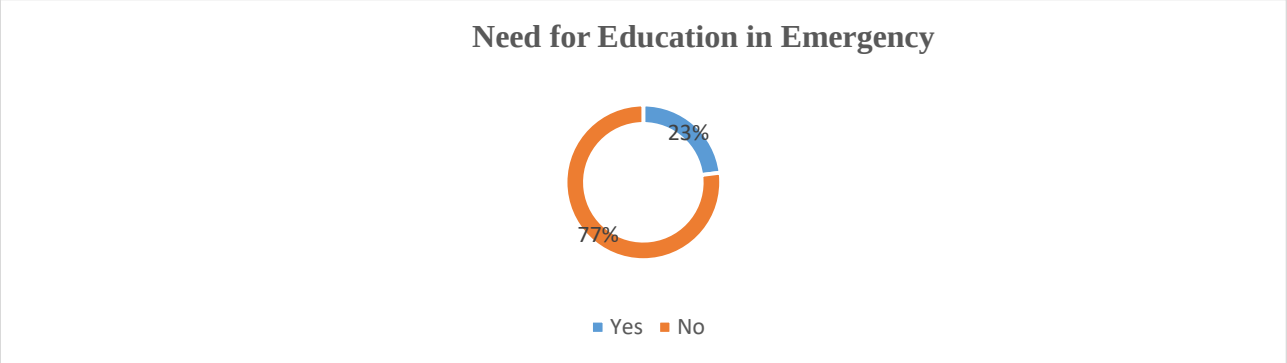
Figure 2



Availability of Education in Emergency

The graph shows that 77% of the respondents told that there is an additional need for EiE classes in their communities. Most of the schools in the rural areas are far away from the homes of students or they don't have formal schools at all.

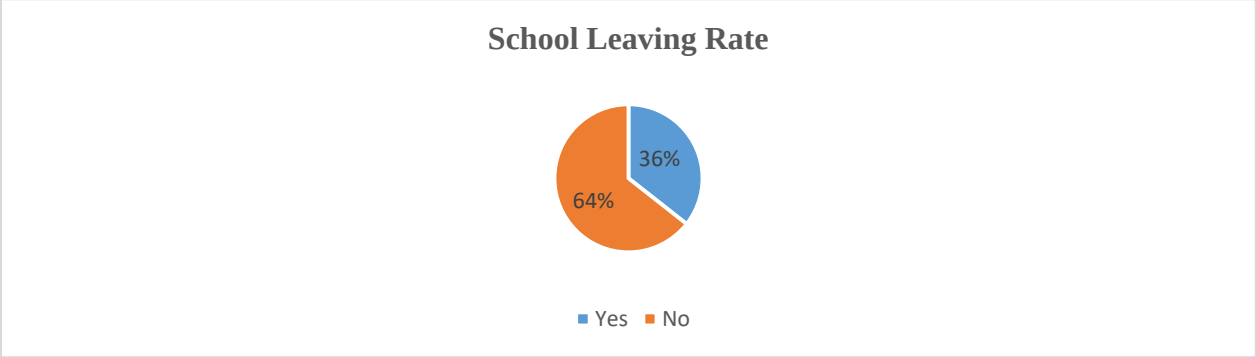
Figure 3



Leaving School Status

It is reported that 36% of the students left school in the last year. The graph below shows the percentage of respondents who reported that their children (both male and female) have stopped going to school.

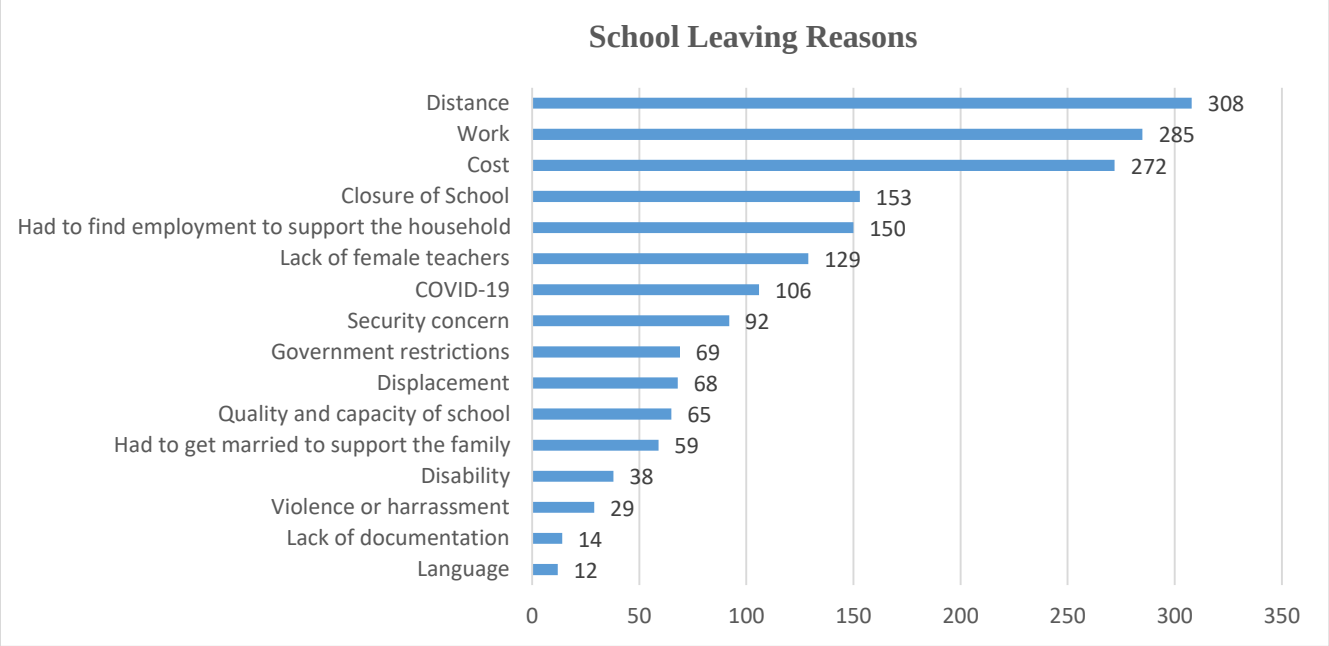
Figure 4



Reasons for Leaving School

Distance, work, cost, and closure of schools are the prime reasons why they don't go to school. In some districts, the de facto authority cannot pay the salary of school teachers and hence the schools are closed. The lack of female teachers is another pressing issue. The graph below shows the number of respondents whose children have left school due to the mentioned reasons.

Figure 5



During the FGDs throughout all five provinces, we witnessed issues such as distance to schools and lack of female teachers. Poverty is another reason why school-age boys leave for labor jobs or engage in agricultural farms to feed their families.

Children are forced in many districts where WADAN surveyed to work and earn for their families; this trend is prevalent across the 25 districts.

"The district of Pachir Agam where there is widespread poverty and unemployment. The school age children are forced to work and earn for their families. Girls education is culturally not allowed, schools are located in very remote areas.

The Kandahar Province was one of the provinces which are severely affected by the war between the previous government and the current authority. People in the Focus Groups Discussions from this province complained mainly about the destruction of schools during the war between the two parties.

