

Whole of Afghanistan Assessment 2023

Provincial Findings Tables

October, 2023
Afghanistan

KEY MESSAGES

- Despite overall gradual economic improvements, the **vast majority of households are still in dire circumstances**. Chronic unemployment continue impacting households resulting in the majority of the population living under the poverty line.
- The current economic situation is becoming increasingly unstable, leading to multi-sectoral humanitarian needs**. With limited available resources, households are still prioritising basic needs, and resorting to negative coping strategies. Furthermore, 65% of households reported access to humanitarian assistance was reduced since the beginning of the year; out of the households reporting having reduced access, 39% reported the reason was the reduction of female aid workers, this was higher among female HoH (50%).
- About a quarter of HHs (26%) reported to rely on unsustainable income sources** (casual or daily labour, social benefits, loans, charity, or humanitarian assistance) in the 30 days prior to data collection which may reflect the instability of HHs' economy.
- Chronic economic needs continue to be a daily challenge for vulnerable groups**, particularly recent retunees and female headed households. In addition, women and girls experience movement restrictions and other barriers that make it difficult to access services and engage in income generation, this leads to a cycle of increasing needs that could have long-term implications for their welfare.

CONTEXT & RATIONALE

The convergence of endemic poverty, decades of conflict, COVID-19, natural disasters, and the fallout from the historic shift to Taliban leadership in August 2021 has led the population to a severe economic and humanitarian crisis in Afghanistan. This has resulted in diverse needs and vulnerabilities across the country. To effectively address these challenges, it is crucial to conduct a comprehensive nationwide multi-sector needs assessment. The WoAA will provide insights to inform programming and enable the humanitarian community to make evidence-based decisions and recommendations. Please refer to the REACH MSNA country team for further information.

ASSESSMENT OVERVIEW

In order to, effectively identify and prioritize the humanitarian needs in Afghanistan, REACH continues to conduct the Whole of Afghanistan Assessment (WoAA) on an annual basis, ensuring the provision of a consistent and up-to-date humanitarian snapshot to the Humanitarian Needs and Response Plan (HNRP) processes, for the prioritization of humanitarian interventions in Afghanistan.

The WoAA 2023 relies on a quantitative methodology assessing household-level needs at various levels. For more information on the methodology, please refer to [page 22](#).

Findings from the WoAA 2023 are representative and triangulate with indicative findings from the Key Informant Interviews (KIIs), conducted under REACH's separate assessment, Humanitarian Situation Monitoring (HSM). **The data collection for WoAA and HSM was done simultaneously between the 30th of July and 7th of September 2023** by REACH and 7 national partner organisations.

Map 1: Proportion of households reportedly relying on unsustainable income sources

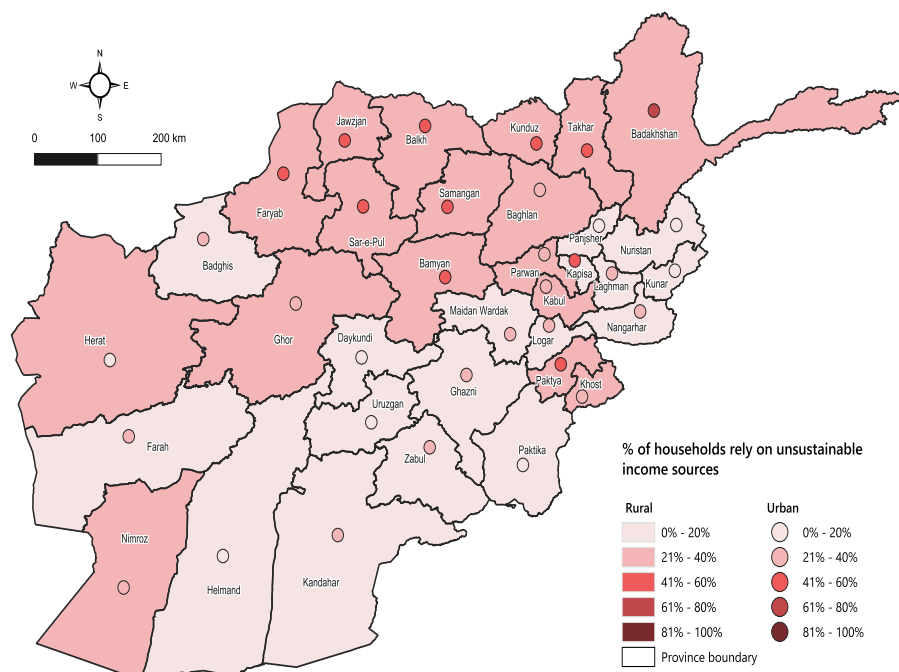


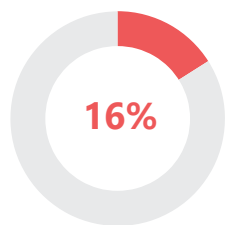
Table of Contents

Food Security, HHs Economic Capacity, Debt & LCSI, and Health	1
Mental Health, Nutrition, Emergency Shelter Non-Food Items (NFIs), Education in Emergencies, Communication, and Disability	7
Water, Hygiene and Sanitation (WASH) and Protection	12
Access to Markets, Humanitarian Assistance, Exposure to Shocks	17
Methodology Overview and Endnotes	22
Annex I: Sampling Overview	23

Food Security, HHs Economic Capacity, Debt & LCSi, and Health

Key Findings

- Overall 21% of households reported relying on emergency livelihood coping strategies. A higher proportion of female head of households (29%) reported relying on emergency coping strategies due to the lack of food, compared to male headed households (21%). Most reported emergency strategies by female head of household vs male head of household were: reduce health related expenditures (54% vs 38%), withdrew children from school (13% vs 6%) and early marriage of daughter (4% vs 1%).
- The poorest households (first 20% quintile of income) most frequently reported food as their primary need (96%), compared to 89% overall. However, whilst reporting of food as first priority decreased as household income level increased, prevalence of food insecurity and reported coping strategies indicate implications for other sectoral needs.
- Higher proportion of households in rural areas reported being in need of healthcare (46%) compared to households in urban areas (27%). Additionally, a higher proportion of female-headed households (55%) reported being in need of healthcare compared to male-headed households (41%).

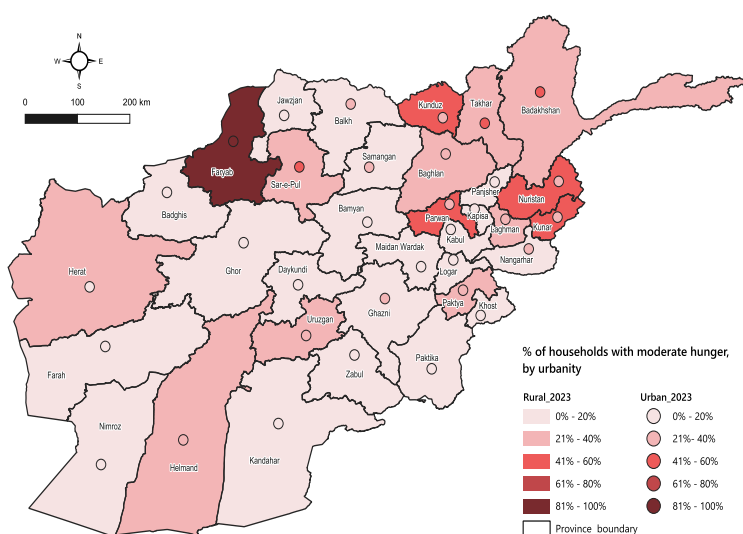


% of households reported accessing both safe and unsafe health care facilities¹ during the past 3 months

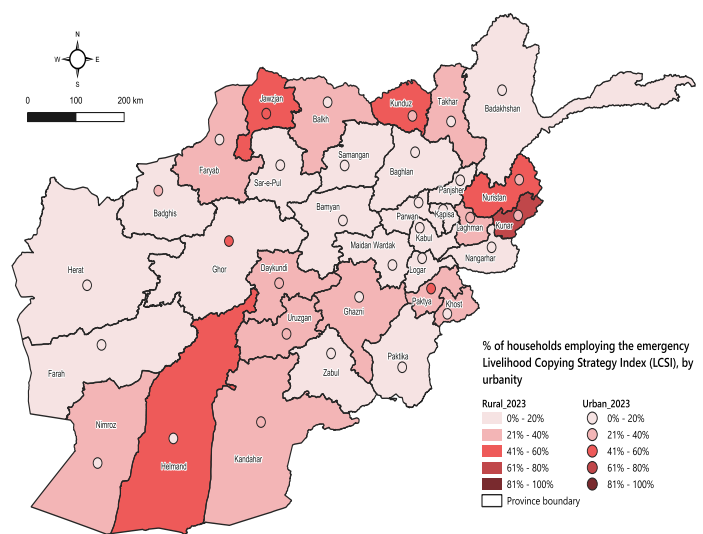
% of households accessing different types of healthcare facilities during the past 3 months, by gender of head of household:

	Female HoH	Male HoH
Unsafe	3%	1%
Safe	87%	83%
Both (Unsafe/Safe)	10%	16%

Map 2: Proportion of households with moderate hunger classification, by type of area (urban vs rural)



Map 3: Proportion of households employing emergency Livelihood Coping Strategy Index (LCSI), by type of area (urban vs rural)



