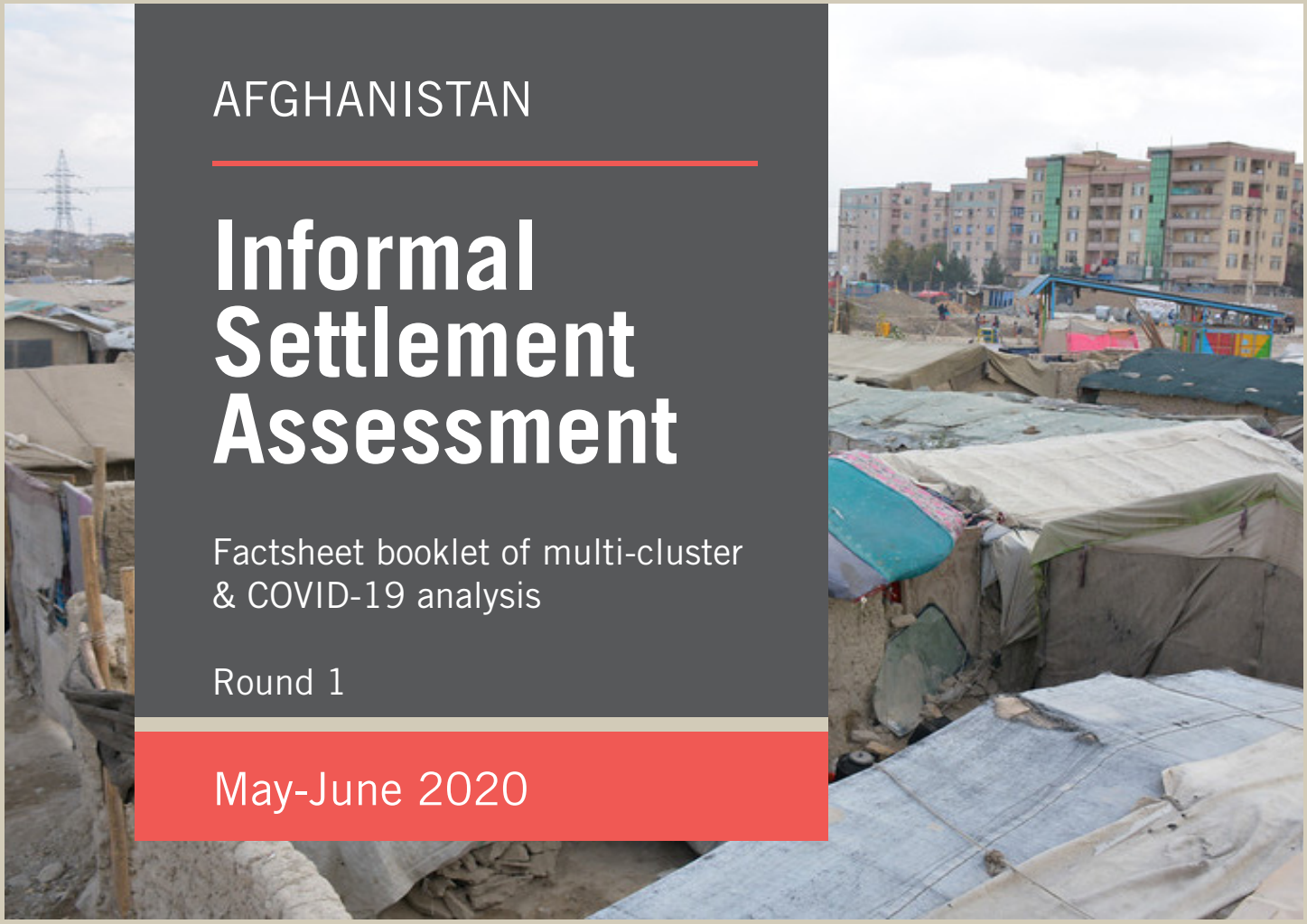
AFGHANISTAN

Informal Settlement Assessment

Factsheet booklet of multi-cluster & COVID-19 analysis

Round 1

May-June 2020





USAID FROM THE AMERICAN PEOPLE

REACH Informing more effective humanitarian action

ASSESSMENT CONDUCTED WITH THE SUPPORT OF:

ACTED

PREMIERE URGENCE INTERNATIONALE

ACTION AGAINST HUNGER

HEALTH CLUSTER AFGHANISTAN

protectioncluster AFGHANISTAN

AREA

INTERNATIONAL RESCUE COMMITTEE

Save the Children

Shelter Cluster Afghanistan
ShelterCluster.org
Coordinating Humanitarian Shelter

ANSARI REHABILITATION ASSOCIATION FOR AFGHANISTAN (ARAA)

NRC

UN HABITAT
FOR A BETTER URBAN FUTURE

AFGHANISTAN FOOD SECURITY CLUSTER
Strengthening Humanitarian Response

NORWEGIAN REFUGEE COUNCIL

WASH Cluster
Water Sanitation Hygiene

ASSESSMENT FUNDED BY:

USAID
FROM THE AMERICAN PEOPLE

About REACH
REACH Initiative facilitates the development of information tools and products that enhance the capability 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 and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

TABLE OF CONTENTS

INTRODUCTION 1
METHODOLOGY 2
MAP OF ASSESSED DISTRICTS 3
COUNTRY WIDE FINDINGS 4
BADAKHSHAN 7
- ARGO 10
- BAHARAK 13
- FAIZ ABAD 16
- JORM 19
- KESHEM 22
- KOHESTAN 25
- YAFTAL E SUFLA 28
- YAWAN 31

BADGHIS 34
- AB KAMARI 37
- JAWAND 40
- MUQUR 43
- QALA E NAW 46

BAGHLAN 49
- BAGHLAN E JADID 52
- BURKA 55
- DOSHI 58
- NAHRIN 61
- PUL E KHUMRI 64

BALKH 67
- BALKH 70
- CHEMTAL 73
- DAWLATABAD 76
- DEHDADI 79
- MAZAR E SHARIF 82
- NAHR E SHAHI 85
- SHOLGAREH 88
- ZARI 91

BAMYAN 94
- BAMYAN 97

FARAH 100
- BALA BULUK 103
- QALA E KAH 106

FARYAB 109
- MAYMANA 112

GHANZI 115
- ANDAR 118
- DEH YAK 121
- GHAZNI 124
- GIRO 127
- MUQUR 130
- QARABAGH 133
- WAGHAZ 136

GHOR 139
- DAWLATYAR 142
- FEROZ KOH 145
- SHAHRAK 148

HELMAND 151
- LASHKARGAH 154
- NAHR E SARAJ 157

HERAT 160
- GUZARA 163
- HERAT 166
- INJIL 169
- KARUKH 172

JAWZJAN 175
- AQCHA 178
- SHEBERGHAN 181

KABUL 184
- BAGRAMI 187
- DEH SABZ 190
- KABUL 193
- PAGHMAN 196

KANDAHAR 199
- ARGHANDAB 202
- DAMAN 205

DAND 208
KANDAHAR 211
MAYWAND 214
PANJWAYI..... 217
SPIN BOLDAK..... 220
ZHERAY..... 223

KHOST..... 226
GURBUZ..... 229
MANDOZAYI..... 232
MATUN..... 235
QALANDAR..... 238
TANI..... 241
TEREZAYI..... 244

KUNAR..... 247
ASAD ABAD..... 250
BAR KUNAR..... 253
CHAPA DARA..... 256
CHAWKAY..... 259
DANGAM..... 262
DARA E PECH..... 265
GHAZI ABAD..... 268
KHAS KUNAR..... 271
MARAWARA..... 274
NARANG..... 277
NARI..... 280
NURGAL..... 283
SAR KANI..... 286
SHIGAL..... 289
WATAPUR..... 292

KUNDUZ..... 295
KUNDUZ..... 298

LAGHMAN..... 301
MEHTARLAM..... 304
QARGHAYI..... 307

LOGAR..... 310
PUL-E-ALUM..... 313

MAIDAN WARDAK..... 316
MAYDAN SHAHR..... 319
NERKH..... 322

NANGARHAR..... 325
ACHIN..... 328
BATI KOT..... 331
BEHSUD..... 334
CHAPARHAR..... 337
DEH BALA..... 340
DUR BABA..... 343
JALALABAD..... 346
KAMA..... 349
KHOGYANI..... 352
MUHMAND DARA..... 355
NAZYAN..... 358
PACHIR WA AGAM..... 361
RODAT..... 364
SHINWAR..... 367
SURKH ROD..... 370

NURISTAN..... 373
BARG E MATAL..... 376
DUAB..... 379
KAMDESH..... 382
MANDOL..... 385
NURGARAM..... 388
PARUN..... 391
WAMA..... 394
WAYGAL..... 397

PAKTIKA..... 400
BARMAL..... 403
MATA KHAN..... 406
SHARAN..... 409
SUROBI..... 412
URGUN..... 415
YOSUF KHEL..... 418
ZARGHUN SHAHR..... 421
ZIRUK..... 424

PAKTYA..... 427
AHMADABA..... 430
DAND WA PATAN..... 433
GARDEZ..... 436
SAMKANI..... 439

SAYED KARAM..... 442
SHAWAK..... 445

SAMANGAN..... 448
AYBAK..... 451
DARA E SUF E BALA..... 454
DARA E SUF E PAYIN..... 457
HAZRAT E SULTAN..... 460

SAR E PUL..... 463
SAR E PUL..... 466

TAKHAR..... 469
BAHARAK..... 472
BANGI..... 475
TALOQAN..... 478
YANGI QALA..... 481

URUZGAN..... 484
TIRINKOT..... 487

ANNEX 1: VULNERABILITY COMPOSITE..... 490

INTRODUCTION

Afghanistan is one of the word's most complex humanitarian emergencies, with over forty years of conflict- and natural disaster -induced displacement. According to the 2020 Humanitarian Response Plan (HRP) revision, 14 million people were in need of humanitarian assistance, of which over 4.1 million have been displaced since 2012.[1]

At the beginning of 2020, the situation of displaced persons in Afghanistan remained a key concern. According to the 2019 Humanitarian Needs Overview (HNO), there were 398,000 IDPs across Afghanistan in 2019, along with 453,000 returnees from Pakistan. In addition to the increase in the number of IDPs, the spread of conflict to formerly less affected areas of Afghanistan has triggered displacement in areas that were previously more stable and resilient, including the North and North-Eastern regions of the country.[2] Beyond this, the number of returnees has increased, particularly in the West; although returns from Pakistan have slowed, economic decline in Iran has pushed hundreds of thousands of Afghan refugees back into the country through Western borders.[3] Natural disasters, including flooding, drought and earthquakes in 2018 and 2019 also continue to displace households and destroy resources, including land, livestock, and monetary assets - critical resources both IDPs and returnees need to re-establish their lives. These reported and well-monitored caseloads, however, often fail to include longer-term displaced populations living in informal settlements.

The humanitarian community regularly responds to the needs of recently displaced households through a variety of programmes, most notably the Emergency Response Mechanism (ERM). However, longer-term displaced households often settle into informal settlements (ISETs): displacement sites with no tenure/ legal agreement for land occupation. As consequences of having no means to own land legally, these sites tend to have limited access to essential services, such as water and health care, and are vulnerable to eviction.[4] Within these sites, the needs, demographics, and current living conditions of most ISET populations are not well-understood.

A renewed focus on ISETs following the 2020 HRP has highlighted significant information gaps. Only a few needs assessments have been conducted in recent years, including two 2019 studies in Kabul by UN-Habitat[5] and Norwegian Refugee Council (NRC)[6], a REACH pilot of ISET profiling in Kabul and Nangarhar in 2017[7], and a country-wide assessment also conducted by REACH in 2017[8]. This most recent country-wide assessment sought to catalogue and identify the full number of ISETs in the country, but no formal updates have been made since. The lack of formal, standardized, and up to date data limits the ability of humanitarian and development partners to design responses to these long under-served communities.

In addition to the unknown characteristics of these sites in general, the recent and expanding COVID-19 crisis threatens to compound migration, displacement to and the existing service gaps in these sites. Vulnerability to the pandemic is heightened in ISETs due to characteristically crowded living conditions, low capacity and sharing of Water, Sanitation and Hygiene (WASH) infrastructure, insecure livelihoods, food insecurity and limited access to health, social and economic services.[9] This crisis heightens the need for information on ISET populations to better inform immediate responses for humanitarian aid providers and beneficiaries.

REACH's aim with this assessment was to contribute to and progress existing ISET research in Afghanistan, by building on the existing DTM and UN-HABITAT site-level work, but focusing on settlements provided by clusters and implementing partners which were not already covered in the existing site lists.

To achieve this, REACH designed this assessment to identify and update key information on current demographics and basic service access within ISETs throughout Afghanistan, with a particular focus on COVID-19 vulnerability. The specific objectives were to:

1) Consolidate an updated list of informal settlement locations
2) Estimate the population size in each settlement, by population group
3) Create an updated profile of settlement needs and vulnerabilities
4) Assess key service access and availability
5) Create a vulnerability index for risk of negative secondary impacts due to COVID-19

1. International Organization for Migration (IOM) Displacement Tracking Matrix "Info sheet: summary results Round 9", December 2019.
2. UNOCHA, Humanitarian Needs Overview. November 2019.
3. Ibid.
4. Afghanistan Research and Evaluation Unit (AREU), "Legalize informal settlements to give poor families the right to demand basic services", 2007.
5. UN Habitat, " COVID-19 vulnerability in informal settlements: A case study of an urban IDP community in Jalalabad, Afghanistan", June 2020.
6. Adboh, M. & Hirsch-Holland, A. "Stuck in the Mud: Urban displacement and tenure security in Kabul's Informal Settlements", 2019.
7. REACH "Nangahar Informal Settlement Profiling", January, 2017.
8. REACH "Informal Settlement Profiling" October, 2017.
9. UN Habitat, " COVID-19 vulnerability in informal settlements: A case study of an urban IDP community in Jalalabad, Afghanistan", June 2020.