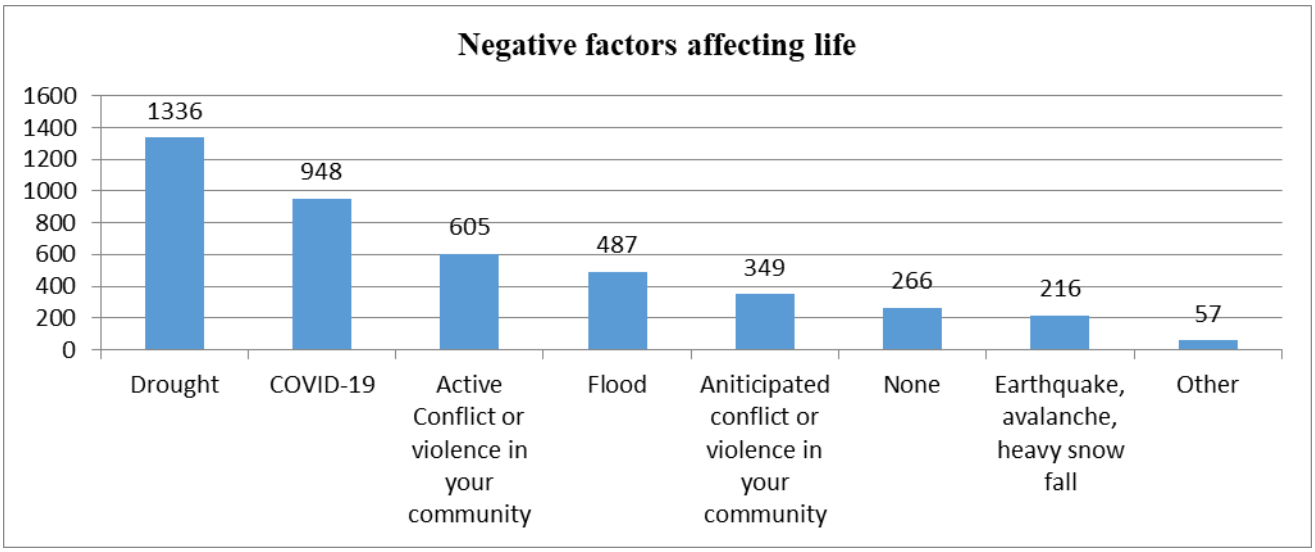
Situational Analysis

The aftershocks of the government change, and natural disasters i.e. floods, earthquakes, and most importantly drought gravely affected the people in the target communities.

Negative Factors Affecting Life

The most negatively affecting factor is drought. The less rain in the previous year and fewer glaciers resulted in a severe subsequent drought. This is conspicuous in all parts of the country. We divided the data into provinces and the same result appeared after the analysis. This pattern is consistent in the rest of the provinces. The second factor is COVID-19 followed by active conflict and floods. During our FGDs we found out that the most pressing issue is the ongoing drought in the provinces where we conducted the survey.

Figure 6



Living Conditions

After the change of government, the looming unemployment and the resulting poverty pushed most Afghans below the poverty line. One of the biggest concerns is food, they just need to survive.

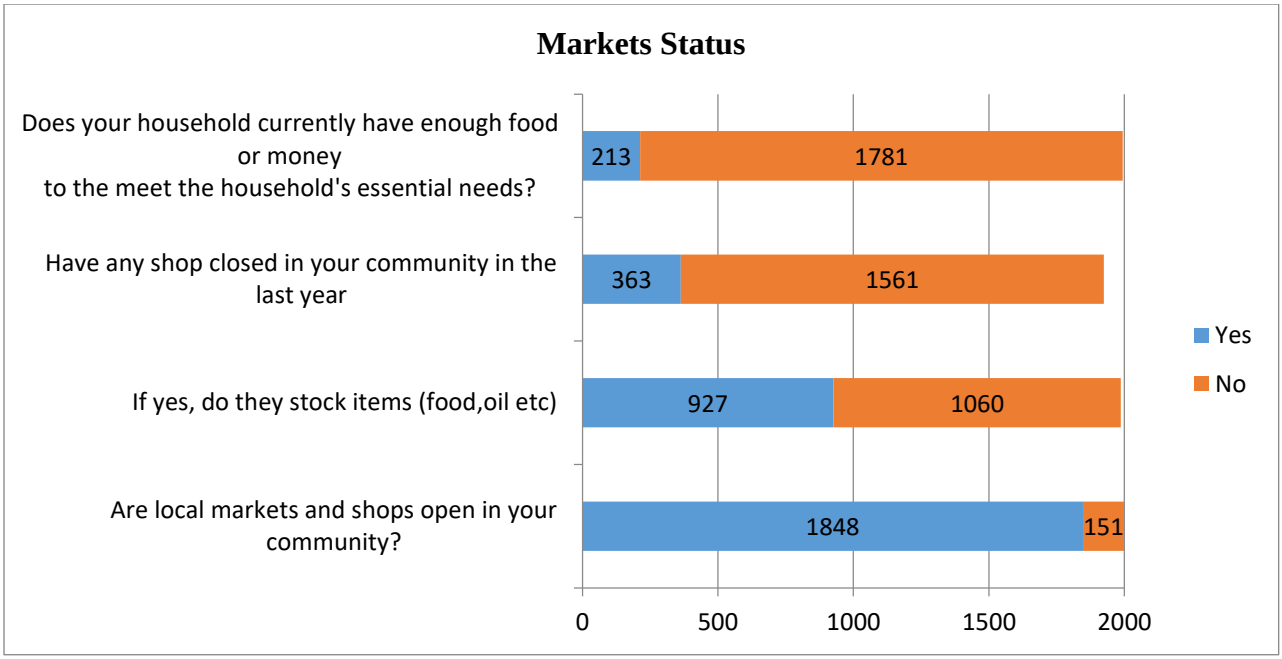
Markets

Only 10.6% of the respondents have enough resources to meet their essential needs. Regarding the market status, only 18.6 percent of the shops are closed since the last year, the rest are open while 46.5 of the shops stock necessary items. Since the fall of

Kabul, many people have lost their jobs. They don't have the purchasing power to acquire basic needs.

The below graph shows a change in the market status from the last year.

Figure 7

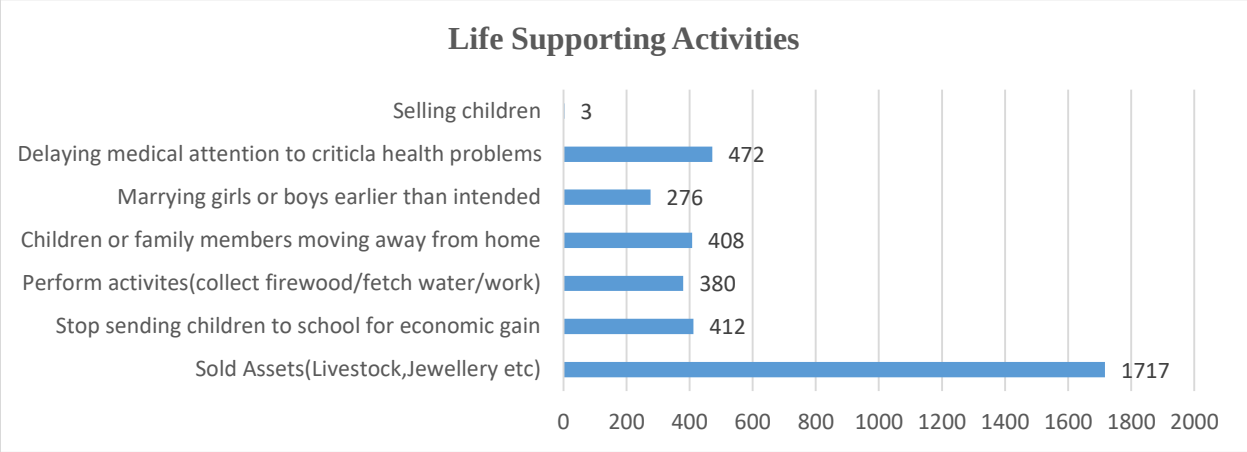


Life Supporting Activities

The collected data shows that 46.8% of the respondents sold their assets to buy necessary items to meet their daily needs. 12.8% of the respondents told that they have delayed their medical care because they don't have the financial means to afford the medical care. The percentage of children[1] who stopped attending school is 11.2. Their families have stopped them to do activities to support the family such as labor while 11% of the children have moved outside the country or migrated to seek work opportunities. 10.3% of the children perform activities such as collecting wood, fetching water, or engaging with armed groups. The data also shows that 7.5% of the children were married earlier than the normal age.

[1] Children: Whose age is 7-15 years.

