

AFGHANISTAN

Hard to Reach Assessment

Assessment Report

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OCHA

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Cover photo: A path leading to remote villages in rural Afghanistan © REACH, 2018

About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

Continued instability has resulted in increasing difficulty of access to many districts in Afghanistan,¹ resulting in a number of districts of Afghanistan being classified as ‘Hard-to-Reach’ (HTR) – meaning access to humanitarian actors is limited due to the security risks posed by active fighting and due to constraints imposed by Non-State Armed Groups (NSAGs). The needs of these populations are often largely misunderstood, with these districts suffering from a double marginalisation: a lack of information, ranging from basic population figures to needs and vulnerabilities in these areas, feeds into a lack of inclusion of these areas into humanitarian planning, despite approximately 20% of all displaced persons believed to be residing in these districts.²

To support evidence-based planning of targeted multi-sector interventions in HTR districts, REACH supported United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and all Afghanistan Clusters as well as the Humanitarian Access Group to conduct a multi-sector, Key Informant (KI)-driven assessment of those resident within HTR districts. It aimed to outline the needs, vulnerabilities and access issues (for the population and for humanitarian partners) in 46 HTR districts selected by the Inter-Country Cluster Team (ICCT).

Following a comprehensive Secondary Data Review (SDR), REACH mapped existing infrastructure and key services in each district, grouped in Basic Service Units (BSUs)³. In total, the mapping identified 399 BSUs spread out across the 46 HTR districts. This assessment found that on average a BSU had a population of between 14,000 and 15,000 inhabitants.

Upon completion of the BSU mapping, two rounds of data collection on needs and vulnerabilities were conducted to enable comparisons and monitoring of the evolution of the situation in these districts. The first round of data collection took place between 11 and 29 March 2018 with 1,157 KIs interviewed in 358 BSUs while the second round took place between 8 and 27 May 2018 with 1,150 KIs interviewed in 394 BSUs across the 46 HTR districts. KIs were selected on the basis of specific profiles – with the main criteria being that KIs had to play a significant role within their communities (i.e. medical personnel, tribal elders, village chiefs, etc.) in order to speak confidently of the issues facing their communities. Given that findings rely on the knowledge of KIs, findings should be considered as indicative only.

The assessment found that populations in HTR districts are a particularly vulnerable population, often reliant on unsustainable sources of income with limited access to basic services, as well as high protection concerns including the presence of mines.

To see district-specific findings and to more broadly understand inter-sectoral concerns of HTR areas, see the corresponding HTR factsheet booklets.⁴ For an overview of the key findings of this assessment by sector, see below.

Demographics and Displacement

- This assessment has identified **populations in the assessed HTR districts as being largely older than other vulnerable populations identified in previous assessments** such as in ISETs (2017 REACH MCNA). The prevalence of working-age adults means the needs and interventions are likely to be different, requiring a mix of targeted humanitarian and development interventions – particularly pertaining to economic development, in particular since the most reported sources of income across BSUs was daily labour, mostly unskilled.
- The presence of IDPs was reported in nearly all BSUs (99% in the first round, 92% in the second round), albeit in small proportions with less than 5% of population, on average, being IDPs.

¹ Al Jazeera, “Afghanistan: Who Controls What?”, <http://www.aljazeera.com/indepth/interactive/2016/08/afghanistan-controls-160823083528213.html>, June 2018.

² International Organization for Migration (IOM), Displacement Tracking Matrix (DTM), 2017

³ BSUs refer to a geographical catchment area surrounding basic services (e.g. water sources, hospitals, markets, etc) in which populations make use of such services.

⁴ OCHA, REACH, HTR FS Booklet, forthcoming.

- Across BSUs, a minority of households reportedly intended to displace from their community in the three months following data collection, either temporarily (15% in the second round) or permanently (9% in the second round), with the majority intending to stay in their BSU (79% in the first round and 76% in the second round),

Access to Basic Services

- The majority of BSUs (76% and 79% of BSUs respectively in the first and second round of data collection) **do reportedly not have access to any means to send and receive money** in the BSU. It affects communities' livelihoods – namely their ability to support family in other districts, receive support or draw a formal salary – as well as humanitarian interventions revolving around cash distribution through mobile money or hawaldars.⁵
- KIs in 53% and 54% of BSUs (first and second round) **reported their communities do not have easy access to telecommunication services**, indicating physical obstacles to reach a phone signal or other barriers such as cellular tower damage or curfew imposed on phone providers. **The vast majority (77% of BSUs in the first round and 80% in the second round) reported having telecommunication network shortages.** Both situations have a negative impact on communities as it increases their isolation from the rest of the country, limits opportunities to conduct trade and access to mobile money. It also impacts humanitarian actors who may not be able to communicate with their field teams or with beneficiaries.
- This assessment found that a minority of BSUs (9% in the first round and 3% in the second) **relied on alternative heating material such as feces** as main source of heating in the winter. In addition, in a majority of BSUs, issues accessing heating materials during the winter were reported (64% and 65% in the first and second round, respectively), indicating difficult access to heating materials.

Protection Concerns

- **Landmines** were found to be a considerable protection concern, with KIs in **60% of BSUs** in the first round and **64% of BSUs** in the second round reporting the presence of landmines in their communities. **In these BSUs, KIs the vast majority reported that the areas at risk were unmarked (87% in the second round) and that no mine risk education was received in their communities (97% in the second round),** highlighting significant health and protection concerns in these communities.
- Psychological trauma is reportedly poorly addressed in HTR districts, with KIs in the majority of BSUs **reporting their communities reporting no access to any psychosocial support services** (79% in the first round and 75% in the second round).

Multi-Sector Findings

- **Inflation for core goods** was deemed a recurring concern for populations in HTR districts, with KIs in the majority of BSUs reporting increases in the prices of flour, rice, oil and diesel in the three months prior to both rounds of data collection.
- **In 99% and 95% of BSUs (in the first and second round, respectively), agriculture was reported as one of the five most common sources of income and self-sustenance.** Livestock rearing was the second most reported, found to be a main source of income in **94% of BSUs** (both rounds). Agricultural support was flagged by KIs as one of the three priority needs in the majority of BSUs (56% in the second round).
- While in the majority of BSUs across all assessed HTR districts, the primary shelter type was reportedly permanent mud brick shelters (92% in the first round, 91% in the second round), **the majority of shelters in HTR districts suffered damage and have only been partially repaired** according to KIs in 73% in the second

⁵ Informal money exchange dealers. For more, see Samuel Muzee Maimbo, "The Money Exchange Dealers of Kabul, The World Bank Group, August 2003 - <http://documents.worldbank.org/curated/en/335241467990983523/pdf/269720PAPER0Money0exchange0dealers.pdf>

round of data collection. This highlights a significant vulnerability as partially repaired shelters are more prone to further damage under harsh weather conditions and do not offer the same level of protection, dignity and privacy as undamaged or fully repaired shelters.

- **A significant proportion of BSUs reportedly rely on unimproved water sources as primary source of drinking water** such as surface water (15% of BSUs in the first round and 17% in the second round) as well as unprotected spring wells (9% in the first round and 15% in the second round). It poses a significant health concern due to the risk of transmitting waterborne diseases. In addition to this, KIs in 33% of BSUs (first round) and 38% of BSUs (second round) reported **their communities primarily rely on damaged water sources**, which poses a risk of water shortage and diseases for members of these communities.
- This assessment also found significant sanitation and health vulnerabilities in certain HTR districts, with **KIs in 77% of BSUs (first round) and 83% of BSUs (second round) reporting some members resorted to open defecation due to the lack of latrines in their community**. In addition, there was a **significant proportion of BSUs lacking proper waste disposal mechanisms** according to KIs, reliant instead on throwing trash outside (43% in the second round) or burning waste (5% in the second round) – both of which pose significant health and hygiene concerns.
- In terms of access to education, **KIs in around a quarter of BSUs** (17% and 14% in the first and second rounds respectively) **reported no access to any education facility in their community**. In addition, in higher proportions of BSUs KIs reported at least one education facility damaged (20% in the first round, 14% in the second round) or closed (19% and 11%, respectively) in the three months prior to data collection, indicating significant education access challenges.
- **Access to education was found to be relatively low, especially for girls**. In the second round of data collection, an average of 36% of school-aged children were reportedly attending school, up from 24% in the first round. Of those, 79% were boys and 21% were girls (73% and 27% respectively in the first round). The **main access constraint for girls** was reported to be **fear of threats and intimidation**, as well as **distance to school**. Just as concerning, this assessment found a significant risk of classroom overcrowding with a **50 to 1 ratio of students to teaching staff** (48 to 1 in the first round), likely impacting the quality of education received.
- In the second round of data collection, KIs in **41% of BSUs reported no access to any health facility in their community** (39% in the first round). In addition, KIs in **40% and 48% of BSUs with access to at least one health facility reported the facility was damaged but only partially repaired** (in the first and second round, respectively) – raising issues of hygiene, quality of health services as well as quality of patient care. In addition, the quality of healthcare received may not be adequate as **unavailability of at least some medical supplies** in the 30 days prior to the assessment was reported in the vast majority of BSUs, along with **major equipment needs**.

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List of Acronyms

| | |
|--------------|--|
| AHTRA | Afghanistan Hard-To-Reach Assessment |
| BSU | Basic Service Unit |
| CHF | Common Humanitarian Fund |
| DoRR | Directorate of Refugees and Repatriation |
| ERW | Explosive Remnants of War |
| ESNFI | Emergency Shelter and Non-Food Items |
| HNO | Humanitarian Needs Overview |
| HRP | Humanitarian Response Plan |
| HTR | Hard-To-Reach |
| ICCT | Inter-Country Cluster Team |
| IDP | Internally Displaced Person |
| ISSET | Informal Settlement |
| INSO | International NGO Safety Organisation |
| JENA | Joint Education Needs Assessment |
| KI | Key Informant |
| KII | Key Informant Interview |
| MCNA | Multi-Cluster Needs Assessment |
| MRE | Mine Risk Education |
| NGO | Non-Governmental Organisation |
| NSAG | Non-State Armed Group |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| ODK | Open Data Kit |
| SDR | Secondary Data Review |
| SIGAR | US Special Inspector General for Afghanistan Reconstruction |
| WASH | Water Sanitation and Hygiene |
| VoIP | Voice over Internet Protocol |

Geographical Classifications

| | |
|---------------------------|---|
| Region | Unrecognised by the Government but commonly used in the humanitarian community. This assessment refers to four regions of Afghanistan: North, East, South-East and Central regions. |
| Province | Highest form of official governance below the national level, with 34 provinces divided across Afghanistan's six regions. |
| Basic Service Unit | A geographical catchment area surrounding basic services (e.g. water sources, hospitals, markets etc) in which populations make use of such services. |

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INTRODUCTION

Continued instability has resulted in increasing difficulty of access to many districts in Afghanistan,⁶ with a degradation of the security situation most recently in Khogyani district of Nangarhar in December 2017 and January 2018 as well as Bilcheragh district of Faryab in May 2018.⁷ It has resulted in a number of districts of Afghanistan considered to be Hard-to-Reach (HTR) – meaning that access by humanitarian actors is limited due to active fighting posing a security risk for humanitarian workers and beneficiaries, or due to the presence of Non-State Armed Groups that actively limit access to the district through constraints such as checkpoints. Limited delivery of core services such as electricity and telecommunication services also hinders humanitarian actors' ability to properly operate in such areas. The Afghanistan Inter-Cluster Country Team (ICCT) categorises over 100 districts as HTR⁸ and approximately 20% of all displaced persons living in Afghanistan are believed to be residing in HTR areas.⁹ However, there currently exists very little information on needs, vulnerabilities and access constraints in HTR districts, meaning these districts suffer from dual marginalisation: a lack of information ranging from basic population figures to needs and vulnerabilities in these areas, which feeds into a lack of inclusion of these districts into humanitarian planning.

To address these information gaps and inform strategic Cluster programming, REACH, in partnership with all Clusters in Afghanistan and the Humanitarian Access Group, conducted an assessment of multisector needs and vulnerabilities of all populations living in 46 HTR districts identified by the Afghanistan ICCT. As such, this project directly responds to the fifth priority area in the Second Allocation Common Humanitarian Fund (CHF) Strategy, "Enabling Action", and more specifically to the Coordination and Common Objective 1 "Enabling Action (Assessment) – Strengthen humanitarian actor's response through the coordinated multi-sector assessments to inform humanitarian programming, strategic decision-making and improve understanding of critical humanitarian needs".¹⁰

In addition to this overall objective, this assessment aimed to meet the following specific objectives:

1. To map Basic Service Units (BSUs) and identify existing infrastructures/key services (health, education, market) within each district.
2. To identify multi-sector needs at the district level in all 46 HTR districts of Afghanistan as identified by the ICCT.
3. To facilitate humanitarian interventions in HTR areas by providing access information.
4. To improve future interventions in HTR districts by contributing to the development of the Afghanistan Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) 2019.

The first section of this report details the methodological approach, including data collection methods, specific terminology used, analysis processes and limitations. Following this, findings pertaining to population characteristics in the assessed HTR districts as well as their displacement intentions, socio-economic status and priority needs and assistance received by populations in HTR districts are presented. The main sector-specific findings of the assessment are then presented, beginning with access to basic services (understood in this assessment as financial, telecommunication, electricity, and legal and documentation services), and covering food, shelter, Water, Sanitation and Hygiene (WASH), education and health, followed by a summary of protection and humanitarian access issues. The report concludes by summarizing key findings and recommendations for future research.

Throughout this report, findings in the assessed HTR districts are compared with findings from the REACH 2017 Multi-Cluster Needs Assessment (MCNA).¹¹ As the MCNA was conducted in Informal Settlements (ISETs), it was considered useful to compare vulnerable HTR populations with another vulnerable group to compare vulnerabilities and needs. Findings are also compared with those from the 2017 REACH Joint Education Needs Assessment

⁶ Al Jazeera, "Afghanistan: Who Controls What?", <http://www.aljazeera.com/indepth/interactive/2016/08/afghanistan-controls-160823083528213.html>, June 2018

⁷ International NGO Safety Organisation (INSO) Reports, Non-Public Release, 2018.

⁸ ICCT Internal Documents and Minutes, Afghanistan 2017.