METHODOLOGY

To address the key gaps identified by the secondary data review, REACH conducted an assessment of ISETs across Afghanistan. The defining characteristics of what makes an ISET were kept broad, in order to capture and explore the elements of ISET definitions used throughout the humanitarian system in Afghanistan to date. The assessment covered ISETs at site level but analyzed data at district level for confidentiality. Key Informants (KIs) were interviewed to provide key demographic, sectoral, and operational information for each site as a whole. REACH used a three-pronged methodology for this project.

1) Secondary Data Review
First, a comprehensive database of ISET locations and contacts was compiled through a secondary data review. Data from the 2017 REACH country-wide assessment, the IOM DTM site list, and KI details shared by partners working regionally was compiled into one master contact list.

2) Site Verification
From this list, sites were verified remotely using a brief smart phone-based tool. KI contacts were called to confirm site existence, some key demographic details (including number of households (HHs) and migrant populations present) and record KI details. Enumerators used snowball sampling to identify new ISETs in the area since the 2017 assessment. Sites with migrant populations reported were kept for profiling. Sites that were reported to no longer exist in 2020 or to not have migrant populations present were removed from the list for profiling.

3) Site Profiling
Using the verified site list, a larger profiling tool was used to conduct Key Informant Interviews (KIIs) remotely by phone. For sites with over 750 households, three KIs were interviewed and all answers were then aggregated at site level. The tool was 112 questions long, and was constructed with the support of multiple clusters and sub-clusters, including WASH, Health, Food Security and Agriculture (FSAC), Protection, Shelter, Housing Land and Property (HLP), Gender Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS). The indicators covered demographics and basic levels of service access across all sectors. Key COVID-19 indicators were also incorporated throughout to understand the impact the pandemic was having on these informal sites.

In order to further inform the COVID-19 response in ISETs, REACH constructed a COVID-19 vulnerability index using key indicators from the profiling tool to inform immediate responses to the evolving crisis. This index will aid understanding of the services accessible and infrastructure available at each location, and how use of services has changed in the three months prior to data collection (at the start of the pandemic and lock downs).

REACH conducted site verification and profiling between March 10 and June 23, 2020. This assessment covers 1,148 sites across 133 districts in 28 provinces in Afghanistan.

Limitations

1) The 1,148 sites assessed are not an exhaustive list of ISETs in Afghanistan.

2) KIs were purposively selected, meaning results are indicative only of the situation of populations living in assessed ISETs. The findings cannot be generalized to all populations living in all ISETs in Afghanistan.

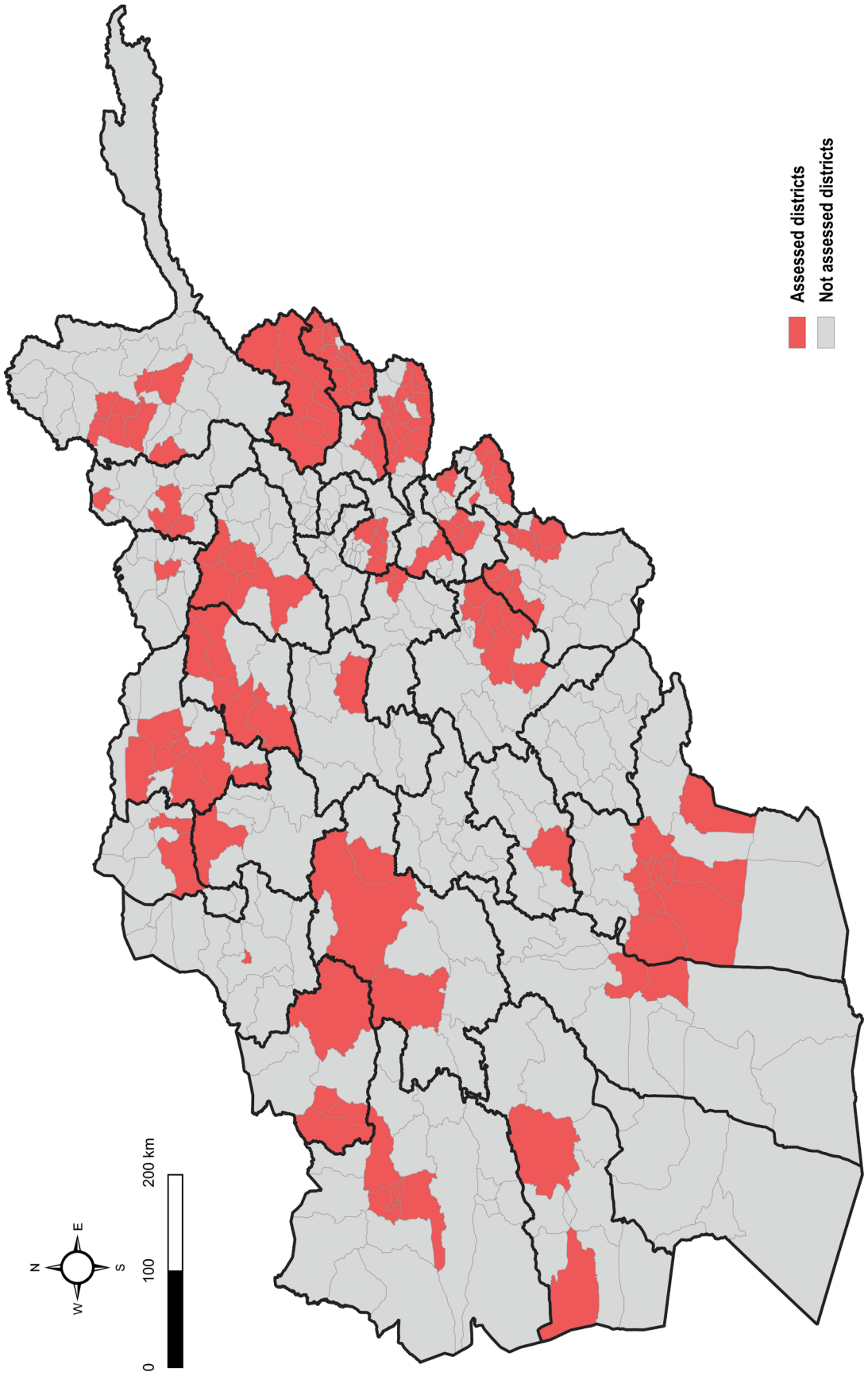
3) KIs and enumerators were almost entirely male, and thus the views of women may be under-represented in this assessment.

4) Data is reported at the community level, by KIs whom are often over-assessed. As a result, there might be a potential bias in the results, either social desirability bias or a bias towards the attraction of aid to the assessed communities.

5) While the settlement functions well as a 'unit of analysis' for issues related to access to services, it is difficult to adequately assess behavioral practices, such as hand-washing. Thus, these results should be considered with caution.

6) As this was the first round of data collection with this tool and methodology, there was limited possibility to triangulate and confirm findings from other sources.

MAP OF ASSESSED DISTRICTS



DEMOGRAPHICS

1,147 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**770,437**
Recent IDP	71,849
Protracted IDP	103,807
Prolonged IDP	176,503
Refugee	3,205
Returnee	81,581
Economic migrant	30,763
Nomad	7,699
Host Community	295,030



In **27%** of assessed sites, KIs reported no host community households living within the site boundaries.

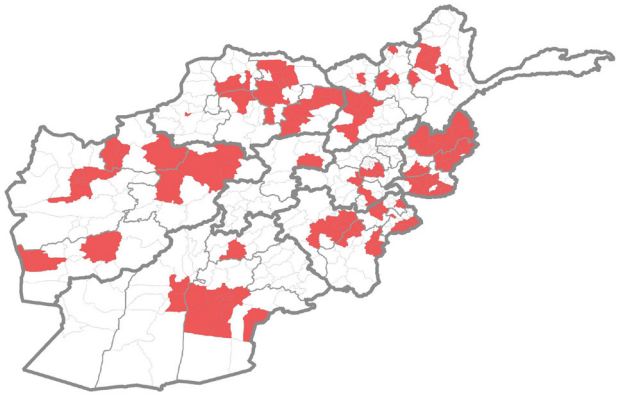
% of assessed sites by reported location:



50% Urban

28% Suburban

22% Rural





57% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	**60%**
Prolonged IDP[4]	**77%**
Protracted IDP[4]	**75%**
Refugee	**3%**
Returnee	**55%**

MOVEMENT & INTENTIONS

In **19%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	**59%**
More work opportunities in new site	**49%**
Better service access at new location	**28%**



In **87%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **48%** of sites, KIs reported that IDP households, totaling **16,575**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Baghlan	**10%**
Faryab	**9%**
Sar-e-Pul	**9%**

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	**62%**
Iran	**36%**
Other	**1%**

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	**85%**
Permanent (brick)	**6%**
Tents	**3%**



In **35%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	**50%**
Rent shelter	**27%**
Own shelter without documentation	**11%**

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



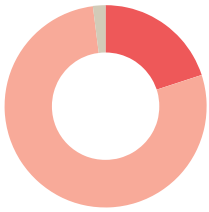
77% Positive | 17% Neutral | 1% Negative | 5% No answer

In **6%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **16%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **92%** of assessed sites, KIs reported having no community representation structures.

In **94%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **20%** Government
- **78%** Privately owned
- **0%** UN/NGO designated
- **2%** Communal land
- **0%** Other

WASH

In **18%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **9%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	**42%**
No barriers	**33%**
Not enough water available	**27%**

HEALTH

In **55%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **81%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

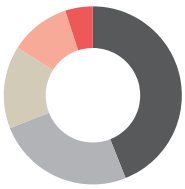
In **17%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	**62%**
Travel to clinic unaffordable	**39%**
Treatment unaffordable	**37%**

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **44%** Very good
- **25%** Good
- **15%** Okay
- **11%** Poor
- **5%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **4%** | Women and girls **11%**

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	**84%**	Fear for personal safety	**60%**
COVID-19 restrictions	**32%**	COVID-19 restrictions	**38%**
Host community harassment	**5%**	Socio-cultural barriers	**28%**

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	**59%**
Small business	**18%**
Cash crop farming	**16%**

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	**75%**
Market outside site	**61%**
Own production	**21%**

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



4%	Higher risk of secondary impacts
62%	Moderate-high risk
33%	Moderate risk of secondary impacts
1%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **99%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **97%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	91%
Text message alerts	55%
Community/religious leader	52%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	86%
Practice physical distancing	68%
Avoid large gatherings	58%



In **32%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	51%
Food distribution	23%
Advice on COVID-19 for HHs	19%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **73%**



comprised of elderly individuals (aged 60+ years) **50%**



WASH



In **26%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **32%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **36%** of these sites in the 7 days prior.

In **83%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



5%	All	13%	Some	77%	None	5%	Don't know

PROTECTION



In **42%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	51%
Social withdrawal	28%
Unexplained physical complaints	17%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	97%
Increased gender-based violence	26%
Loss of access for NGO services	25%

SHELTER



46% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	36%
No preference for shelter aid	21%
Relocate healthy family members	16%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	99%
Hand sanitizer / hygiene materials	41%
Soap	24%

LIVELIHOOD



In **51%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **97%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **97%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



25%	Other facilities (e.g. mosque)	44%	Home school
1%	TV or radio programmes	44%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

41 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**47,185**
Recent IDP	7,914
Protracted IDP	4,249
Prolonged IDP	7,150
Refugee	345
Returnee	225
Economic migrant	10,324
Nomad	0
Host Community	16,978



In **24%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



12% Urban
54% Suburban
34% Rural





42% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	**66%**
Prolonged IDP[4]	**76%**
Protracted IDP[4]	**73%**
Refugee	**10%**
Returnee	**22%**

MOVEMENT & INTENTIONS

In **22%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	**88%**
Better security in new location	**62%**
More work opportunities in new site	**50%**



In **76%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **51%** of sites, KIs reported that IDP households, totaling **578**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	**100%**
Badghis	**0%**
Baghlan	**0%**

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	**78%**
Pakistan	**11%**
No agreement amongst KIs	**11%**

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	**85%**
Permanent (brick)	**5%**
Unfinished shelter	**5%**



In **37%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	**56%**
Rent shelter	**15%**
Occupy for free with owner's consent	**12%**

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



88% Positive | 12% Neutral | 0% Negative | 0% No answer



In **5%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

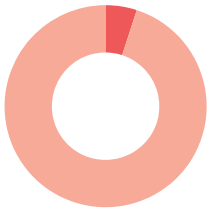


In **54%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **93%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



5%	Government
95%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **29%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **20%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	51%
Waterpoints are too far	41%
No barriers	32%

HEALTH



In **63%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **77%** of assessed sites, and in **37%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **22%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	79%
Travel to clinic unaffordable	68%
Insufficient capacity of health centre	53%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



5%	Very good
39%	Good
22%	Okay
17%	Poor
17%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 12%  | Women and girls 15% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
COVID-19 restrictions	20%	COVID-19 restrictions	33%
Debt related concerns	20%	Host community harassment	17%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	85%
Cash crop farming	7%
Small business	5%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	57%
Market inside site	55%
Provided from family/friends	10%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
56%	Moderate-high risk
44%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **95%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	90%
Text message alerts	74%
Community/religious leader	51%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	97%
Avoid large gatherings	77%
Self-isolate if ill	62%



In **63%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	88%
Food distribution	12%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **68%**



comprised of elderly individuals (aged 60+ years) **49%**



WASH



In **17%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **20%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **38%** of these sites in the 7 days prior.

