Joint Education and Child Protection Needs Assessment Kunar Province, Afghanistan - September 2017



Background

In collaboration with OCHA and the Afghanistan Education in Emergency Working Group, REACH conducted a Joint Education and Child Protection Needs Assessment (JENA), to identify the education situation and child protection vulnerabilities faced by displaced households (HHs) across Afghanistan.

The JENA aimed to inform evidence-based planning of education programmes in 2018, by assessing the demographics of displaced populations (IDPs, returnees and refugees), attendance and enrolment rates of these children and identifying available services in schools across the country.

Methodology

Mixed methods data collection was conducted between 10 August and 14 September 2017 across all regions of Afghanistan. In total, 9,435 HH-level surveys with displaced HHs containing at least one school-aged boy or girl (5 to 15 years), selected through cluster sampling, and 18 focus group discussions with approximately 6 participants per discussion, were conducted.

The following factsheet reflects quantitative findings from the Kunar province, in which 579 HH surveys took place, providing generalisable findings in this region with a confidence level of 95% and a 5% margin of error.

† † † Demographics

Composition of assessed displaced population, by gender and age:



There was found to be 116 school-aged boys for every 100 schoolaged girls among assessed displaced populations.

14.4 average HH size. 5% of HHs were female-headed.

Socio-Economic Wellbeing

11,282 AFN Average income earned by displaced HHs in the last

Main source of HH income in the 30 days prior to the assessment:

Unskilled daily labour	51%	
Skilled daily labour	26%	
Formal employment with contract	16%	

% of HH income spent on the following items in the 30 days prior to the assessment:

36%	Food		was the average proportion
10%	Adult's clothes	3%	of income spent on education
9%	Children's clothes		expenditures.

↑→ Displacement

Displacement status of assessed population:

Recent IDPs (displaced under 6 months)	31%	
Prolonged IDPs (6 months to 2 years)	23%	
Protracted IDPs (more than 2 years)	12%	
Returnees	24%	
Refugees	10%	

Main previous location of residence of HHs, by displacement status:

Recent IDPs (displaced under 6 months)	31%	
Prolonged IDPs (6 months to 2 years)	23%	
Protracted IDPs (more than 2 years)	12%	
Returnees	24%	
Refugees	10%	

∱ → IDI	Ps	∱ Returnees		∱ → Refugees	
97%	Kunar	100%	Pakistan	100%	Pakistan
2%	Nuristan				
1%	Kunduz				

1% Kunduz	
Top 3 push and pull factors for	r displaced HHs:
Push factors	Pull factors
Insecurity and conflict	Greater security
Government pressure 2	Presence of family and friends
Fear for HH safety	Affordability

Priority Needs & Assistance

Most common type of assistance Main priority needs by % of received in current location by displaced HHs: % of HH:

		/0 01 11111	•
67%	Shelter	43%	Healthcare
12%	Food	43%	Water
10%	Employment support	24%	Education assistance

of assessed displaced HHs reported having received no assistance in their current location.

Education assistance was reportedly received by 24% of households. in their current location

Child Protection

Proportion of boys and girls aged less than 16 years old, earning an income outside of the home:

Boys	11%	
Girls	1%	1

Proportion of boys and girls married before 16 years old:

Boys	2%	
Girls	6%	

¹ 151.20 USD (1 USD = 69 AFN - Da Afghanistan Bank Exchange Rates, September 2017)





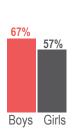
Education

Enrolment

9% of school-aged girls are not enrolled in school, compared to 5% of school-aged boys.

Proportion of children enrolled before displacement:

Proportion of children enrolled after displacement, at time of assessment:





Note: Qualitative findings indicated that HHs were more inclined to enrol children in school after displacement, as access to facilities increased, the quality of education was perceived to be higher in urban areas compared to rural locations and children were perceived to be safer travelling to school in these new locations.

Attendance

Proportion of HHs in which girls and boys regularly attend school, among HHs that enrol children:



Average number of days per week school-enrolled boys attend school, out of six possible days:

5.6

Average number of days per week school-enrolled girls attend school, out of six possible days:

5.6

Barriers to Education

Main barriers to education for boys and girls, reported by HHs:

Boys		Gir
Long distance to school	1	Lor

Insecurity and violence Lack of WASH facilities

Long distance to school Insecurity and violence

Harassment and bullying

Education Facilities

Main education facilities attended by boys and girls in the HH, that are enrolled in schools:



Accessibility

2.3 km Average distance travelled to school: 27 minutes Average time spent travelling to school: Most common mode of transport: Walking

² Regular attendance refers to attendance at school at least two out of a possible six days, in a given week.

Facilities in Schools

WASH Facilities

Proportion of HHs reporting each type of WASH facility, service or hygiene training in schools attended by children:

	-
Drinking water	93%
Gendered toilets	43%
Handwashing facilities	52%
Hygiene trainings	3% ■
No facilities available	3%

Health Facilities

Proportion of HHs reporting the availability of any health facilities and equipments in schools:

No facilities available	100%
Health facilities available	0%



Food Provision

Proportion of HHs reporting that food is provided for free within schools:

No food provided	99%
Food provided in schools	1%



Psychosocial Support in Schools

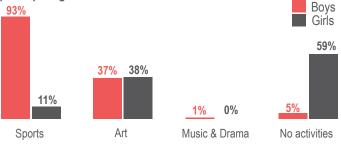
Support Services

Proportion of HHs reporting the presence of the following support mechanisms or services in schools:

Social workers	1%	L	
Support groups	0%		
Counsellors	0%		
No services available	99%		

Recreational Activities

Proportion of HHs reporting at least one boy or girl child participating in recreational activities:



³ With health facilities and equipments referring to any of the following: First aid kits, mental healthcare services or nutrition information sharing.