⁹ International Organization for Migration (IOM), "Displacement Tracking Matrix (DTM) Round 2", <http://www.globaldtm.info/afghanistan/>, June 2017

¹⁰ United Nations Office for Coordination of Humanitarian Affairs (OCHA), Common Humanitarian Fund (CHF), "Afghanistan 2nd Allocation Strategy 2017", August 2017

¹¹ REACH, November 2017, Multi-Cluster Needs Assessment - <http://bit.ly/2n0AA73>

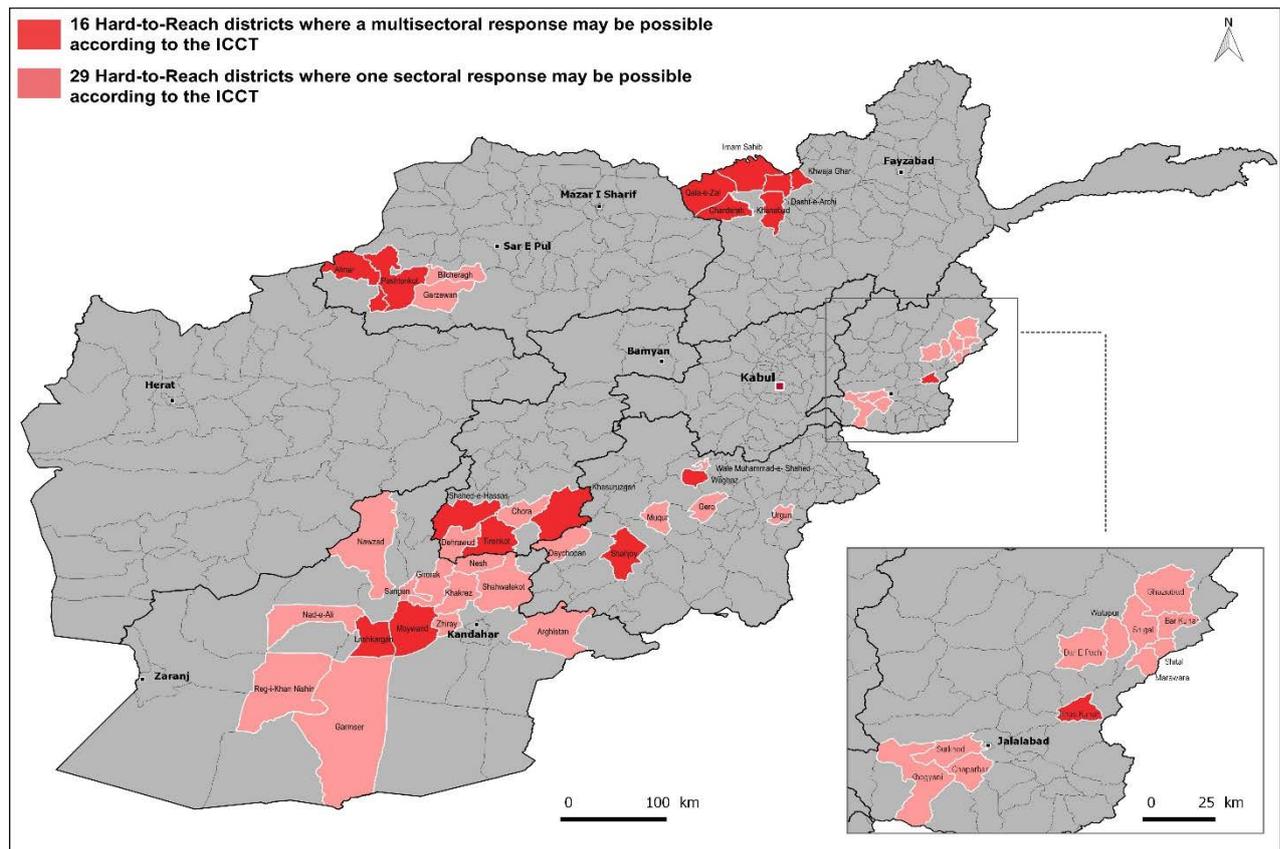
(JENA)¹² to provide perspective *vis-à-vis* other vulnerable population groups throughout the country more generally. A number of indicators for the Afghanistan Hard-to-Reach Assessment (AHTRA) were aligned with MCNA and JENA indicators to enable comparisons.

¹² REACH, November 2017, Joint Education Needs Assessment - <http://bit.ly/2DU0yo3>

METHODOLOGY

Between March and May 2018, REACH conducted a mapping and two rounds of data collection for the AHTRA in 46 HTR districts spread across the Northern, North-Eastern, Eastern, South-Eastern and Southern regions of Afghanistan. The purpose of this assessment was to address current humanitarian data gaps – specifically focusing on multi-sector needs and vulnerabilities of all population groups – and inform strategic Cluster programming approaches in all 46 assessed districts identified by the ICCT¹³ and displayed in the map below:

Figure 1: Reference map of HTR districts assessed under the AHTRA



These districts were determined by the Afghanistan ICCT as the districts to be assessed under the 2017 Second Allocation CHF. Please note that the original 2017 Second Allocation CHF list included 45 districts. Prior to the start of the AHTRA, Shaygal wa Shital district of Nangarhar officially split into two separate districts, Shaygal and Shital. REACH therefore assessed both Shaygal and Shital separately.

The AHTRA sought to address the following main research questions:

1. What are the catchment areas for basic services within the HTR areas?
2. What is the composition of HTR areas? – both physically in terms of boundaries on a map and in terms of demographics, displacement status and economic profile.
3. What are the available services and access constraints for local populations and humanitarian actors?
4. What are the resultant vulnerabilities and needs?

Extensive secondary data review (SDR) was carried out during the planning stage of the research cycle, increasing contextual understanding of Afghanistan, and knowledge of conflict and existing research on Hard-to-Reach

¹³ The ICCT is chaired by OCHA on behalf of the HC and is composed of all Coordinators of the six active Clusters in Afghanistan, in addition to the NGO co-leads representing their Cluster. The ICCT is a monthly platform for technical information exchange on Cluster-specific strategies, and advises the HCT on humanitarian action of an inter-Cluster nature (see: <https://www.humanitarianresponse.info/en/operations/afghanistan/interCluster-coordination>). The ICCT selected these districts as an entry point to HTR programming based on potential ease of access compared to other locations.

districts previously conducted.¹⁴ In addition to this SDR, the indicators were design in close collaboration with all Clusters in country as well as the Humanitarian Access Group to ensure all requirements of the assessment were met. Between the first and the second data collection rounds there was a period of feedback from OCHA, Cluster leads and Humanitarian Access Group partners, with sufficient time allocated to discussing this feedback, agreeing on adjustments needed, incorporating these eventual adjustments in the tool and related outputs, as well as retraining of staff as needed.

The AHTRA was split into two phases:

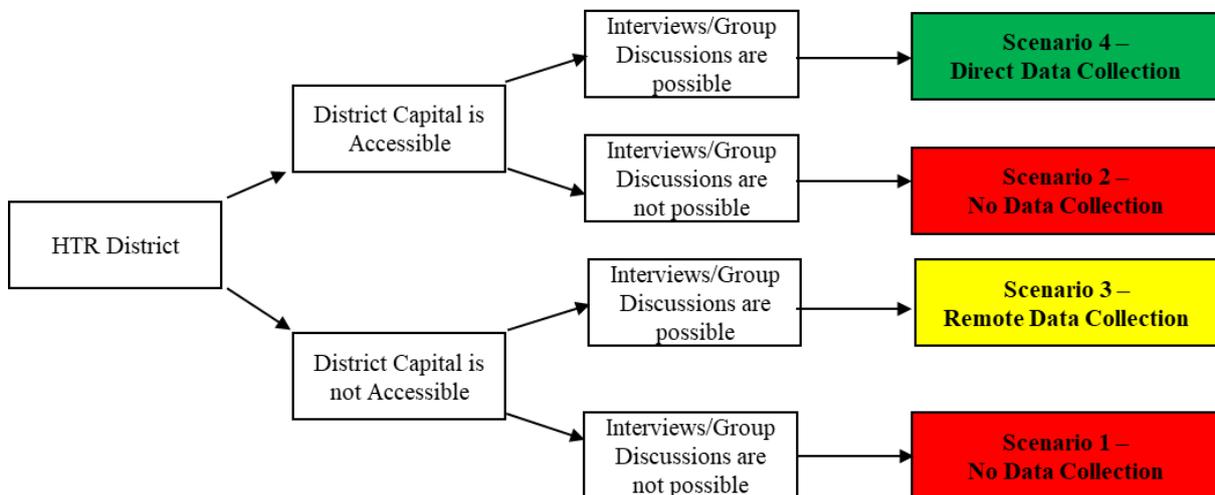
1. The mapping of BSUs in each district.
2. The multi-sector needs assessment, which itself was split into two rounds of data collection.

A Key Informant (KI)-based data collection methodology was implemented, with the data collection tool developed by all of Afghanistan’s Clusters as well as the Humanitarian Access Group in collaboration with REACH, and subsequently translated into Dari and Pashto. Decisions on which specific data collection methodologies to apply in each phase at the district level were taken based on the decision-making process outlined in Figures 1 (see below), with a thorough security review of each district conducted beforehand. For this, the district capital was used as an element of reference as it is often the most accessible part of the district in contested areas in which meetings and group discussions are more likely to be held without compromising the safety of field staff and KIs.

The access-based decision structure of what methodologies to employ under the AHTRA was the following:

- Where interviews/group discussions were not possible, no data collection was conducted;¹⁵
- Where interviews/group discussions were possible and physical access to the entire population of interest was possible, direct Key Informant Interviews (KIIs) were conducted;
- Where interviews/group discussions were possible, but physical access to the population was not possible, remote data collection methodologies were employed, through KIIs using phone/VoIP communication means.

Figure 2: Decision-making process for data collection methodology



As outlined in Figure 1, where direct access was not possible to the whole area of interest (as is currently the case in parts of Afghanistan) remote data collection methodologies were employed, to ensure information could still be gathered about the specific population of interest. When data of low reliability was collected, this is declared to ensure information can be used responsibly.

¹⁴ SDR includes reports by NRC, ATR Consulting, IOM, OCHA, SIGAR and previous REACH reports.

¹⁵ While methodologically this option was viable, this was not used in the first two rounds of data collection as no districts reached this level of concern.

Primary Data Collection

Basic Service Unit (BSU) Mapping

As the first step in the primary data collection for the AHTRA, a BSU mapping was launched between 4 February and 14 March 2018. For the purposes of this project, a BSU is defined as a discrete geographic area sharing common demographic and socio-economic features, between the village and district levels, often structured around a common market place. REACH mapped BSUs in all the 46 HTR districts,

The BSU mapping took place at the sub-district level and aimed to identify all BSUs. For that purpose, three tools were deployed. Two tools were created for group discussions and aimed at getting participants to identify which village in each district belongs to which BSU along with the BSU's name, as well as to identify 14 basic services (health, WASH, education, etc.) and their location within these BSUs. A third tool was created for cases where participants could not reliably inform on one or more villages and enumerators had to make follow-up visits or phone calls to village leaders directly. Enumerators conducted group discussions with members of the villages office of the district governments in each district capital, as well as with around 10 KIs selected based on their position in their communities (doctors, nurses, etc.). Two group discussions per district capital were therefore conducted, initially with the villages offices then topped up with KIs selected by REACH.

Once collected, data was visually mapped based on village locations. BSUs were represented visually using colour-coded circles gathering all villages belonging to the same BSU, with one map created per district. In addition, interactive maps were uploaded and hosted using IMMAP's USAID-funded Afghan Spatial Data Center, enabling Clusters to visually map the services they are most interested in for the purposes of planning their response.

Multi-Sector Needs Assessment in Hard to Reach Districts

REACH collected data for the first round of the multi-sector needs assessment between 11 and 29 March 2018, while data collection for the second round took place between 8 and 27 May 2018. In the first round of data collection, 1,126 KIIs were conducted, included 75% face-to-face and 25% remotely on the phone. In the second round of data collection, of the 1,151 KIIs, 72% were conducted face-to-face while 28% were conducted remotely, in line with the proportions of the first round of data collection. Two rounds of data collection were conducted at three months interval to enable comparison between needs, vulnerabilities and the general condition of populations in HTR districts and to understand better how rapidly the situation evolves in these districts.

Breaking down the HTR districts into BSUs enabled REACH to use them as a granular level of aggregated analysis as well as the lowest level of assessment. Thus, based on the size of the BSUs and the district as a whole, REACH identified one or several KIs within that boundary, ensuring that the area on which KIs provided information corresponded directly to their community and area of expertise, mitigating the risk of unreliable data being collected.

KIs were identified within the BSUs and were categorised according to a sectoral KI grid, broken down according to different sectors such as WASH, Shelter, or Education to name a few. The grid was constructed based on REACH's own internal network of KIs.

KIIs were conducted across all 46 assessed districts as outlined in Table 1 below. When possible, the same KIs were interviewed for both rounds of data collection. When it was not possible, new KIs were identified, ideally female KIs.

Figure 3: Number of KIIs conducted during both rounds of the multi-sector needs assessment

| Province | Number of Districts | Number of KIIs (Round 1) | Number of KIIs (Round 2) |
|-----------|---------------------|--------------------------|--------------------------|
| Faryab | 4 | 89 | 129 |
| Ghazni | 4 | 108 | 75 |
| Hilmand | 6 | 144 | 149 |
| Kandahar | 7 | 161 | 143 |
| Kunar | 8 | 189 | 146 |
| Kunduz | 5 | 120 | 159 |
| Nangarhar | 3 | 91 | 114 |
| Paktika | 1 | 21 | 15 |
| Takhar | 1 | 30 | 29 |
| Uruzgan | 5 | 121 | 126 |
| Zabul | 2 | 52 | 66 |
| Total | 46 | 1,126 | 1,151 |

To facilitate comparability with existing nation-wide assessments, the AHTRA tool was designed based on the REACH Afghanistan 2017 MCNA model, drawing a number of relevant indicators from this assessment. The tool is multisectoral and structured, mostly comprised of closed questions pertaining to markets (accessibility and price), essential needs/livelihoods, protection, food security and nutrition, WASH, shelter, education and health. The tool also includes a demographics section, as well as a section examining access to existing humanitarian assistance (if any) and key challenges to the provision of humanitarian assistance.

Extensive regional training was conducted with enumerators conducting the KIIs. Data collection for the KIIs was conducted using Open Data Kit (ODK) software on smartphones, while data cleaning and feedback was provided to REACH Senior Field Officers to be reverted to enumerators on a regular basis to improve data quality control.

Data Analysis

Aggregation

BSU-level data has been aggregated by district and summarised in a quarterly district-level factsheet booklet.¹⁶ For this report, data is presented at the BSU level and comparisons between districts are made throughout using district-level aggregated data. Multiple KIIs were conducted per BSU, enabling triangulation of the data to ensure additional reliability, based on most reported responses being adopted as the result in each case.¹⁷ In addition, KI profiles were carefully selected in each district to ensure (1) that the individuals came from the BSU being assessed and (2) that the individuals had a sufficient knowledge on their community that they could speak confidently about given issues. As such, profiles include school teachers, doctors, nurses, local elders and village chiefs, who were all given an equal confidence level.

Limitations

- Findings rely on the knowledge of KIIs responding on their communities and should be considered as indicative only.
- KIIs could not be identified in all 399 BSUs (41 BSUs in the first round and 5 in the second round). As a result, findings from the multisector assessment refer to the 358 and 394 BSUs assessed in the first and second rounds, respectively.

¹⁶ REACH, "Afghanistan HTR Assessment: Round 1 Factsheet Booklet: <http://bit.ly/2IIQboy>, March 2018

¹⁷ When no consensus was found between KIIs, the different answers provided whether either included or disregarded, on a case-by-case basis. As a result, percentages do not always add up to exactly 100%.

- The village data is based on established villages with at least 25 households meaning smaller areas with less than 25 households are not represented on the maps.
- Some discrepancies were noted between the first and second round of data collection which can be attributed to changes in circumstances, KIs developing more accurate responses by drawing on other community members' knowledge and KIs becoming more honest as they better understood the purpose of the assessment. Moreover, results can differ as data collections were conducted at different times, with other external factors influencing results and seasonal factors playing a role.
- Subset disaggregations offer less reliable findings due to the non-probability sampling applied to this assessment.
- Questions on displacement groups other than internally displaced persons (IDPs) was deemed too complex for KIs during the Response Analysis Framework workshop due to the time-sensitive framework associated to more specific displacement statuses such as prolonged IDPs, protracted IDPs, etc.
- The assessment only captured an estimated percentage of IDPs of the total estimated district population as well as their intentions to displace. KIs were not asked about IDP-specific living conditions or vulnerabilities.
- The Reduced Coping Strategy Index could not be calculated for these two rounds as it was deemed too complicated for KIs to provide a reliable number of days per week each coping strategy is used by their communities. This may be rectified in future rounds.
- The KII-driven area-based nature of this assessment (as opposed to a household survey) means that it cannot be used for direct beneficiary selection and that data must be understood as an indicative, big picture overview of each district.
- No female KIs could be interviewed during the first round, which means gendered concerns might have been under-represented. This was however adjusted for the second round with 11% of KIs interviewed being female. This will continuously be improved upon in future rounds of data collection.