In **66%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



15%	All	7%	Some	78%	None	0%	Don't know

PROTECTION



In **41%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	51%
Unexplained physical complaints	26%
No unusual behavior	26%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	97%
Increased insecurity	24%
Community violence	13%

SHELTER



72% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	49%
Rent hotel to isolate ill	32%
No preference for shelter aid	12%

MARKETS

In **85%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	21%
Construction materials	15%

LIVELIHOOD



In **34%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **93%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **95%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



19%	Other facilities (e.g. mosque)	33%	Home school
0%	TV or radio programmes	56%	No alternatives

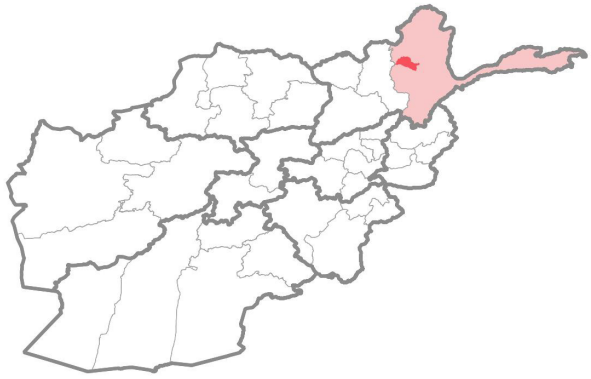
11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**560**
Recent IDP	100
Protracted IDP	120
Prolonged IDP	0
Refugee	0
Returnee	60
Economic migrant	0
Nomad	0
Host Community	280



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



50% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	100%
Own with documentation	0%
Own shelter without documentation	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



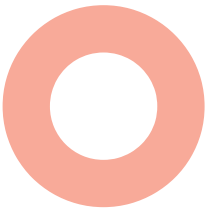
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **0%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

None	100%
Wash hands frequently	0%
Practice physical distancing	0%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAHARAK District
BADAKHSHAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

19 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

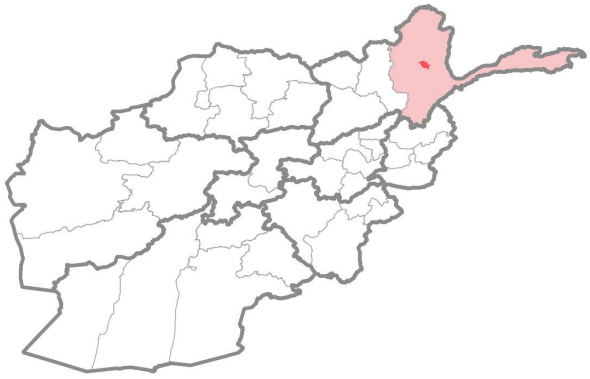
Total	**21,996**
Recent IDP	6,410
Protracted IDP	2,830
Prolonged IDP	2,949
Refugee	330
Returnee	82
Economic migrant	5,835
Nomad	0
Host Community	3,560



In **21%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

11%	Urban
89%	Suburban
0%	Rural





57% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	74%
Prolonged IDP[4]	89%
Protracted IDP[4]	68%
Refugee	16%
Returnee	21%

MOVEMENT & INTENTIONS

In **11%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better security in new location	100%
Better service access at new location	100%



In **79%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **47%** of sites, KIs reported that IDP households, totaling **245**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	100%
Badghis	0%
Baghlan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	50%
Pakistan	25%
No agreement amongst KIs	25%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	95%
Permanent (brick)	5%
Tents	0%



In **42%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	58%
Hosted by friends/family for free	21%
Own shelter without documentation	11%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



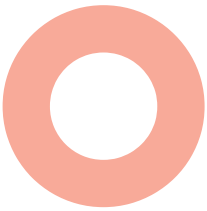
84%	Positive	16%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **47%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **95%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **26%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **11%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	41%
Waterpoints are too far	41%
No barriers	35%

HEALTH

In **84%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **85%** of assessed sites, and in **36%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **16%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	92%
Travel to clinic unaffordable	67%
Insufficient capacity of health centre	42%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



11%	Very good
42%	Good
25%	Okay
11%	Poor
11%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	11%	Women and girls	16%

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
COVID-19 restrictions	50%	COVID-19 restrictions	67%
Host community harassment	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	74%
Cash crop farming	16%
Small business	11%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	78%
Market inside site	44%
Provided from family/friends	11%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
53%	Moderate-high risk
47%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **95%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	88%
Text message alerts	65%
Community/religious leader	59%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	94%
Practice physical distancing	59%



In **47%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	89%
Food distribution	11%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **58%**



comprised of elderly individuals (aged 60+ years) **37%**



WASH



In **11%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **11%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **68%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



15%	All	15%	Some	69%	None	0%	Don't know

PROTECTION



In **24%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	35%
Unexplained physical complaints	35%
No unusual behavior	29%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	94%
Increased insecurity	29%
Loss of access for NGO services	29%

SHELTER



78% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	37%
Rent hotel to isolate ill	26%
No preference for shelter aid	26%

MARKETS

In **72%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	17%
Construction materials	17%

LIVELIHOOD



In **26%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **95%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



6%	Other facilities (e.g. mosque)	22%	Home school
0%	TV or radio programmes	78%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

FAIZ ABAD District
BADAKHSHAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

15 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**18,842**
Recent IDP	454
Protracted IDP	928
Prolonged IDP	3,735
Refugee	0
Returnee	25
Economic migrant	3,759
Nomad	0
Host Community	9,941

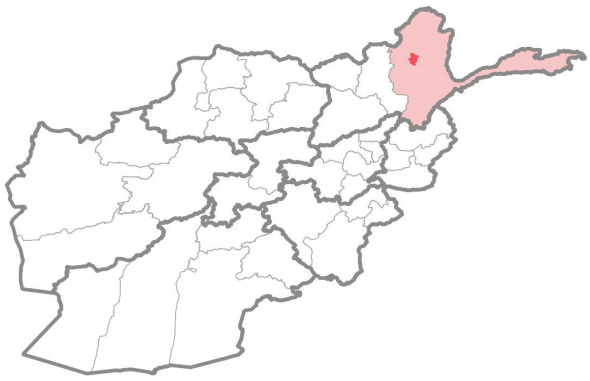


In **27%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
7%	Suburban
93%	Rural





27% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	53%
Prolonged IDP[4]	53%
Protracted IDP[4]	87%
Refugee	0%
Returnee	13%

MOVEMENT & INTENTIONS

In **20%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Join friends/family at new location	67%
Better security in new location	33%



In **73%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **53%** of sites, KIs reported that IDP households, totaling **150**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	100%
Badghis	0%
Baghlan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	80%
Permanent (brick)	7%
Unfinished shelter	7%



In **27%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	67%
Occupy for free with owner's consent	20%
Own shelter without documentation	7%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **13%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

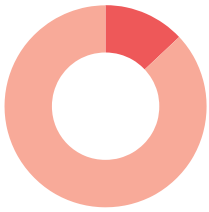


In **47%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **93%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



13%	Government
87%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **33%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **27%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	71%
Waterpoints are too far	50%
Not enough water available	29%

HEALTH



In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **87%** of assessed sites, and in **38%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **33%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	67%
Travel to clinic unaffordable	60%
Insufficient capacity of health centre	53%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
47%	Good
13%	Okay
20%	Poor
20%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 13% 

Women and girls 13% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Debt related concerns	50%	Host community harassment	50%
Host community harassment	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	93%
Borrowing / Loans / Humanitarian aid	7%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	80%
Market outside site	27%
Provided from family/friends	13%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
60%	Moderate-high risk
40%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	80%
Community/religious leader	47%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	73%
Avoid large gatherings	60%



In **67%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	80%
Food distribution	20%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **80%**



comprised of elderly individuals (aged 60+ years) **60%**



WASH



In **27%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **33%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **60%** of these sites in the 7 days prior.

In **60%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



22%	All	0%	Some	78%	None	0%	Don't know

PROTECTION



In **47%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	60%
Unexplained physical complaints	27%
No unusual behavior	20%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	20%
Community violence	13%

SHELTER



50% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	53%
Rent hotel to isolate ill	40%
Tents to isolate ill on site	7%

MARKETS

In **93%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	36%
Soap	7%

LIVELIHOOD



In **47%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **93%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **86%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



33%	Other facilities (e.g. mosque)	33%	Home school
0%	TV or radio programmes	42%	No alternatives

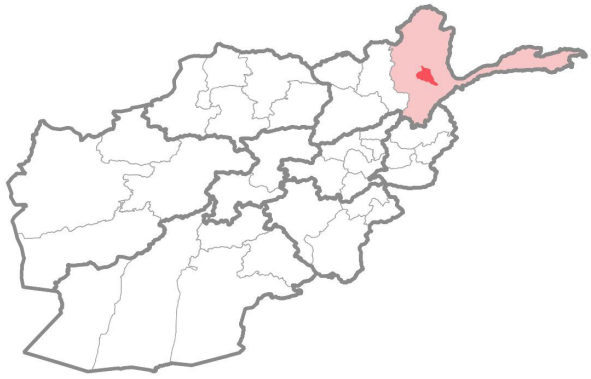
11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**740**
Recent IDP	100
Protracted IDP	40
Prolonged IDP	50
Refugee	0
Returnee	0
Economic migrant	50
Nomad	0
Host Community	500



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



26% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **5**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	100%
Badghis	0%
Baghlan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



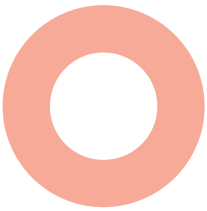
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Wear masks and gloves in general	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KESHEM District
BADAKHSHAN

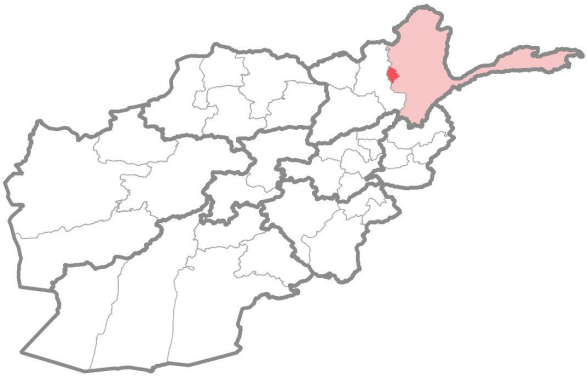
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,000**
Recent IDP	400
Protracted IDP	200
Prolonged IDP	200
Refugee	0
Returnee	50
Economic migrant	150
Nomad	0
Host Community	2,000



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



28% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of sites, KIs reported that IDP households, totaling **70**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	100%
Badghis	0%
Baghlan	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



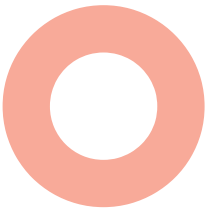
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

NA	NA
NA	NA
NA	NA

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
100%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
UN, NNGOs or INGOs	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Wear masks and gloves if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Social withdrawal	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **0%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **0%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

NA	Other facilities (e.g. mosque)	NA	Home school
NA	TV or radio programmes	NA	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KOHESTAN District
BADAKHSHAN

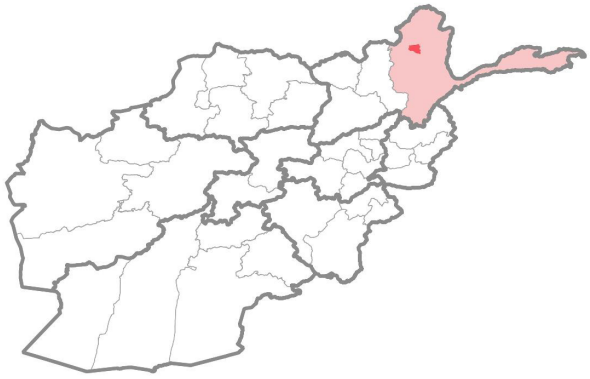
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**19**
Recent IDP	0
Protracted IDP	4
Prolonged IDP	0
Refugee	15
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	100%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

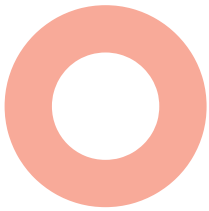
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **0%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
0%	Poor
100%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 100% | Women and girls 100%

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Do not touch face	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Social withdrawal	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Rent hotel to isolate ill	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Construction materials	100%
Soap	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

YAFTAL-E-SUFLA District
BADAKHSHAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

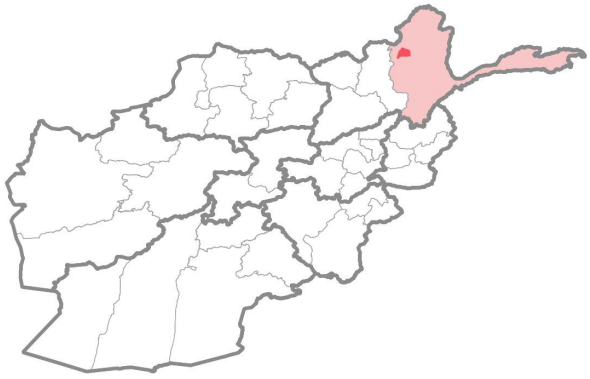
Total	**1,331**
Recent IDP	250
Protracted IDP	127
Prolonged IDP	16
Refugee	0
Returnee	8
Economic migrant	330
Nomad	0
Host Community	600



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





30% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	100%
Protracted IDP[4]	50%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better security in new location	100%
No work opportunities in current site	50%
Better service access at new location	50%



In **50%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **63**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	100%
Badghis	0%
Baghlan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	50%
Damaged House	50%
Tents	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Occupy for free with owner's consent	50%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



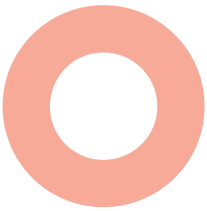
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	50%
Unpleasant colour/taste/smell	50%
Not enough water available	50%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **50%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	50%
Medicine unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
50%	Poor
50%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Text message alerts	100%
Community/religious leader	50%
Family and friends	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Avoid large gatherings	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Social withdrawal	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	50%
Increased gender-based violence	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
Rent hotel to isolate ill	50%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

YAWAN District
BADAKHSHAN

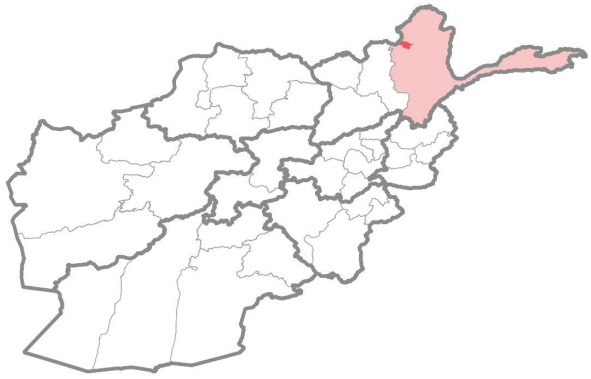
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**697**
Recent IDP	200
Protracted IDP	0
Prolonged IDP	200
Refugee	0
Returnee	0
Economic migrant	200
Nomad	0
Host Community	97



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

57% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better security in new location	100%
More work opportunities in new site	100%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **45**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Badakhshan	100%
Badghis	0%
Baghlan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Unfinished shelter	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

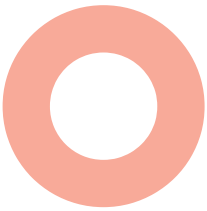
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Avoid large gatherings	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Social withdrawal	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Construction materials	100%
Soap	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BADGHIS
WEST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

11 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,410**
Recent IDP	0
Protracted IDP	50
Prolonged IDP	1,360
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



36%	Urban
55%	Suburban
9%	Rural



In **18%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.