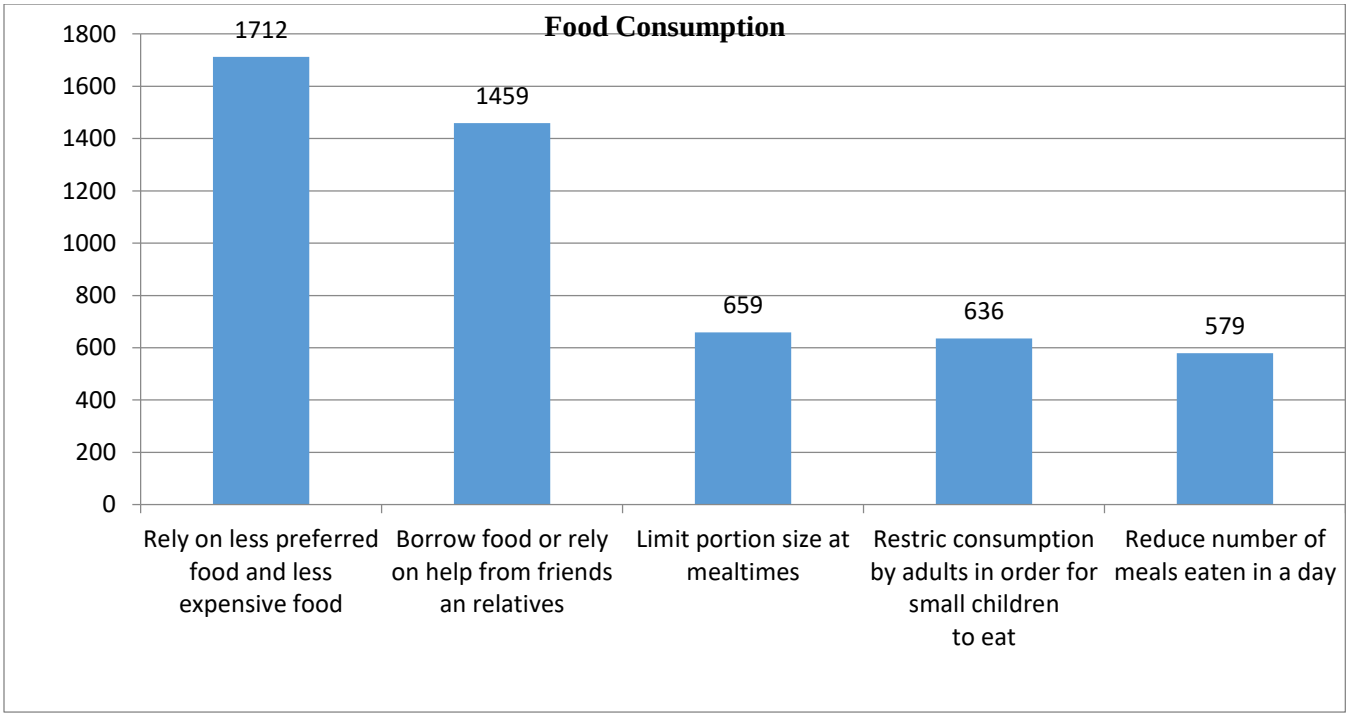
Figure 8



Food Consumption Pattern

The below graph shows that 33.9% of the respondents opted for less preferred food and less expensive food while 28.9 percent of the respondents borrowed from other people, friends, and relatives. 13% of the respondents decreased the quantity of food while 12.6% of the adults restricted the consumption of food so other family members could eat. 11.4 percent of the people[2] reduced the number of meals eaten in a day. This trend is consistent in all five provinces where the survey is conducted.

Figure 9

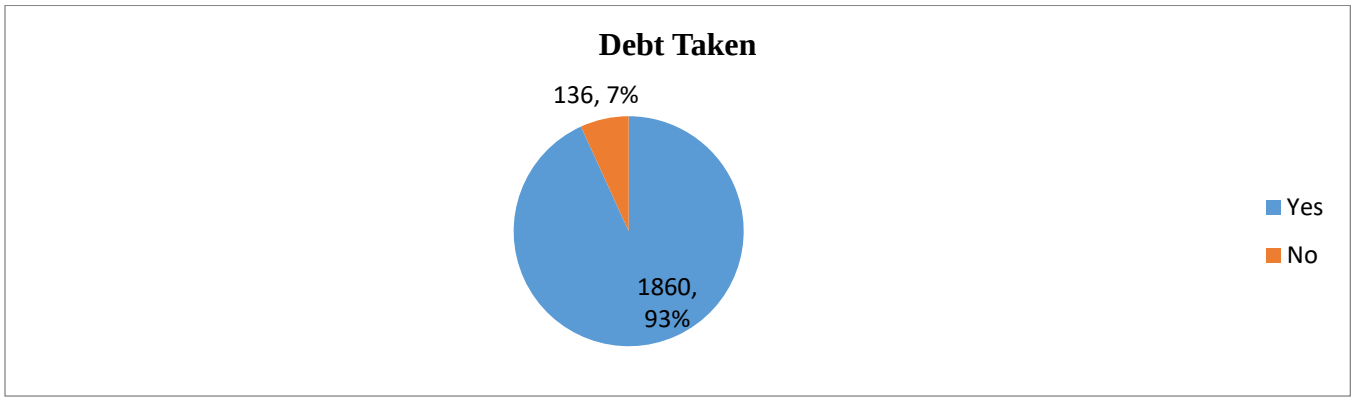


[2] There are multiple graphs in the report where the 2000 respondents were allowed to select multiple options. In such questions the denominator varies based on the selection of more than one option.

Debts

During the last year, 93% of the respondents answered that yes there is an increase in their debt. Only 7 percent of the respondents reported that there is no increment in their debt.

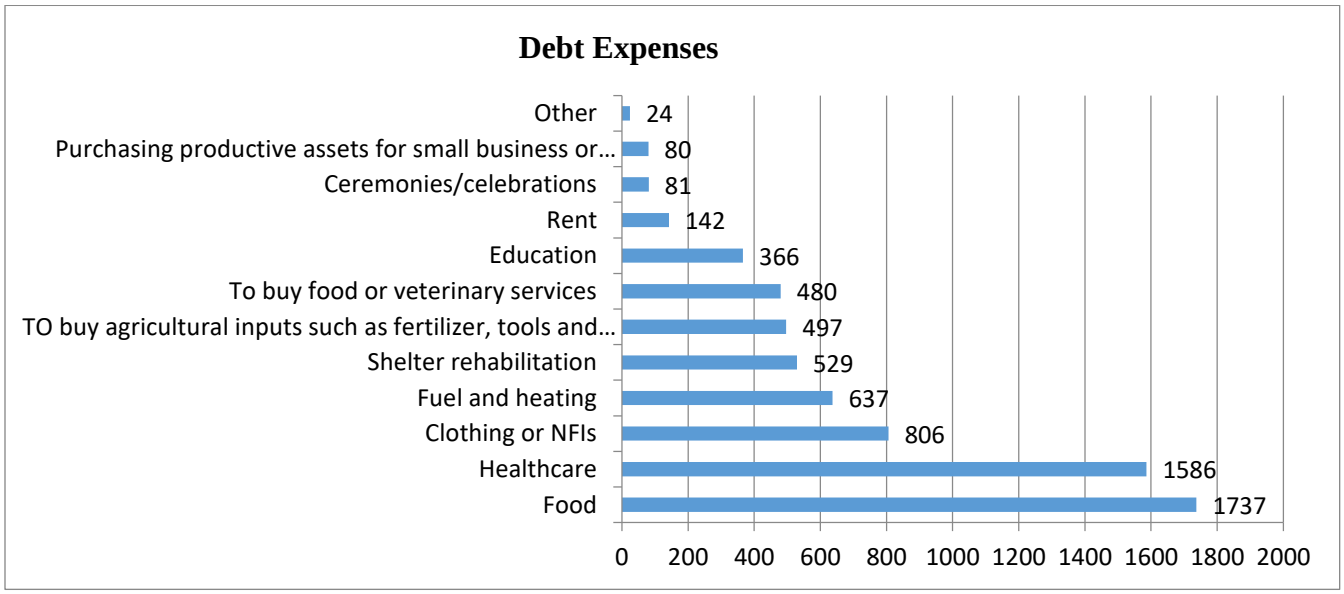
Figure 10



Where the debt is used

The debts which are taken by the respondents are primarily used for buying food and healthcare consecutively. The third item where debt is used is clothing and NFIs (Non-Food Items), this is followed by fuel and heating. Shelter rehabilitation and fertilizer are also the items where the borrowed money is used. Only 5.2% of the debt is used on education.