PROVINCE	Food Security			HHs Economic Capacity (Average) in the One Month Prior to Data Collection			Debt & LCSi		Health						
	% of HHs with poor Food Consumption Score ² (FCS)	% of HHs with moderate Household Hunger Scale ³ (HHS)	% of HHs with high dependence on Coping Strategies ⁴ (rCSI)	Income (AFN)	Expenditure (AFN)	Net Income (AFN)	% of HHs with debt	% of HHs with emergency livelihood coping strategy index (LCSI)	% of households with at least one member with an unmet health care need in the last 3 months	% of HHs reporting it takes 1-3 hours to reach to a nearest functional healthcare facility ⁵	% of HHs self-reporting barriers to accessing healthcare facility		% of HHs that reported not having access to emergency care within 24 hours of injury	% of HHs reporting at least one child with Acute Watery Diarrhoea (AWD) cases in 2 weeks prior to data collection (children U5)	
											Specific medicine, treatment or services are too expensive	Specific medicine, treatment, or service needed unavailable			
National level															
National level	26%	23%	11%	10,671	12,874	-2,202	76%	21%	22%	15%	46%	35%	26%	44%	
Regional level															
Capital	19%	17%	9%	11,225	13,461	-2,236	82%	16%	28%	7%	51%	27%	9%	41%	
Central Highland	21%	7%	6%	11,238	14,981	-3,744	83%	15%	20%	18%	48%	35%	17%	37%	
Eastern	19%	25%	19%	10,495	10,971	-475	84%	23%	13%	8%	18%	49%	20%	38%	
North Eastern	36%	38%	13%	12,467	14,018	-1,551	74%	22%	43%	25%	52%	34%	63%	55%	
Northern	55%	38%	8%	9,117	13,556	-4,438	79%	23%	10%	16%	56%	35%	41%	41%	
South Eastern	20%	15%	11%	11,390	15,454	-4,064	77%	25%	10%	9%	30%	40%	33%	53%	
Southern	11%	21%	9%	9,926	11,971	-2,045	72%	39%	31%	16%	46%	55%	12%	46%	
Western	23%	16%	13%	9,612	9,605	7	58%	10%	12%	25%	45%	19%	17%	41%	
Provincial level															
Capital															
Kabul rural	13%	13%	9%	10,973	12,411	-1,437	89%	18%	31%	10%	66%	25%	11%	48%	
Kabul urban	23%	17%	12%	11,912	14,835	-2,923	83%	19%	25%	0%	59%	25%	7%	38%	
Kapisa rural	15%	7%	4%	9,179	13,201	-4,021	88%	13%	38%	20%	46%	45%	4%	42%	
Kapisa urban	33%	9%	1%	8,305	11,062	-2,757	86%	7%	28%	0%	59%	51%	0%	43%	
Logar rural	8%	8%	8%	10,854	12,528	-1,674	72%	10%	60%	14%	55%	26%	3%	51%	
Logar urban	17%	11%	17%	9,777	13,375	-3,598	75%	14%	34%	1%	38%	43%	15%	50%	
Maidan Wardak rural	14%	8%	3%	11,428	11,390	39	73%	15%	32%	21%	28%	24%	22%	46%	
Maidan Wardak urban	18%	4%	6%	15,606	15,181	424	87%	4%	27%	0%	36%	27%	7%	45%	
Panjsher rural	19%	13%	8%	9,809	9,627	182	94%	9%	8%	10%	30%	34%	2%	49%	

PROVINCE	Food Security			HHs Economic Capacity (Average) in the One Month Prior to Data Collection			Debt & LCSI		Health					
	% of HHs with poor Food Consumption Score ² (FCS)	% of HHs with moderate Household Hunger Scale ³ (HHS)	% of HHs with high dependence on Coping Strategies ⁴ (rCSI)	Income (AFN)	Expenditure (AFN)	Net Income (AFN)	% of HHs with debt	% of HHs with emergency livelihood coping strategy index (LCSI)	% of households with at least one member with an unmet health care need in the last 3 months	% of HHs reporting it takes 1-3 hours to reach to a nearest functional healthcare facility ⁵	Specific medicine, treatment or services are too expensive	% of HHs self-reporting barriers to accessing healthcare facility	% of HHs that reported not having access to emergency care within 24 hours of injury	% of HHs reporting at least one child with Acute Watery Diarrhoea (AWD) cases in 2 weeks prior to data collection (children U5)
Panjsher urban	22%	15%	7%	7,945	8,623	-678	94%	1%	6%	4%	30%	28%	0%	46%
Parwan rural	13%	42%	3%	8,176	7,845	331	71%	6%	26%	29%	4%	30%	17%	30%
Parwan urban	10%	36%	3%	10,718	9,195	1,523	67%	10%	19%	6%	5%	28%	8%	27%
Central Highland														
Bamyan rural	29%	4%	2%	8,479	14,748	-6,269	76%	9%	12%	17%	52%	24%	25%	29%
Bamyan urban	41%	4%	5%	9,583	13,197	-3,615	84%	6%	5%	2%	54%	15%	23%	42%
Daykundi rural	12%	9%	9%	13,821	15,350	-1,530	89%	21%	29%	20%	44%	47%	10%	41%
Daykundi urban	41%	10%	11%	13,306	14,318	-1,013	90%	32%	23%	2%	64%	26%	0%	60%
Eastern														
Kunar rural	16%	43%	56%	5,872	7,153	-1,282	78%	67%	31%	21%	30%	71%	5%	41%
Kunar urban	33%	39%	11%	9,951	10,883	-932	75%	34%	39%	0%	54%	52%	0%	65%
Laghman rural	14%	28%	10%	11,335	15,057	-3,722	82%	29%	7%	8%	32%	67%	31%	53%
Laghman urban	17%	38%	12%	11,816	16,815	-4,999	86%	26%	13%	1%	42%	71%	11%	58%
Nangarhar rural	17%	14%	9%	11,303	10,588	715	88%	4%	5%	1%	10%	40%	17%	32%
Nangarhar urban	23%	22%	9%	13,493	11,644	1,848	85%	6%	6%	1%	14%	37%	2%	39%
Nuristan rural	51%	53%	27%	9,707	11,233	-1,526	70%	53%	73%	55%	9%	19%	91%	68%
Nuristan urban	0%	36%	80%	16,366	8,551	7,815	43%	26%	57%	0%	30%	0%	7%	27%

PROVINCE	Food Security			HHs Economic Capacity (Average) in the One Month Prior to Data Collection			Debt & LCSI		Health						
	% of HHs with poor Food Consumption Score ² (FCS)	% of HHs with moderate Household Hunger Scale ³ (HHS)	% of HHs with high dependence on Coping Strategies ⁴ (rCSI)	Income (AFN)	Expenditure (AFN)	Net Income (AFN)	% of HHs with debt	% of HHs with emergency livelihood coping strategy index (LCSI)	% of households with at least one member with an unmet health care need in the last 3 months	% of HHs reporting it takes 1-3 hours to reach to a nearest functional healthcare facility ⁵	Specific medicine, treatment or services are too expensive	% of HHs self-reporting barriers to accessing healthcare facility	Specific medicine, treatment, or service needed unavailable	% of HHs that reported not having access to emergency care within 24 hours of injury	% of HHs reporting at least one child with Acute Watery Diarrhoea (AWD) cases in 2 weeks prior to data collection (children U5)
Northeastern															
Badakhshan rural	15%	26%	23%	18,023	12,254	5,770	68%	8%	48%	38%	34%	18%	83%	53%	
Badakhshan urban	39%	52%	26%	11,246	12,977	-1,731	89%	20%	56%	27%	47%	33%	72%	61%	
Baghlan rural	26%	35%	7%	10,487	7,016	3,471	79%	9%	59%	31%	56%	32%	36%	68%	
Baghlan urban	45%	31%	2%	13,425	7,407	6,018	59%	2%	45%	0%	40%	21%	34%	61%	
Kunduz rural	50%	55%	14%	14,893	22,199	-7,306	81%	44%	24%	6%	67%	41%	70%	66%	
Kunduz urban	54%	38%	28%	15,580	22,162	-6,582	82%	27%	18%	0%	44%	34%	41%	70%	
Takhar rural	47%	34%	5%	6,450	13,368	-6,917	68%	30%	43%	36%	56%	45%	67%	30%	
Takhar urban	44%	44%	4%	7,759	16,317	-8,557	74%	13%	41%	1%	47%	35%	54%	31%	
Northern															
Balkh rural	37%	18%	12%	7,959	16,542	-8,583	80%	23%	10%	8%	51%	39%	61%	45%	
Balkh urban	65%	35%	13%	8,036	16,164	-8,128	72%	13%	10%	0%	48%	29%	21%	31%	
Faryab rural	95%	88%	1%	6,716	7,679	-963	97%	23%	6%	19%	92%	46%	0%	35%	
Faryab urban	95%	88%	0%	7,840	9,490	-1,650	97%	14%	1%	0%	93%	54%	0%	38%	
Jawzjan rural	38%	10%	15%	12,815	14,893	-2,078	78%	50%	5%	35%	57%	48%	90%	31%	
Jawzjan urban	40%	6%	22%	9,966	13,338	-3,372	64%	45%	10%	3%	59%	46%	57%	45%	
Samangan rural	27%	13%	0%	10,960	11,265	-305	56%	18%	15%	42%	7%	22%	57%	27%	
Samangan urban	58%	30%	2%	12,590	14,739	-2,149	76%	13%	11%	1%	10%	12%	4%	30%	

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	% of HHs with poor Food Consumption Score ² (FCS)	% of HHs with moderate Household Hunger Scale ³ (HHS)	% of HHs with high dependence on Coping Strategies ⁴ (rCSI)	Income (AFN)	Expenditure (AFN)	Net Income (AFN)	% of HHs with debt	% of HHs with emergency livelihood coping strategy index (LCSI)	% of households with at least one member with an unmet health care need in the last 3 months	% of HHs reporting it takes 1-3 hours to reach to a nearest functional healthcare facility ⁵	Specific medicine, treatment or services are too expensive	% of HHs self- reporting barriers to accessing healthcare facility	% of HHs that reported not having access to emergency care within 24 hours of injury	% of HHs reporting at least one child with Acute Watery Diarrhoea (AWD) cases in 2 weeks prior to data collection (children U5)
Sar-e-Pul rural	29%	20%	4%	11,447	17,376	-5,930	72%	10%	16%	10%	39%	12%	56%	69%
Sar-e-Pul urban	54%	42%	18%	12,459	14,839	-2,380	58%	10%	21%	3%	41%	14%	13%	53%
South Eastern														
Ghazni rural	36%	15%	14%	8,008	13,982	-5,974	73%	29%	5%	7%	14%	29%	47%	63%
Ghazni urban	29%	22%	16%	11,446	10,461	985	50%	14%	19%	0%	33%	22%	4%	48%
Khost rural	12%	9%	3%	15,355	19,074	-3,718	76%	27%	12%	7%	41%	57%	12%	48%
Khost urban	9%	5%	3%	17,901	16,397	1,504	68%	17%	5%	0%	34%	29%	4%	51%
Paktika rural	4%	9%	13%	17,255	13,583	3,671	74%	9%	20%	13%	27%	58%	20%	31%
Paktika urban	4%	12%	24%	18,272	14,590	3,681	78%	5%	21%	5%	32%	55%	14%	19%
Paktya rural	12%	22%	9%	8,372	17,458	-9,087	94%	30%	7%	14%	51%	36%	51%	60%
Paktya urban	13%	30%	5%	10,404	16,697	-6,293	89%	49%	12%	0%	59%	45%	4%	59%
Southern														
Helmand rural	13%	39%	11%	11,099	14,169	-3,070	100%	57%	57%	20%	84%	65%	3%	66%
Helmand urban	25%	36%	11%	12,229	15,375	-3,146	91%	16%	57%	1%	75%	58%	1%	66%
Kandahar rural	5%	5%	7%	9,402	10,883	-1,481	48%	30%	6%	8%	18%	50%	9%	22%
Kandahar urban	1%	9%	9%	9,617	10,521	-904	48%	36%	6%	0%	18%	43%	7%	18%
Nimroz rural	9%	4%	2%	11,456	14,961	-3,505	62%	23%	2%	17%	45%	46%	17%	34%
Nimroz urban	7%	1%	0%	11,828	19,568	-7,739	56%	3%	2%	0%	51%	30%	1%	16%