100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	9%
Protracted IDP[4]	91%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **18%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
More work opportunities in new site	100%

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Tents	82%
Permanent (mud)	18%
Makeshift shelter	0%



In **82%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	73%
Own with documentation	18%
Occupy for free with owner's consent	9%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



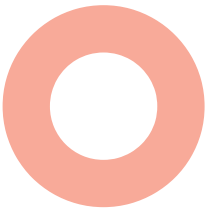
9%	Positive	91%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **64%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **36%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	90%
Unpleasant colour/taste/smell	30%
Long wait to access point	0%

HEALTH

In **73%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **82%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

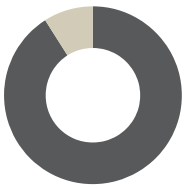
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	82%
Medicine unaffordable	82%
Long travel time	55%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



91%	Very good
0%	Good
9%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	82%
Provided from family/friends	73%
NGO food distributions	27%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
91%	Moderate-high risk
9%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **91%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	91%
Healthcare workers	91%
Text message alerts	55%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	100%
Self-isolate if ill	73%
Wash hands frequently	55%



In **82%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	78%
Additional WASH services	11%
Food distribution	11%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **55%**



comprised of elderly individuals (aged 60+ years) **36%**



WASH



In **82%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **18%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **36%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	91%
Increased health issues	18%
Community violence	18%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	73%
Tools/materials to extend shelter	18%
No preference for shelter aid	9%

MARKETS

In **73%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Tarpaulin sheets	50%
Fuel / Heating materials	38%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **91%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **40%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

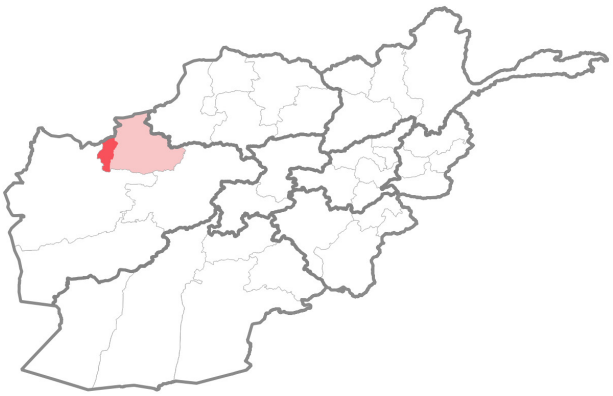
11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**120**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	120
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Tents	100%
Makeshift shelter	0%
Transitional shelter	0%

On average, there are **1** rooms reported in most shelters in which household members sleep.

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

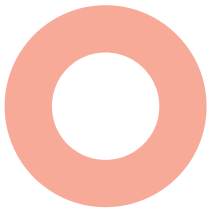
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Unsafe visiting/traveling to clinic	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA%	NA	NA%
NA	NA%	NA	NA%
NA	NA%	NA	NA%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Text message alerts	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	100%
Avoid large gatherings	100%
Wash hands frequently	0%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **0%**
- comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Community violence	100%
Increased gender-based violence	0%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **0%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

NA	Other facilities (e.g. mosque)	NA	Home school
NA	TV or radio programmes	NA	No alternatives

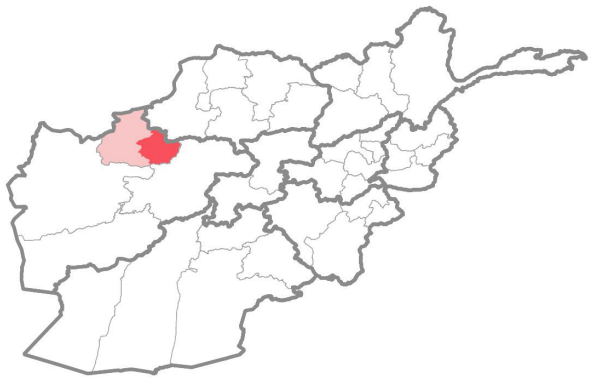
11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**55**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	55
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Tents	100%
Makeshift shelter	0%
Transitional shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

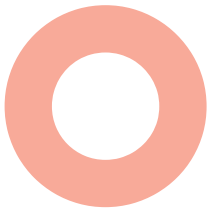
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	100%
Waterpoints are too far	100%
Long wait to access point	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Text message alerts	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	100%
Do not touch face	100%
Avoid large gatherings	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Clothing	100%
Blankets and quilts	100%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MUQUR District
BADGHIS

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

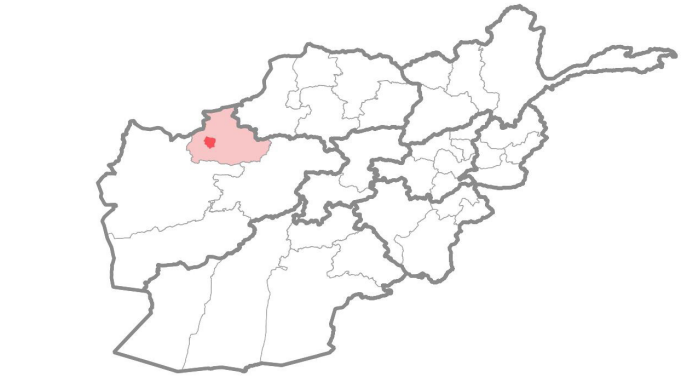
Total	**191**
Recent IDP	0
Protracted IDP	50
Prolonged IDP	141
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	33%
Protracted IDP[4]	67%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **67%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	67%
Tents	33%
Makeshift shelter	0%



In **33%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	67%
Rent shelter	33%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



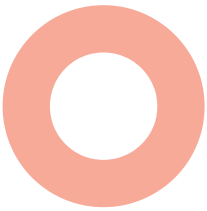
33%	Positive	67%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **67%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **67%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	67%
Treatment unaffordable	67%
Medicine unaffordable	67%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	67%
Provided from family/friends	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
67%	Moderate-high risk
33%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	67%
Text message alerts	67%
Healthcare workers	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	100%
Self-isolate if ill	67%



In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **67%**



comprised of elderly individuals (aged 60+ years) **67%**



WASH



In **67%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **33%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **33%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	67%
Increased insecurity	33%
Nothing, continue normal daily life	33%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	33%
Tents to isolate ill on site	33%
No preference for shelter aid	33%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Construction materials	67%
Buckets or other water containers	67%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **0%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

NA	Other facilities (e.g. mosque)	NA	Home school
NA	TV or radio programmes	NA	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

QALA-E-NAW District
BADGHIS

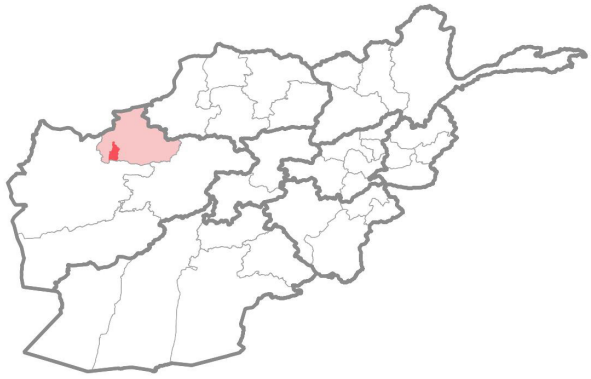
ISETs Round 1
May-June 2020

DEMOGRAPHICS

6 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,044**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	1,044
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:



66%	Urban
17%	Suburban
17%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **33%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
More work opportunities in new site	100%

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Tents	100%
Makeshift shelter	0%
Transitional shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	83%
Occupy for free with owner's consent	17%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

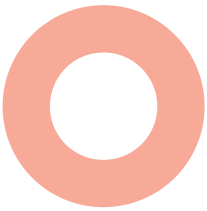
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **67%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	80%
Unpleasant colour/taste/smell	40%
Long wait to access point	0%

HEALTH

In **67%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **83%** of assessed sites, and in **20%** of these sites, most residents were reportedly unsatisfied with the care they received.

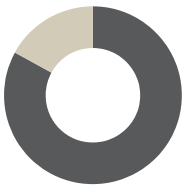
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Travel to clinic unaffordable	83%
Treatment unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



83%	Very good
0%	Good
17%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Provided from family/friends	83%
Market inside site	67%
Market outside site	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **83%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Healthcare workers	100%
Community/religious leader	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	100%
Self-isolate if ill	67%
Wash hands frequently	50%



In **83%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	60%
Additional WASH services	20%
Food distribution	20%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **67%**



comprised of elderly individuals (aged 60+ years) **33%**



WASH



In **83%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **17%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **33%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	33%
Community violence	17%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **67%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Tarpaulin sheets	100%
Fuel / Heating materials	50%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **83%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **60%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAGHLAN
NORTH EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

83 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**67,741**
Recent IDP	7,727
Protracted IDP	4,962
Prolonged IDP	6,256
Refugee	300
Returnee	4,923
Economic migrant	5,260
Nomad	0
Host Community	38,313

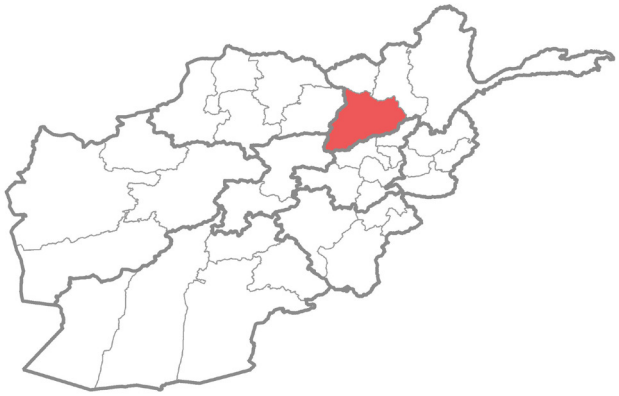


In **16%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



60%	Urban
16%	Suburban
24%	Rural





36% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	83%
Prolonged IDP[4]	89%
Protracted IDP[4]	87%
Refugee	2%
Returnee	82%

MOVEMENT & INTENTIONS

In **18%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	92%
More work opportunities in new site	58%
Land dispute	17%



In **88%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **71%** of sites, KIs reported that IDP households, totaling **1,716**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Baghlan	85%
Parwan	5%
Samangan	3%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	50%
Iran	41%
Turkey	4%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	90%
Permanent (brick)	5%
Damaged House	4%



In **40%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	40%
Own with documentation	31%
Occupy for free with owner's consent	13%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



82% Positive | 16% Neutral | 0% Negative | 2% No answer



In **1%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

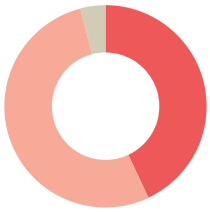


In **41%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **88%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



43%	Government
53%	Privately owned
0%	UN/NGO designated
4%	Communal land
0%	Other

WASH



In **10%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **11%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	65%
Long wait to access point	52%
Unpleasant colour/taste/smell	30%

HEALTH



In **53%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **67%** of assessed sites, and in **57%** of these sites, most residents were reportedly unsatisfied with the care they received.



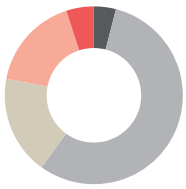
In **4%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	83%
Travel to clinic unaffordable	68%
Treatment unaffordable	51%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



4%	Very good
56%	Good
18%	Okay
17%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 11%  | Women and girls 14% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	88%	Fear for personal safety	91%
COVID-19 restrictions	25%	Socio-cultural barriers	18%
Host community harassment	0%	COVID-19 restrictions	9%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	86%
Cash crop farming	6%
Livestock farming	5%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	64%
Market inside site	58%
Own production	35%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



2%	Higher risk of secondary impacts
65%	Moderate-high risk
33%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	89%
Text message alerts	89%
Community/religious leader	76%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	92%
Avoid large gatherings	77%
Practice physical distancing	55%



In **42%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	89%
Food distribution	11%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **92%**



comprised of elderly individuals (aged 60+ years) **64%**



WASH



In **2%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **12%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **11%** of these sites in the 7 days prior.