Figure 11



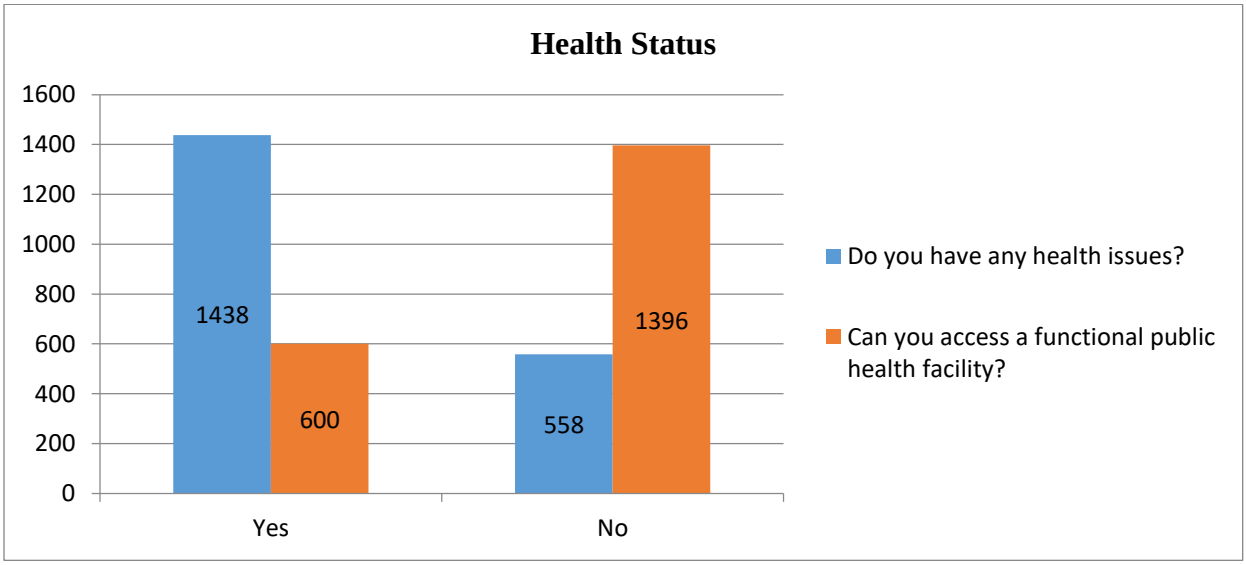
Health

The data shows that health tends to be the second biggest concern after education, distance to clinics, cost of medicine, cost of transport, lack of medicine in public clinics, lack of midwives, and lack of qualified doctors are the prime issues.

Health Status

The below graph shows that 72% of the respondents have health issues however 70% of the respondents cannot access a functional health facility.

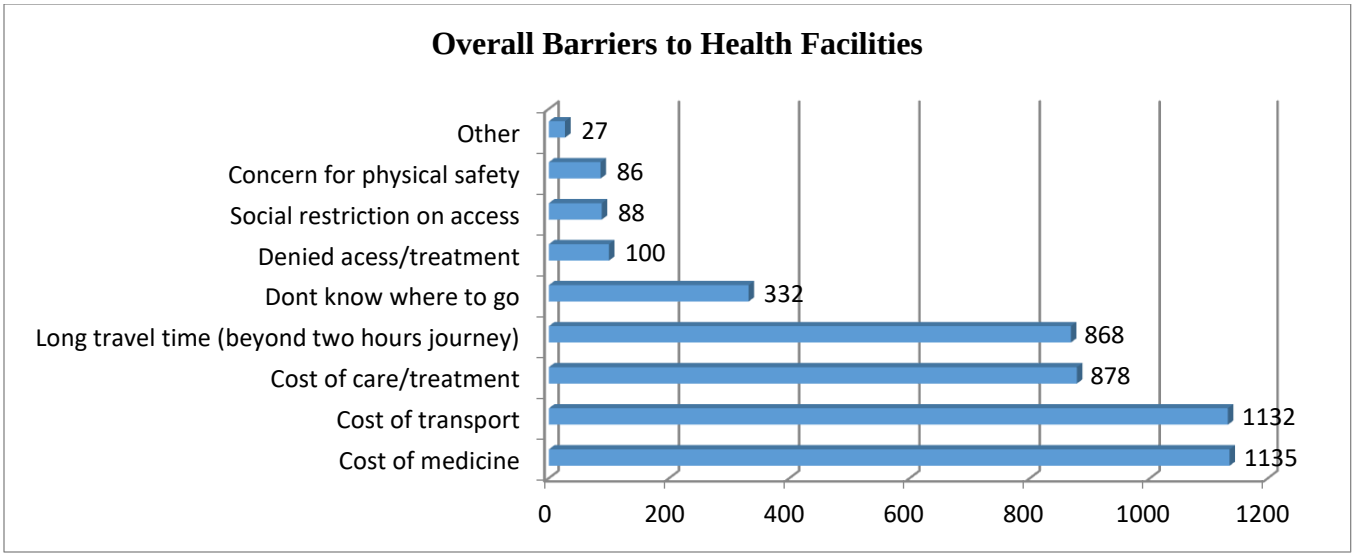
Figure 12



Barriers to Health Facilities

The most common barrier is the cost of medicine where respondents were unable to afford the price. The second barrier is the cost of transport. All three major barriers involve money which the target people cannot afford it. It means that the unavailability of financial resources is the biggest pressing issue when we talk about healthcare. 24.4% of the respondents cannot afford the medicine while 24.3% of them cannot afford the cost of travel to a healthcare facility. In the meantime, 18.8% of the respondents cannot afford the cost of care/treatment. Long travel to health facilities is another huge issue in the rural areas of the country.

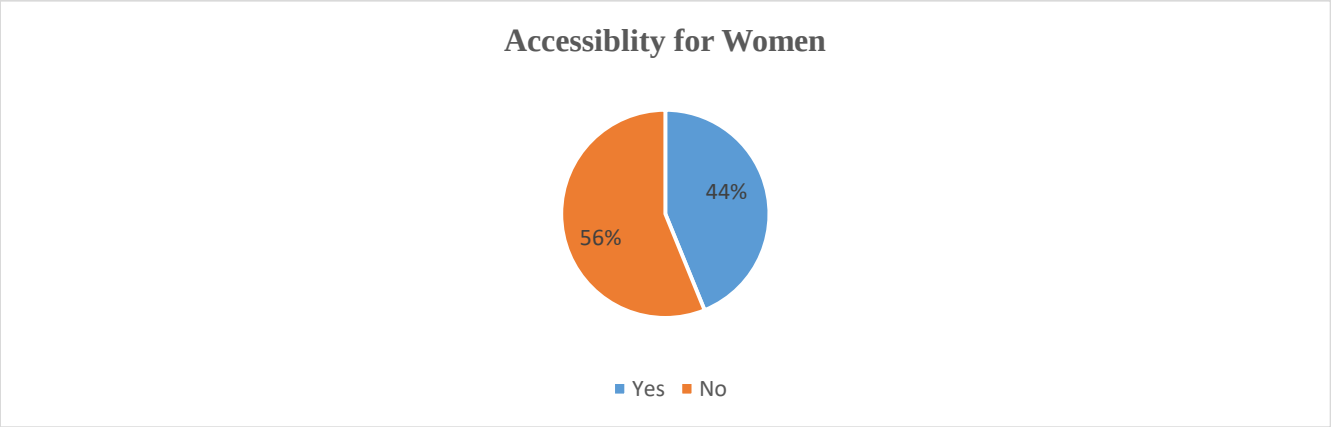
Figure 13



Accessibility for Women to Clinics

Accessibility for women to health services is one of the biggest problems, in most remote areas the number of clinics is very low while there is a huge population in every village. Clinics are available with very limited medical supplies and are understaffed.