Lessons Learned

After the end of the first round at the end of March, REACH presented preliminary findings and solicited feedback from Cluster and Humanitarian Access Group (HAG) members. Following this round of feedback, REACH aligned the demographic age groups with IOM DTM's groups (as seen in the difference in age groups between the first and second round of data collection). REACH also revised the shelter severity scoring after consultation with the Emergency Shelter and Non-Food Items (ESNFI) Cluster in order to align it more closely with the Cluster's own specialised severity criteria to determine need and vulnerabilities. Finally, REACH adapted the priority needs questions between both rounds to ensure KIs adequately ranked the top three needs. After feedback from partners, security was dropped from the option list in the second round to ensure a complete focus on needs humanitarian partners can address directly – as security is not a need that can be addressed by humanitarian partners and donors.

FINDINGS

BSU Mapping Findings

Prior to the needs assessment, REACH collected data to break up each district into BSUs. In total, the mapping found 399 BSUs spread out across the 46 assessed HTR districts and broken down in the following way:

Figure 4: Number of BSUs identified per district

| Province | District | Total number of identified BSUs |
|-----------|-----------------------|---------------------------------|
| Faryab | Almar | 14 |
| | Bilchiragh | 4 |
| | Gurziwan | 9 |
| | Pashtun Kot | 23 |
| Ghazni | Giro | 7 |
| | Muqur | 9 |
| | Waghaz | 7 |
| | Wali Muhammadi Shahid | 6 |
| Hilmand | Garmser | 7 |
| | Lashkar Gah | 9 |
| | Nad Ali | 3 |
| | Naw Zad | 16 |
| | Reg (Khanshin) | 6 |
| | Sangin | 9 |
| Kandahar | Arghistan | 7 |
| | Ghorak | 6 |
| | Khakrez | 6 |
| | Maywand | 11 |
| | Nesh | 4 |
| | Shah Wali Kot | 8 |
| | Zhari | 5 |
| Kunar | Bar Kunar | 5 |
| | Dara-I-Pech | 6 |
| | Ghaziabad | 7 |
| | Khas Kunar | 6 |
| | Marawara | 4 |
| | Shaygal | 9 |
| | Shital | 3 |
| | Wata Pur | 8 |
| Kunduz | Chahar Dara | 17 |
| | Dashte Archi | 10 |
| | Imam Sahib | 24 |
| | Khanabad | 8 |
| | Qalay-I-Zal | 6 |
| Nangarhar | Chaparhar | 14 |
| | Khogayani | 11 |
| | Surkh Rod | 12 |
| Paktika | Urgun | 5 |
| Takhar | Khwaja Ghar | 8 |
| Uruzgan | Chora | 3 |
| | Dihrawud | 8 |
| | Khas Uruzgan | 10 |
| Zabul | Daychopan | 8 |
| | Shahjoy | 14 |

This assessment found that on average a BSU had a population of between 14,000 and 15,000 inhabitants. The average BSU has access to around three small markets and one health clinic. The most common education facility in a BSU is government schools, with the average BSU having around three, and madrassas, with the average BSU having around two.

Population Characteristics in HTR Districts

Demographics

It was identified during both rounds of data collection that the constitution of HTR districts is close to equally male (49% in the first round and 48% in the second round) and female (51% and 52%, respectively) as can be seen in Figure 2. This gender breakdown is similar to that found in ISETs in easier-to-access districts in the 2017 REACH MCNA, which found that ISETs were comprised of 49% male populations and 51% female populations.¹⁸

Figure 5: Proportion of male and female populations across all assessed HTR districts (Round 2)

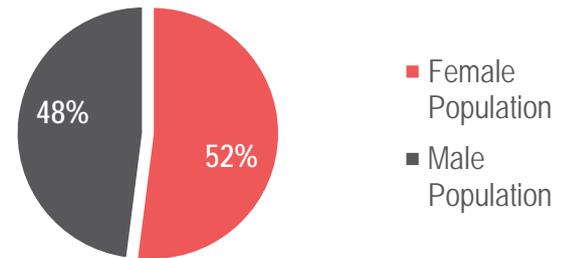
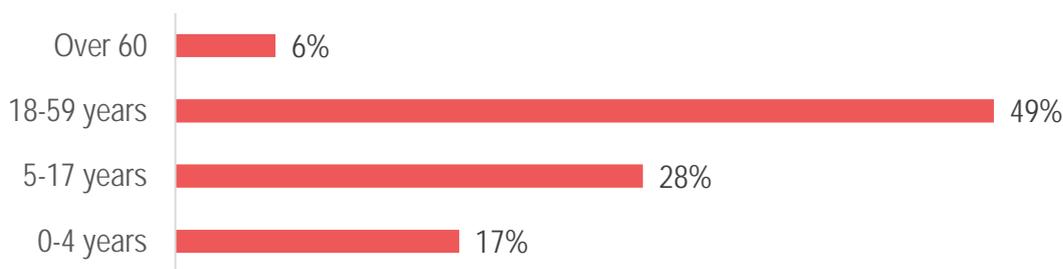


Figure 6: Distribution of populations in HTR districts by age (Round 2)



In the first round of data collection, 42% of the population across the assessed HTR districts was reported by KIs to be between the ages of 19 and 59. Similarly, 32% of the population in the assessed HTR districts reportedly fell in the 6-18 years bracket. In the second round of data collection, after feedback from partner organisations, REACH aligned the age brackets with IOM DTM’s age brackets. It was found that around 49% of the population in HTR districts is aged between 18 and 59, with 28% between the ages of 5 and 17, and 6% over the age of 60 – with the remainder being infants aged 4 and under. Therefore, according to the AHTRA, around half of the population in these districts is adults between the ages of 18/19 and 59, unlike the 2017 REACH MCNA which found that about 34% of the assessed ISET population fall within that bracket,¹⁹ with another 34% between the ages of 5 and 17 years.²⁰ It means populations in HTR districts are typically older. Overall, both rounds of the assessment also found that between 1% and 2% of the population in HTR districts suffers from disabilities, highlighting potential vulnerabilities and protection concerns.

Displacement

Displaced Populations

In the first round of data collection, KIs in 63% of BSUs across all HTR districts reported displacement from their communities in the three months prior to data collection. This increased to 79% of BSUs in the second round. It

¹⁸ REACH, “Multi-Cluster Needs Assessment, Food Security in Informal Settlements”, November 2017

¹⁹ Ibid.

²⁰ Ibid.

suggests there may have been a deterioration in stability within a number of the assessed HTR districts in the three months between both rounds of data collection.

In addition to movements from their communities, 92% of BSUs in the second round reported the presence of IDPs in their communities (99% in the first round), primarily from Hilmand and Kandahar (both in 23% of BSUs with IDPs), Kunar and Nangarhar (15%), and Faryab and Uruzgan (14%). In the first round of data collection, KIs reported that 4% of their BSU's population was comprised of IDPs, on average. The highest proportions were identified in Tirinkot district of Uruzgan, Nesh district of Kandahar and Khogyani district of Nangarhar where an average of 30%, 20% and 19%, respectively, of the BSU's population reportedly comprised of IDPs, which can be explained by the waves of internal displacement within the district due to active fighting in the area.²¹ The second round saw a slight decrease in the average proportion of IDPs in the BSU's population, to 2%, with some of the highest proportions identified in Chapahar district of Nangarhar (19%), Tirinkot district of Uruzgan and Khanabad district of Kunduz (both 14%). It can likely again be explained by increased levels of NSAG activity in Nangarhar and Kunduz provinces in the second quarter of 2018, forcing populations to displace.²²

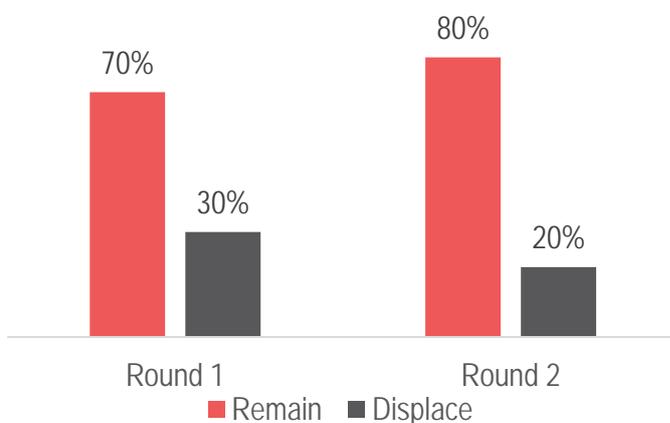
Directorate of Refugees and Repatriation Operations

The Directorate of Refugees and Repatriation (DoRR) is the main government body in charge of registering displaced populations and passing their information on to assistance referral systems, seeking humanitarian and government support. The presence of DoRR offices is key to assistance being delivered as DoRR registration offices in communities would likely indicate the presence of displaced populations and increase the potential of humanitarian assistance being or having been delivered within said communities. As such, KIs were asked to report on the presence of the DoRR in their communities due to the crucial nature of the Directorate's presence.

During the first round of this assessment, KIs in 93% of BSUs across all assessed HTR districts reported never having DoRR referral systems in their communities. In the second round of data collection, this proportion largely remained the same, with KIs in 91% of BSUs reporting this. This reported lack of DoRR presence in assessed HTR districts could indicate that populations in need are likely facing barriers to humanitarian assistance, presenting a gap in international and local capacities to respond. That said, while these findings indicate a concerning trend, such an absence could be explained by a number of factors. Firstly, the DoRR may have difficulties operating in areas of HTR districts that are actively being contested between NSAG and the Government of Afghanistan. In addition, KIs may have a limited understanding of the full mandate and scope of intervention of the DoRR and as such may not have been able to accurately report on the Department's activities. Finally, perhaps some KIs may not have been entirely truthful when reporting on DoRR activities in an attempt to fast-track international assistance to their communities and bypass the DoRR processes, which do take some time to go through. As such, these findings should be interpreted with caution.

Movement Intentions

Figure 7 : Movement intentions if safe displacement was an option (% of BSUs)



Whilst populations in HTR districts face barriers to displacement, KIs in 30% of BSUs in the first round reported that at least some residents would prefer to displace if safe displacement was a possibility. This proportion decreased to 20% of BSUs in the second round. The vast majority of the BSU populations in the assessed HTR districts would reportedly prefer to remain, even if given the choice.

The above trend is confirmed by looking at reported intentions of populations in the

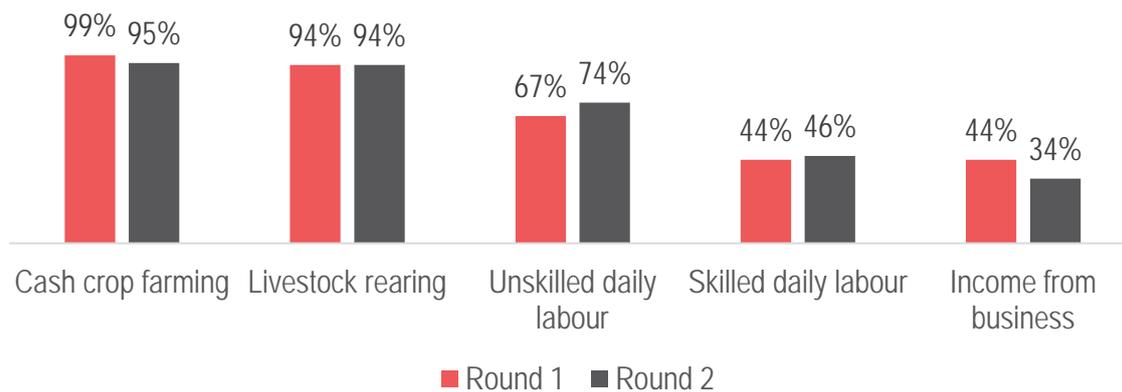
²¹ NRC, "Thousands flee clashes between Taliban and Islamic State in Eastern Afghanistan", November 2017.

²² INSO Reports, Non-Public Release, 2018.

different BSUs across the assessed districts. Indeed, an average of 79% of households in each BSU reportedly planned to remain in the three months following the first round of data collection, while only 6% of households planned to displace permanently in the same timespan, according to KIs. A further 12% of households were reported to intend to displace temporarily in that same timeframe, with the remaining proportion (6%) uncertain of their intentions. This trend is confirmed by findings from the second round of data collection where 76% of households reportedly intended to remain in the following three months. This is despite a deterioration of the overall security situation in Afghanistan in the second quarter of 2018 – particularly in the North and in the East of the country.²³

Socio-Economic Status

Figure 8: Five Most Common Sources of Income (% of BSUs)



In the first round of data collection, 99% of BSUs across the assessed HTR districts reported cash crop farming as one of the most common sources of income, followed by livestock rearing (94%), unskilled daily labour (informal sector, 67%), skilled daily labour (informal sector, 44%) and income from business (44%).²⁴ The second round of data collection, conducted three months later, found a similar ranking. This indicates that populations in HTR districts tend to be most reliant on agriculture and livestock rearing as well as unsustainable sources of income such as daily labour, mostly unskilled. The proportion of BSUs reporting unskilled daily labour as a main source of income was on the rise in the second round compared to the first. This increased reliance on unskilled daily labour as one of the five most common sources of income, an unsustainable income source, is concerning and will likely need addressing through more development-focused approaches such as economic development interventions in line with the Humanitarian-Development Nexus bridging the gap between both sectors.

Only 25% of BSUs in the assessed HTR districts reported formal employment as one of the main sources of income in their communities in the first round, decreasing slightly to 18% in the second round, likely due to the high formal unemployment rate in Afghanistan, where the informal economy often outperforms the formal economy. More concerning, the first round found that loans was one of the main sources of income in 40% of BSUs across all assessed HTR districts (39% in the second round). These findings highlight particular financial vulnerability – especially when coupled with a reliance on daily labour, itself an unstable source of income – as populations are having to redirect significant portions of their earnings towards paying down their debt.

The HTR districts where formal employment was reported as one of the main sources of income are primarily located in Kunar province, where 64% of BSUs (in the second round) in Barkunur district reported formal employment as one of the main sources of income, as well as Ghaziabad (56%), and Khas Kunar (50%). Outside of Kunar, 100% of BSUs in Khwaja Ghar district of Takhar reported formal employment as one of the main sources of income, along with 83% of BSUs in Emam Saheb district of Kunduz.

Conversely, the districts where a reliance on borrowing and loans as one of the main sources of income has been reported are primarily located in the southern province of Kandahar, namely in the districts of Arghistan (100% of

²³ INSO Reports, Non-Public Release, 2018.

²⁴ Please note that KIs could choose up to five different answers.

BSUs), Ghorak (100%), Khakrez (100%), and Zhari (70%). Three of the five assessed HTR districts of Kunduz also often reported relying on loans as one of the primary sources of income (Dashte Archi 90%, Khanabad 83% and Qala-e Zal 78%).

Priority Needs and Assistance

In the second round of data collection, KIs in 91% of BSUs across all assessed HTR districts reported their communities received no humanitarian assistance in the 30 days prior to data collection (90% in the first round). This may be an indication of very low humanitarian presence in the districts assessed, an unclear understanding of the needs and vulnerabilities of these populations in HTR districts and/or a lack of access to these communities in need. Indeed, when compared to displaced households assessed in the JENA (of which 73% reportedly received no assistance since arriving in their current location at the time of the assessment)²⁵ and ISET populations (64% reported having received no assistance at the time of the assessment)²⁶ populations in the assessed HTR districts seem particularly underserved.

This assessment sought to identify the top three priority needs in the communities of the districts assessed. In the first round, KIs were not asked to rank them and could select multiple options while, after a round of feedback from humanitarian partners, they were asked to rank them in the second round. In the first round, security was identified as one of the top concerns (reported by KIs in 55% of BSUs), followed by education and employment (both 14%).