In **89%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	7%	Some	92%	None	1%	Don't know

PROTECTION



In **33%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	61%
Angry / aggressive behaviour	32%
Unexplained physical complaints	7%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	42%
Community violence	38%

SHELTER



70% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	40%
Relocate healthy family members	39%
No preference for shelter aid	13%

MARKETS

In **71%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	29%
Construction materials	4%

LIVELIHOOD



In **30%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **94%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



35%	Other facilities (e.g. mosque)	41%	Home school
0%	TV or radio programmes	45%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAGHLAN-E-JADID District
BAGHLAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

14 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**12,714**
Recent IDP	1,856
Protracted IDP	905
Prolonged IDP	1,370
Refugee	300
Returnee	1,675
Economic migrant	850
Nomad	0
Host Community	5,758

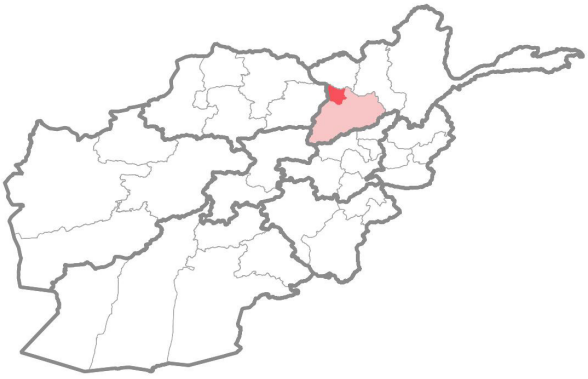


In **21%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



79%	Urban
14%	Suburban
7%	Rural





48% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	93%
Prolonged IDP[4]	100%
Protracted IDP[4]	93%
Refugee	7%
Returnee	93%

MOVEMENT & INTENTIONS

In **43%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
More work opportunities in new site	60%
Land dispute	40%



In **93%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **71%** of sites, KIs reported that IDP households, totaling **367**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Baghlan	80%
Kunduz	10%
Samangan	10%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	77%
Iran	15%
No agreement amongst KIs	8%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	86%
Transitional shelter	7%
Damaged House	7%



In **36%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.9** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	57%
Own with documentation	21%
Occupy for free with owner's consent	14%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



86% Positive | 14% Neutral | 0% Negative | 0% No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

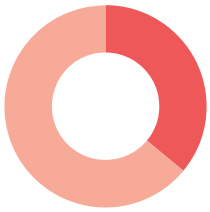


In **57%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



36%	Government
64%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **21%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **7%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	90%
Long wait to access point	80%
Waterpoints are too far	40%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **43%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **7%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Travel to clinic unaffordable	82%
Treatment unaffordable	64%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
50%	Good
7%	Okay
29%	Poor
14%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 14%  | Women and girls 14% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	64%
Market inside site	55%
Own production	55%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
86%	Moderate-high risk
14%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	91%
Text message alerts	91%
Community/religious leader	55%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	91%
Wash hands frequently	82%
Practice physical distancing	55%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **93%**



comprised of elderly individuals (aged 60+ years) **57%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **7%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **79%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **38%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	73%
Angry / aggressive behaviour	27%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	55%
Increased gender-based violence	36%

SHELTER



92% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
Relocate healthy family members	43%
No agreement amongst KIs	7%

MARKETS

In **92%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	44%
Soap	0%

LIVELIHOOD



In **29%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **86%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



62%	Other facilities (e.g. mosque)	31%	Home school
0%	TV or radio programmes	31%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BURKA District
BAGHLAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

7 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**6,968**
Recent IDP	365
Protracted IDP	570
Prolonged IDP	1,100
Refugee	0
Returnee	458
Economic migrant	480
Nomad	0
Host Community	3,995

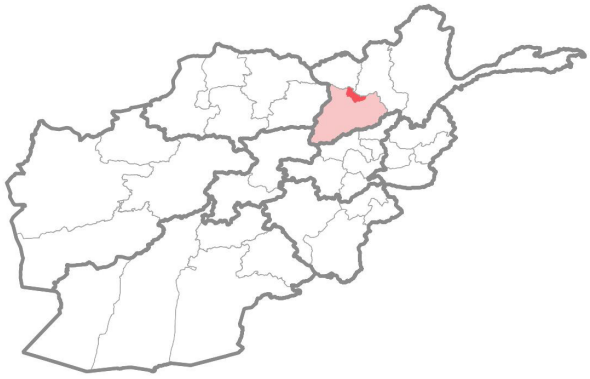


In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



71%	Urban
0%	Suburban
29%	Rural





36% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	57%
Prolonged IDP[4]	57%
Protracted IDP[4]	86%
Refugee	14%
Returnee	86%

MOVEMENT & INTENTIONS

In **14%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **71%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **29%** of sites, KIs reported that IDP households, totaling **70**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Baghlan	50%
Parwan	50%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	83%
Other	17%
Pakistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **57%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	43%
Own shelter without documentation	14%
Rent shelter	14%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



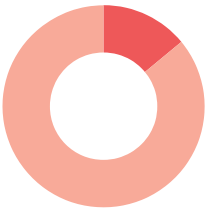
86%	Positive	14%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **29%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



14%	Government
86%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **14%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **29%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	86%
Long wait to access point	43%
Unpleasant colour/taste/smell	43%

HEALTH

In **71%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **50%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

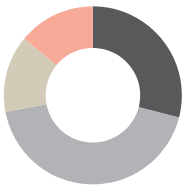
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	83%
Travel to clinic unaffordable	67%
Insufficient capacity of health centre	67%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



29%	Very good
43%	Good
14%	Okay
14%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 14% 

Women and girls 29% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Socio-cultural barriers	50%
Socio-cultural barriers	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	57%
Cash crop farming	43%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	71%
Market inside site	29%
Own production	14%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
71%	Moderate-high risk
29%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	86%
Text message alerts	71%
Media (TV, radio)	57%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	71%
Avoid large gatherings	57%



In **43%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **86%**



comprised of elderly individuals (aged 60+ years) **71%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **86%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	17%	Some	67%	None	17%	Don't know

PROTECTION



In **40%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	57%
Angry / aggressive behaviour	43%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	14%
Community violence	14%

SHELTER



83% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	57%
No preference for shelter aid	29%
Relocate healthy family members	14%

MARKETS

In **83%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	20%
Hand sanitizer / hygiene materials	20%

LIVELIHOOD



In **14%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



43%	Other facilities (e.g. mosque)	29%	Home school
0%	TV or radio programmes	43%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DOSHI District
BAGHLAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

6 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**5,854**
Recent IDP	490
Protracted IDP	290
Prolonged IDP	285
Refugee	0
Returnee	74
Economic migrant	355
Nomad	0
Host Community	4,360



In **17%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



83%	Urban
0%	Suburban
17%	Rural





19% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	50%
Protracted IDP[4]	67%
Refugee	0%
Returnee	67%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **67%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **102**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Baghlan	33%
Balkh	33%
Parwan	33%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	75%
Pakistan	25%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	83%
Damaged House	17%
Tents	0%



In **67%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	33%
Occupy for free with owner's consent	33%
Own shelter without documentation	17%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **17%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **17%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	67%
Long wait to access point	50%
Not enough water available	50%

HEALTH

In **67%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	50%
Treatment unaffordable	50%
Medicine unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
50%	Good
50%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 17%  Women and girls 17% 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	83%
Cash crop farming	17%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	83%
Market inside site	50%
Own production	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	67%
Media (TV, radio)	67%
Text message alerts	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	83%
Practice physical distancing	67%



In **17%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **83%**



comprised of elderly individuals (aged 60+ years) **67%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **17%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **83%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	20%	Some	80%	None	0%	Don't know

PROTECTION



In **17%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	33%
Unexplained physical complaints	33%
No unusual behavior	33%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	50%
Community violence	33%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	33%
No preference for shelter aid	33%
Tools/materials to extend shelter	17%

MARKETS

In **40%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **33%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **83%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



20%	Other facilities (e.g. mosque)	80%	Home school
0%	TV or radio programmes	20%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NAHRIN District
BAGHLAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**310**
Recent IDP	80
Protracted IDP	80
Prolonged IDP	35
Refugee	0
Returnee	30
Economic migrant	0
Nomad	0
Host Community	85

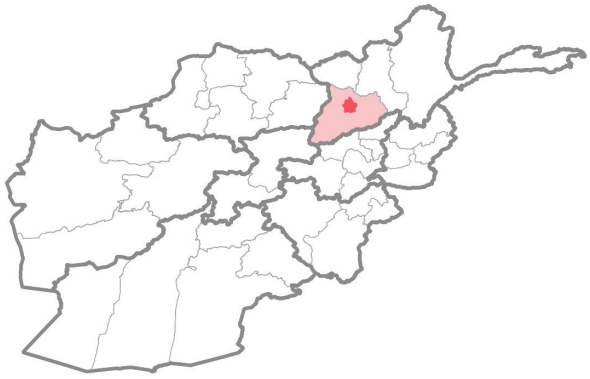


In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
0%	Suburban
100%	Rural





73% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **50**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Baghlan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Rent shelter	50%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



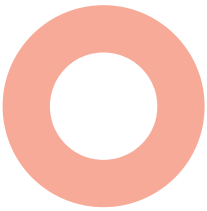
50%	Positive	50%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	100%
Waterpoints are too far	100%
Long wait to access point	50%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
50%	Good
50%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 50%  Women and girls 50% 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	COVID-19 restrictions	100%
Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	50%
Unskilled daily labour	50%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Own production	100%
Market inside site	50%
Market outside site	50%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Do not touch face	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Community violence	100%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PUL-E-KHUMRI District
BAGHLAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

54 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**41,895**
Recent IDP	4,936
Protracted IDP	3,117
Prolonged IDP	3,466
Refugee	0
Returnee	2,686
Economic migrant	3,575
Nomad	0
Host Community	24,115

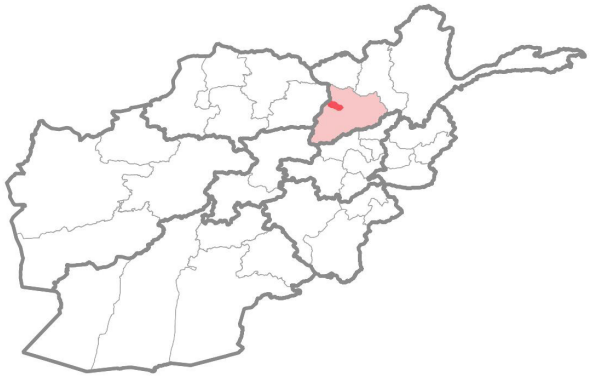


In **17%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



54%	Urban
20%	Suburban
26%	Rural





34% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	85%
Prolonged IDP[4]	94%
Protracted IDP[4]	87%
Refugee	0%
Returnee	80%

MOVEMENT & INTENTIONS

In **13%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	80%
More work opportunities in new site	60%
Join friends/family at new location	40%



In **91%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **78%** of sites, KIs reported that IDP households, totaling **1,127**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Baghlan	90%
Sar-e-Pul	5%
Parwan	2%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	53%
Iran	37%
Turkey	7%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Permanent (brick)	7%
Damaged House	2%



In **35%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	41%
Own with documentation	31%
Occupy for free with owner's consent	11%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



80% Positive | 17% Neutral | 0% Negative | 4% No answer



In **2%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

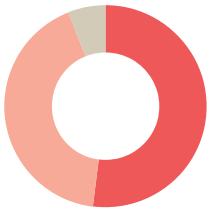


In **43%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **81%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



52%	Government
42%	Privately owned
0%	UN/NGO designated
6%	Communal land
0%	Other

WASH



In **6%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **6%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	59%
Long wait to access point	48%
No barriers	37%

HEALTH



In **52%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **72%** of assessed sites, and in **44%** of these sites, most residents were reportedly unsatisfied with the care they received.



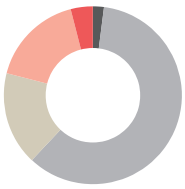
In **4%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	81%
Travel to clinic unaffordable	69%
Treatment unaffordable	45%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



2%	Very good
60%	Good
17%	Okay
17%	Poor
4%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 7%  | Women and girls 11% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	83%
Host community harassment	0%	Socio-cultural barriers	17%
Socio-cultural barriers	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	87%
Livestock farming	7%
Small business	2%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	65%
Market outside site	60%
Own production	31%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



4%	Higher risk of secondary impacts
59%	Moderate-high risk
37%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	96%
Text message alerts	94%
Community/religious leader	79%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	92%
Avoid large gatherings	75%
Practice physical distancing	54%



In **44%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	83%
Food distribution	17%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **93%**



comprised of elderly individuals (aged 60+ years) **67%**



WASH



In **4%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **15%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **12%** of these sites in the 7 days prior.