Figure 14



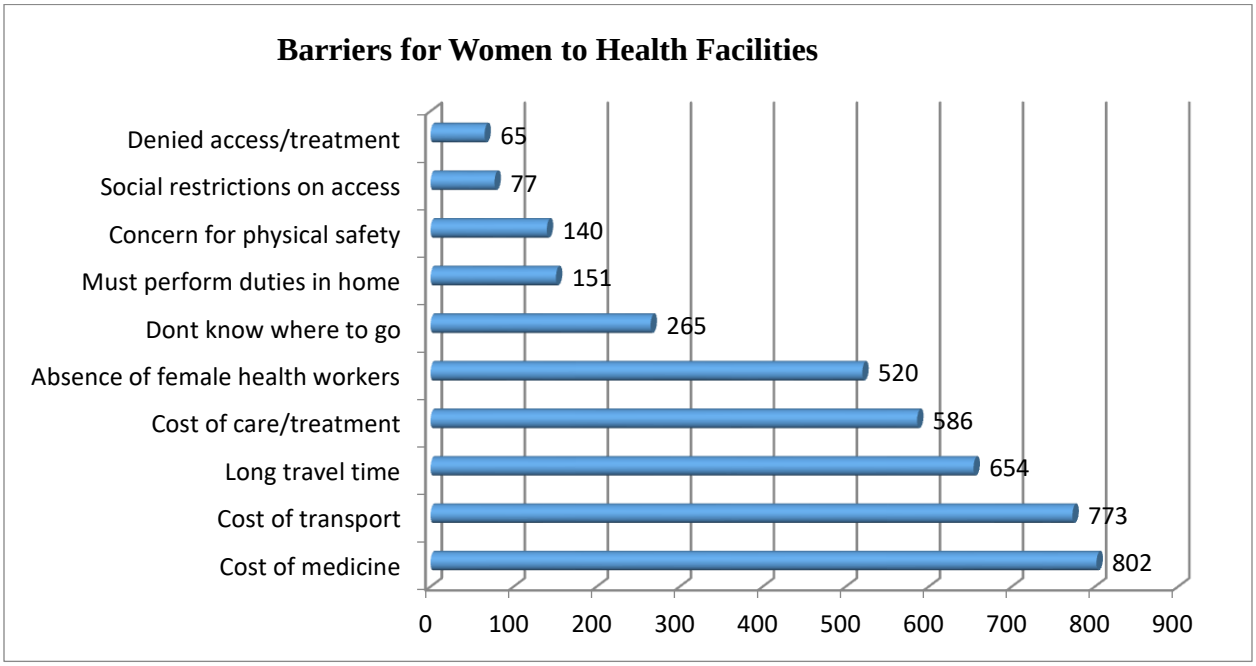
The distance of clinics is a common issue across the five provinces. There are densely populated villages where clinics are not built.

Why Women Cannot Access Health Facilities

Due to the bad economic situation, the cost of medicine and cost of transport, as well as distance, are the common hurdles that women cannot have access to health facilities. The absence of female health workers is another issue because of the dominant male culture. 19.8% of the respondents replied that cost of medicine is the most pressing issue followed by the cost of transport. Long travel is the third major concern. If we combine the financial hurdles here such as the cost of medicine, cost of transport, and cost of care/treatment it becomes 53.5%. We can conclude that 53.5% of people don't have enough money to pay their health bills. The data shows that 12.8% of the

respondents told that there are no female workers in clinics. 6.5% of the respondents told that they don't know where to go in case of a health issue. Concern for physical safety, social restrictions, and denied access to treatment are other issues consecutively.

Figure 15



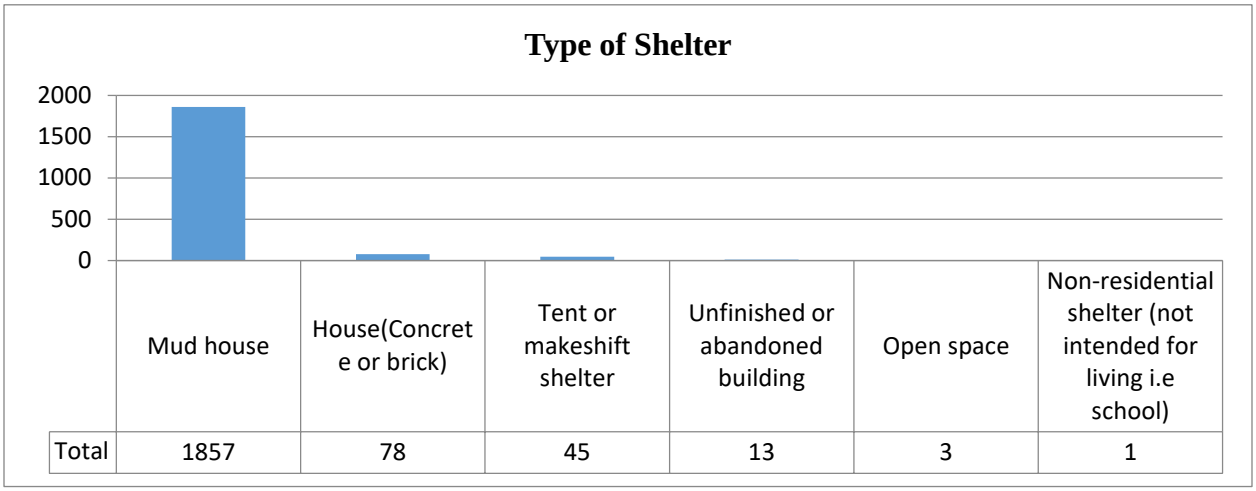
Shelter

The issue of shelter as the survey shows is not that much important, both the quantitative data and FGDs show that most of the respondents have somehow a shelter to reside in. The majority of houses are made of mud in rural areas.

Type of Shelter

The districts where this survey is conducted are remote districts from the capital cities of the provinces. In all these 25 districts most of the houses are made of mud. The economic situation of the inhabitants is worst. 93% of the houses are made of mud while 3.9% of the houses are concrete. 2.2% of the respondents live in tents and 3 families were living in open spaces.

Figure 16



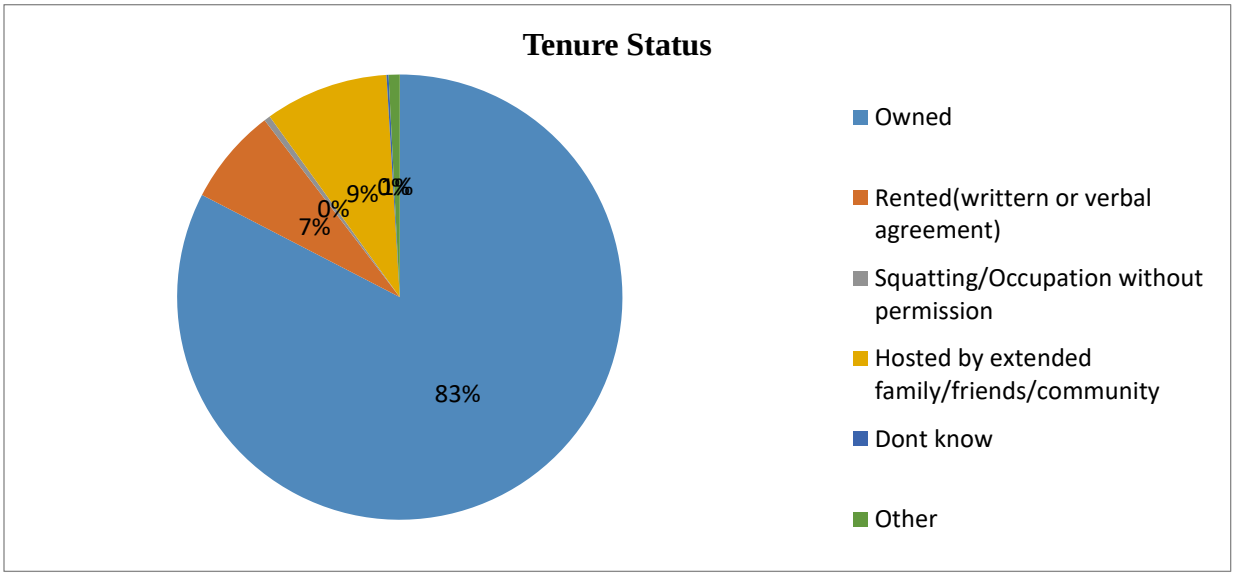
Size of Family

On average 11.4 members live in a family as per this survey.

Tenure Status

The survey is conducted in remote districts where most of the people own their houses and the culture of rent is not dominant. 9% of the respondents reported that they live in extended family houses and 7% of them live in rented homes.