PROVINCE	Food Security			HHs Economic Capacity (Average) in the One Month Prior to Data Collection			Debt & LCSI		Health					
	% of HHs with poor Food Consumption Score ² (FCS)	% of HHs with moderate Household Hunger Scale ³ (HHS)	% of HHs with high dependence on Coping Strategies ⁴ (rCSI)	Income (AFN)	Expenditure (AFN)	Net Income (AFN)	% of HHs with debt	% of HHs with emergency livelihood coping strategy index (LCSI)	% of households with at least one member with an unmet health care need in the last 3 months	% of HHs reporting it takes 1-3 hours to reach to a nearest functional healthcare facility ⁵	Specific medicine, treatment or services are too expensive	% of HHs self- reporting barriers to accessing healthcare facility	% of HHs that reported not having access to emergency care within 24 hours of injury	% of HHs reporting at least one child with Acute Watery Diarrhoea (AWD) cases in 2 weeks prior to data collection (children U5)
Uruzgan rural	14%	31%	12%	8,683	10,795	-2,112	68%	38%	50%	32%	32%	41%	55%	43%
Uruzgan urban	21%	21%	16%	10,200	13,427	-3,227	70%	32%	27%	3%	31%	42%	29%	45%
Zabul rural	24%	4%	0%	7,134	5,842	1,292	74%	16%	0%	27%	28%	68%	13%	35%
Zabul urban	25%	3%	1%	6,993	6,898	94	73%	9%	3%	16%	24%	62%	1%	38%
Western														
Badghis rural	25%	9%	11%	7,677	8,669	-992	73%	8%	24%	61%	83%	33%	38%	71%
Badghis urban	22%	6%	8%	7,258	10,370	-3,112	70%	33%	10%	20%	79%	23%	5%	30%
Farah rural	19%	2%	11%	10,045	9,155	891	53%	6%	16%	10%	48%	23%	8%	16%
Farah urban	16%	7%	11%	18,395	11,743	6,652	57%	3%	35%	7%	26%	17%	19%	20%
Ghor rural	72%	14%	4%	8,611	9,760	-1,148	82%	15%	20%	51%	68%	27%	6%	88%
Ghor urban	77%	1%	1%	8,269	8,791	-522	89%	55%	8%	0%	21%	6%	2%	93%
Herat rural	8%	29%	21%	9,665	9,245	420	45%	7%	4%	15%	20%	12%	21%	20%
Herat urban	2%	6%	9%	12,118	11,789	329	52%	13%	4%	2%	47%	9%	6%	28%

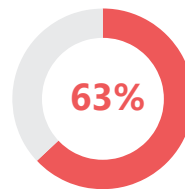
Mental Health, Nutrition, Emergency Shelter Non-Food Items (NFIs), Education in Emergencies, Communication, and Disability

Key Findings

- Reportedly, expenses on shelter utilities (electricity, gas, etc.) comprised only 4% of the household total expenditure in the past 30 days. This could reflect the shelter type and conditions in which many households are forced to live, as they have to allocate the available resources to other priority needs such as food; 29% of households were found to live in inadequate shelters, with refugee populations and rural HHs more affected.
- Among all children under 5 years old screened for malnutrition (25%), 28% were referred to a nutrition service for moderate malnutrition and 21% for severe malnutrition. Malnutrition was reportedly more dire among refugee population, where 63% of screened children were referred to malnutrition treatment services. Screening for malnutrition was done by using a MUAC (Mid-Upper Arm Circumference) tape, either by a caregiver, community health worker, or other health or NGO (Non-Governmental-Organisation) staff.
- A higher percentage of girls (61%) are not attending school regularly compared to boys (25%). However, of those attending school regularly, more boys (13%) reported not being able to learn in acceptable conditions compared to girls (6%).⁷

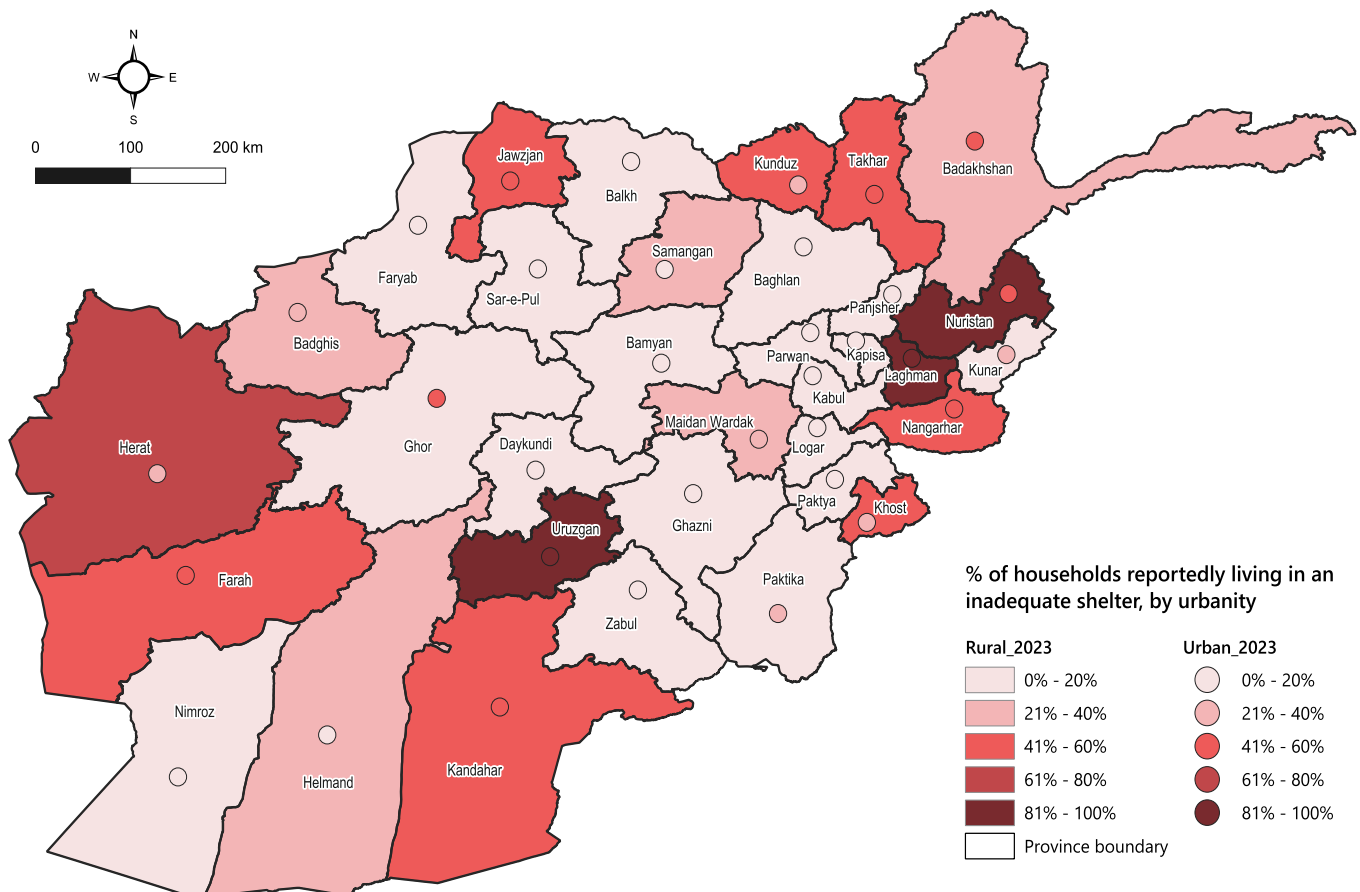
% of households reporting insufficient number of blankets per household member⁶, by head of household gender:

Female-Headed Households	54%	
Male-Headed Households	34%	



% of households reporting using inadequate sources of heating in winter

Map 4: Proportion of households living in inadequate shelter, by type of area (rural vs urban)



PROVINCE	Mental Health	Nutrition		Emergency Shelter - Non-Food Items (NFIs)				Education in Emergencies (Proportion of school-aged children (6-17 years))				Communi- cation	Disability
	% of HHs with at least one HH member who showed signs of behavior change ⁸ in the one year prior to data collection.	% of children (U5) not screened for malnutrition	% of children U5 referred for severe malnutrition, among children who were screened in the 3 months prior to data collection	% of HHs in need of NFIs ⁹	% of HHs with inadequate heating source ¹⁰	% of HHs with inadequate tenure agreement ¹¹	% of HHs with inadequate shelter ¹²	% of children not attending school regularly		% of children not able to learn in acceptable conditions		% of HHs without network coverage	% Of HHs with at least one HH member with a disability ¹³
								Boy	Girl	Boy	Girl		
National level													
National level	69%	75%	39%	24%	63%	0%	29%	25%	61%	20%	16%	9%	9%
Regional level													
Capital	71%	77%	49%	13%	32%	0%	14%	14%	58%	20%	12%	2%	13%
Central Highland	57%	43%	50%	32%	68%	0%	2%	13%	46%	23%	16%	4%	6%
Eastern	50%	58%	48%	17%	68%	0%	55%	14%	49%	21%	19%	8%	5%
North Eastern	83%	83%	40%	27%	79%	0%	38%	22%	58%	27%	20%	11%	9%
Northern	72%	81%	48%	24%	75%	1%	16%	35%	58%	21%	20%	7%	10%
South Eastern	70%	65%	29%	28%	70%	0%	19%	17%	55%	7%	5%	7%	8%
Southern	63%	86%	19%	27%	89%	0%	42%	47%	84%	26%	21%	20%	5%
Western	65%	69%	25%	36%	55%	0%	48%	34%	73%	18%	21%	12%	9%
Provincial level													
Capital													
Kabul rural	79%	72%	31%	12%	45%	0%	14%	13%	48%	22%	19%	0%	11%
Kabul urban	75%	85%	51%	7%	20%	0%	14%	14%	61%	20%	9%	1%	13%
Kapisa rural	46%	50%	30%	41%	55%	0%	6%	14%	63%	33%	13%	11%	12%
Kapisa urban	43%	43%	35%	45%	16%	1%	3%	10%	50%	22%	12%	1%	8%
Logar rural	70%	79%	40%	23%	60%	1%	16%	15%	59%	10%	30%	2%	20%
Logar urban	67%	85%	36%	46%	55%	0%	18%	13%	37%	12%	8%	4%	17%
Maidan Wardak rural	35%	59%	63%	29%	90%	0%	27%	8%	51%	19%	23%	1%	11%
Maidan Wardak urban	53%	79%	25%	17%	58%	0%	33%	17%	58%	19%	13%	1%	15%
Panjsher rural	89%	37%	4%	34%	61%	1%	15%	8%	45%	17%	9%	2%	11%
Panjsher urban	95%	50%	3%	40%	50%	0%	7%	5%	52%	29%	25%	0%	11%