The requests for education and employment also appeared in the second round of data collection.²⁷ Indeed, the most reported priority need was employment, reported by KIs in 23% of BSUs, followed by education (21%) and food (17%). The most reported second priority needs were reportedly agricultural and/or livestock support (20%), education (15%) and employment (14%), while the most reported third priority needs were agricultural and/or livestock support (23%), education (22%) and employment (10%). It therefore appears that populations in HTR districts have more development-oriented needs as opposed to purely humanitarian needs, something humanitarian actors wanting to operate or currently operating in HTR districts should take into consideration when planning interventions. Such needs also likely tie in to the older demographic identified in HTR districts, where there is a majority of working age adults – thus highlighting a need for employment support and further education needs.

In contrast, the 2017 REACH MCNA found that populations residing in ISETs consider shelter to be their most critical need, with 41% of households surveyed reporting this at the time of the assessment. Given the generally poor quality of ISET shelters – which are mostly either transitional shelters, mud brick shelters or tents – this high need for shelter assistance was to be expected. The 2017 REACH JENA also found that amongst displaced households interviewed, 39% reported shelter as their most pressing need. In ISETs, employment (32%) and food (12%) were also identified as the second and third priority needs by households²⁸ while during the JENA, security was reported as the second priority need by displaced households (16%), while food and employment tie as third priority needs (both 11%).

Access to Basic Services in HTR Districts

This section aims to look at access to basic services in the assessed HTR districts. During the two rounds of multisector needs assessment, “basic services” was understood as financial services, telecommunication services, legal services, as well as electricity and heating. Other basic services such as health care and educational services had their own separate sections in the questionnaire and will be treated separately in this report.

Access to Financial Services

In the first round of data collection, KIs in 76% of BSUs reported their communities did not have access to means to send and receive money. Three months later, in the second round of data collection, this proportion remains relatively constant, with KIs in 79% of BSUs reporting this. Access to means to send and receive money impacts both the livelihood of these populations – namely their ability to support family in other districts or receive support,

²⁵ REACH, “Joint Education and Child Protection Needs Assessment”, November 2017

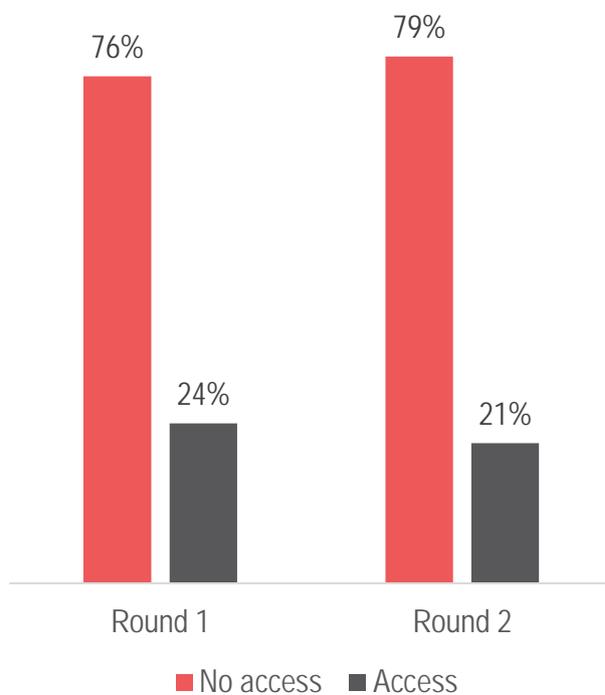
²⁶ REACH, “Multi-Cluster Needs Assessment: Food Security in Informal Settlements”, November 2017

²⁷ Note that security was removed as an option in the second round due to requests by partners.

²⁸ REACH, “Multi-Cluster Needs Assessment: Food Security in Informal Settlements”, November 2017

receive and draw a formal salary – as well as humanitarian interventions, many of whom revolve around cash distributions²⁹.

Figure 9: Access to Means to Send and Receive Money (% of BSUs)



Of those 24% of BSUs where KIs reported their communities had access to means to send and receive money in the first round, 66% reported having access to Hawaldars as one of the top three most common means, while 38% reported mobile phone agents. Finally, the third most common means to send and receive money was identified as remittance agents (35%).³⁰ In the second round, KIs in 77% of BSUs with access to means to send and receive money reported having access to Hawaldars, while KIs in 46% of BSUs reported their communities had access to remittance agents. Finally, the third most common means identified in the second round was mobile phone agents (25%).

Banks were only reported as a main means to send and receive money in 3% of the BSUs across the 46 assessed HTR districts in the first round – namely in minority of BSUs in Emam Saheb district of Kunduz, Lashkar Gah district of Hilmand, and Shadid-e-Hassas district of Uruzgan. This

proportion increased to 6% in the second round – in a minority of BSUs in Emam Saheb and Khanabad districts of Kunduz, Lashkar Gah district of Hilmand, Almar district of Faryab and Tirinkot district of Uruzgan. There therefore appears to be two levels of vulnerability when it comes to HTR districts' access to financial services.

1. The first level is the fact that in the majority of BSUs in the assessed districts, communities did reportedly not have access to any means to send and receive money – which can indicate livelihood vulnerabilities as highlighted at the start of this sub-section.
2. The second level is the heavy reliance on Hawaldars. Despite being a proven system used by Afghans across the country to send and receive money³¹, it remains more of an informal means of sending and receiving money than traditional banks or the growing trend of mobile money – modelling similar mobile money mechanisms as in East and West Africa (e.g. Kenya, Côte d'Ivoire, Ghana).³²

The inversion of trends between the first and second rounds of data collection between mobile phone agents and remittance agents – where remittance agents grew in importance in the second round – further emphasises the vulnerability of these communities as the use of remittance agents may signal a dependence on money being sent by relatives likely based abroad.

²⁹ See namely the ECHO-funded Emergency Response Mechanism, as well as Cash and Voucher Working Group activities in Afghanistan – <https://www.humanitarianresponse.info/en/operations/afghanistan/cash-voucher>

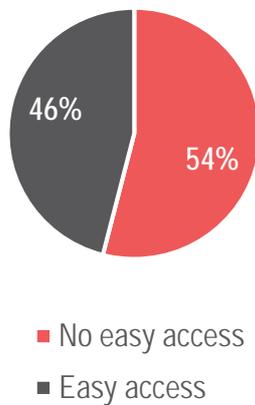
³⁰ KIs were able to choose three means.

³¹ Chipchas, "Mobile Money: Afghanistan", 2011.

³² Ibid.

Access to Telecommunication Services

Figure 10: Easy access to a Telecommunication Network (% of BSUs – round 2)

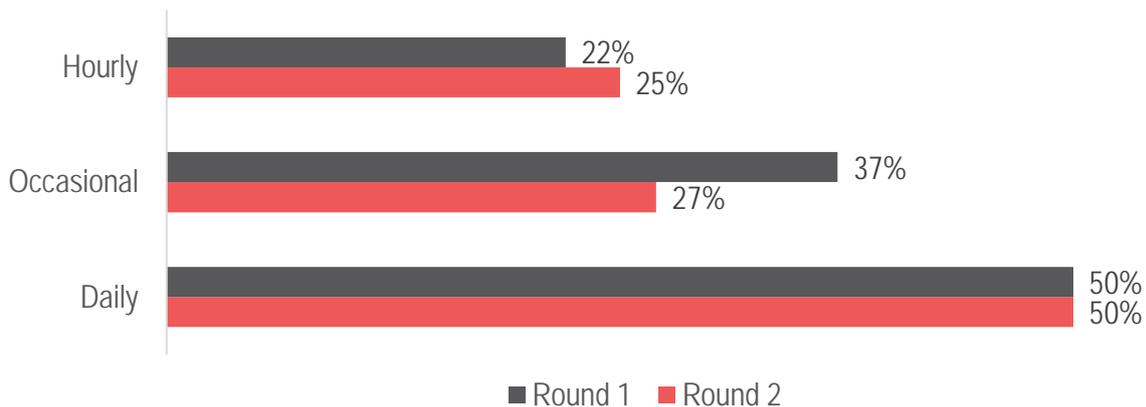


Another basic component of livelihoods is access to telecommunication services. Amongst all BSUs identified across assessed HTR districts, 53% had reportedly no easy access to a telecommunication network in the first round of data collection. It means that these communities either have physical barriers that must be overcome for telecommunication services to work (e.g. going up a hill to get a signal) or other barriers that hinder the quality or availability of such services (e.g. cellular tower damaged by conflict, imposed curfew on telecommunication providers, etc.). This proportion remained constant at 54% in the second round of data collection, indicating no change in the level of access to a telecommunication network between both rounds. Lack of access to such services can make a community more isolated and unable to communicate with relatives and connections outside of the community. It also limits opportunities to conduct trade as well as limits opportunities to access mobile money mechanisms,

a means to deliver cash that is currently being explored for cash-based assistance programming in Afghanistan.³³ It also impacts humanitarian programming insofar as NGO staff may not be able to communicate with their teams in the field at given times – raising a significant safety concern and requiring alternative operational planning to ensure communication can be maintained with staff in the field.

In 77% of BSUs, KIs reported telecommunication network shortages in the 30 days prior to the assessment in the first round of data collection, while it was reported in slightly more BSUs (80%) in the second round. These shortages are spread out across all 46 assessed HTR districts including districts in Kunduz and Faryab provinces, where networks are known to have been brought down in May 2018 during active conflict.³⁴ Shortage in services – particularly frequent (daily or hourly shortages) – can have the same disrupting impact on communities and NGOs operating in these areas as a complete lack of access to a telecommunications network.

Figure 11: Reported Frequency of Telecommunication Service Shortages (% of BSUs where a shortage was reported)



Across the BSUs where shortages were reported, the majority reportedly had daily (50%) or occasional³⁵ (37%) telecommunication network shortages in the first round of data collection. Nevertheless 22% of those BSUs faced hourly shortages – primarily in Qala-e-Zal, Char Darah and Emam Saheb districts of Kunduz, Muqur and Waghaz districts of Ghazni and Khwaja Gar district of Takhar. Most of these districts witnessed heavy fighting over the

³³ Understood as per discussions with the ESNFI Cluster.
³⁴ INSO Reports, Non-Public Release, 2018.
³⁵ Understood as no more than a couple of times a month.

period of the first round of data collection which may contribute to explaining the frequency of shortages in services as telecommunication towers can be damaged during fighting and NSAGs often cut telecommunication services after a certain time.³⁶

During the second round of data collection, KIs in the majority of BSUs facing shortages still mostly reported daily shortages (50%) or occasional shortages (27%). The most concerning shift between both rounds is the increase in the proportion of BSUs reportedly facing hourly shortages (25%), which may feed in to explaining the deterioration in service noted between the first and second round of data collection. The districts with BSUs facing hourly shortages were primarily located in Almar district of Faryab, Char Darah, Emam Saheb, Khanabad and Qala-e-Zal districts of Kunduz, Khwaja Ghar district of Takhar as well as Muqur and Waghaz districts of Ghazni. As in the first round of data collection, most of these districts saw heavy NSAG fighting over the period between both rounds of data collection, which may contribute to explain the deterioration of services – particularly in Faryab and Kunduz where NSAGs often cut telecommunication services after a certain time.³⁷

Access to Legal and Civil Documentation Services

Across all BSUs in the assessed HTR districts, 81% reported their communities did not have access to legal services, while a further 85% reported a lack of access to civil documentation services in the first round. This lack of access was fairly spread out across the Northern, Southern, Eastern and South-Eastern regions – with the exception of Watapur district (Kunar province) where all BSUs reported access to both legal and civil documentation services, as well as Shaygal and Barkunar districts (Kunar) and Giro district (Ghazni), where all BSUs reported access to legal services. In Maywand district of Kandahar, all BSUs had reportedly access to civil documentation services.

The second round of data collection saw a slight increase in the proportion of BSUs reportedly lacking access to legal and civil documentation services (86%). In all districts, no access to legal services was reported in at least some BSUs, except in Daychopan district (Zabul) and Khwaja Ghar (Takhar). Access (or lack thereof) to civil documentation services did not reportedly change between the first and second round, with 86% of BSUs reporting a lack of access to civil documentation services. Access to legal and civil documentation services is an important livelihood component (given reliance upon documentation for access to employment, assistance and other such livelihoods components) that also feeds into protection concerns should access to such services be limited. Indeed, populations need to be able to access legal protection should the need arise, as well as access civil documentation services – typically provided by the public authorities – in order to, for instance, create/renew identity documents that will enable them to circulate within the country.

Access to Electricity

In the first round of this assessment, the most common source of electricity across all BSUs of the assessed HTR districts was reportedly solar power (80% of all BSUs), followed by a reliance on the public grid (10%). Of all the BSUs, 3% reported their communities did not have access to electricity, mainly in parts of Nawzad district of Hilmand, as well as Khrakrez and Arghistan districts of Kandahar. The second round of data collection also found that the most common source of electricity across all BSUs of the assessed districts was solar power (88% of all BSUs), followed by a reliance on the public grid (10%). The biggest distinction between both rounds is the decrease in reliance on generators (5% in round one, 1% in round two) as well as no significant reports of communities lacking access to electricity – which may help explain the increase in the use of solar power, though this also likely reflects less need for these sources as the country moves into the summer months.

Of those BSUs with access to electricity in the first round, KIs in 55% reported having faced shortages in electricity in the 30 days prior to data collection. Of these, the majority of BSUs (54%) reportedly faced occasional shortages, while 26% faced daily shortages and a concerning 19% faced hourly shortages, highlighting a significant vulnerability as hourly shortages significantly impact access to livelihoods by impacting people's ability to work, cook, etc. Shortages in electricity may also have a considerable impact on social cohesion due to the increased

³⁶ INSO Reports, Non-Public Release, 2018.

³⁷ INSO Reports, Non-Public Release, 2018.

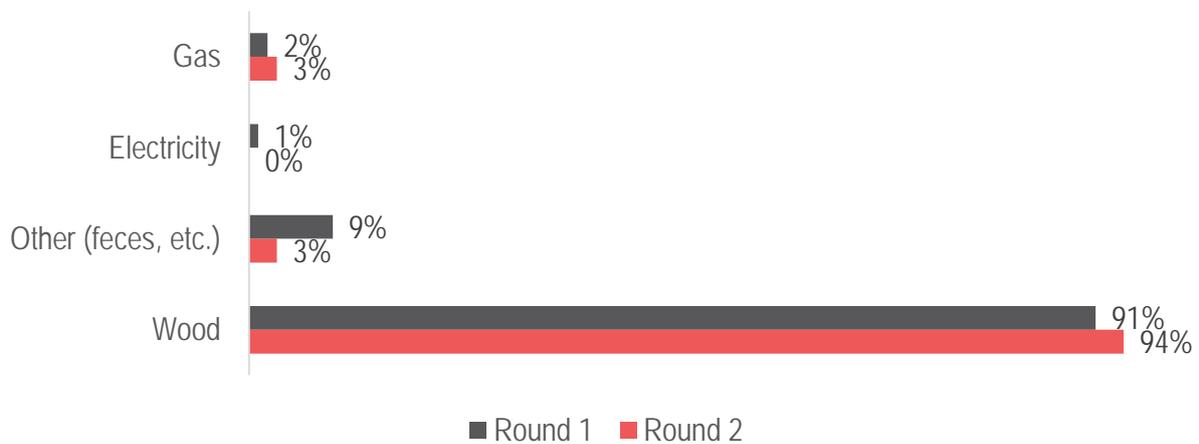
frustrations and tensions linked to these shortages, as well as on security particularly at night, and humanitarian programming.

The second round noted an increase in the percentage of BSUs where shortages in electricity were reported in the 30 days prior to data collection (64%, up from 55%). Despite this increase, shortages were reported to be somewhat less frequent, with a higher proportion of BSUs facing occasional shortages (63% of BSUs facing shortages, up from 54%) and a lower proportion of BSUs facing hourly shortages (14%, down from 19%). The proportion of BSUs reporting daily shortages remained constant at 26%.