Figure 17



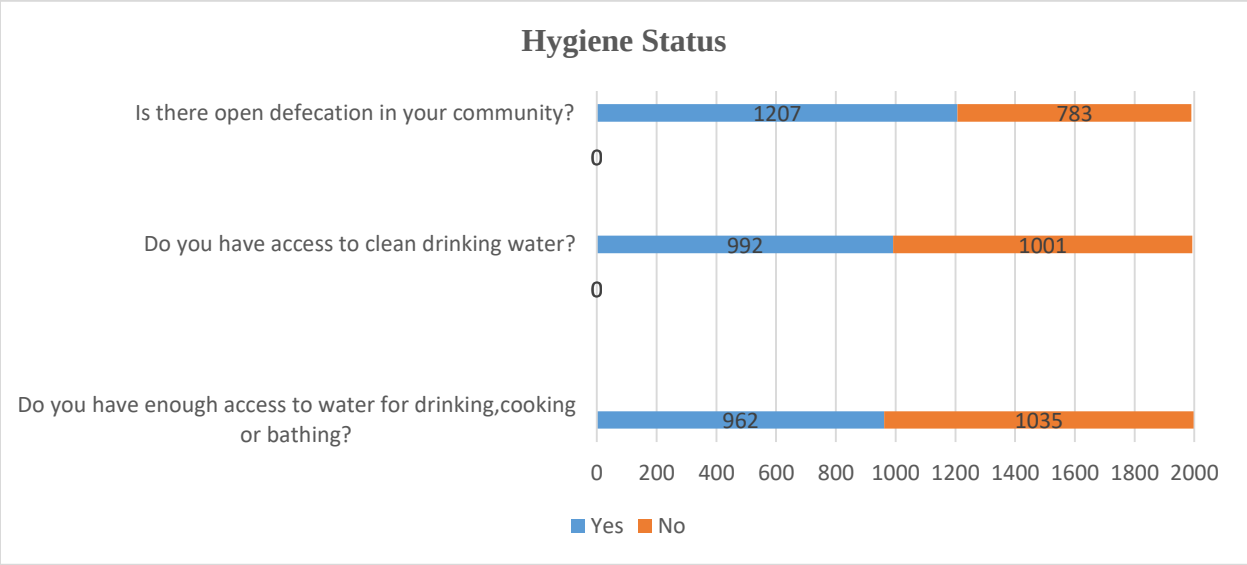
WASH

This is one of the critical areas which needs to be considered. Open defecation is normal practice, and inaccessibility to clean drinking water is the prime issue.

Hygiene Status

There is 60.6% of open defecation reported based overall community, while 39.3% of the respondents reported that there is no open defecation in their community. 49.7% of the respondents told that they have access to clean drinking water while 50.2% replied that they don't. 48.1% of the sample say that they have enough access to water for drinking, cooking, or bathing while 51.8% don't have access to enough water for consumption.

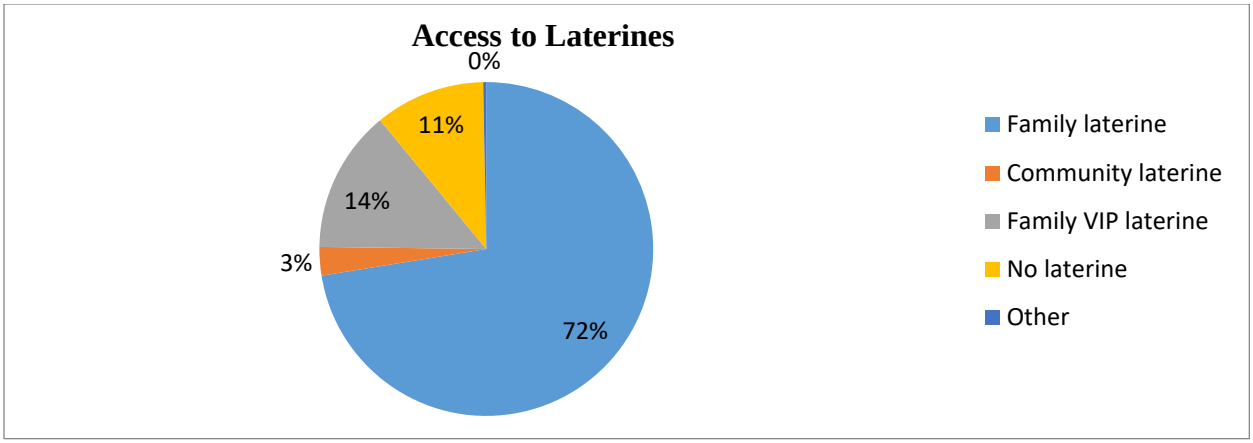
Figure 18



Availability of Latrine

Although the percentage of open defecation is 60.6% on the community base while 72% of the respondents told that they have access to the family latrine.

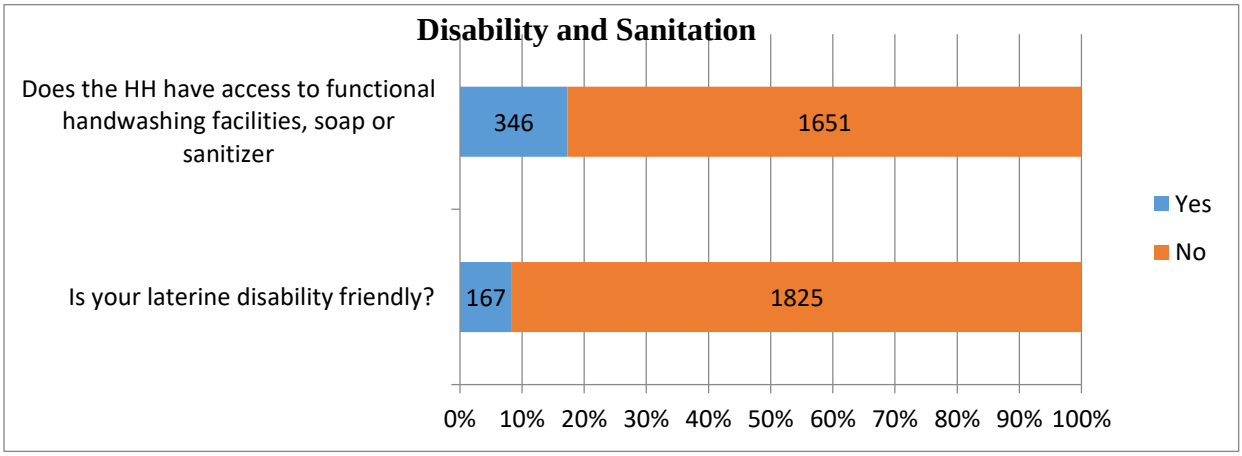
Figure 19



Disability and Sanitation

This situation is quite alarming and there is a possibility of the spread of multiple diseases because of the unavailability of proper sanitation in the communities. Only 17.3% of the community people have access to handwashing and sanitizer whereas 82.6% of the community people don't have access to soap and sanitizers. On the other hand, there are only 8.3% of households have disability-friendly latrines while 91.6% of the households don't have this facility for the disabled.

Figure 20



Community Safety

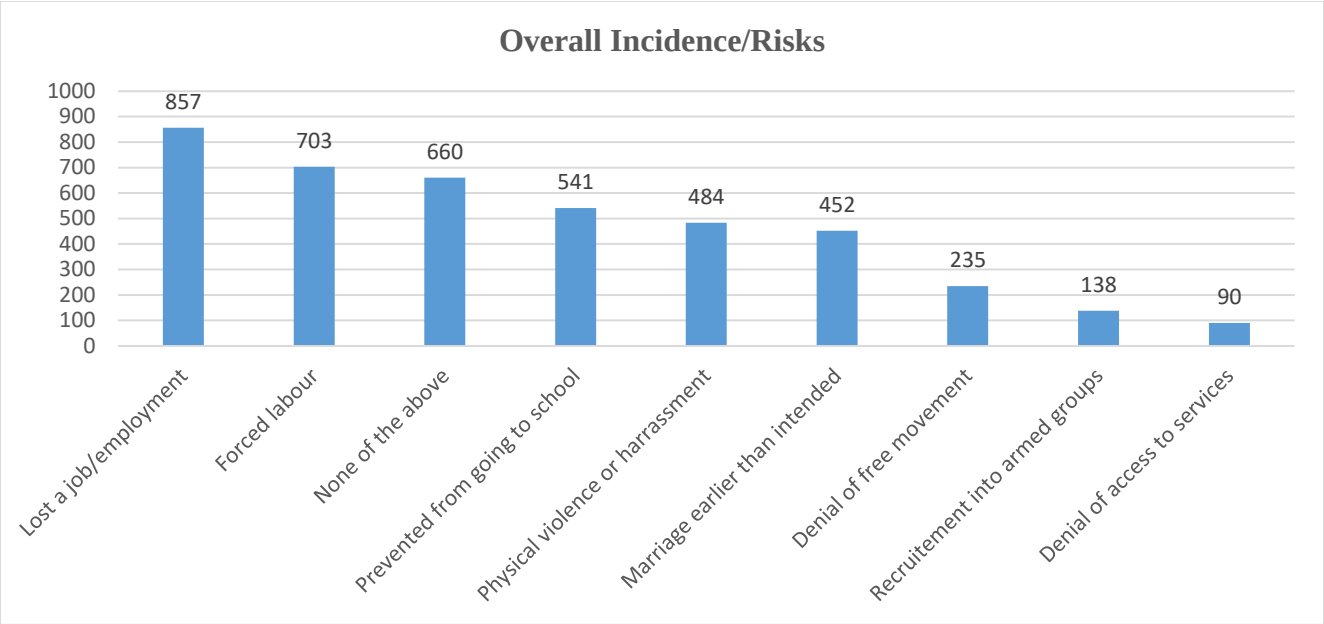
Overall unemployment, forced labor and early marriages, the closure of schools, physical violence, and recruitment to armed groups are reported to be the biggest incidents/risks.