PROVINCE	Mental Health	Nutrition		Emergency Shelter - Non-Food Items (NFIs)				Education in Emergencies (Proportion of school-aged children (6-17 years))				Communication	Disability
	% of HHs with at least one HH member who showed signs of behavior change ⁸ in the one year prior to data collection.	% of children (U5) not screened for malnutrition	% of children U5 referred for severe malnutrition, among children who were screened in the 3 months prior to data collection	% of HHs in need of NFIs ⁹	% of HHs with inadequate heating source ¹⁰	% of HHs with inadequate tenure agreement ¹¹	% of HHs with inadequate shelter ¹²	% of children not attending school regularly		% of children not able to learn in acceptable conditions		% of HHs without network coverage	% Of HHs with at least one HH member with a disability ¹³
								Boy	Girl	Boy	Girl		
Parwan rural	83%	75%	75%	11%	22%	0%	10%	20%	54%	10%	4%	4%	17%
Parwan urban	74%	72%	55%	5%	9%	1%	18%	9%	44%	9%	14%	2%	12%
Central Highland													
Bamyan rural	57%	54%	52%	21%	77%	0%	3%	13%	47%	3%	3%	5%	3%
Bamyan urban	59%	64%	71%	16%	6%	0%	6%	9%	39%	2%	4%	1%	4%
Daykundi rural	55%	34%	49%	42%	67%	0%	0%	14%	46%	44%	30%	3%	8%
Daykundi urban	95%	4%	35%	31%	21%	1%	1%	10%	48%	9%	8%	1%	9%
Eastern													
Kunar rural	67%	81%	15%	22%	81%	1%	12%	17%	44%	18%	20%	15%	8%
Kunar urban	89%	56%	53%	18%	72%	0%	34%	13%	55%	51%	58%	3%	8%
Laghman rural	61%	56%	21%	12%	73%	2%	87%	12%	52%	12%	8%	7%	5%
Laghman urban	64%	50%	30%	12%	59%	1%	85%	12%	60%	21%	11%	4%	7%
Nangarhar rural	40%	55%	56%	15%	76%	0%	56%	15%	54%	27%	24%	4%	3%
Nangarhar urban	40%	44%	58%	17%	16%	1%	48%	7%	34%	18%	18%	0%	3%
Nuristan rural	69%	39%	26%	31%	44%	0%	85%	18%	35%	20%	22%	38%	18%
Nuristan urban	30%	40%	50%	27%	100%	0%	53%	24%	69%	0%	0%	13%	43%
Northeastern													
Badakhshan rural	95%	79%	68%	22%	97%	1%	35%	15%	57%	16%	10%	26%	12%
Badakhshan urban	95%	88%	83%	13%	65%	0%	41%	25%	53%	23%	22%	1%	11%
Baghlan rural	67%	65%	9%	34%	75%	0%	15%	18%	55%	1%	1%	7%	7%
Baghlan urban	85%	68%	38%	35%	37%	0%	4%	10%	44%	0%	0%	0%	8%

PROVINCE	Mental Health	Nutrition		Emergency Shelter - Non-Food Items (NFIs)				Education in Emergencies (Proportion of school-aged children (6-17 years))				Communication	Disability
	% of HHs with at least one HH member who showed signs of behavior change ⁸ in the one year prior to data collection.	% of children (U5) not screened for malnutrition	% of children U5 referred for severe malnutrition, among children who were screened in the 3 months prior to data collection	% of HHs in need of NFIs ⁹	% of HHs with inadequate heating source ¹⁰	% of HHs with inadequate tenure agreement ¹¹	% of HHs with inadequate shelter ¹²	% of children not attending school regularly		% of children not able to learn in acceptable conditions		% of HHs without network coverage	% Of HHs with at least one HH member with a disability ¹³
Kunduz rural	100%	90%	74%	35%	85%	0%	45%	30%	62%	29%	29%	4%	9%
Kunduz urban	99%	82%	30%	22%	38%	0%	33%	19%	59%	30%	38%	1%	17%
Takhar rural	70%	92%	35%	20%	75%	0%	59%	27%	59%	63%	45%	11%	7%
Takhar urban	56%	83%	24%	25%	38%	0%	46%	22%	55%	48%	35%	5%	8%
Northern													
Balkh rural	54%	85%	70%	21%	78%	1%	17%	42%	58%	35%	38%	2%	11%
Balkh urban	57%	85%	58%	21%	21%	1%	13%	18%	44%	17%	16%	4%	20%
Faryab rural	94%	73%	45%	12%	95%	0%	1%	34%	66%	9%	7%	11%	4%
Faryab urban	97%	62%	51%	13%	66%	0%	0%	10%	43%	1%	1%	1%	9%
Jawzjan rural	82%	86%	29%	33%	90%	3%	45%	37%	58%	17%	11%	16%	15%
Jawzjan urban	73%	90%	48%	28%	85%	0%	50%	43%	69%	39%	31%	7%	18%
Samangan rural	42%	90%	53%	27%	84%	0%	23%	54%	70%	27%	34%	1%	9%
Samangan urban	51%	84%	41%	18%	53%	0%	15%	25%	38%	21%	24%	0%	13%
Sar-e-Pul rural	86%	78%	16%	44%	77%	0%	13%	34%	53%	36%	19%	7%	4%
Sar-e-Pul urban	76%	84%	40%	33%	31%	0%	16%	24%	38%	6%	11%	8%	7%
South Eastern													
Ghazni rural	73%	52%	10%	27%	92%	0%	13%	18%	49%	1%	1%	6%	7%
Ghazni urban	81%	54%	12%	15%	26%	0%	5%	12%	42%	13%	17%	0%	11%
Khost rural	79%	85%	25%	25%	62%	0%	55%	17%	76%	9%	5%	2%	8%
Khost urban	54%	85%	22%	25%	23%	1%	23%	15%	60%	4%	11%	0%	3%
Paktika rural	36%	84%	88%	25%	66%	0%	8%	18%	48%	2%	1%	16%	2%
Paktika urban	48%	81%	91%	23%	39%	0%	20%	14%	52%	5%	0%	0%	2%

PROVINCE	Mental Health	Nutrition		Emergency Shelter - Non-Food Items (NFIs)				Education in Emergencies (Proportion of school-aged children (6-17 years))				Communication	Disability
	% of HHs with at least one HH member who showed signs of behavior change ⁸ in the one year prior to data collection.	% of children (U5) not screened for malnutrition	% of children U5 referred for severe malnutrition, among children who were screened in the 3 months prior to data collection	% of HHs in need of NFIs ⁹	% of HHs with inadequate heating source ¹⁰	% of HHs with inadequate tenure agreement ¹¹	% of HHs with inadequate shelter ¹²	% of children not attending school regularly		% of children not able to learn in acceptable conditions		% of HHs without network coverage	% Of HHs with at least one HH member with a disability ¹³
								Boy	Girl	Boy	Girl		
Paktya rural	82%	51%	46%	40%	58%	0%	8%	14%	52%	20%	13%	8%	13%
Paktya urban	76%	60%	58%	37%	19%	0%	6%	12%	53%	12%	10%	1%	12%
Southern													
Helmand rural	64%	83%	16%	39%	97%	0%	26%	47%	91%	43%	39%	14%	1%
Helmand urban	52%	62%	23%	34%	79%	0%	15%	10%	43%	39%	38%	0%	1%
Kandahar rural	58%	96%	0%	13%	91%	1%	54%	52%	82%	9%	13%	21%	6%
Kandahar urban	60%	84%	24%	16%	60%	0%	56%	41%	75%	4%	2%	16%	6%
Nimroz rural	51%	50%	7%	8%	70%	0%	6%	37%	71%	3%	0%	1%	6%
Nimroz urban	41%	35%	38%	14%	31%	1%	6%	13%	44%	15%	2%	0%	5%
Uruzgan rural	76%	97%	56%	24%	99%	1%	96%	55%	89%	17%	6%	34%	15%
Uruzgan urban	78%	91%	47%	32%	86%	0%	86%	21%	74%	21%	19%	2%	14%
Zabul rural	77%	94%	14%	29%	100%	0%	1%	53%	78%	39%	39%	50%	2%
Zabul urban	79%	73%	0%	17%	69%	0%	0%	6%	49%	31%	22%	1%	1%
Western													
Badghis rural	75%	81%	19%	24%	81%	0%	23%	65%	84%	34%	60%	13%	18%
Badghis urban	71%	83%	33%	27%	51%	1%	26%	14%	52%	36%	57%	1%	20%
Farah rural	10%	87%	27%	20%	84%	0%	50%	53%	87%	6%	10%	24%	2%
Farah urban	25%	88%	15%	23%	65%	0%	42%	17%	60%	7%	0%	19%	1%
Ghor rural	77%	41%	23%	33%	99%	0%	18%	36%	75%	69%	73%	26%	13%
Ghor urban	98%	47%	11%	37%	79%	0%	59%	19%	53%	21%	35%	0%	5%
Herat rural	72%	60%	31%	53%	30%	0%	72%	20%	64%	3%	3%	5%	7%
Herat urban	75%	91%	50%	14%	6%	0%	39%	7%	56%	1%	0%	1%	8%

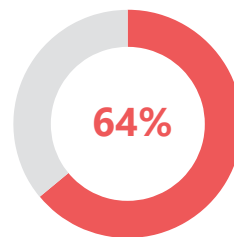
Water, Hygiene and Sanitation (WASH) and Protection

Key Findings

- Overall the percentage of households experiencing barriers to access water has increased from 48% in 2021 to 67% in 2023. Urban households continue spending more income on water each month, with costs rising from 185 AFN in 2022 to 330 AFN this year. Rural households reported having to travel longer distances to access water; the proportion of rural households spending over 30 minutes collecting water has risen from 4% in 2022 to 11% this year.
- Almost one third of households reported using unimproved sanitation facilities (32%). This was most commonly reported among rural areas (38%) compared to urban areas (15%). In addition, 48% of households reported having no access to handwashing facilities or not having access to soap. The lack of access to proper sanitation together with the absence of good hygiene practices increase the risk of disease outbreaks, which can pose a serious threat to the lives of vulnerable people.
- Similar to the situation in 2022, 19% of households reported experiencing a protection incident, this signifies a substantial reduction from 2021 (53%). Furthermore, experience of protection incidents were similarly reported for men and boys (16%) and women and girls (15%). However, reporting by female household members was slightly higher (22% and 18% respectively).