Access to Heating

In 91% of BSUs, wood was reported as the most common source of heating, while 2% and 1% only reported gas and electricity, respectively, in the first round of data collection. In the second round, 94% of BSUs reported wood as the most common source of heating in their community, with 3% reporting gas and none reporting electricity.

Figure 12: Most Common Source of Heating (% of BSUs)



Of the 10% that reported an alternative source of heating to wood, electricity, and gas in the first round, the majority reported their communities had to rely on animal feces, brushwood and/or straw. This raises a protection concern as these communities are more vulnerable to snowfall and difficult winter weather conditions – a particular issue in Afghanistan where snow falls regularly during the winter, especially in the North. Pashtunkot for instance, where the majority of BSUs reported such alternative methods to produce heat, may have communities more exposed during the winter months due to precarious heating material and heavy snowfall. The use of these methods also pose a health concern as exposure to feces can bring about contamination of individuals and food should proper hygiene methods not be applied.

In the second round, the proportion of BSUs reporting an alternative source of heating to wood, electricity, and gas decreased from 10% to 3% as access to wood likely became easier as winter-demand decreased, with nevertheless the same protection and health concerns due to the use of animal feces. Though more common in Afghanistan and beyond, the high proportion of BSUs using wood for heating is also a health concern – albeit a longer-term one – due to the impact the smoke has on the environment as well as the respiratory diseases associated with the inhalation of smoke over the long-term.³⁸

Finally, a majority of BSUs in both rounds (64% in the first and 65% in the second) reportedly faced difficulties accessing heating materials during the winter, primarily due to distance to the market as well as security concerns while travelling. Districts where this was not raised as an issue during the second round were Arghistan,

³⁸ United States Environmental Protection Agency, March 2016, <https://archive.epa.gov/epawaste/nonhaz/municipal/web/html/health.html>

Daychopan, Giro, Khas Uruzgan, Lashkar Gah, Shaygal, Surkhrod and Waghaz. This assessment therefore highlights significant health and protection issues as the lack of access to heating material has a direct impact on a community's quality of life and health during winter months.

Limitations in Access to Services

The AHTRA also aimed to gain a better understanding of limitations in access to the aforementioned services, more particularly for women/girls and different population groups (IDPs, minority communities, etc.). In 38% and 30% of BSUs in the first and second round, respectively, certain groups were, according to KIs prevented from accessing services on the basis of their presumed affiliation, family or origin, mostly members of minority groups or those not originally from the BSU. In addition, women and girls were often found not to have easy access to services, as reported in 47% of BSUs in the second round of data collection (27% in the first round). This raises significant protection and livelihood concerns across assessed HTR districts.

Protection Concerns in HTR Districts

Main Protection Concerns

In the first round of data collection, KIs in 50% of BSUs reported mines/explosive remnants of war (ERWs) as the main protection concern for their communities, followed by psychological trauma (42%) and street crime (31%). Unlike the first round, protection concerns were ranked by KIs in the second round of data collection, enabling a better understanding of the most pressing protection concerns in the communities within the assessed districts. Killing and maiming was the most common primary concerns, reported by 32% of BSUs.

Figure 13: Top Three Reported Protection Concerns (Second Round data)

| Concern Type | First Concern (% of BSUs) | Second Concern (% of BSUs) | Third Concern (% of BSUs) |
|----------------------|---------------------------|----------------------------|---------------------------|
| Killing and Maiming | 32% | N/A | N/A |
| Mines/ERWs | 24% | 19% | N/A |
| Psychological Trauma | 16% | 14% | 25% |
| Forced Recruitment | N/A | 15% | N/A |
| No Concerns | N/A | N/A | 12% |
| Harassment | N/A | N/A | 10% |

The key takeaway here is the prevalence of psychological trauma and mines/ERWs as major protection concerns for communities within HTR districts, reported in both rounds of data collection as one of the main protection concerns.

Women Protection Concerns

Psychological trauma and mines/ERWs were identified by KIs in 53% and 38% of BSUs respectively as the main protection concerns for women in HTR districts in the first round of data collection. In the second round of data collection, KIs were also asked to rank the three most prevalent protection concerns for women. Psychological trauma was the most commonly reported across BSUs (in 28% of BSUs as a primary concern, 30% as a secondary concern, and 37% as a tertiary concern). Mines/ERWs were also reported as major protection concerns, with KIs in 14% of BSUs reporting this as a primary concern, in 9% as secondary concern and in 8% as a tertiary concern. Although main protection concerns for women were not found to vary significantly from the general population, it is

important to note that it was not deemed feasible to include specific questions on gender-based violence in the questionnaire due to the nature of the assessment and the KIs being mostly male.

Figure 14: Top Three Reported Protection Concerns for Women (Second Round)

| Concern Type | First Concern (% of BSUs) | Second Concern (% of BSUs) | Third Concern (% of BSUs) |
|----------------------|---------------------------|----------------------------|---------------------------|
| Psychological Trauma | 28% | 30% | 37% |
| Killing and Maiming | 19% | N/A | N/A |
| Mines/ERWs | 14% | N/A | 8% |
| Forced Recruitment | N/A | 15% | N/A |
| No Concerns | N/A | 12% | 23% |
| Harassment | N/A | 10% | N/A |

Safety Risks

Landmines and ERWs were flagged as a considerable protection concern for assessed communities in HTR areas. KIs in 60% of BSUs in the first round and 64% of BSUs in the second round of data collection reported the presence of landmines and ERWs in their communities. The hazardous areas where mines were believed to be present in their communities were reportedly not marked in a concerning 85% of these BSUs in the first round and 87% in the second round. A similarly high proportion of BSUs have not received any Mine Risk Education (MRE) according to KIs (91% and 97% of BSUs in the first and second round, respectively). Unmarked areas and poor levels of MRE constitute direct protection and health concerns as accidental life-altering injuries may occur.

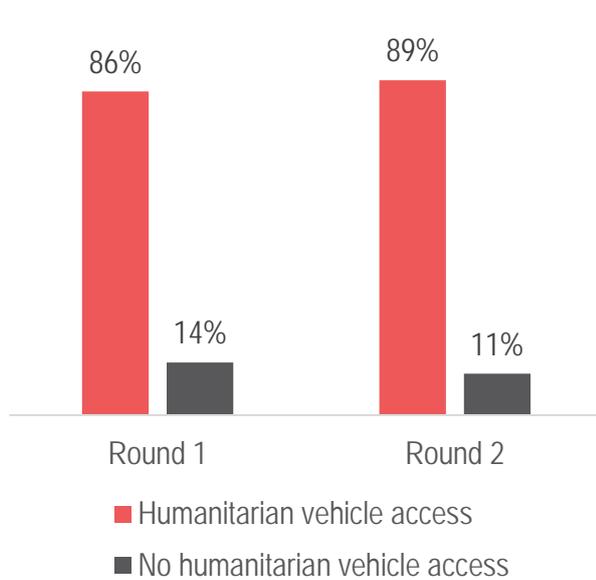
Psychosocial Support

This assessment found that in the majority of BSUs no psychosocial support services are available to the communities. In both rounds, KIs in slightly less than three-fourth of BSUs reported their communities did not have access to psychosocial support services (79% and 75% of BSUs in the first and second round, respectively). Of those whose communities do have access to such services, the most available service was social workers (in 65% and 62% of BSUs, respectively), followed by support group (16% and 25%, respectively) and counsellors/psychiatrists (15% and 10%, respectively). Mirroring these findings, KIs in the majority of BSUs reported that psychosocial support services were not sufficiently available (84% in the first round and 69% in the second round) while only a minority reported no need for such services (9% and 10%, respectively).

Freedom of Movement and Humanitarian Access

In the first round of data collection, KIs in 40% of BSUs reported restrictions of movement in their communities – meaning populations were not able to move around freely and/or were confronted with village/city-wide curfews. This proportion was similar in the second round of data collection (34% of BSUs). Such restrictions have been identified primarily in Chaparhar district of Nangarhar, Khakrez district of Kandahar and Lashkar Gah district of Hilmand. Such restrictions were particularly reported in Kunar district, where all BSUs in Chaz Darah, Ghaziabad, Khas Kunar and Shaygal districts faced restrictions according to KIs. These restrictions of movements were most widespread for women and girls, with KIs in 50% of BSUs in the first round and 47% in the second round of data collection reporting women and girls in particular were restricted in their movements compared to the general population.

Figure 15: Humanitarian Vehicle Prevented Access in 30 days prior to data collection (% of BSUs)



On the issue of humanitarian access, KIs in 14% of BSUs reported humanitarian vehicles had been prevented from entering their community in the 30 days prior to the first round of data collection, with this proportion being 11% in the second round of data collection. Districts where all BSUs reported humanitarian vehicles were prevented from entering their community were Maywend district of Kandahar, Khanabad district of Kunduz and Shaygal district of Kunar. Given the security context in these districts, where NSAG activity is on the rise and clashes with Afghan forces are frequent, it is likely that NSAGs are able to restrict movements and block humanitarian vehicle access in large parts of these locations.³⁹

Access to Food in HTR Districts

Access to Markets

Limited physical access to food can significantly contribute to food insecurity, making a community's ability to access a market essential to mitigate this risk. The first round of the AHTRA found that 14% of BSUs had no access to a market, while this proportion was 21% of BSUs in the second round. The main access constraints expressed by KIs in the second round of data collection were distance to market (reported in 40% of BSUs), followed by security concerns (33%) and high prices (19%).

Prices for core goods appear to be a recurring concern for populations in HTR districts. Indeed, KIs in 54% of BSUs across assessed HTR districts reported an increase in the diesel in the three months prior to data collection, while KIs reported an increase in the price of rice, flour and oil in 54%, 51% and 51% of BSUs, respectively, over that same time period. The price situation appears to deteriorate further in the second round of data collection, with an increase in the price of diesel in the 3 months preceding data collection reported by KIs in 75% of BSUs, of rice in 79% of BSUs, of flour in 67% and of oil in 75% – all over the same time frame.

Although KIs in the vast majority BSUs reported the goods mostly originated from within the province (82% in the second round of data collection), the average length of time to restock was found to be relatively long, with 15 days for flour, 14 for rice, 13 for oil and 12 for diesel according to KIs in the first round of data collection. Though still lengthy, these numbers decreased slightly in the second round (13, 13, 12 and 10 days for flour, rice, oil and diesel, respectively). Such lengths in restocking times may be explained by commercial vehicles running into access issues – primarily due to security concerns – when trying to entering communities, with commercial vehicles reportedly prevented from entering in 24% of BSUs in the first round and 21% in the second round. That being said, further research on prices and supply chains would be necessary to obtain a clearer picture of prices and market dynamics in HTR districts.

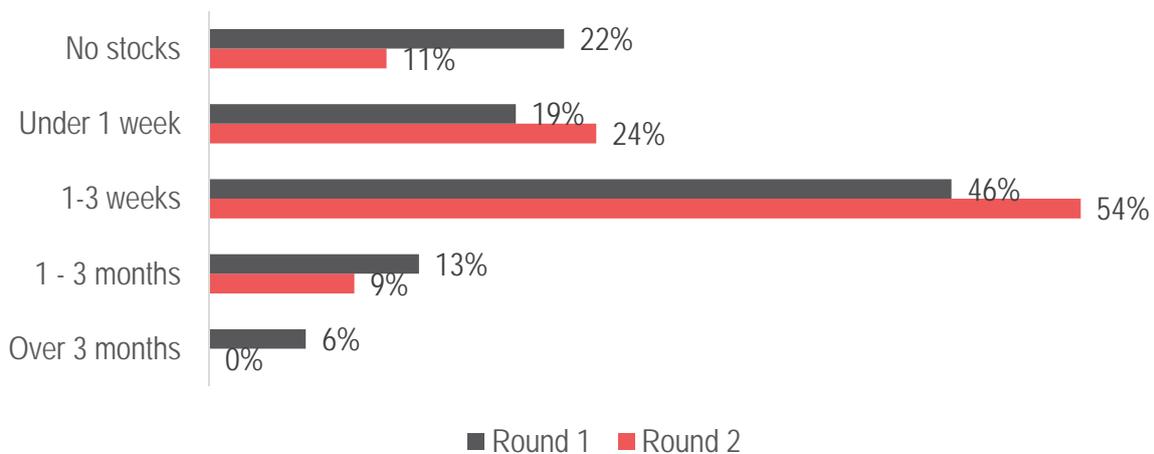
Food Availability and Stocks

The assessment also looked at whether there has been any change in the availability of food in the previous 30 days, and in particular of flour, rice and oil, in the three months prior to data collection. In the first round of data collection, KIs in 64% of BSUs reported no change in the availability of food in general in the 30 days prior to data collection, and of flour, rice and oil in around half of BSUs (in respectively 49%, 50% and 52% of BSUs). A decrease

³⁹ INSO Reports, Non-Public Release, 2018.

in availability of food in the 30 days prior was nevertheless reported in 32% of BSUs, in particular in Chaparhar and Khas Uruzgan districts, located in Nangargar and Uruzgan provinces (in 100% of BSUs), and of flour, rice and oil in particular, in 9%, 13% and 7% of BSUs. The second round found roughly the same proportions, with KIs in 59% of BSUs reporting no change in the availability of food in their communities and KIs in 31% of BSUs reporting a decrease in the availability of food in the 30 days prior data collection. A decrease in availability was reported in all BSUs in the districts of Chaparhar and Khogyani (Nangarhar), Char Darah (Kunduz), Garmser and Nad-e Ali (Hilmand), Maywand (Kandahar), Shaygal (Kunar) and Waghaz (Ghazni). Availability of flour, rice and oil has reportedly decreased in the three months prior in 7%, 12% and 11% of BSUs, respectively. The assessment therefore highlights key vulnerabilities in a number of districts in terms of availability of food. This decrease in the availability of food in the months prior to data collection in these districts could be associated with an increase in NSAG operations, particularly in Kunduz.⁴⁰

Figure 16: Food Stocks in HTR Districts (% of BSUs)



In addition, KIs in the majority of BSUs reported members of their community typically had either one to three weeks' worth of food stocks (reported in 46% of BSUs) or no stocks (22%), with KIs in 19% of BSUs reporting less than one week of stocks in the first round of data collection. In the second round, this assessment found a slightly different trend where fewer KIs reported members in their community typically had no stocks than previously. Indeed, KIs in 54% of BSUs reported their communities had one to three weeks' worth of stock, while 24% reported having less than one week – an increase from the previous round where KIs in 19% of BSUs reported less than one weeks' worth of food stocks. The percentage of BSUs reporting their community had no stocks overall dropped from 22% to 11%, potentially linked to the start of the harvest season.

Nutrition

The two rounds of the AHTRA identified carbohydrate-dense foods such as rice, bread, and potatoes to be by far the most reported source of food for men (reported by KIs in 99% and 97% of BSUs respectively in the first and second round), women (98% and 95% respectively), as well as boys (93% and 91% respectively) and girls (93% and 91% respectively). Similarly, the REACH 2017 MCNA also identified carbohydrate-dense foods to be the main source of food for households in ISETs⁴¹, which according to the MCNA report indicated a lack of dietary diversity amongst ISET populations at the time of the assessment. It may be that populations in HTR districts, by virtue of the importance of land cultivation and livestock farming, have more dietary diversity than in ISETs. Indeed, the two rounds of data collection also identified vegetables as one of the main sources of food, followed by pulses and nuts – such as beans, peas and chickpeas – and dairy products.

⁴⁰ INSO Reports, Non-Public Release, 2018.