In **93%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	6%	Some	94%	None	0%	Don't know

PROTECTION



In **35%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	60%
Angry / aggressive behaviour	33%
Unexplained physical complaints	6%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Community violence	40%
Loss of access for NGO services	40%

SHELTER



66% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	39%
Relocate healthy family members	39%
No preference for shelter aid	13%

MARKETS

In **69%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	28%
Construction materials	6%

LIVELIHOOD



In **30%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **96%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



30%	Other facilities (e.g. mosque)	43%	Home school
0%	TV or radio programmes	49%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BALKH
NORTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

88 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**69,700**
Recent IDP	11,638
Protracted IDP	9,708
Prolonged IDP	27,455
Refugee	0
Returnee	3,201
Economic migrant	864
Nomad	0
Host Community	16,834

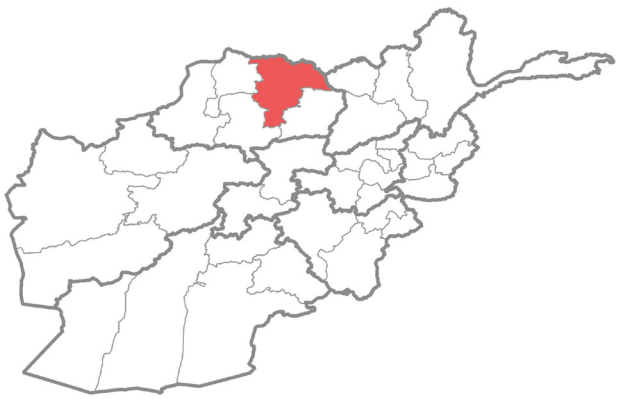


In **42%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



18%	Urban
26%	Suburban
56%	Rural





75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	81%
Prolonged IDP[4]	93%
Protracted IDP[4]	86%
Refugee	0%
Returnee	78%

MOVEMENT & INTENTIONS

In **18%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	87%
More work opportunities in new site	87%
Better service access at new location	80%



In **83%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **77%** of sites, KIs reported that IDP households, totaling **3,876**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Balkh	37%
Faryab	22%
Jawzjan	9%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	78%
Pakistan	22%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	84%
Permanent (brick)	8%
Tents	7%



In **34%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	52%
Rent shelter	24%
Occupy for free with owner's consent	14%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



73%	Positive	24%	Neutral	0%	Negative	3%	No answer

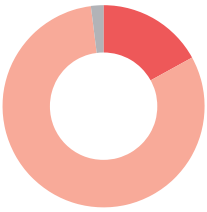
In **1%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **1%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **90%** of assessed sites, KIs reported having no community representation structures.

In **95%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



17%	Government
81%	Privately owned
2%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **5%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **1%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	55%
Not enough water available	50%
Unpleasant colour/taste/smell	32%

HEALTH

In **66%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **93%** of assessed sites, and in **21%** of these sites, most residents were reportedly unsatisfied with the care they received.

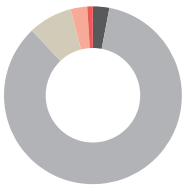
In **7%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	93%
Treatment unaffordable	84%
Travel to clinic unaffordable	72%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



3%	Very good
85%	Good
8%	Okay
3%	Poor
1%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 8% 

Women and girls 9% 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	86%	COVID-19 restrictions	88%
Fear for personal safety	57%	Fear for personal safety	50%
Host community harassment	14%	Host community harassment	25%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	59%
Small business	25%
Cash crop farming	11%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	75%
Own production	55%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



5%	Higher risk of secondary impacts
83%	Moderate-high risk
12%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Text message alerts	64%
Healthcare workers	60%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	96%
Avoid large gatherings	93%
Practice physical distancing	79%



In **2%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	50%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **84%**



comprised of elderly individuals (aged 60+ years) **64%**



WASH



In **5%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **24%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **11%** of these sites in the 7 days prior.

In **97%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



1%	All	2%	Some	96%	None	0%	Don't know

PROTECTION



In **20%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	96%
Unexplained physical complaints	2%
Angry / aggressive behaviour	1%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	98%
Increased gender-based violence	61%
Community violence	61%

SHELTER



66% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	67%
Tools/materials to extend shelter	17%
Tents to isolate ill on site	10%

MARKETS

In **44%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	36%
Soap	23%

LIVELIHOOD



In **30%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **97%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **99%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



21%	Other facilities (e.g. mosque)	52%	Home school
0%	TV or radio programmes	44%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BALKH District
BALKH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,849**
Recent IDP	70
Protracted IDP	159
Prolonged IDP	115
Refugee	0
Returnee	55
Economic migrant	0
Nomad	0
Host Community	2,450

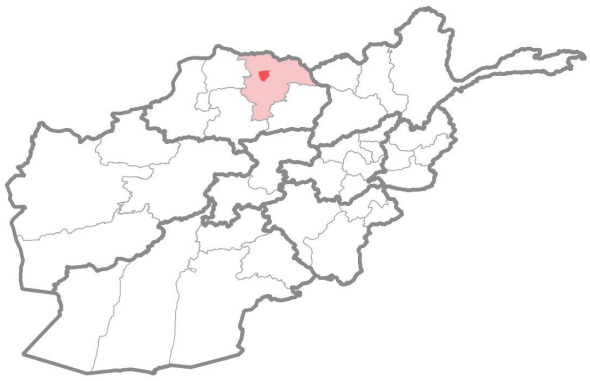


In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
33%	Suburban
67%	Rural





14% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **33%** of sites, KIs reported that IDP households, totaling **20**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Jawzjan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	67%
Iran	33%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	33%
Hosted by friends/family for free	33%
Occupy for free with owner's consent	33%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



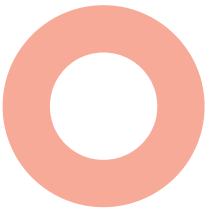
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	0%

HEALTH



In **67%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **33%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Travel to clinic unaffordable	67%
Treatment unaffordable	67%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
33%	Good
67%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 33% 

Women and girls 33% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	67%
Livestock farming	33%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	67%
Own production	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **100%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **67%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased insecurity	67%

SHELTER



33% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	67%
Tools/materials to extend shelter	33%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



67%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	33%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

CHEMTAL District
BALKH

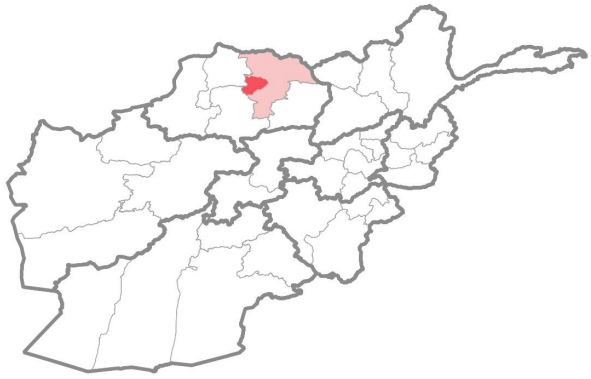
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,050**
Recent IDP	300
Protracted IDP	250
Prolonged IDP	150
Refugee	0
Returnee	50
Economic migrant	0
Nomad	0
Host Community	300



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



71% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
More work opportunities in new site	100%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **100**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Balkh	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



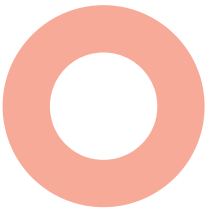
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
Own production	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Community violence	100%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DAWLATABAD District
BALKH

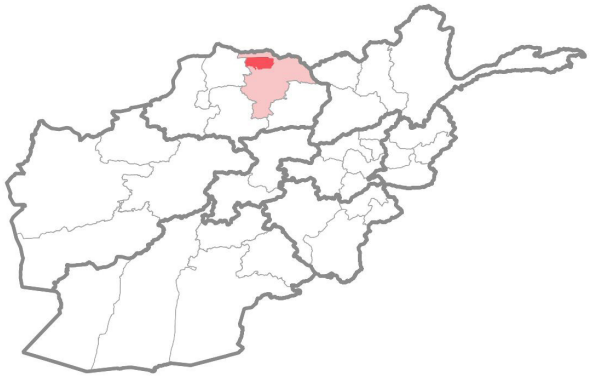
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,300**
Recent IDP	100
Protracted IDP	300
Prolonged IDP	200
Refugee	0
Returnee	400
Economic migrant	0
Nomad	0
Host Community	300



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



77% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **200**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Balkh	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



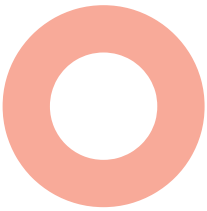
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

NA	NA
NA	NA
NA	NA

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

NA	NA
NA	NA
NA	NA

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

NA	NA
NA	NA
NA	NA

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

NA	NA
NA	NA
NA	NA

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEHDADI District
BALKH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

14 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**24,811**
Recent IDP	1,702
Protracted IDP	2,995
Prolonged IDP	14,200
Refugee	0
Returnee	59
Economic migrant	120
Nomad	0
Host Community	5,735

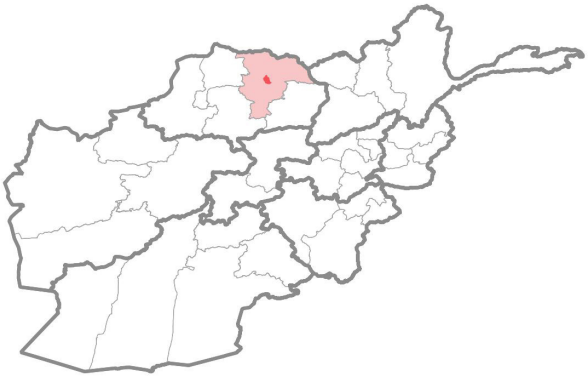


In **43%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



21%	Urban
71%	Suburban
8%	Rural





76% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	86%
Prolonged IDP[4]	93%
Protracted IDP[4]	79%
Refugee	0%
Returnee	64%

MOVEMENT & INTENTIONS

In **21%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
More work opportunities in new site	100%



In **71%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **79%** of sites, KIs reported that IDP households, totaling **592**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Balkh	64%
Baghlan	9%
Faryab	9%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	89%
Pakistan	11%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	79%
Tents	14%
Permanent (brick)	7%



In **36%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.9** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	64%
Occupy for free with owner's consent	21%
Rent shelter	14%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



86%	Positive	14%	Neutral	0%	Negative	0%	No answer



In **7%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

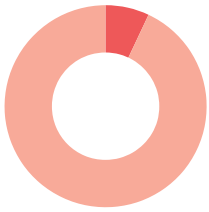


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **93%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



7%	Government
93%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **7%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	57%
Not enough water available	50%
Unpleasant colour/taste/smell	36%

HEALTH



In **57%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **93%** of assessed sites, and in **8%** of these sites, most residents were reportedly unsatisfied with the care they received.



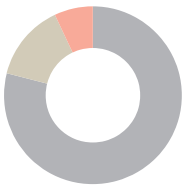
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Treatment unaffordable	79%
Travel to clinic unaffordable	64%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
79%	Good
14%	Okay
7%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 7% 

Women and girls 7% 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	COVID-19 restrictions	100%
Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	43%
Cash crop farming	36%
Small business	21%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	86%
Market inside site	64%
Own production	57%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



7%	Higher risk of secondary impacts
86%	Moderate-high risk
7%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	93%
Text message alerts	79%
Government	64%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	93%
Avoid large gatherings	93%
Practice physical distancing	86%



In **7%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **71%**



comprised of elderly individuals (aged 60+ years) **79%**



WASH



In **14%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **21%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **14%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	93%
Unexplained physical complaints	7%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	50%
Community violence	50%

SHELTER



78% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	50%
Tools/materials to extend shelter	29%
Tents to isolate ill on site	14%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	29%
Soap	0%

LIVELIHOOD



In **29%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



29%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MAZAR-E-SHARIF District
BALKH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

11 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**5,438**
Recent IDP	1,046
Protracted IDP	737
Prolonged IDP	995
Refugee	0
Returnee	490
Economic migrant	50
Nomad	0
Host Community	2,120

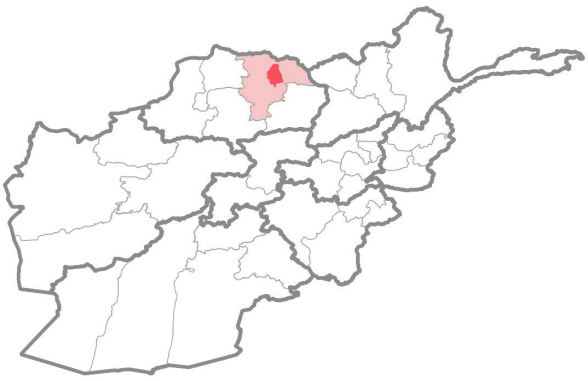


In **18%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



9%	Urban
0%	Suburban
91%	Rural





60% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	82%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	73%

MOVEMENT & INTENTIONS

In **18%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	100%
More work opportunities in new site	100%
No work opportunities in current site	50%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **73%** of sites, KIs reported that IDP households, totaling **270**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Balkh	62%
Daykundi	12%
Faryab	12%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	82%
Permanent (brick)	18%
Tents	0%



In **18%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	45%
Rent shelter	36%
Own shelter without documentation	18%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



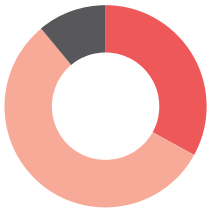
64% Positive | 27% Neutral | 0% Negative | 9% No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **82%** of assessed sites, KIs reported having no community representation structures.

In **82%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **33%** Government
- **56%** Privately owned
- **0%** UN/NGO designated
- **0%** Communal land
- **11%** Other / No agreement

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	50%
Not enough water available	40%
No barriers	40%

HEALTH

In **64%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **90%** of assessed sites, and in **22%** of these sites, most residents were reportedly unsatisfied with the care they received.