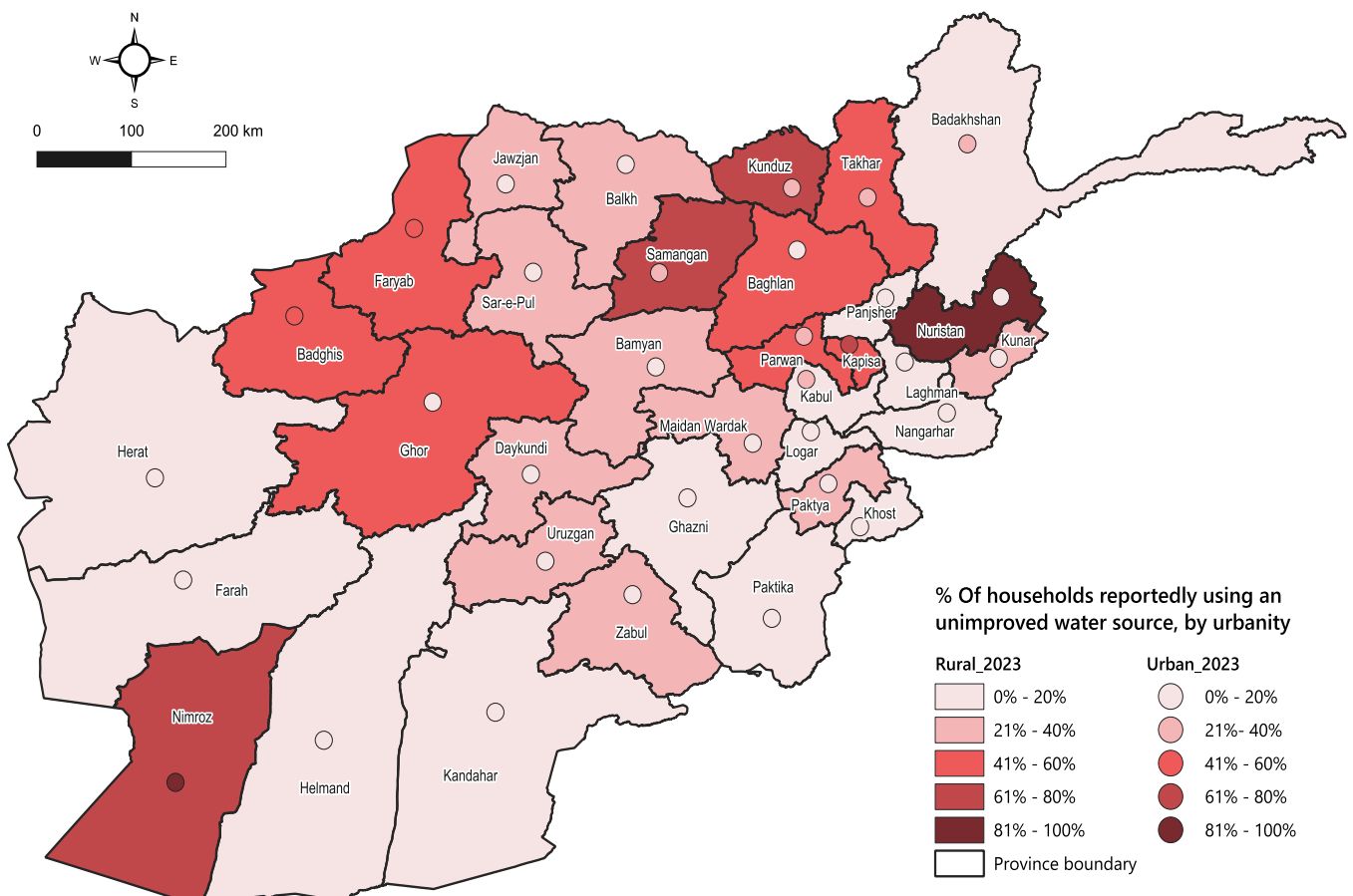
Top three areas that women and girls avoid because they feel unsafe:

Markets	18%	
Social/community areas	16%	
Latrines and bathing facilities	9%	



% of households reported all areas are safe for women and girls to move

Map 5: Proportion of households relying on unimproved water sources



PROVINCE	Water, Hygiene and Sanitation (WASH)					Protection									
	% of HHs reporting having insufficient water ¹⁴	% of HHs reporting reliance on unimproved water sources ¹⁵	% of HHs reporting time to water source is greater than 30 minutes (by walking, including queuing, and returning)	% of HHs reported not having soap at time of data collection	% of HHs reported using unimproved sanitation facility ¹⁶	% of HHs with at least one member who experienced a protection incident ¹⁷ in the three months prior to data collection		% of HHs reporting at least one child (under 18 years) working outside		% of female HH members reporting accessing public services alone			% of HHs reporting only some members have civil documentation (tazkera, etc.)		% of HHs reporting having married daughters earlier than intended (LCS)
						Men/Boys	Women/Girls	Boy	Girl	Water	Health	Market	Male	Female	
National level															
National level	14%	25%	6%	29%	32%	16%	15%	14%	2%	51%	22%	27%	24%	26%	3%
Regional level															
Capital	16%	24%	3%	20%	16%	7%	4%	10%	1%	61%	25%	35%	17%	20%	2%
Central Highland	1%	31%	8%	34%	31%	17%	21%	8%	8%	97%	66%	60%	2%	4%	1%
Eastern	9%	11%	2%	8%	34%	6%	6%	11%	6%	37%	20%	20%	9%	29%	1%
North Eastern	20%	43%	8%	18%	49%	31%	39%	17%	1%	30%	10%	10%	36%	36%	1%
Northern	14%	35%	11%	44%	32%	11%	9%	13%	1%	46%	21%	23%	26%	33%	4%
South Eastern	7%	13%	1%	29%	38%	24%	23%	9%	1%	64%	8%	20%	14%	25%	2%
Southern	17%	19%	6%	45%	41%	23%	26%	24%	2%	48%	23%	24%	44%	27%	5%
Western	14%	22%	7%	43%	30%	14%	8%	13%	1%	46%	24%	26%	25%	25%	4%
Provincial level															
Capital															
Kabul rural	6%	19%	4%	20%	26%	8%	4%	11%	3%	20%	7%	20%	18%	31%	4%
Kabul urban	15%	21%	1%	17%	14%	6%	2%	12%	0%	73%	29%	42%	11%	14%	3%
Kapisa rural	15%	45%	1%	22%	25%	4%	2%	4%	1%	62%	27%	29%	34%	29%	1%
Kapisa urban	34%	71%	9%	12%	1%	1%	1%	4%	0%	29%	19%	14%	16%	24%	1%
Logar rural	40%	6%	3%	19%	14%	8%	11%	9%	0%	52%	29%	23%	55%	48%	1%
Logar urban	37%	2%	2%	10%	10%	22%	18%	11%	1%	40%	14%	17%	18%	16%	1%
Maidan Wardak rural	18%	28%	7%	59%	30%	0%	0%	16%	4%	33%	3%	6%	26%	35%	1%
Maidan Wardak urban	27%	1%	1%	21%	39%	2%	2%	15%	0%	32%	3%	3%	31%	33%	1%
Panjsher rural	1%	11%	1%	8%	4%	56%	48%	5%	0%	61%	13%	2%	10%	18%	0%
Panjsher urban	0%	4%	0%	1%	2%	75%	59%	5%	0%	71%	23%	10%	14%	30%	0%
Parwan rural	18%	50%	8%	17%	1%	9%	4%	2%	0%	25%	34%	29%	18%	20%	1%
Parwa urban	14%	29%	5%	9%	2%	10%	5%	9%	3%	25%	38%	42%	12%	17%	0%