⁴¹ REACH, "Multi-Cluster Needs Assessment: Food Security in Informal Settlements", November 2017

Figure 17: Main sources of food for men, women, boys and girls (second round)

| Main sources | Men (% of BSUs) | Women (% of BSUs) | Boys (% of BSUs) | Girls (% of BSUs) |
|--------------------|--------------------|----------------------|---------------------|----------------------|
| Cereals and tubers | 97% | 95% | 91% | 91% |
| Pulses and nuts | 59% | 59% | 51% | 50% |
| Vegetables | 63% | 61% | 58% | 57% |
| Fruits | 11% | 13% | 13% | 13% |
| Meat and fish | 36% | 34% | 27% | 27% |
| Dairy products | 57% | 58% | 57% | 61% |
| Breastfeeding | N/A | N/A | 32% | 33% |

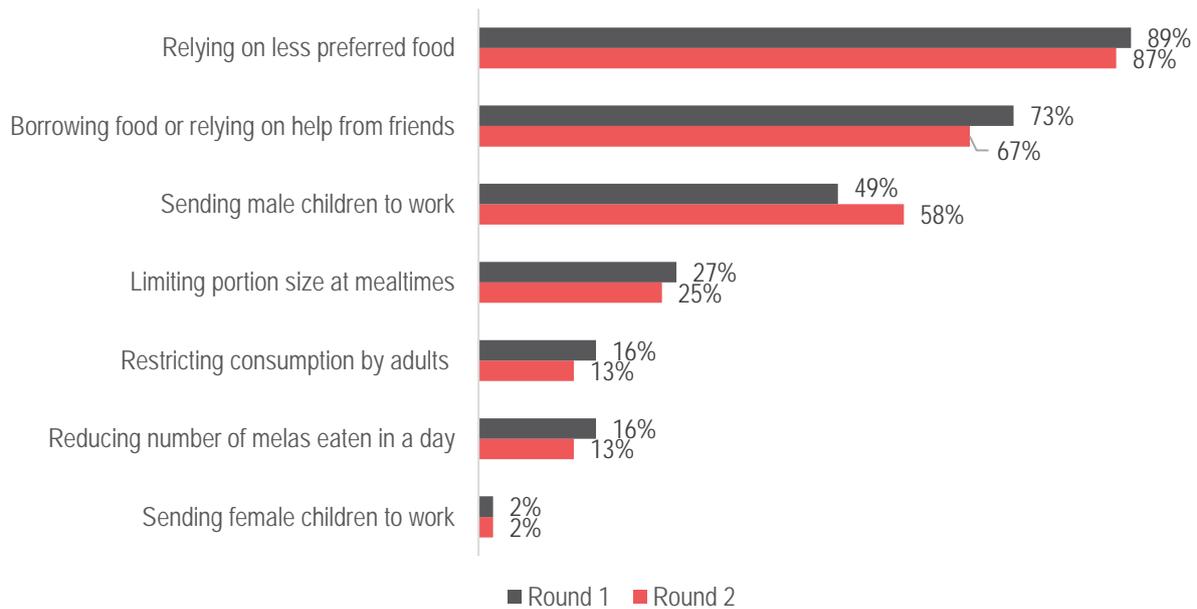
Meat and fish was found not to be a main source of food for men, women, boys and girls, indicating perhaps a low level of purchasing power that may affect the intake of protein particularly for boys and girls as they require more of it as part of their growth cycles.⁴² Finally, this assessment found that KIs in 30% of BSUs in the first and 32% in the second round reported breastfeeding as a main source of food for boys, while KIs in 30% of BSUs (first round) and 33% of BSUs (second round) reported the same for girls – indicating a number of breastfeeding women within these communities.

Coping Strategies

To cope with a lack of access to food, 89% of BSUs reportedly relied on less preferred food and less expensive food as one of the three main coping strategies in the first round of data collection, followed by borrowing food or relying on help from friends and relatives (73% of BSUs). The third most reported food-based coping strategy identified by this assessment was sending male children to work (49% of BSUs). The second round of data collection yielded a similar ranking, with 87% of BSUs relying on less preferred food and less expensive food, followed by borrowing food or relying on help from friend and relatives (67% of BSUs) and sending male children to work (58%). Other negative coping strategies were also reported relatively commonly as one of the three main ones, though not used in the majority of BSUs (see table below). These strategies can be considered amongst the most negative as they directly affect future productivity and the development of human capital.

⁴² British Nutrition Foundation, "Protein", 2017.

Figure 18: Coping strategies to deal with a lack of food reported as amongst the top three used (% of BSUs)



Such findings are however quite common throughout Afghanistan, as highlighted by the 2017 REACH MCNA. Within ISETs, the 2017 REACH MCNA found that the consumption of less preferred and less expensive food was also the most commonly implementing coping strategy with 93% of ISET households reporting having resorted to this strategy at least one day in the seven preceding data collection.⁴³ However, unlike in the assessed HTR districts, the 2017 REACH MCNA found that borrowing food or relying on help from friends and relatives (as well as neighbours) was less reported as a coping strategy (compared to the other proportions listed above), implemented by 55% of households at least once in the last week at the time of the assessment⁴⁴.

Agriculture and Livestock

As stated earlier in this report, both rounds of data collection across all 46 assessed HTR districts identified cash crop farming as one of the most common sources of income for members of the community (in 99% of BSUs in the first round and 95% in the second round) as well as livestock farming (94% in the first round and 94% in the second round). This assessment further found that a majority of households in most BSUs depended on agriculture and livestock for sustenance – 65% of households on average per BSU in the first round and 74% in the second round. Over 90% of households were reportedly dependent on agriculture and livestock in the districts of Chaparhar (Nangarhar), Dehrawud (Uruzgan), Marawara and Shaygal (Kunar), and Pashtunkot (Faryab). These findings suggest a significant proportion of people could perhaps benefit from support to improve their productivity and yield – particularly in harsher weather (snow in the winter or heat in the summer).

This comes in contrast to the populations in ISETs who, by virtue of their location and known crowding issues in ISETs⁴⁵, seldom cultivate land (2% of households) and own livestock (7%). This indicates a form of vulnerability as cultivatable land and livestock ownership are both means of self-sustenance and potential sources of income. ISETs with the highest proportion of households reliant on land cultivation were found to be in the North (6%) compared to other regions, which can likely be explained by the prevalence of cultivable land in the North.⁴⁶

Across the assessed districts, 16% of BSUs reported the majority of their community do not keep livestock and household members in separate living spaces – primarily in Shahid-e-Hassas, Chora and Dehrawud districts of Uruzgan (100% of BSUs), Ghorak district of Kandahar (100%), and Almar district of Faryab (93%). A similar proportion of BSUs (15%) was found in the second round of data collection, primarily in the districts of Arghistan

⁴³ REACH, "Multi-Cluster Needs Assessment: Food Security in Informal Settlements", November 2017

⁴⁴ Ibid.

⁴⁵ REACH, "Multi-Cluster Needs Assessment: Shelter and WASH in Informal Settlements", November 2017

⁴⁶ UNODC, "Afghanistan Opium Survey 2017 – Cultivation and Production", November 2017

(Kandahar), Bilcheragh (Faryab), Khogyani (Nangarhar), Nad-e Ali (Hilmand), Shahjoy (Zabul) and Waghaz (Ghazni). The 2017 REACH MCNA found that livestock ownership within ISETs presented both a protection and a health concern as a very high proportion of ISET households rearing livestock kept their livestock in spaces intended for humans (86%).⁴⁷

Access to Shelter in HTR Districts

Shelter Types

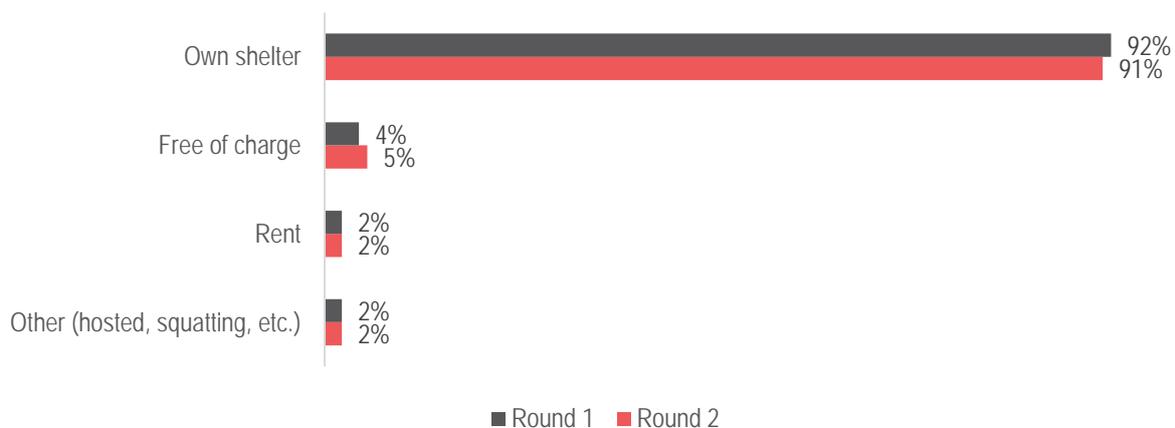
In the overwhelming majority of BSUs (92 and 91% in the first and second round, respectively), the primary shelter type was permanent mud brick shelters according to KIs. The 2017 REACH MCNA also identified this type of shelter as the main shelter type used by the majority of ISET households (56%) in easier-to-access districts. Though solid in appearance compared to transitional shelters, mud brick shelters can still wear away during extreme rainfall and snow, or crack and collapse during intense heat.

The Afghanistan HTR Assessment also found that the second most common type of shelters was transitional mud brick shelters (in 8% of BSUs in the first round and 6% of BSUs in the second round of data collection), in particular in the districts of Char Darah (Kunduz province) and Nad-e Ali (Hilmand province) where it was reported as the most common shelter type in all assessed BSUs. In addition, in 1% of BSUs in the first round and 3% in the second round, KIs reported their communities primarily relied on handmade tents, particularly in Urgan district, in Paktika province (100% of BSUs) – while none reported the use of tarpaulin tents.

Accommodation Arrangements

While the majority of BSUs in the assessed HTR districts reported primarily relying on relatively solid shelter types, it is important to look at the accommodation arrangements as well as the conditions of the shelters (level of damage, separate living spaces for men and women, etc.) as these will enable humanitarian actors to determine the level of vulnerability and needs. KIs in the vast majority of BSUs (92% in the first round and 91% in the second round of data collection) reported the most common accommodation arrangement in their communities to be that households typically owned their shelter. KIs in a small minority of BSUs (2% in both rounds) reported the most common accommodation arrangement in their communities was to rent. This comes in vast contrast to the 2017 REACH MCNA. Indeed, by definition, populations in ISETs have particular accommodation arrangements as the owner of the land on which the ISETs are established is not always known, contributing to a high fear of eviction and a potential financial burden.

Figure 19: Most Common Accommodation Arrangements in HTR Districts (% of BSUs)



⁴⁷ REACH, "Multi-Cluster Needs Assessment: Food Security in Informal Settlements", November 2017

Shelter Concerns

Despite shelter ownership being the most common accommodation arrangement across the assessed HTR districts, there remains a fear of eviction noted by KIs in 32% of BSUs in the first round and 33% in the second round. This fear of eviction was primarily reported in Reg district of Hilmand, Qala-e-Zal and Imam Saheb districts of Kunduz, Ghaziabad district of Kunar and Tirinkot district of Uruzgan (in 100% of BSUs in the second round).

While in the REACH 2017 MCNA the fear of eviction was reportedly associated with the unclear land ownership status in ISETs as well as the unclear accommodation arrangements⁴⁸, the reasons here appear to be different. Indeed, fear of eviction was mostly reported in districts where active fighting took place in the couple of months prior to and during the assessment, namely in Qala-e-Zal and Imam Saheb. Thus, in these cases, the fear of eviction may be more conflict-related whereby populations may be forced to flee the fighting or parties to the conflict may seize civilian assets such as shelters. Further exploration of this would be needed in order to test these hypotheses.

Damage to shelters was another issue highlighted during this assessment, reported in 73% and 77% of BSUs in the first and second round, respectively. In the overwhelming majority of these BSUs where shelters were damaged, they were only partially renovated at the time of data collection (95% both rounds). It constitutes a vulnerability as it means these shelters are no longer as solid and resistant to harsh weather conditions (be they in winter or in summer) as they would be were they to be intact. They may also not guarantee the same level of safety, dignity and privacy as undamaged or fully repaired shelters. This assessment also found that in around a quarter of BSUs (29% in the first round and 24% in the second round) most shelters in their communities were not damaged at the time of the assessment, while in 4% of BSUs in the first round and 3% in the second round, most shelters were fully destroyed – primarily among certain BSUs in Char Darah (Kunduz), Imam Saheb (Kunduz), Ghorak (Kandahar), Khwaja Ghar (Takjhar), Marawara (Kunar), Nawzad (Hilmand), and Nesh (Kandahar). This assessment highlights immediate emergency needs for those living in fully destroyed shelters, with overall conditions of shelters found to be concerning in assessed HTR districts, particularly in anticipation of the winter months. This is even more so that KIs in 75% of BSUs in the first round and 74% in the second round reported their communities did not have access to construction materials, which constitute a barrier to repairing damaged shelters and reinforcing shelters that may be more precariously built.

Moreover, in more than three quarters of BSUs (76% in the first round and 83% in the second round), KIs reported members of their communities typically did not allocate separate living spaces for women. This likely translates into women being unable to get the level of privacy and intimacy they would usually get should they have separate living spaces and may mean they are more limited in their individual actions and movements. This is also a significant concern for protection and shelter actors as it directly affects the quality of life and dignity of female populations in the assessed HTR districts.

Both rounds of data collection found that the average number of rooms in shelters across all BSUs was four. The districts with the lowest average number of rooms per shelter were found to be Barkunar and Dara-e Pech (Kunar), Bilcheragh and Pashtunkot (Faryab), Chora (Uruzgan), Garmser (Hilmand), and Maywand and Shah Walikot (Kandahar), with two rooms on average per shelter according to KIs at the BSU level. This assessment did not look into the average number of people per shelter as it currently measures indicators at an area/community level as opposed to household level, however this may be explored in more details in future rounds based on the needs of partners on this.

⁴⁸ REACH, "Multi-Cluster Needs Assessment: Shelter and WASH in Informal Settlements", November 2017

Access to WASH Services in HTR Districts

Water

Sufficient Water Access

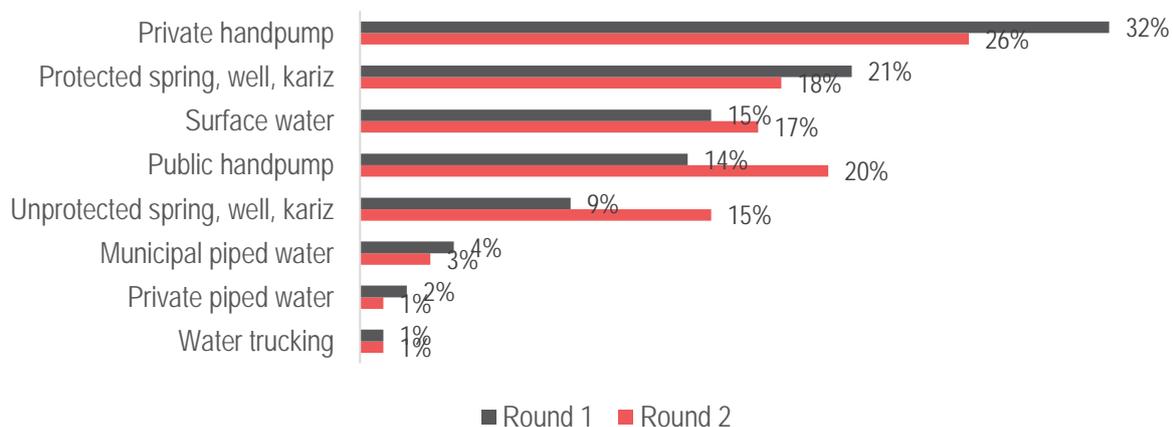
The first round of the AHTRA found that drinking water was sufficiently available to satisfy community's needs in 69% of BSUs, according to KIs. This proportion did not vary much in the second round (reported in 66% of BSUs). The most vulnerable districts from that perspective were Char Darah district of Faryab, Reg district of Hilmand, Dara-e Pech and Khas Kunar districts of Kunar, Khwaja Ghar district of Takhar, Marawera and Sheltan districts of Kunar, Urgun districts of Paktika and Wali Muhammad-e Shadid in Ghazni, with KIs in 100% of BSUs reporting their communities did not have sufficient drinking water available.