Incidents/Risks on the Community Level

Generally, unemployment seems to be the biggest incident/risk followed by forced labor. Moreover, due to the economic downturn and unemployment of family elders, children are also engaged in activities where there is an economic gain. Earlier marriages are another concern where 10.8% of the respondents have this distress. This could be attributed to poverty in the targeted community. There are also some verdicts from the de facto authority where the free movement of women is not allowed and there should

be a Mahram with females if they want to travel. 5.6% of the households reported that they cannot travel freely.

Figure 21



Communications

Both the quantitative data analysis and FGDs show that the Shuras play a critical role in conflict resolution however the presence of women is very less.

Access to Mobile

Access to the internet in the rural part of the country is an issue where most people don't have smartphones and the level of literacy is also very low. The data shows that only 23% of the respondents have internet access, however, access to mobile communication services is better. 92% of the interviewees told that they have access to mobile communication services.

Active Organizations in the Community

Both governmental and non-governmental organizations are reported to exist in the local communities. To know the delivery of services via governmental and non-governmental organizations, 50.6% of the respondents responded yes.

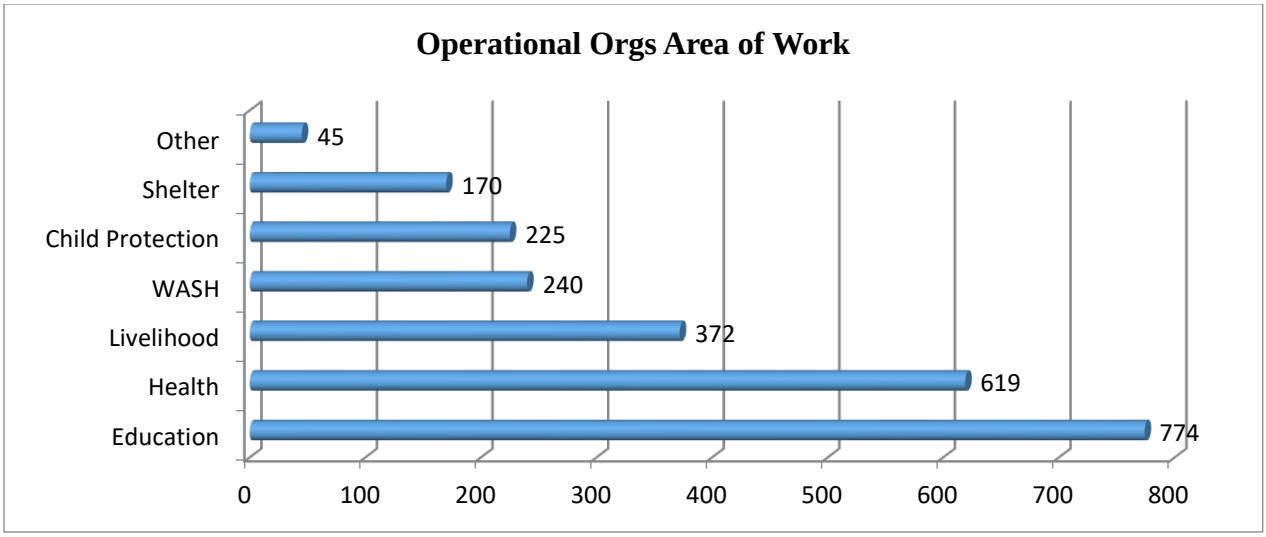
Table 6 *Existence of Active Organizations*

Yes	No
1010	986

Areas of Work

The question here was asked to assess the sectors in which the organizations are functional. Several options were provided which included education, health, livelihood, WASH, shelter, and child protection. Most of the active organizations both governmental and non-governmental are active in education, followed by health and livelihood consecutively. Wash, Child Protection, and Shelter are the least areas where these organizations are active. 31.6% of the organizations are active in education while 25.3% of them are busy in the health sector followed by 15.2% in the livelihood sector. WASH and Child Protection are not the areas to which much attention is paid. There is only 9.8% of the organizations are active in the WASH sector and 9.2% of them are busy in Child Protection while 6.9% of them are working in the shelter sector.

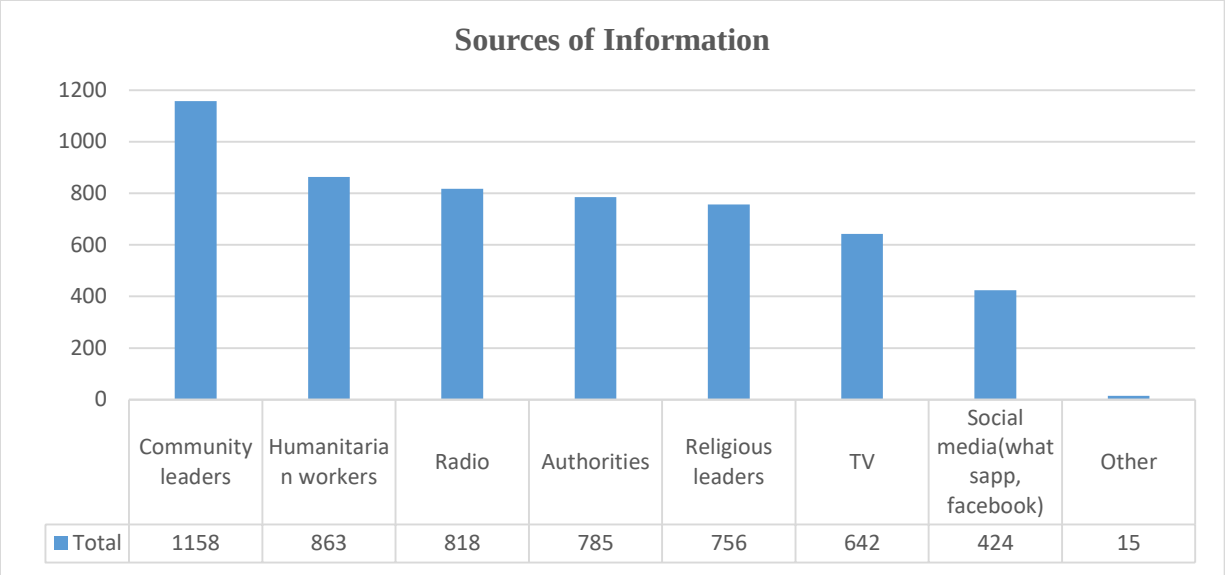
Figure 23



Sources of Information

The question here is whom do you prefer to receive the information from? Most of the respondents preferred Maliks over other mediums. Humanitarian workers were the second category preferred by the respondents and radio falls in the third preferred category. Other categories are least preferred. TV and social media are not preferred because it is not prevalent in rural areas.

Figure 24



Security

Overall the security situation is better; people can travel freely to distant locations without any fear. The data from the questionnaire shows that 82% of the respondents told the security situation in their remote districts/villages is better due to the fact that the Taliban have controlled the country.

Reporting Security

83.7% of the interviewees told that they can report the security issue to the authorities; however 16.2% of the interviewees told they cannot report the security issue.

Corruption

Corruption is one of the major challenges which the previous government was facing is decreased now.

Conclusion

The conclusion of all the sectors is explained below. This conclusion is solely based on the preceding findings.

Intersection Information

1. The top priorities of the targeted communities are; education, health, and livelihood, the data shows that peace and shelter are not prime concerns of the target communities.

Education

Availability of Education in Emergencies

1. 77% of the target communities told that there is an additional need for CBE and EiE classes.

School Leaving Status

1. 36% of the students have left school only in the last year.

Reason For Leaving School

1. The top reasons for leaving school are distance, cost, work, and lack of female teachers.

Situational Analysis

Negative factors affecting life

The most negative factor which badly affected the lives of the people is drought. This is followed by ongoing conflict and seasonal floods.