PROVINCE	Water, Hygiene and Sanitation (WASH)					Protection									
	% of HHs reporting having insufficient water ¹⁴	% of HHs reporting reliance on unimproved water sources ¹⁵	% of HHs reporting time to water source is greater than 30 minutes (by walking, including queuing, and returning)	% of HHs reported not having soap at time of data collection	% of HHs reported using unimproved sanitation facility ¹⁶	% of HHs with at least one member who experienced a protection incident ¹⁷ in the three months prior to data collection		% of HHs reporting at least one child (under 18 years) working outside		% of female HH members reporting accessing public services alone			% of HHs reporting only some members have civil documentation (tazkera, etc.)		% of HHs reporting having married daughters earlier than intended (LCS)
						Men/Boys	Women/ Girls	Boy	Girl	Water	Health	Market	Male	Female	
Central Highland															
Bamyan rural	3%	38%	6%	19%	27%	1%	5%	2%	0%	100%	57%	40%	4%	6%	0%
Bamyan urban	0%	3%	0%	7%	23%	2%	1%	6%	0%	100%	94%	96%	2%	1%	1%
Daykundi rural	0%	27%	10%	49%	35%	32%	35%	13%	15%	99%	77%	73%	1%	3%	1%
Daykundi urban	0%	11%	1%	36%	28%	63%	75%	19%	2%	90%	36%	33%	2%	3%	10%
Eastern															
Kunar rural	30%	25%	5%	4%	52%	22%	21%	27%	16%	13%	0%	2%	11%	36%	2%
Kunar urban	17%	16%	3%	22%	33%	28%	25%	26%	10%	26%	4%	6%	10%	26%	0%
Laghman rural	15%	6%	4%	33%	22%	6%	4%	4%	2%	28%	13%	9%	4%	54%	4%
Laghman urban	15%	3%	0%	34%	17%	10%	6%	7%	0%	61%	13%	11%	8%	53%	3%
Nangarhar rural	1%	2%	0%	1%	30%	1%	1%	5%	1%	38%	19%	19%	10%	20%	0%
Nangarhar urban	1%	0%	0%	0%	26%	3%	4%	5%	0%	48%	44%	44%	1%	6%	0%
Nuristan rural	5%	85%	5%	14%	62%	9%	3%	43%	34%	27%	10%	24%	35%	49%	5%
Nuristan urban	0%	0%	11%	0%	87%	7%	0%	28%	30%	40%	0%	0%	46%	56%	0%
Northeastern															
Badakhshan rural	14%	17%	5%	10%	76%	6%	42%	10%	1%	25%	6%	4%	23%	23%	2%
Badakhshan urban	16%	26%	6%	29%	64%	16%	16%	9%	1%	32%	32%	31%	7%	10%	2%
Baghlan rural	4%	41%	14%	7%	52%	54%	37%	40%	0%	21%	0%	1%	61%	62%	0%
Baghlan urban	3%	7%	0%	2%	11%	68%	57%	16%	0%	51%	1%	3%	19%	28%	0%

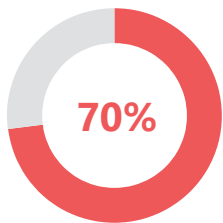
PROVINCE	Water, Hygiene and Sanitation (WASH)					Protection									
	% of HHs reporting having insufficient water ¹⁴	% of HHs reporting reliance on unimproved water sources ¹⁵	% of HHs reporting time to water source is greater than 30 minutes (by walking, including queuing, and returning)	% of HHs reported not having soap at time of data collection	% of HHs reported using unimproved sanitation facility ¹⁶	% of HHs with at least one member who experienced a protection incident ¹⁷ in the three months prior to data collection		% of HHs reporting at least one child (under 18 years) working outside		% of female HH members reporting accessing public services alone			% of HHs reporting only some members have civil documentation (tazkera, etc.)		% of HHs reporting having married daughters earlier than intended (LCS)
						Men/Boys	Women/Girls	Boy	Girl	Water	Health	Market	Male	Female	
Kunduz rural	39%	63%	9%	28%	61%	25%	25%	12%	1%	N/A	N/A	N/A	2%	14%	2%
Kunduz urban	15%	24%	1%	4%	35%	22%	25%	12%	1%	N/A	N/A	N/A	3%	11%	3%
Takhar rural	23%	58%	7%	31%	21%	38%	49%	9%	1%	27%	11%	10%	65%	54%	1%
Takhar urban	21%	28%	1%	16%	7%	34%	45%	6%	1%	30%	26%	26%	48%	43%	1%
Northern															
Balkh rural	2%	31%	3%	34%	39%	6%	2%	22%	0%	51%	14%	14%	26%	30%	2%
Balkh urban	1%	4%	1%	19%	10%	9%	6%	15%	0%	89%	57%	69%	10%	12%	3%
Faryab rural	24%	42%	29%	42%	39%	0%	0%	8%	0%	27%	6%	4%	44%	47%	2%
Faryab urban	39%	44%	18%	43%	34%	1%	0%	8%	1%	43%	24%	33%	27%	28%	1%
Jawzjan rural	28%	39%	8%	57%	34%	55%	58%	14%	2%	11%	5%	5%	23%	56%	10%
Jawzjan urban	37%	15%	1%	61%	33%	42%	40%	13%	3%	43%	28%	38%	34%	49%	12%
Samangan rural	24%	69%	12%	70%	30%	2%	1%	11%	0%	25%	9%	8%	38%	38%	0%
Samangan urban	17%	33%	12%	38%	15%	8%	10%	10%	2%	36%	30%	23%	14%	23%	2%
Sar-e-Pul rural	0%	36%	2%	56%	32%	3%	1%	8%	2%	55%	15%	18%	6%	9%	5%
Sar-e-Pul urban	4%	4%	1%	31%	20%	5%	4%	18%	6%	72%	47%	61%	2%	6%	3%
South Eastern															
Ghazni rural	1%	5%	0%	37%	14%	52%	46%	9%	1%	78%	11%	26%	9%	19%	1%
Ghazni urban	1%	5%	0%	39%	11%	24%	18%	9%	1%	91%	20%	51%	14%	29%	0%
Khost rural	6%	16%	1%	18%	49%	12%	19%	17%	0%	51%	0%	2%	37%	46%	2%
Khost urban	3%	4%	0%	6%	13%	8%	30%	7%	1%	46%	0%	2%	36%	43%	2%
Paktika rural	11%	13%	0%	39%	80%	1%	1%	3%	0%	32%	3%	1%	12%	23%	2%
Paktika urban	4%	1%	0%	40%	22%	5%	3%	4%	2%	31%	0%	0%	22%	43%	1%
Paktya rural	22%	28%	6%	18%	46%	4%	3%	10%	3%	N/A	N/A	N/A	2%	13%	6%
Paktya urban	12%	14%	2%	8%	21%	2%	1%	11%	1%	N/A	N/A	N/A	5%	18%	3%

PROVINCE	Water, Hygiene and Sanitation (WASH)					Protection									
	% of HHs reporting having insufficient water ¹⁴	% of HHs reporting reliance on unimproved water sources ¹⁵	% of HHs reporting time to water source is greater than 30 minutes (by walking, including queuing, and returning)	% of HHs reported not having soap at time of data collection	% of HHs reported using unimproved sanitation facility ¹⁶	% of HHs with at least one member who experienced a protection incident ¹⁷ in the three months prior to data collection		% of HHs reporting at least one child (under 18 years) working outside		% of female HH members reporting accessing public services alone			% of HHs reporting only some members have civil documentation (tazkera, etc.)		% of HHs reporting having married daughters earlier than intended (LCS)
						Men/Boys	Women/ Girls	Boy	Girl	Water	Health	Market	Male	Female	
Southern															
Helmand rural	32%	13%	13%	79%	66%	23%	23%	38%	5%	N/A	N/A	N/A	56%	19%	8%
Helmand urban	14%	2%	3%	45%	41%	24%	24%	32%	0%	N/A	N/A	N/A	32%	40%	10%
Kandahar rural	6%	18%	1%	14%	23%	31%	39%	23%	0%	N/A	N/A	N/A	37%	38%	4%
Kandahar urban	14%	12%	7%	4%	23%	40%	46%	27%	0%	N/A	N/A	N/A	33%	39%	4%
Nimroz rural	0%	62%	7%	61%	25%	5%	5%	10%	0%	36%	28%	29%	9%	13%	1%
Nimroz urban	0%	81%	0%	40%	9%	4%	7%	5%	1%	34%	32%	33%	7%	8%	1%
Uruzgan rural	22%	24%	3%	52%	31%	16%	15%	5%	1%	76%	10%	5%	62%	29%	8%
Uruzgan urban	42%	6%	1%	41%	30%	8%	16%	6%	1%	56%	19%	22%	44%	44%	5%
Zabul rural	0%	21%	1%	40%	42%	0%	0%	1%	0%	N/A	N/A	N/A	29%	12%	0%
Zabul urban	0%	0%	0%	26%	18%	1%	2%	0%	0%	N/A	N/A	N/A	21%	20%	0%
Western															
Badghis rural	60%	59%	20%	54%	41%	8%	4%	22%	1%	5%	0%	1%	31%	55%	4%
Badghis urban	67%	55%	12%	40%	17%	16%	12%	11%	0%	7%	2%	7%	6%	11%	2%
Farah rural	0%	18%	6%	74%	56%	0%	0%	10%	0%	N/A	N/A	N/A	55%	12%	0%
Farah urban	0%	1%	6%	39%	3%	1%	0%	6%	0%	N/A	N/A	N/A	13%	15%	2%
Ghor rural	10%	46%	2%	42%	61%	37%	28%	22%	1%	56%	1%	1%	56%	67%	16%
Ghor urban	51%	5%	5%	46%	58%	21%	20%	15%	0%	93%	10%	17%	29%	60%	10%
Herat rural	9%	5%	4%	39%	12%	11%	3%	8%	0%	33%	9%	14%	7%	6%	2%
Herat urban	2%	5%	0%	13%	1%	9%	4%	12%	1%	66%	66%	66%	2%	2%	0%

Access to Markets, Humanitarian Assistance, Exposure to Shocks

Key Findings

- 15% of households in rural areas and 17% of female headed households reported not having access to a functional market compared to households in urban areas (7%), and male headed households (13%). Similar level of access to markets was reported by different displaced population groups, although notably high proportion of refugee households (43%) reported not having access.
- 51% of households reported having experienced at least two shocks in the past year, levels are similar among population groups but heightened for households in rural areas (60%) compared to urban areas (25%).
- 65% of households reported access to humanitarian assistance was reduced since the beginning of the year; out of the households reporting having reduced access, 39% reported the reason was the reduction of female aid workers, this was higher among female HoH (50%).