During the REACH 2017 MCNA, access to water was reported as a significant issue in ISETs, with overall 23% of assessed households stating they had insufficient access to drinking water in the 30 days prior to the assessment. According to this assessment, households in the Central region had the most access to sufficient drinking water in the 30 days prior to the assessment (91%) compared to those in the Eastern and Northern regions (73% and 75% respectively).⁴⁹

Water Sources

The AHTRA found that populations in HTR districts mostly relied on private handpumps (in 32% of BSUs in the first round, 26% in the second round) as well as protected spring, wells or kariz (in 21% of BSUs in the first round, 18% in the second round). More concerning, KIs in significant proportions of BSUs (in 15% of BSUs in the first round, 17% in the second round) reported surface water as the primary source of drinking water in their community. Another 9% (first round) and 15% (second round) of BSUs reported reliance on unprotected spring. There therefore appears to be a slight increase of the percentage of BSUs with communities reportedly relying on unimproved water sources.⁵⁰ This poses a significant health concern as such unsafe sources may transmit waterborne diseases, with particularly vulnerable populations such as infants and elderly at most risk.

Figure 20: Primary Source of Drinking Water (% of BSUs)



According to the 2017 REACH MCNA, the vast majority of ISET households relied on public and private handpumps (72%).⁵¹ Of that, 49% of households reported using a public handpump while 23% reported having access to a private handpump within their household or compound perimeter.⁵² Public handpumps were found to be most prevalent amongst ISET households in the Central region (64% of households) and least prevalent in the Northern region (36%). In the East, private handpumps were found to be most prevalent (30%). Finally, the assessment

⁴⁹ REACH, "Multi-Cluster Needs Assessment: Shelter and WASH in Informal Settlements", November 2017

⁵⁰ Please refer to the REACH & WASH Cluster, WASH Dry Spell Assessment (forthcoming), for more details on this.

⁵¹ Ibid.

⁵² Ibid.

found that overall 3% of ISET households remained dependent on surface water, an unsafe source of water and a sign of significant vulnerability due to the health risks associated with using this type of source of water.

While KIs in the majority of BSUs in the first round reported their community’s primary source of drinking water was clean and undamaged (61%), there remains a high percentage of BSUs with KIs reporting their primary source of drinking water was damaged (33%). In addition, KIs in a concerning 9% of BSUs across all assessed HTR districts reported their primary drinking water source was unclear at the time of data collection. These trends were confirmed in the second round of data collection, with KIs in 59% of BSUs reporting their primary source of drinking water was clean and undamaged, while KIs in 38% reported primarily using a damaged water source and 5% reported using an unclear source. Most BSUs where the primary drinking water source was reportedly unclear relied on an unimproved water source as a primary water source.

Latrines

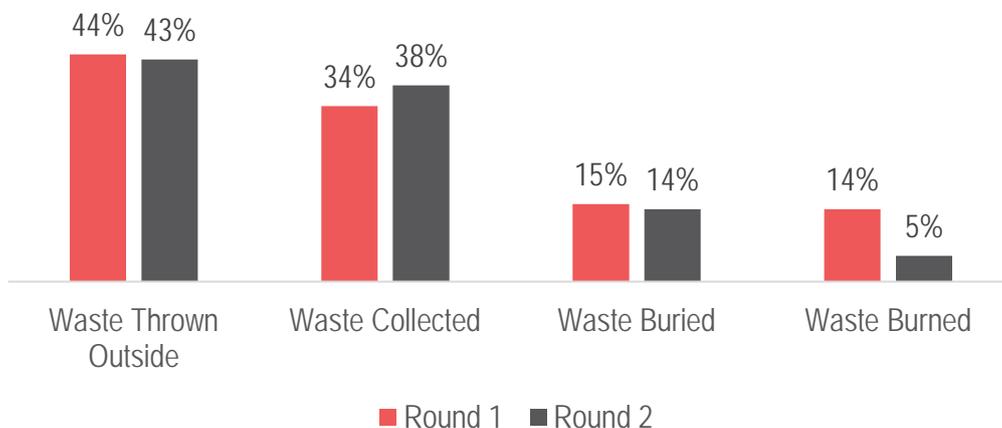
KIs in 26% of BSUs reported a lack of easy access to latrines during the first round of data collection, likely indicating a reliance on open defecation. Open defecation was reported as one of the three main types of latrines in 77% BSUs, raising health and sanitation concerns. Other main types of latrines reported included open family pit latrines, indicated in 53% of BSUs, covered family pit latrines (47%) and family ventilated improved pit latrines (45%). The proportion of BSUs lacking easy access to latrines slightly increased to 31% of BSUs in the second round. Reflecting this, KIs in 83% of BSUs reported one of the three main types of latrines used in their communities was open defecation, while KIs in 51% of BSUs reported open family pit latrines, followed by family ventilated improved pit latrines (44%), and covered family pit latrines. Only a minority of BSUs relied on communal latrines (15%) and flush toilets (14%).

In comparison, the 2017 REACH MCNA found that most ISET households reported using latrines which do not present the most concern, without being the best type available. Indeed, 33% of ISET households reported using slab-covered family pit latrines while a further 25% of ISET households reported primarily having access to an uncovered family pit latrine. The assessment also found that 15% of ISET households were reliant on open defecation, typically considered the least hygienic defecation practice.

Waste Disposal Mechanisms

Nearly half of BSUs reportedly thrown waste outside (44% in the first round, 43% in the second round), while 15% and 14% of BSU in the first and second round, respectively, relied on burning waste as the primary waste disposal mechanisms, raising concerns about waste management practices. The reliance on burning waste as a primary means to dispose of waste appears to have decreased between both rounds of data collection (from 14% to 5%), seemingly in favour of waste being collected (35% in the second round, up from 30%).

Figure 21: Primary Waste Disposal Mechanisms (% of BSUs)



In comparison, across all ISETs, 59% of households reported that they most commonly throw waste outside, which may highlight a lack of proper waste disposal mechanisms. In addition, 21% of ISET households reported burning their waste while 15% have the waste collected and 5% of households bury their waste. The HTR findings (coupled with the ISET findings that confirm the trend in easier-to-access areas) on waste management raise the issue of the need to tackle poor waste management practices and systems as a means to reduce the amount of waste being thrown outside, thus decreasing the risk of related illnesses.

Access to Education in HTR Districts

Access to Education

In the first round of this assessment KIs in 83% of BSUs across all 46 assessed HTR districts reported their communities had access to at least one education facility, with KIs in 17% reporting no access to any education facility. This percentage varied very slightly in the second round, with 86% of BSUs having access to at least one education facility.

Furthermore, in the first round of data collection, KIs reported at least one education facility was damaged and at least one facility was closed in the three months prior to data collection, in 20% and 19% of BSUs, respectively, indicating significant challenges to accessing education. Interestingly, these proportions decreased slightly in the second round with 14% of BSUs with at least one education facility damaged and 11% of BSUs with at least one facility closure in the three months prior to data collection.

Access to education was found to be relatively low, especially for girls. In the second round of data collection, an average of 36% of school-aged children were reportedly attending school, up from 24% in the first round. Of those, 79% were boys and 21% were girls (73% and 27% respectively in the first round). The higher proportion of boys attending school may be explained in part by the main barriers to attendance for boys and girls. Distance to school was reported as the main barrier for both boys (in 33% of BSUs in the first round and 41% in the second round) and girls (in 28% of BSUs in the first round and 27% in the second round). Fear of threats and intimidation at school for girls was also commonly highlighted by KIs (in 29% and 30% of BSUs in the first and second round, respectively). This fear was higher than it is was reported for boys (14% of BSUs in the first round and 7% in the second round). The second most reported barrier for boys was security concerns when travelling (reported in 20% of BSUs in the first and 20% in the second round), which is the third most common concern for girls (15% of BSUs in both rounds). Interestingly, a marginally higher proportion of BSUs reported boys need to stay home to help (16% in both rounds) than girls (9% in the first round and 11% in the second round). Checkpoints, closures and lack of transportation were reported in a minority of BSUs as main barriers to male and female student attendance (between 1% and 4% for both genders in both rounds, except facility closure that was reported in 8% and 9% of BSUs for boys and girls, respectively, in the second round).

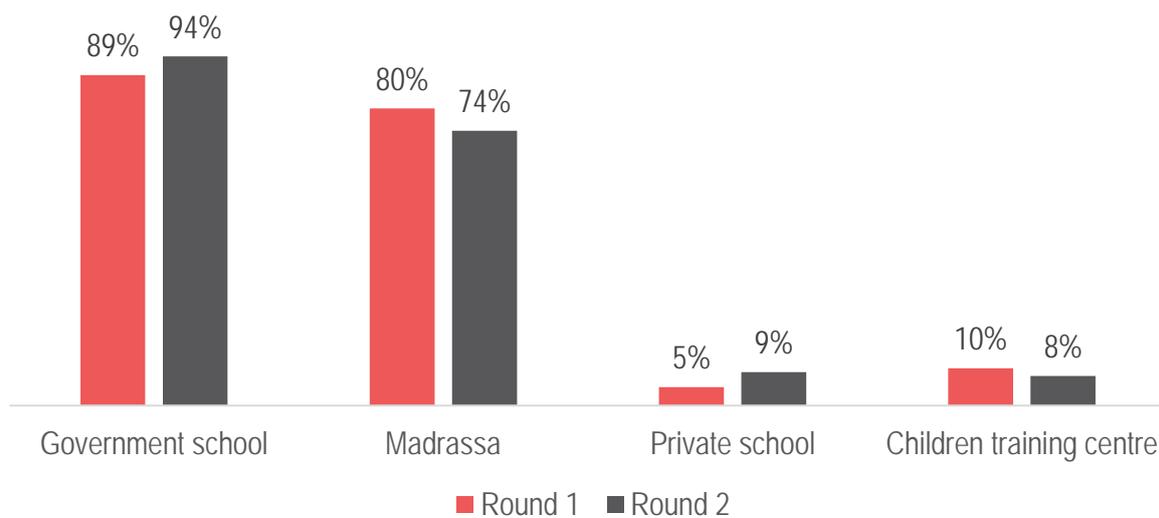
Type of Education Facility

Of the BSUs with access to at least one education facility, KIs in 89% reported children in their community went a government school, and another 80% to a madrassa⁵³, in the first round. ⁵⁴ Private schools and child training centre were very much found to be used by a minority of communities according to KIs. These rankings remained similar in the second round of data collection, with government schools reported by KIs in 94% of BSUs and madrassa by 74%, with private schools, adult and child training centres remaining very much a minority.

⁵³ Madrassa refers to an education facility specifically reserved for Islamic instruction and theology.

⁵⁴ Note that respondents may have noted more than one education facility in their community.

Figure 22: Main types of educational facilities used by children (% of BSUs with at least one education facility)



These findings broadly match those from the REACH 2017 JENA, conducted nationwide amongst displaced population. The REACH 2017 JENA also found government schools were the type of educational facilities most used (98% of households with children attending school) as well as madrassas (64%), compared to private schools (31%) and other education facilities.

While access to education facilities may be more limited in HTR districts, government schools appear to be equally prevalent in HTR districts as the main type of education facility than they are in “easier-to-access” districts. Alternatives to government schools and madrassas also appear to be equally low in HTR districts than they are in easier-to-access districts, which may indicate that there is no major difference between the type of education received in HTR districts compared to easier-to-access districts.

Teaching Staff

This assessment found a significant risk of classroom overcrowding with a 48 to 1 ratio of students to teaching staff in the first round and 50 to 1 ratio in the second round, likely impacting the quality of education received. In particular, in the second round no teacher were reported in some BSUs in the districts of Arghestan, Khakrez, Maywand, Shah Walikot, and Ghorak (Kandahar), Daychopan (Zabul), Nawzad, Reg and Sangin (Hilmand), Shahid-e Hassas (Uruzgan), and Shahjoy (Zabul).

The main barriers to teaching staff attendance are relatively similar to the student barriers to attendance, namely distance (reported by KIs in 22% of BSUs in the first round and 36% in the second round) and security concerns when travelling (in 22% of BSUs in the first round and 21% in the second round). The third most reported barrier to teacher attendance is the fear of threat or intimidation at school (in 19% of BSUs in the first round, 12% in the second), which may indicate that teachers are a target for harassment in a number of HTR districts.

Availability of Resources

KIs were asked to report on the availability of resources within education facilities in their communities. Aggregated at the BSU level, most BSUs amongst all 46 assessed HTR districts had a strong need for reading supplies (77% and 76% of BSUs in the first and second round, respectively), furniture (75% and 73%) and writing supplies (73% and 76%).⁵⁵

The need for furniture as well as reading and writing supplies was similarly high in easier-to-access districts as reported by the REACH 2017 JENA, whose FGDs yielded similar reports of needs for these three elements. As highlighted in the JENA report, these needs may typically be attributed to preventative interventions by NSAGs as

⁵⁵ Note that respondents may have noted more than one lack of education resource in their community.

well as poor financial investment reported in schools across the country.⁵⁶ As the JENA further reports, the lack of these resources directly affects the quality and efficiency of teaching, thus lowering the standard of education provision.⁵⁷

Recreational Spaces

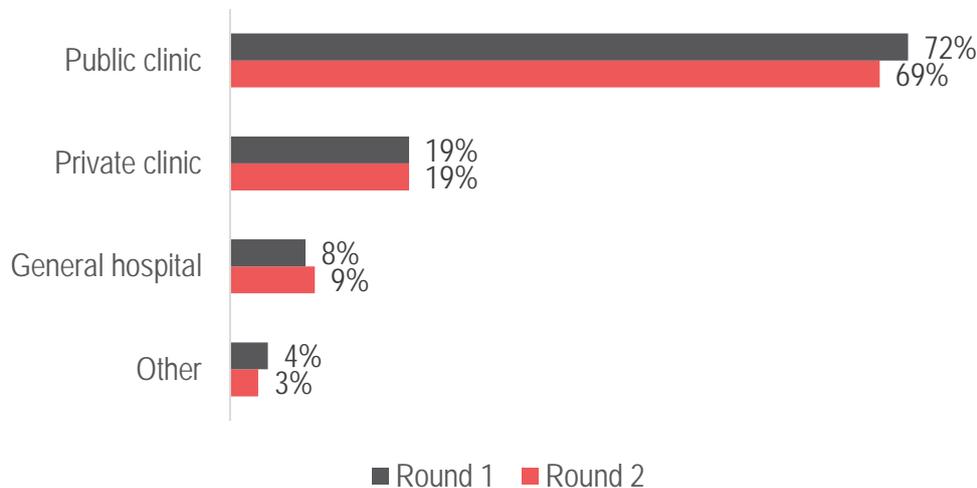
The AHTRA found that there was a lack of dedicated recreational spaces for children in 87% of BSUs, in the first round. Amongst those who did have dedicated recreational space, 88% had spaces dedicated for sports, 7% for arts, and finally 5% had spaces dedicated for drama and music.⁵⁸ In the second round, KIs in 88% of BSUs reported a lack of dedicated recreational spaces for children in their communities. Amongst those who did, KIs in 90% of BSUs reported having dedicated spaces for sports, 5% for arts, and 5% for drama and music.⁵⁹

Access to Health in HTR Districts

Type of Health Facility

In both rounds of data collection, 59% of BSUs had at least one health facility within their community, and 71% had access to at least one medical facility (including in other neighbouring communities), meaning 29% of BSUs had no access to any health facility across all 46 assessed HTR districts. Among those BSUs with access to at least one health facility, the vast majority (72% of BSUs in the first round, 69% in the second round) had access to a public clinic, followed by private clinics (19% of BSUs in both rounds) and general hospitals (8% of BSUs in the first round, 9% in the second round). The prevalence of public clinics over other types of health facilities may indicate populations have more affordable access to health services however these clinics may also suffer from chronic understaffing and lack of equipment, resources and medication – meaning the overall quality of healthcare provided to populations could be impacted.