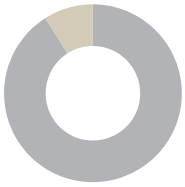
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Travel to clinic unaffordable	60%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **0%** Very good
- **91%** Good
- **9%** Okay
- **0%** Poor
- **0%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **9%**  | Women and girls **9%** 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	COVID-19 restrictions	100%
Fear for personal safety	100%	Host community harassment	0%
Host community harassment	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	64%
Small business	36%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	80%
Market outside site	70%
Own production	50%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



9%	Higher risk of secondary impacts
73%	Moderate-high risk
18%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	80%
Text message alerts	70%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	100%
Practice physical distancing	80%



In **9%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **91%**



comprised of elderly individuals (aged 60+ years) **73%**



WASH



In **9%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **18%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	9%	Some	91%	None	0%	Don't know

PROTECTION



In **18%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Community violence	70%
Increased gender-based violence	60%

SHELTER



33% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	82%
Tools/materials to extend shelter	9%
No agreement amongst KIs	9%

MARKETS

In **36%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	75%
Soap	50%

LIVELIHOOD



In **36%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



9%	Other facilities (e.g. mosque)	64%	Home school
0%	TV or radio programmes	36%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NAHR-E-SHAHI District
BALKH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

54 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**33,202**
Recent IDP	8,135
Protracted IDP	5,082
Prolonged IDP	11,605
Refugee	0
Returnee	2,057
Economic migrant	654
Nomad	0
Host Community	5,669

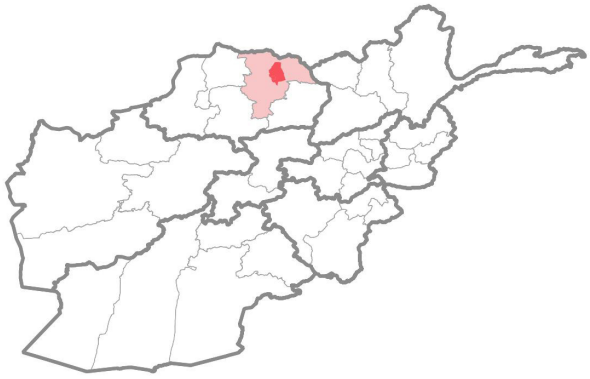


In **52%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



13%	Urban
20%	Suburban
67%	Rural





81% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	78%
Prolonged IDP[4]	91%
Protracted IDP[4]	83%
Refugee	0%
Returnee	80%

MOVEMENT & INTENTIONS

In **17%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	88%
More work opportunities in new site	88%
Better service access at new location	75%



In **81%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **78%** of sites, KIs reported that IDP households, totaling **2,568**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Faryab	29%
Balkh	24%
Samangan	12%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	79%
Pakistan	21%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	83%
Tents	7%
Permanent (brick)	7%



In **26%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	56%
Rent shelter	26%
Occupy for free with owner's consent	9%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



70%	Positive	26%	Neutral	0%	Negative	4%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

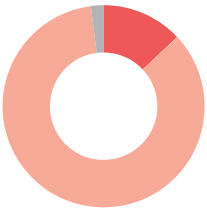


In **2%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **89%** of assessed sites, KIs reported having no community representation structures.

In **96%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



13%	Government
85%	Privately owned
2%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **6%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	56%
Not enough water available	48%
Unpleasant colour/taste/smell	31%

HEALTH



In **67%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **92%** of assessed sites, and in **21%** of these sites, most residents were reportedly unsatisfied with the care they received.



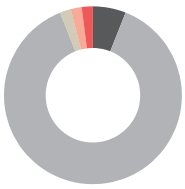
In **9%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	88%
Treatment unaffordable	82%
Travel to clinic unaffordable	73%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



6%	Very good
88%	Good
2%	Okay
2%	Poor
2%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **7%** 

Women and girls **9%** 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	COVID-19 restrictions	100%
Host community harassment	25%	Host community harassment	40%
Fear for personal safety	25%	Fear for personal safety	40%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	26%
Livestock farming	4%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	75%
Market inside site	73%
Own production	54%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



4%	Higher risk of secondary impacts
81%	Moderate-high risk
15%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Healthcare workers	56%
Text message alerts	54%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	96%
Avoid large gatherings	90%
Practice physical distancing	73%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **83%**



comprised of elderly individuals (aged 60+ years) **56%**



WASH



In **2%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **28%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **14%** of these sites in the 7 days prior.

In **94%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



2%	All	2%	Some	96%	None	0%	Don't know

PROTECTION



In **20%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	96%
Angry / aggressive behaviour	2%
Unexplained physical complaints	2%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	96%
Community violence	62%
Increased gender-based violence	60%

SHELTER



70% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	67%
Tools/materials to extend shelter	15%
Tents to isolate ill on site	13%

MARKETS

In **46%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	32%
Soap	28%

LIVELIHOOD



In **33%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **94%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **98%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



14%	Other facilities (e.g. mosque)	48%	Home school
0%	TV or radio programmes	48%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHOLGAREH District
BALKH

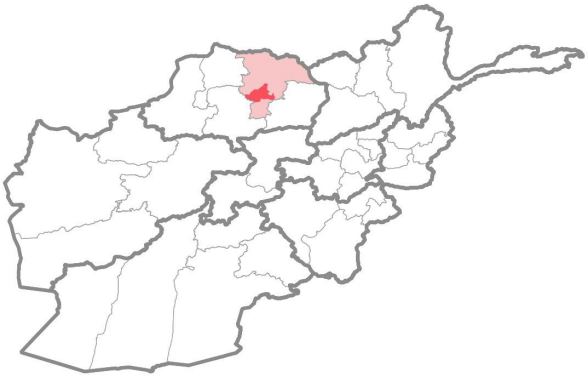
ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**860**
Recent IDP	165
Protracted IDP	160
Prolonged IDP	160
Refugee	0
Returnee	75
Economic migrant	40
Nomad	0
Host Community	260



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



65% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **110**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Sar-e-Pul	67%
Balkh	33%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	67%
Pakistan	33%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



33%	Positive	67%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	67%
Not enough water available	67%
Unpleasant colour/taste/smell	33%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **67%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Own production	67%
Market outside site	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	67%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Community violence	100%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **67%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



67%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	33%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ZARI District
BALKH

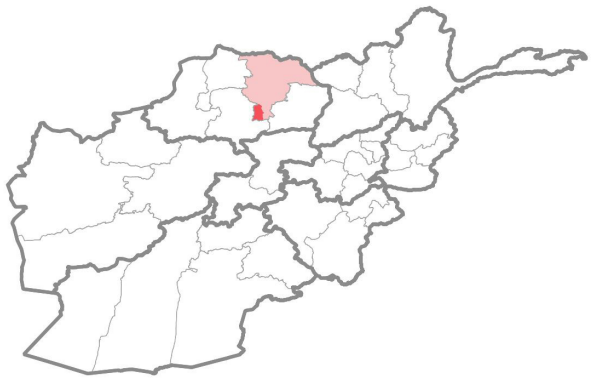
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**190**
Recent IDP	120
Protracted IDP	25
Prolonged IDP	30
Refugee	0
Returnee	15
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better security in new location	100%
Harassment by local/host authorities	0%

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **16**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Faryab	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	100%
Own with documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

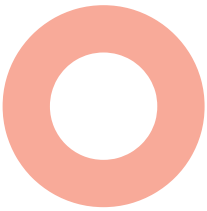
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Waterpoints are too far	100%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

NGO food distributions	100%
Market inside site	100%
Market outside site	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Do not touch face	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

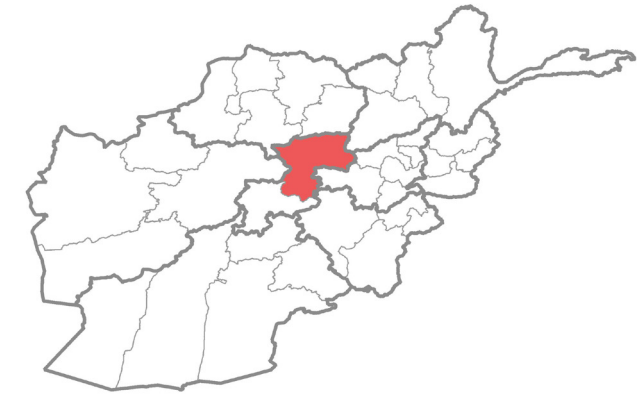
Total	**300**
Recent IDP	0
Protracted IDP	220
Prolonged IDP	0
Refugee	0
Returnee	80
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	100%
Own with documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAMYAN District
BAMYAN

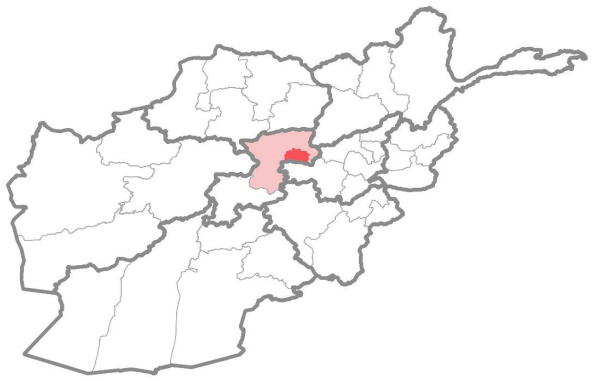
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**300**
Recent IDP	0
Protracted IDP	220
Prolonged IDP	0
Refugee	0
Returnee	80
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	100%
Own with documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

FARAH
WEST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,535**
Recent IDP	0
Protracted IDP	25
Prolonged IDP	220
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	1,290



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





16% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	33%
Protracted IDP[4]	67%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **33%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Tents	67%
Permanent (mud)	33%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	67%
Rent shelter	33%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	33%	Neutral	33%	Negative	33%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **33%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	67%
Waterpoints are too far	33%
Long wait to access point	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	67%
Treatment unaffordable	33%
Insufficient capacity of health centre	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



33%	Very good
0%	Good
0%	Okay
0%	Poor
67%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 67% 

Women and girls 67% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Debt related concerns	50%	Host community harassment	0%
Host community harassment	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	67%
Market outside site	33%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
67%	Moderate-high risk
33%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **67%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **0%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	67%
Healthcare workers	67%
Family and friends	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	100%
Self-isolate if ill	67%
Wash hands frequently	33%



In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **33%**



comprised of elderly individuals (aged 60+ years) **33%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	67%
Unexplained physical complaints	33%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	50%
Community violence	50%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	67%
Relocate healthy family members	33%
Tools/materials to extend shelter	0%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **67%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BALA BULUK District
FARAH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

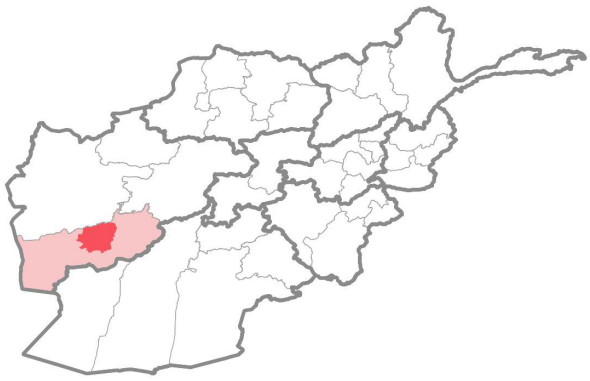
Total	**665**
Recent IDP	0
Protracted IDP	25
Prolonged IDP	100
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	540



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





19% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	50%
Protracted IDP[4]	50%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **50%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Tents	100%
Makeshift shelter	0%
Transitional shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	50%
Occupy for free with owner's consent	50%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



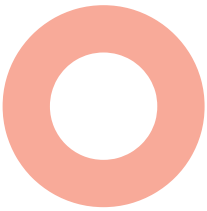
0%	Positive	0%	Neutral	50%	Negative	50%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	50%
No barriers	50%
Long wait to access point	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Treatment unaffordable	50%
Insufficient capacity of health centre	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



50%	Very good
0%	Good
0%	Okay
0%	Poor
50%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 50% 

Women and girls 50% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Debt related concerns	100%	Host community harassment	0%
Host community harassment	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	50%
Market outside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **0%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Healthcare workers	100%
UN, NNGOs or INGOs	50%
Text message alerts	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	100%
Wash hands frequently	50%
Self-isolate if ill	50%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	50%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	50%
Community violence	50%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **50%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

QALA-E-KAH District
FARAH

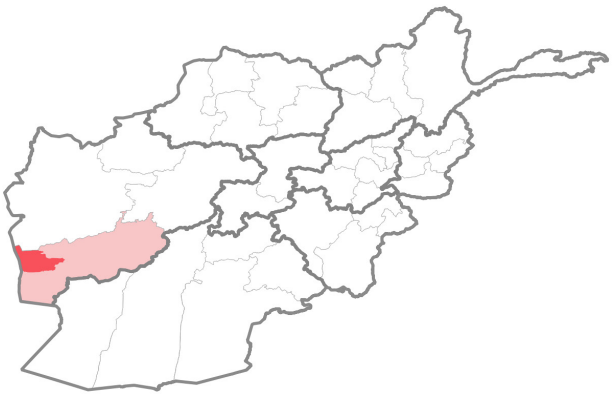
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**870**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	120
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	750





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural



14% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
0%	Poor
100%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 100% | Women and girls 100%

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **0%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **0%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Family and friends	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	100%
Avoid large gatherings	100%
Wash hands frequently	0%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

FARYAB
NORTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

43 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

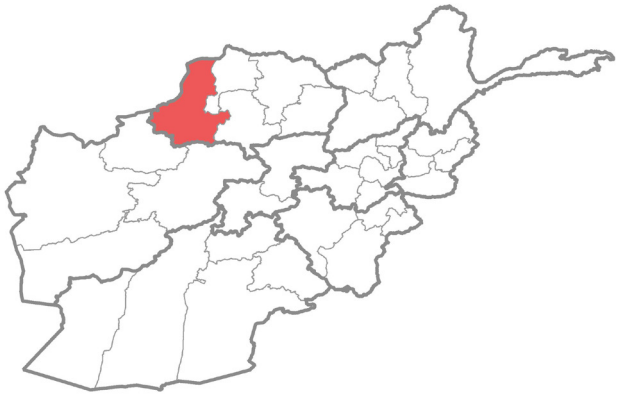
Total	**27,310**
Recent IDP	1,670
Protracted IDP	6,040
Prolonged IDP	8,730
Refugee	0
Returnee	1,494
Economic migrant	735
Nomad	0
Host Community	8,641



In **30%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

98%	Urban
0%	Suburban
2%	Rural





66% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	60%
Prolonged IDP[4]	91%
Protracted IDP[4]	84%
Refugee	0%
Returnee	58%

MOVEMENT & INTENTIONS

In **14%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	33%
More work opportunities in new site	33%



In **74%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **58%** of sites, KIs reported that IDP households, totaling **704**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Faryab	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	96%
Pakistan	4%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	98%
Makeshift shelter	2%
Tents	0%



In **12%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	53%
Rent shelter	44%
Occupy for free without consent	2%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



98%	Positive	2%	Neutral	0%	Negative	0%	No answer



In **5%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

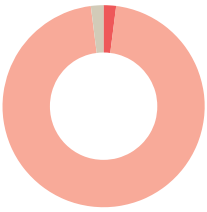


In **12%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



2%	Government
96%	Privately owned
0%	UN/NGO designated
2%	Communal land
0%	Other

WASH



In **16%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	45%
No barriers	39%
Not enough water available	24%

HEALTH



In **72%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **95%** of assessed sites, and in **26%** of these sites, most residents were reportedly unsatisfied with the care they received.