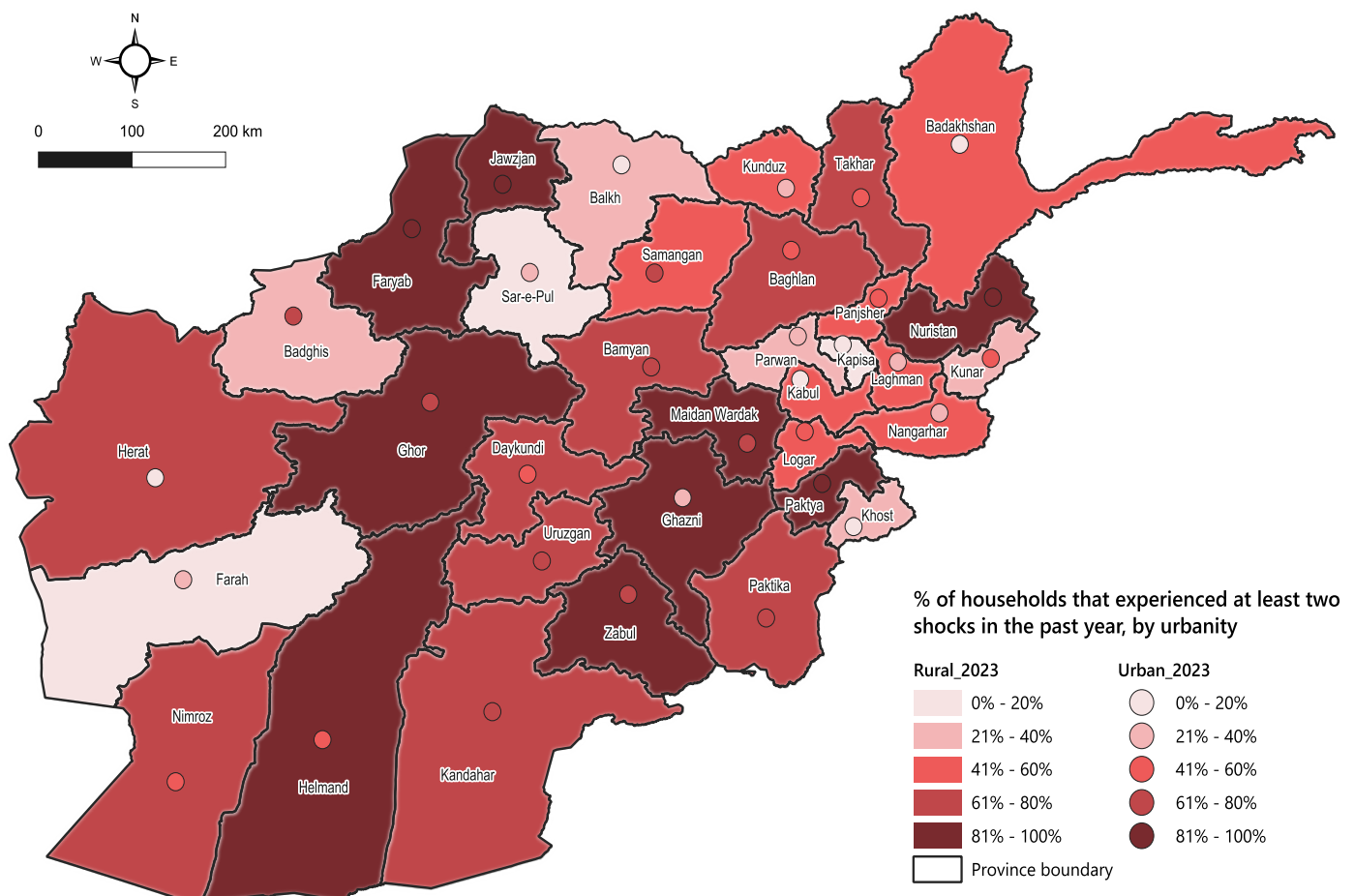


% of female headed households reported decrease in access to humanitarian assistance in the past year.

% of households reported receiving humanitarian assistance in 30 days prior to data collection by their preferred method of assistance Vs assistance received:

	Received	Preferred
In-Kind Food	86%	27%
Physical Cash	14%	63%

Map 6: Proportion of households reporting having experienced at least two shocks in the past year



PROVINCE	Access to Markets				Humanitarian Assistance				Self-reported Exposure to Shocks in the One year Prior to Data Collection				
	% of HHs without access to a functional market	% of HHs with time to nearest market (1 to 2 hours) by regular mode of transport	% of HHs with barriers to accessing markets ¹⁸		% of HHs unaware how to access humanitarian assistance	% of HHs aware of existing feedback mechanisms	% of HHs by preferred method of receiving assistance ¹⁹		% of HHs reporting exposure to at least 2 shocks in the past year	Economic shock	Drought	Floods	Active conflict
							Physical cash	In-kind (Food)					
National level													
National level	13%	13%	18%	71%	57%	29%	63%	27%	39%	65%	67%	16%	2%
Regional level													
Capital	8%	6%	22%	72%	68%	20%	69%	21%	22%	43%	50%	14%	1%
Central Highland	3%	15%	25%	64%	43%	51%	83%	14%	62%	72%	85%	6%	0%
Eastern	17%	7%	26%	57%	59%	28%	33%	63%	41%	82%	49%	14%	1%
North Eastern	16%	25%	15%	80%	48%	39%	42%	40%	42%	66%	66%	17%	3%
Northern	13%	14%	13%	77%	30%	42%	68%	22%	46%	55%	82%	5%	2%
South Eastern	20%	8%	25%	58%	55%	35%	72%	21%	22%	77%	69%	58%	5%
Southern	8%	16%	7%	77%	84%	8%	72%	20%	61%	91%	78%	20%	0%
Western	18%	17%	18%	71%	57%	33%	74%	16%	46%	68%	77%	3%	1%
Provincial level													
Capital													
Kabul rural	9%	5%	14%	80%	66%	13%	68%	17%	40%	58%	69%	9%	1%
Kabul urban	7%	0%	17%	81%	75%	15%	73%	16%	14%	41%	43%	3%	0%
Kapisa rural	20%	22%	26%	46%	51%	30%	73%	21%	14%	24%	32%	11%	0%
Kapisa urban	2%	0%	40%	53%	44%	51%	83%	11%	4%	33%	17%	3%	0%
Logar rural	10%	17%	11%	58%	80%	16%	71%	18%	49%	52%	60%	53%	0%
Logar urban	8%	1%	24%	56%	71%	20%	67%	15%	34%	34%	79%	41%	1%
Maidan Wardak rural	10%	19%	9%	83%	61%	27%	42%	45%	43%	67%	97%	75%	0%
Maidan Wardak urban	1%	0%	31%	61%	48%	41%	53%	41%	63%	83%	82%	21%	0%
Panjsher rural	16%	13%	13%	74%	26%	67%	50%	48%	37%	65%	35%	9%	25%
Panjsher urban	0%	0%	12%	81%	25%	74%	38%	58%	41%	62%	57%	4%	10%

PROVINCE	Access to Markets				Humanitarian Assistance				Self-reported Exposure to Shocks in the One year Prior to Data Collection				
	% of HHs without access to a functional market	% of HHs with time to nearest market (1 to 2 hours) by regular mode of transport	% of HHs with barriers to accessing markets ¹⁸		% of HHs unaware how to access humanitarian assistance	% of HHs aware of existing feedback mechanisms	% of HHs by preferred method of receiving assistance ¹⁹		% of HHs reporting exposure to at least 2 shocks in the past year	Economic shock	Drought	Floods	Active conflict
							Physical cash	In-kind (Food)					
Parwan rural	4%	19%	77%	14%	44%	33%	60%	38%	30%	24%	55%	28%	1%
Parwan urban	0%	1%	76%	20%	36%	37%	56%	39%	8%	11%	43%	26%	5%
Central Highland													
Bamyan rural	5%	17%	37%	43%	26%	72%	83%	15%	60%	69%	82%	13%	0%
Bamyan urban	2%	3%	69%	26%	32%	63%	87%	12%	61%	83%	70%	4%	0%
Daykundi rural	2%	15%	11%	84%	58%	31%	84%	12%	65%	75%	88%	1%	0%
Daykundi urban	2%	1%	7%	87%	58%	37%	61%	35%	44%	54%	86%	6%	1%
Eastern													
Kunar rural	29%	21%	3%	88%	38%	40%	30%	66%	33%	47%	73%	12%	3%
Kunar urban	13%	0%	12%	70%	60%	24%	57%	18%	43%	76%	52%	9%	14%
Laghman rural	9%	8%	23%	60%	49%	17%	53%	37%	46%	84%	50%	9%	0%
Laghman urban	1%	0%	18%	60%	36%	13%	64%	30%	27%	87%	22%	1%	4%
Nangarhar rural	15%	0%	32%	50%	72%	26%	23%	75%	45%	95%	47%	12%	0%
Nangarhar urban	4%	1%	52%	37%	71%	26%	21%	75%	27%	94%	15%	1%	0%
Nuristan rural	54%	41%	11%	44%	27%	57%	74%	11%	52%	44%	67%	82%	2%
Nuristan urban	0%	0%	7%	17%	59%	41%	74%	26%	70%	60%	93%	27%	0%
Northeastern													
Badakhshan rural	23%	36%	39%	58%	34%	20%	17%	74%	29%	20%	72%	44%	5%
Badakhshan urban	2%	19%	11%	83%	38%	40%	40%	49%	15%	19%	28%	2%	21%
Baghlan rural	13%	20%	8%	85%	32%	67%	65%	23%	65%	77%	87%	2%	1%

PROVINCE	Access to Markets				Humanitarian Assistance				Self-reported Exposure to Shocks in the One year Prior to Data Collection				
	% of HHs without access to a functional market	% of HHs with time to nearest market (1 to 2 hours) by regular mode of transport	% of HHs with barriers to accessing markets ¹⁸		% of HHs unaware how to access humanitarian assistance	% of HHs aware of existing feedback mechanisms	% of HHs by preferred method of receiving assistance ¹⁹		% of HHs reporting exposure to at least 2 shocks in the past year	Economic shock	Drought	Floods	Active conflict
							Physical cash	In-kind (Food)					
Baghlan urban	0%	3%	40%	52%	49%	50%	40%	47%	47%	65%	69%	2%	0%
Kunduz rural	24%	10%	4%	92%	34%	46%	44%	27%	41%	93%	48%	1%	3%
Kunduz urban	2%	0%	15%	83%	56%	39%	39%	20%	25%	98%	20%	0%	6%
Takhar rural	12%	42%	4%	89%	82%	25%	43%	37%	39%	71%	69%	27%	2%
Takhar urban	1%	1%	14%	81%	84%	25%	41%	35%	36%	69%	48%	11%	1%
Northern													
Balkh rural	31%	6%	12%	75%	20%	16%	58%	33%	22%	16%	80%	5%	2%
Balkh urban	19%	0%	35%	56%	30%	14%	64%	24%	12%	37%	45%	1%	2%
Faryab rural	0%	20%	0%	100%	7%	87%	66%	22%	88%	95%	93%	0%	0%
Faryab urban	0%	0%	1%	97%	1%	93%	69%	23%	83%	100%	83%	0%	0%
Jawzjan rural	12%	25%	3%	79%	34%	35%	76%	16%	69%	94%	95%	23%	6%
Jawzjan urban	23%	2%	5%	81%	54%	39%	74%	23%	74%	94%	83%	3%	4%
Samangan rural	6%	30%	21%	47%	37%	63%	87%	8%	51%	52%	99%	9%	6%
Samangan urban	3%	0%	32%	56%	23%	73%	93%	3%	51%	50%	99%	16%	5%
Sar-e-Pul rural	8%	15%	19%	75%	76%	17%	72%	14%	12%	22%	80%	2%	2%
Sar-e-Pul urban	0%	1%	36%	61%	78%	8%	70%	26%	21%	22%	80%	2%	1%
South Eastern													
Ghazni rural	8%	2%	39%	50%	37%	49%	50%	41%	14%	74%	94%	78%	6%
Ghazni urban	2%	0%	38%	59%	74%	29%	63%	31%	19%	27%	76%	33%	9%
Khost rural	46%	9%	12%	70%	75%	17%	79%	9%	25%	76%	18%	15%	2%
Khost urban	28%	0%	34%	64%	64%	28%	87%	7%	10%	82%	4%	7%	0%
Paktika rural	13%	13%	9%	84%	41%	59%	95%	4%	34%	88%	74%	44%	0%