Figure 23: Type of Primary Health Facilities (% of BSUs with at least one facility)



Overall, in the majority of BSUs with access to at least one health facility, KIs reported the health facilities were undamaged (58% of BSUs). Nevertheless, a significant portion of BSUs reported the health facilities had been damaged and only partially renovated (41%), which poses a health concern as partially renovated health facilities may be more susceptible to further structural deterioration and may not offer the same level of hygiene and patient comfort as fully renovated or undamaged facilities. These proportions changed significantly between both rounds of data collection – with the proportion of BSUs with KIs reporting undamaged health facilities in their communities

⁵⁶ UN Women, "In Afghanistan, Women and Girls Strive to Get an Education", July 2013.

⁵⁷ REACH, "Joint Education and Child Protection Needs Assessment", November 2017.

⁵⁸ KIs could choose multiple answers.

⁵⁹ KIs could choose multiple answers.

decreasing to 45% while the proportion of BSUs with KIs reporting access to damaged but partially renovated facilities increased to 48%. This likely indicates an increase in damage to health facilities in the assessed HTR districts, which may be due to the conflict.

KIs in minority of BSUs (4%) reported primary facilities had been damaged but fully repaired. This proportion remained stable between the first and the second round of data collection. Another 4% of BSUs in the second round of data collection had KIs reporting the facilities had been fully destroyed (3% in the first round), mainly in Char Darah districts of Kunduz province, where all BSUs reported fully destroyed primary facilities.

The first round of data collection found that the availability of medical facilities in the 30 days preceding data collection remained relatively constant in the 30 days prior to data collection, according to KIs. Indeed, KIs in 91% of BSUs reported no change in the availability of medical facilities in the 30 days preceding the assessment compared to the previous month. KIs in another 9% of BSUs however reported medical facility closures. The second round of data collection found a notable decrease in the reports of medical facility closures in the preceding 30 days, down to 5%. The proportion of BSUs with KIs reporting no change in the availability of medical facilities in the 30 days preceding the second round of data collection stayed relatively the same in the second round (91% compared to 89%), with 5% having faced a health facility closure. These BSUs were mostly located in Shaygal district of Kunar and Maywand district of Kandahar. In addition, KIs in 94% of BSUs in the second round reported the health facilities in their communities are not available to disabled members, which is a health and protection concern due to the obvious access impediments for disabled people wanting to seek medical treatment.

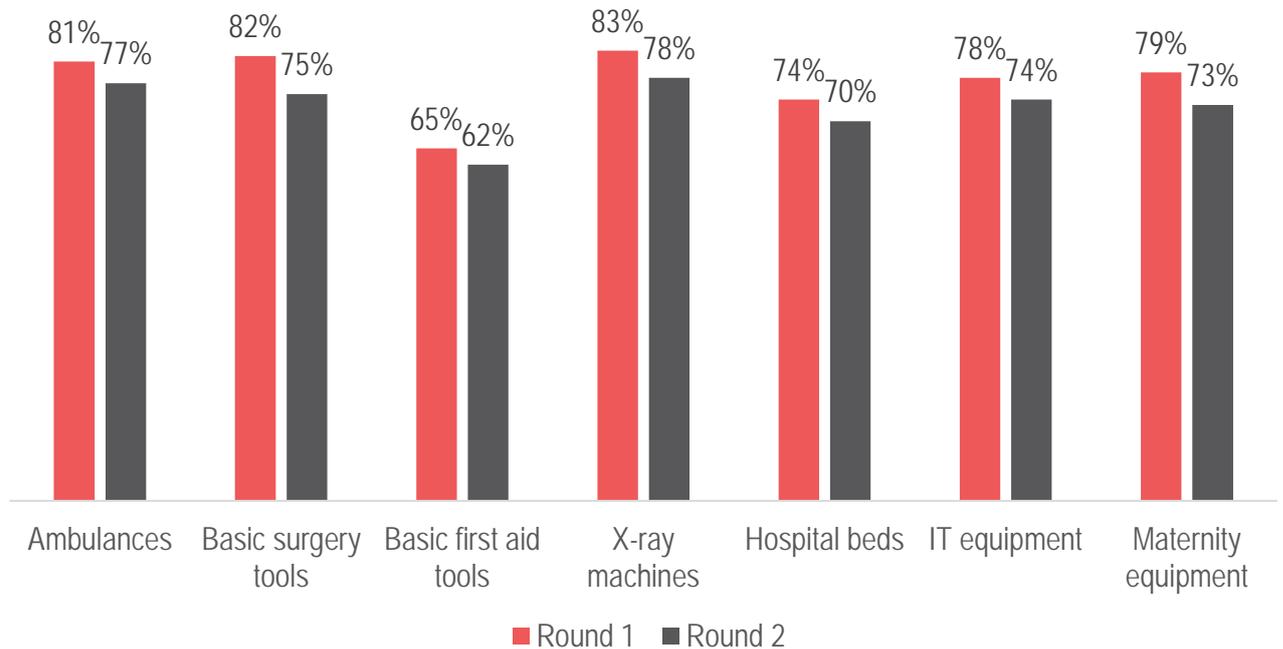
Pharmacy and First Aid

A significant proportion of BSUs across all assessed districts (77%) had at least one pharmacy in their community, with KIs in 18% of BSUs only reporting their communities had access to a nearby trauma centre and first aid post in the three months prior to the first round of data collection. While the proportion of BSUs with KIs reporting their communities had access to a nearby trauma center and first aid post in the previous three months remained constant at 15% in the second round, the proportion of BSUs with at least one pharmacy in the community decreased to 69%.

Medical Equipment Needs

As shown in the figure below, major medical supplies and equipment needs were reported across assessed BSUs. It indicates the quality of healthcare services received in these health facilities may not be adequate. In terms of medical supplies, KIs in 99% of BSUs in the first round reported some medical supplies were unavailable in the 30 days prior to the assessment, primarily mental health medication and heart medication (both in 81% of BSUs), and severe illness and pain medication (73%). In addition, KIs in 86% of BSUs reported medical facilities lacked a number of medical equipment, primarily x-ray machines, ambulances, basic surgery tools and maternity equipment.

Figure 24: Medical Equipment Needs (% of BSUs with facilities having medical equipment and/or medical supply needs)



In the second round of data collection, KIs in 99% of BSUs reported some medical supplies have not been available in the 30 days prior to data collection. Severe illness and pain medication was flagged as the medical supply most lacking according to KIs in 76% of BSUs, followed by heart medication (reported in 73% of BSUs), mental health medication (71%) and gastro-intestinal medication (69%). In addition, 98% of BSUs had KIs reporting medical facilities as lacking a number of medical equipment, primarily x-ray machines, basic surgery tools and maternity equipment. Beyond equipment specific to the medical sector, KIs in 78% of BSUs also reported lacking sufficient IT equipment, which would be necessary to improve patient management, medication and equipment stocks management, as well as more administrative/human resources management – improving overall the patient's experience while in the medical facility, as well as staff working conditions.

Staff Availability and Potential Threats

KIs in the vast majority of BSUs (85%) reported no change in the availability of medical staff in the 30 days prior to the first round of data collection. Nevertheless, 12% faced a decrease in the availability of medical staff. The same proportion of BSUs (12%) reported a decrease in the availability of medical staff in the second round of data collection, in particular in Shaygal district (Kunar province) and Maywand district (Kandahar) while a slightly lower proportion of BSUs (81%) reported no change in the 30 days prior.

In most BSUs, a lack of threat (41% of BSUs in the first round, increasing to 46% in the second round) or a lack of knowledge of any threats (39% and 26%, respectively) against medical staff in their communities were reported by KIs in the three months prior to the assessment. Nevertheless, intimidation against medical staff in the three months prior data collection was reported in 16% of BSUs in the first round and in 17% in second round of data collection. Another 6% of BSUs had KIs reporting harassment in the first round, increasing to 8% in the second round. Finally, KIs in 7% of BSUs reported threats of death and/or injury against medical staff in that timeframe, decreasing to 2% in the second round. Reports of threats may have been underestimated, as KIs may not be aware of them.

CONCLUSION

The AHTRA aimed to address current humanitarian data gaps on HTR districts by providing comprehensive multisector data on needs, vulnerabilities and coping strategies used by populations in 46 assessed HTR districts selected by the ICCT. Using analysis from two rounds of KI-based data collection totalling 2,290 KI Interviews, this report has outlined key demographic and displacement findings, as well as key service access issues and sector-specific (i.e. protection, food security, WASH, shelter, etc.) related issues and concerns. Together, these findings shape understanding of the complex situation faced by populations in HTR districts, informing the humanitarian community of their needs and vulnerabilities with the aim of shaping targeted interventions through the 2019 HNO and HRP processes in Afghanistan.

Understanding the profile of populations in HTR districts

This assessment has identified populations in the assessed HTR districts as being largely older than other vulnerable populations identified in previous assessments such as in ISETs (2017 REACH MCNA). The prevalence of working-age adults means the needs and interventions are likely to be different, requiring a mix of targeted humanitarian and development interventions – particularly pertaining to economic development, in particular since the most reported sources of income across BSUs was daily labour, mostly unskilled.

The presence of IDPs was reported in nearly all BSUs (99% in the first round, 92% in the second round), albeit in small proportions with an average of 2% of the population being IDPs in the second round. In addition, a large proportion of households reportedly intended to remain in their community in the three months following data collection (79% and 76% in the first and second round, respectively), with a minority intending to displace either temporarily or permanently.

Identification of barriers to service access for populations in HTR districts

It was found that populations in the assessed HTR districts have weak access to basic services throughout. For instance, access to financial services was limited, with KIs reporting in more than three-quarters of BSUs in both rounds of data collection that their communities did not have access to means to send and receive money. This is also true of access to telecommunication services, with KIs reporting in slightly more than half of BSUs a lack of access to such services. Even amongst those with access, regular interruptions of services have been reported. Both these lack of access to services highlight a livelihood concern that will also impact humanitarian partners' interventions, particularly those operating in cash-based interventions.

While KIs in nearly all BSUs reported their communities had access to electricity, mostly from solar panels, there remains a livelihood concern pertaining to the frequency of shortages. Indeed, KIs in the majority of BSUs reported experiencing occasional shortages, which has an impact on the population's ability to go about day-to-day business, as well as their security.

Finally, this assessment found that in the majority of BSUs across all assessed districts (64% in the first round and 65% in the second round) communities had difficulties accessing heating materials during the winter, primarily due to distance to the market as well as security concerns while travelling. In 9% of BSUs (in the second round), communities had to rely on alternative heating materials, such as animal feces.

Identification of protection concerns of populations in HTR districts

Mines and ERW was the most prevalent protection concern for both the general population and women in the assessed HTR districts, according to KIs, and the presence of landmines was reported in 60% of BSUs in the first round and 64% of BSUs in the second round of data collection. Of these, KIs in 92% of BSUs in the first round and 87% in the second round reported the hazardous areas where mines were believed to be present in their communities were not marked, and that no MRE was received in their community. More specialised assessments may be needed to identify the location of mines and related protection concerns.

Psychological trauma was also reported as one of the most prevalent protection concerns. In the majority of BSUs, communities did not have any form of psychosocial support services available, which constitutes a health and protection concern – particularly given the prevalence of safety issues that may trigger psychological trauma.

Identification of multi-sector needs of populations in HTR districts

While the majority of BSUs in the assessed HTR districts had reportedly at least one market, a concerning 21% in the second round had no market. Prices for core goods also appeared to be a recurring concern, with KIs in the majority of BSUs reporting an increase in the prices of flour, rice, oil and diesel over the three months prior to data collection. Thus, affordability of goods – particularly given the reliance on unsustainable sources of income – is likely to be a key issue. Availability of food in communities was also found to be problematic, with KIs in 32% and 30% of BSUs reporting a decrease in the availability of food in the first and second round of data collection, respectively. This led to widespread use of coping strategies, the three most reported being relying on less preferred food, borrowing food or relying on help from friends, and sending male children to work.

While the primary shelter type reported in a vast majority of BSUs was permanent mud brick shelters, damage to shelters was a significant concern raised during the assessment, with KIs in 73% of BSUs in the first and 77% in the second round reporting damaged shelters, most of which being only partially repaired. It means that a considerable proportion of the population in the assessed HTR districts may be vulnerable due to shelters no longer as solid and resistant to hard weather conditions nor guaranteed to provide the same level of security, dignity and privacy as undamaged shelters.

A significant proportion of BSUs reportedly rely on unimproved water sources as primary source of drinking water such as surface water (15% of BSUs in the first round and 17% in the second round) as well as unprotected spring wells (9% in the first round and 15% in the second round). It poses significant health concerns due to the risk of transmitting waterborne diseases. In addition, KIs in 33% of BSUs (first round) and 38% of BSUs (second round) reported their communities primarily rely on damaged water sources, which poses a risk of water shortage and diseases for members of these communities. This assessment also found significant sanitation and health vulnerabilities in certain HTR districts, with KIs in 77% of BSUs (first round) and 83% of BSUs (second round) reporting open defecation as one of the three main types of latrines used in their community. In addition, there was a significant proportion of BSUs lacking proper waste disposal mechanisms according to KIs, reliant instead on throwing trash outside (43% in the second round) or burning waste (5% in the second round) – both of which pose significant health and hygiene concerns.

Access to education was found to be relatively low, especially for girls. Only around a third of school-aged children were reportedly attending school, of which 79% were boys and 21% were girls, in the second round. The main access constraints were distance, security concerns when travelling and fear of threats and intimidation, according to KIs. This assessment also found a significant risk of classroom overcrowding with a 50 to 1 students to teaching staff ratio in the second round, likely impacting the quality of education received by those children attending school.

On healthcare, KIs in 41% of BSUs in both rounds reported their communities did not have any health facility in their community, highlighting significant vulnerability. Of those BSUs with at least one health facility, a significant proportion reported the health facilities had been damaged and only partially renovated (40% in the first round, increasing to 48% in the second round). Thus, in addition to a lack of access in a significant proportion of BSUs, there are health concerns stemming from the fact that partially repaired facilities may not offer the same level of hygiene and patient comfort and care as fully repaired or undamaged facilities. In addition, the quality of healthcare received may not be adequate as unavailability of at least some medical supplies in the 30 days prior to the assessment was reported in the vast majority of BSUs, along with major equipment needs.

Recommendations for further research

Certain findings from this assessment highlighted further research gaps. In order to increase understanding of the needs and vulnerabilities of populations in HTR districts, the following areas could be included in further research:

- This assessment noted a significant fear of eviction despite finding high levels of shelter ownership. Further research into this dynamic would be necessary to help understand the reasons behind this and direct the most appropriate type of assistance required to improve this situation.
- Further exploration of the presence of DoRR in HTR districts would be needed in order to understand the role the Directorate is currently playing in these districts as well as inform the steps needed to improve the DoRR's work in these districts.
- The availability of core non-food items such as cooking tools could be included in future rounds in order to strengthen the general understanding of shelter and NFI needs and vulnerabilities.
- Furthermore, greater understanding of the living conditions of IDPs specifically in HTR districts (shelter types, accommodation arrangements, etc.) would provide a better understanding of the living conditions inside HTR districts and enable specific targeted interventions for IDP communities in these districts.