Living Conditions

Markets

1. 10.6% of the respondents can meet their daily needs such as food.
2. Total of 363 shops are closed in the last year.
3. 46.6 % of the shops stock necessary items.
4. Overall 92.4% of the markets are open.

Life Supporting Activities

1. 46.8 of the respondents sold their assets such as livestock, jewelry, furniture, and electronic devices to buy necessary items.
2. 12.8% have delayed their medical care as a result of poverty.
3. 11.2% of children have stopped attending school because they work.
4. 11.1% of the children have migrated to other countries to seek work.
5. 10.3% of the children are engaged in daily routine work such as collecting wood, fetching water, or engaged in armed groups.
6. 7.5% of children were married earlier than the intended age.

Food Consumption Pattern

1. 33.9% of the respondents opted for less preferred and less expensive food.
2. 28.9% of the respondents borrowed from other people to buy necessary items.

3. 13% limited the size of food intake.
4. 12.6% of the adults restricted the consumption of food so that their kids will have enough food.
5. 11.4% of the people reduced the number of meals taken in a day.

Debts

1. 93% of the respondents reported that there is an increment in their debts.

Where the debt is used

1. 24.9% of the debt is used in buying food.
2. 22.7% of the debt is used in healthcare.
3. 11.5% of the debt is used in clothing and NFIs.
4. 9 % is consumed in fuel and heating.
5. 7.5% is expensed on shelter rehabilitation.
6. 7% of the debt is expensed on buying fertilizer or agricultural tools.

Health

Health Status

1. 72% of the respondents have health issues.
2. 70% of the respondents cannot access a public health facility.

Barriers to Health Facilities

1. 24.4% of the respondents cannot afford the medicine.
2. 24.3% cannot afford the cost of travel.
3. 18.6% of the respondents reported that distance to a health facility is their prime issue.
4. Don’t know where to go; denied access to services, social restrictions and physical safety concerns are other minor issues.

Accessibility for Women

1. 56% of the women cannot access health facilities.

Why Women Cannot Access Health Facilities

1. 19.8% of women cannot access health facilities because they cannot afford medicine.
2. 19% of women cannot access health facilities because they cannot afford the transport cost.
3. 16% of women complain of long distances.
4. 12.8% of women complained that there are no female workers.
5. 6.5% of women don’t know where to go when they have a health issue.
6. 3.7% of women perform duties at home and they cannot go to a health facility.
7. 3.4% of women are concerned about their physical safety.
8. 1.9% of women have social restrictions.
9. 1.6% of women are denied access to health facilities.

Shelter

Type of Shelter

1. 93% of the houses are made of mud.
2. 3.9% of the houses are concrete.
3. 2.2% of the people live in tents.
4. 13 families were living in abandoned structures.
5. 3 families were living in open spaces.
6. 1 family was living in a place which is not intended for living.

Size of Family

1. The average family size as per the data of this survey is 11.43 members.

Tenure Status

1. 83% of the respondents live in their own houses.
2. 9% of the respondents live in their relative's houses.
3. 7% of the respondents live in rented houses.

WASH

Hygiene Status

There is 60.6% of open defecation reported while 39.3% of the respondents reported that there is no open defecation in their community. 49.7% of the respondents told that they have access to clear clean drinking water while 50.2% replied that they don't. 48.17% of the sample say that they have enough access to water for drinking, cooking, or bathing while 51.8% don't have access to enough water for consumption.

1. Overall 60.6% of open defecation is there among the target communities.
2. 49.7% of respondents reported that they have access to clean drinking water.
3. 48% of respondents reported that they have enough access to water for consumption.

Availability of Latrine

1. 72% of the respondents have a family latrine.
2. 11% have no latrine.
3. 3% of the respondents don't have a community latrine.

Disability and Sanitation

1. 17.3% of the households have access to a handwashing facility/soap or sanitizer.
2. 8.3% of the households have disability-friendly latrines.

Community Safety

Incidents/Risks on the Community Level

Generally, unemployment is the biggest incident that took place. Forced labor, physical violence, harassment, early marriages, and denial of access to basic services are the other incidents that take place on the community level.

Incidence Where Children Involved

1. 39.7% of the children are suffering from other than listed risks.

2. 15.2% of them are suffering from physical violence and harassment.
3. 15.2% of them are suffering from forced labor.
4. 14.6% of them are denied services.
5. 11.3% of them are suffering from earlier marriages.
6. 3.7% of them are engaged in armed groups.

Communications

Access to Mobile

1. 23% of the respondents have access to the internet.
2. 92% of people have access to mobile communication.

Operational Organizations

Active Organizations in the Community

1. 50.6% of governmental and non-governmental organizations are active.

Areas of Work

1. 31.6% of the active organizations are busy in the education sector.
2. 25.3% of them are active in the health sector.
3. 15.2% of them are active in their livelihood.
4. 9.8% of them are busy in WASH.
5. 9.2% of them are busy with Child Protection.
6. 6.9% of them are active in shelters.

Security

82% of the respondents told the security situation in their remote districts/villages is better due to the fact that the Taliban have controlled the country.

Reporting Security

1. 83.7% of the people told that they can report the security issue to the authorities.

Recommendations

The below recommendations are based on the findings and conclusion where needs are highlighted. The needs of each sector have to be addressed by defining the following specific interventions.

Intersection Information

2. The top priority of the targeted communities is: education, health, and livelihood.
3. Community Based Education and Education in Emergency initiatives should be introduced.
4. Health facilities should be provided; new clinics should be established.
5. Trained and qualified medical staff needed to be introduced.
6. Entrepreneurship programs should be introduced and small businesses need to be financed.

Education

1. Community Based Education and Education in Emergency should be introduced in rural areas where the distance to schools is a major concern.
2. Awareness sessions needed to be put in place for the households to send their children to schools instead of involving them in economic activities.'
3. Provision of safe conditions for female teachers.

Negative Factors Affecting Life

1. The target communities should be supported with sustainable lifesaving initiatives such as food, clean water, medical supplies, and psycho-social counseling.

Living Conditions

1. Cash-based interventions should be put in place.
2. Free medical supplies should be distributed.
3. Awareness to household members to send their children to school.
4. Awareness of not engaging their children at low age.
5. Food distribution intervention is needed.

Health

1. Strengthen the quality of the healthcare system.
2. Provision of medical supplies to clinics.
3. Putting up new buildings for clinics.
4. Appointing qualified medical staff.
5. Awareness session on how to have access to health facilities.
6. Awareness programs for birth control.

WASH

1. Awareness about open defecation in the target communities.
2. Provision of safe latrines and sanitation awareness.
3. Clean drinking water facilities needed to be put up.
4. Making an effort by increasing the capacity of the target communities regarding hygiene awareness.
5. Digging up deep bore wells to maintain the sustainability of clean water access.
6. Introducing mechanisms such as rainwater harvesting.

Community Safety

1. Introducing employment opportunities such as small-scale entrepreneurship initiatives.
2. Awareness about forced labor and working with other organizations to protect children.
3. Working with parents to encourage their children to go to school, and awareness about physical violence and harassment.
4. Working closely with community-based mechanisms to eradicate the prevalence of underage marriages.

To sum up the recommendations, the below points need to be considered.

Education: Community Based Education and Education in Emergency initiatives should be introduced. Awareness sessions are needed to be put in place for the households to send their children to schools instead of involving them in economic activities and the provision of safe conditions for female teachers. Awareness is needed about forced labor where children are concerned and working with other organizations to protect children as well as engaging parents to encourage their children to go to school.

Health: The gaps in the health system have to be improved with specific interventions such as the provision of medical supplies and the introduction of professional medical staff and supplies, similarly there should be psycho-social counseling for affected people. There is a dire need to work closely with community-based mechanisms to eradicate the prevalence of underage marriages.

Livelihood: To improve the livelihood situation; entrepreneurship programs should be introduced and small businesses need to be financed.

WASH: Awareness about open defecation in the target communities should be coupled with the provision of safe latrines and sanitation awareness. Clean drinking water facilities needed to be put up. To reduce the water demand, there should be mechanisms such as rainwater harvesting.

Poverty: The target communities should be supported with lifesaving initiatives such as food, clean water, and cash-based interventions.

Local Shuras: Supporting and increasing the number of female members in the local Shuras and strengthening the capacity of local Shuras and capacitating them in conflict resolution mechanisms. Empowering women through community mobilization and Youth Shuras, Women Shuras, and Malik networks need to be capacitated and promoted; there is a dire need for establishing advocacy committees for local issues.