PROVINCE	Access to Markets				Humanitarian Assistance				Self-reported Exposure to Shocks in the One year Prior to Data Collection				
	% of HHs without access to a functional market	% of HHs with time to nearest market (1 to 2 hours) by regular mode of transport	% of HHs with barriers to accessing markets ¹⁸		% of HHs unaware how to access humanitarian assistance	% of HHs aware of existing feedback mechanisms	% of HHs by preferred method of receiving assistance ¹⁹		% of HHs reporting exposure to at least 2 shocks in the past year	Economic shock	Drought	Floods	Active conflict
			No Barrier	Food Too Expensive			Physical cash	In-kind (Food)					
Paktika urban	0%	5%	32%	66%	49%	51%	90%	9%	40%	99%	62%	15%	0%
Paktya rural	28%	18%	21%	40%	76%	7%	91%	5%	26%	88%	71%	85%	10%
Paktya urban	11%	0%	19%	43%	68%	10%	87%	7%	28%	85%	81%	69%	16%
Southern													
Helmand rural	2%	24%	0%	97%	86%	13%	72%	23%	73%	91%	87%	0%	0%
Helmand urban	1%	1%	1%	93%	67%	26%	68%	27%	44%	93%	39%	0%	0%
Kandahar rural	7%	6%	13%	54%	81%	4%	77%	13%	57%	87%	75%	38%	1%
Kandahar urban	0%	0%	11%	61%	82%	2%	78%	11%	50%	99%	50%	32%	0%
Nimroz rural	6%	17%	23%	71%	90%	9%	76%	20%	65%	72%	90%	2%	0%
Nimroz urban	0%	0%	32%	60%	90%	2%	86%	9%	55%	70%	84%	1%	0%
Uruzgan rural	44%	28%	1%	79%	78%	8%	62%	26%	67%	94%	79%	12%	0%
Uruzgan urban	3%	1%	10%	87%	66%	6%	55%	28%	76%	91%	86%	1%	0%
Zabul rural	0%	27%	6%	87%	98%	3%	66%	31%	36%	94%	91%	62%	0%
Zabul urban	1%	6%	16%	78%	93%	7%	61%	36%	55%	100%	62%	7%	0%
Western													
Badghis rural	46%	41%	2%	71%	68%	31%	95%	1%	24%	31%	98%	9%	6%
Badghis urban	0%	17%	14%	65%	65%	34%	94%	3%	46%	60%	99%	3%	15%
Farah rural	24%	9%	12%	66%	74%	5%	46%	36%	16%	15%	97%	3%	0%
Farah urban	1%	3%	46%	51%	66%	5%	56%	13%	29%	33%	94%	0%	0%
Ghor rural	28%	37%	2%	96%	34%	69%	69%	8%	76%	86%	96%	7%	0%
Ghor urban	4%	0%	4%	95%	31%	66%	60%	13%	63%	84%	82%	3%	0%
Herat rural	8%	8%	26%	66%	63%	27%	78%	17%	60%	87%	72%	0%	0%
Herat urban	2%	0%	40%	54%	48%	34%	76%	19%	16%	80%	17%	0%	0%

METHODOLOGY OVERVIEW

The Whole of Afghanistan Assessment 2023 (WoAA 2023) consists of household-level interviews and was conducted in all provinces of Afghanistan. The tool was designed in collaboration with the Afghanistan Inter-Cluster Coordination Team (ICCT), including all active clusters and thematic working groups.

A two-staged stratified cluster sampling approach was applied for each targeted population group: urban households (7,595), rural households (8,460), households headed by women (1,717), female household members of male-headed households (4,577), recent cross-border returnee households (590), recent internally-displaced persons (IDPs) households (638), and refugee households (731). Furthermore, provincial capitals used to identify urban areas by creating a 5-km buffer around each capital and reviewing it based on factors such as

population density, townships, and infrastructure type. Visual GIS checks were also conducted using ESRI base map imagery to ensure accuracy, subsequently the results were triangulated with Urban-Rural Continuum Raster Data.

Findings calculated using this data have a minimum confidence level of 95% and a 5% margin of error at the national-level for each population group. Additionally, findings from urban and rural households, households headed by women and female household members are representative with a confidence level of 95% and a 9% margin of error at the provincial level. Findings of refugee households have a minimum confidence level of 95% and a 7% margin of error in Khost and Paktika provinces.

To learn more about the methodology, please contact us at teresa.schwarz@reach-initiative.org.

ENDNOTES

¹Safe healthcare service is considered: static public health facility, private clinic or doctor, community health worker, mobile health team (MHT). Unsafe healthcare services includes: at home care, traditional birth attendants, traditional healer, home treatment, or other. Both (Safe and Unsafe) healthcare facility is indicated when respondent selects multiple options among both safe and unsafe services.

²The Food Consumption Score (FCS) is based on the frequency of consumption of different food groups consumed by a household in the 7 days prior to data collection (FSC Indicator Handbook). Here, the % of HHs with a poor FCS is presented.

³The Household Hunger Scale (HHS) measures household hunger during the 30 days prior to data collection (FSC Indicator Handbook). Here, the % of HHs with moderate HHS is presented.

⁴The reduced Coping Strategy Index (rCSI) measures coping mechanisms used by households when there was not enough food or money to buy food in the 7 days prior to data collection. The % of households with a rCSI score of 10 or higher, are categorized as "high coping".

⁵By the household's habitual mode of transportation (in hours).

⁶Insufficient blankets means households that have less than 1 blanket per HH member.

⁷Acceptable learning conditions refer to when the learning environment meets the basic educational needs of learners (e.g: WASH facilities, safe infrastructure, etc)

⁸Behavioural changes include but are not limited to: excessive sad mood or crying, bedwetting, decrease in appetite or sleep, significant social withdrawal, angry or aggressive or violent behavior. This is used as a proxy indicator for mental health and psychosocial support (MHPSS) needs. Each household was assigned a severity score based on the type of behaviour change reported.

⁹Households with fewer than 4 out of 5 listed NFIs are considered in need of NFIs. The five listed NFIs included: sleeping mattress, kitchen sets, heating devices, winter clothes, and water storage containers.

¹⁰Inadequate heating sources include: bushes, animal dung, waste (paper, plastic, carton board, etc.), or no source of heating.

¹¹Inadequate tenure includes the following response options: no occupancy agreement (squatting), other, don't know.

¹²Inadequate shelters include: unfinished shelter or non-enclosed building, collective shelter, tent, makeshift shelter, no shelter (sleeping in the open).

¹³Disability was self-reported. Disability is defined as having a lot of difficulty not being able to do the following functions: communicating, hearing, remembering, seeing, selfcare/personal hygiene, and walking.

¹⁴Insufficient water is referred as not having enough water to do any of the following: cooking, performing personal hygiene, or other domestic purposes.

¹⁵Unimproved water source includes: unprotected well, unprotected spring, rainwater collection, tanker-truck, cart with small tank/drum, surface water (river, dam, lake, pond, stream, canal, irrigation channel).

¹⁶Unimproved sanitation facility includes: flush to open drain, flush to elsewhere, flush to don't know where, pit latrine without slab or open pit, plastic bag, bucket, hanging toilet/hanging latrine, or having no facility (defecating on bush/field).

¹⁷Protection incidents include: attacks or harassment, maiming or killing, explosive hazards (mines, ERW, PPIEDs), abduction, recruited into armed groups or detention, abuse or exploitation, movement restrictions (not COVID-19 related), violent destruction of property or farmland, and eviction from home. HHs were asked if any man/boy, or woman/girl in their HH experienced any of these aforementioned incidents in the year prior to data collection.

¹⁸Out of the many barriers to markets, the most frequently reported barriers (no barrier) and (food too expensive) were selected and reported here.

¹⁹Physical cash and In-kind (food) were the most preferred (and most reported at a national level) methods of receiving humanitarian assistance.

Annex I: Sampling Overview

Sample Frame	Data Source	Stratification	Cluster Size	Precision Level Province	Precision Level National	Sample Size	Data Collection Method
Male HoH	WorldPop/Flow-minder (updated 2020)	Province	5 HHs	95/9	95/5	14,338	Face-to-face
Female HoH		Province	3 HHs	95/9	95/5	1,717	Face-to-face
Pakistan Refugees	IOM Displacement Tracking Matrix (DTM) 16	Province	3 HHs	95/7	96/5	731	Face-to-face
Recent IDPs		National	5 HHs	N/A	95/5	638	Face-to-face
Recent Returnees		National	5 HHs	N/A	95/5	590	Face-to-face
Female HH members	WorldPop/Flow-minder (updated 2020)	Province	5 HHs	95/9	95/5	4,593	Face-to-face Phone-based

Head of Household Sample Size per Province

Badakhshan	337
Badghis	384
Baghlan	390
Balkh	588
Bamyan	508
Daykundi	483
Farah	363
Faryab	585
Ghazni	340

Ghor	378
Helmand	379
Herat	422
Jawzjan	544
Kabul	729
Kandahar	440
Kapisa	552
Khost	1071
Kunar	577

Kunduz	385
Laghman	585
Logar	546
Maidan Wardak	368
Nangarhar	402
Nimroz	356
Nuristan	460
Paktika	438
Paktya	338

Panjsher	609
Parwan	376
Samangan	366
Sar-e-Pul	626
Takhar	431
Uruzgan	358
Zabul	341

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

COORDINATED WITH:

Afghanistan Inter-Cluster Coordination Team



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