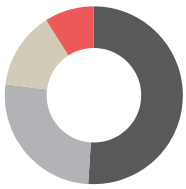
In **14%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	79%
Travel to clinic unaffordable	50%
Long travel time	36%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



51%	Very good
26%	Good
14%	Okay
0%	Poor
9%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	26%
Cash crop farming	5%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	70%
Market outside site	61%
Own production	21%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



7%	Higher risk of secondary impacts
56%	Moderate-high risk
37%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **95%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	76%
Text message alerts	76%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	97%
Avoid large gatherings	91%
Practice physical distancing	82%



In **42%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	39%
Food distribution	39%
Advice on COVID-19 for HHs	11%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **84%**



comprised of elderly individuals (aged 60+ years) **47%**



WASH



In **28%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **12%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **20%** of these sites in the 7 days prior.

In **74%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



9%	All	9%	Some	81%	None	0%	Don't know

PROTECTION



In **22%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	58%
No unusual behavior	30%
Increased substance intake	9%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	67%
Increased health issues	45%

SHELTER



44% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	56%
No preference for shelter aid	19%
Tents to isolate ill on site	14%

MARKETS

In **51%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	33%
Soap	22%

LIVELIHOOD



In **26%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **95%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



24%	Other facilities (e.g. mosque)	15%	Home school
0%	TV or radio programmes	66%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MAYMANA District
FARYAB

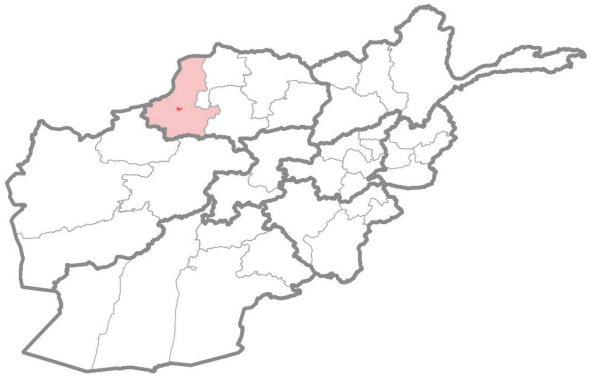
ISETs Round 1
May-June 2020

DEMOGRAPHICS

43 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**27,310**
Recent IDP	1,670
Protracted IDP	6,040
Prolonged IDP	8,730
Refugee	0
Returnee	1,494
Economic migrant	735
Nomad	0
Host Community	8,641





In **30%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

98%	Urban
0%	Suburban
2%	Rural



66% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	60%
Prolonged IDP[4]	91%
Protracted IDP[4]	84%
Refugee	0%
Returnee	58%

MOVEMENT & INTENTIONS

In **14%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	33%
More work opportunities in new site	33%



In **74%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **58%** of sites, KIs reported that IDP households, totaling **704**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Faryab	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	96%
Pakistan	4%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	98%
Makeshift shelter	2%
Tents	0%



In **12%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	53%
Rent shelter	44%
Occupy for free without consent	2%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



98%	Positive	2%	Neutral	0%	Negative	0%	No answer



In **5%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

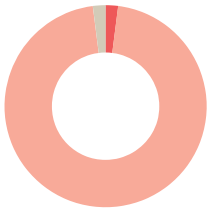


In **12%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



2%	Government
96%	Privately owned
0%	UN/NGO designated
2%	Communal land
0%	Other

WASH



In **16%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	45%
No barriers	39%
Not enough water available	24%

HEALTH



In **72%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **95%** of assessed sites, and in **26%** of these sites, most residents were reportedly unsatisfied with the care they received.



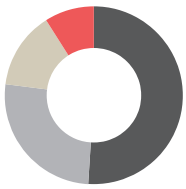
In **14%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	79%
Travel to clinic unaffordable	50%
Long travel time	36%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



51%	Very good
26%	Good
14%	Okay
0%	Poor
9%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	26%
Cash crop farming	5%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	70%
Market outside site	61%
Own production	21%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



7%	Higher risk of secondary impacts
56%	Moderate-high risk
37%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **95%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	76%
Text message alerts	76%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	97%
Avoid large gatherings	91%
Practice physical distancing	82%



In **42%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	39%
Food distribution	39%
Advice on COVID-19 for HHs	11%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **84%**



comprised of elderly individuals (aged 60+ years) **47%**



WASH



In **28%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **12%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **20%** of these sites in the 7 days prior.

In **74%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



9%	All	9%	Some	81%	None	0%	Don't know

PROTECTION



In **22%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	58%
No unusual behavior	30%
Increased substance intake	9%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	67%
Increased health issues	45%

SHELTER



44% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	56%
No preference for shelter aid	19%
Tents to isolate ill on site	14%

MARKETS

In **51%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	33%
Soap	22%

LIVELIHOOD



In **26%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **95%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



24%	Other facilities (e.g. mosque)	15%	Home school
0%	TV or radio programmes	66%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GHAZNI
SOUTH EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

15 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**9,759**
Recent IDP	82
Protracted IDP	1,490
Prolonged IDP	5,012
Refugee	0
Returnee	0
Economic migrant	0
Nomad	40
Host Community	3,135



In **13%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



80%	Urban
7%	Suburban
13%	Rural





67% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	13%
Prolonged IDP[4]	47%
Protracted IDP[4]	53%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **53%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	75%
Better security in new location	38%
Better service access at new location	25%



In **87%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **13%** of sites, KIs reported that IDP households, totaling **24**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Ghazni	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	87%
Makeshift shelter	7%
Permanent (brick)	7%



In **33%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	60%
Own with documentation	27%
Own shelter without documentation	13%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



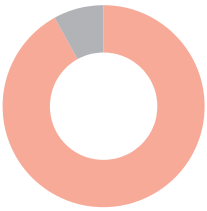
87%	Positive	13%	Neutral	0%	Negative	0%	No answer

In **13%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **13%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **87%** of assessed sites, KIs reported having no community representation structures.

In **87%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
92%	Privately owned
8%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **13%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	86%
Unpleasant colour/taste/smell	7%
Waterpoints are too far	7%

HEALTH

In **60%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **27%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	50%
Medicine unaffordable	25%
Insufficient capacity of health centre	25%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



26%	Very good
20%	Good
27%	Okay
7%	Poor
20%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 13% 

Women and girls 20% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Socio-cultural barriers	33%
Socio-cultural barriers	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	47%
Small business	20%
Livestock farming	13%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	80%
Market outside site	53%
Own production	7%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



7%	Higher risk of secondary impacts
53%	Moderate-high risk
40%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **93%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **93%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	79%
Healthcare workers	29%
Family and friends	29%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	79%
Self-isolate if ill	71%
Practice physical distancing	57%



In **20%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	33%
Advice on COVID-19 for sites	33%
Food distribution	33%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **87%**



comprised of elderly individuals (aged 60+ years) **73%**



WASH



In **20%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **13%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **87%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



15%	All	23%	Some	31%	None	31%	Don't know

PROTECTION



In **73%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	57%
Unexplained physical complaints	29%
Increased substance intake	14%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	7%
Increased gender-based violence	0%

SHELTER



20% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	33%
Relocate healthy family members	33%
Tools/materials to extend shelter	20%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Cooking / kitchen materials	57%
Soap	0%

LIVELIHOOD



In **47%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



27%	Other facilities (e.g. mosque)	7%	Home school
0%	TV or radio programmes	73%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ANDAR District
GHANZI

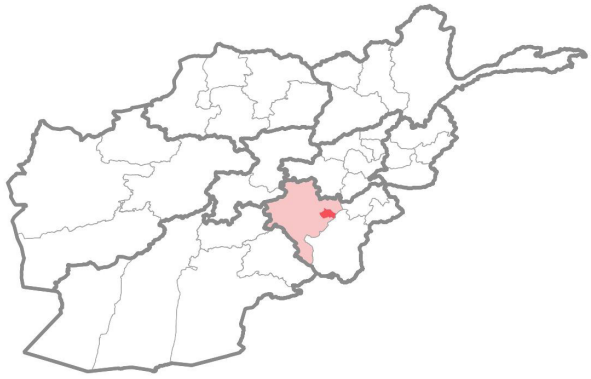
ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,100**
Recent IDP	70
Protracted IDP	60
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	970



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



12% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:



0%	Urban
0%	Suburban
100%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	50%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
Harassment by local/host authorities	0%
Land dispute	0%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **20**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Ghazni	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	50%
Rent shelter	50%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

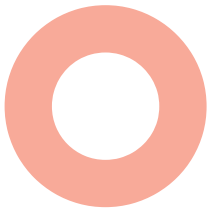


In **50%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **50%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reported unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Cash crop farming	50%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	50%
Media (TV, radio)	50%
Family and friends	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **100%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

0%	All	0%	Some	0%	None	100%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	50%
Relocate healthy family members	50%
Tools/materials to extend shelter	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Cooking / kitchen materials	100%
Soap	0%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEH YAK District
GHANZI

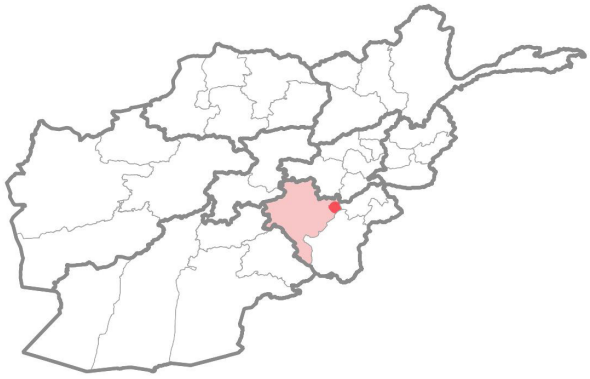
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,200**
Recent IDP	0
Protracted IDP	1,200
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better security in new location	100%
Harassment by local/host authorities	0%
Land dispute	0%

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



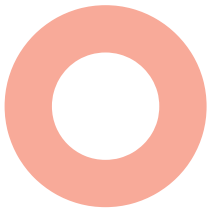
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

NA	NA
NA	NA
NA	NA

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Unsafe visiting/traveling to clinic	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
0%	Poor
100%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 100% | Women and girls 100%

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Family and friends	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	0%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Increased substance intake	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Cooking / kitchen materials	100%
Soap	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GHAZNI District
GHANZI

ISETs Round 1
May-June 2020

DEMOGRAPHICS

8 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

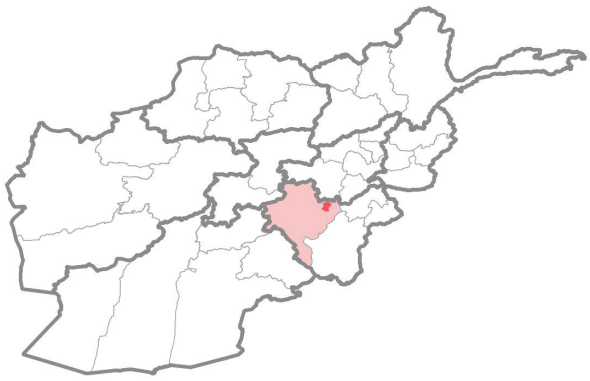
Total	**6,327**
Recent IDP	0
Protracted IDP	180
Prolonged IDP	4,892
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	1,255



In **12%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





80% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	38%
Protracted IDP[4]	75%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	75%
Better security in new location	50%
Land dispute	25%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
	NA
NA	Jean-Noel.

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	88%
Permanent (brick)	12%
Tents	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	62%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



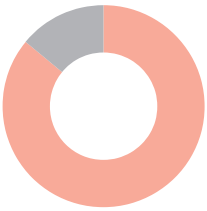
75% Positive | 25% Neutral | 0% Negative | 0% No answer

In **12%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **88%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- 0% Government
- 86% Privately owned
- 14% UN/NGO designated
- 0% Communal land
- 0% Other

WASH

In **12%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	88%
Waterpoints are too far	12%
Too expensive (e.g. trucking)	12%

HEALTH

In **88%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **43%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **38%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	71%
Medicine unaffordable	14%
Insufficient capacity of health centre	14%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- 38% Very good
- 25% Good
- 0% Okay
- 12% Poor
- 25% Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 12% | Women and girls 25%

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Socio-cultural barriers	50%
Socio-cultural barriers	0%	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	62%
Small business	25%
Livestock farming	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	88%
Market outside site	62%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



12%	Higher risk of secondary impacts
25%	Moderate-high risk
62%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **88%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	88%
Healthcare workers	38%
Community/religious leader	25%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	75%
Wash hands frequently	62%
Practice physical distancing	50%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Food distribution	50%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **75%**



comprised of elderly individuals (aged 60+ years) **63%**



WASH



In **12%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **13%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **88%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



29%	All	14%	Some	29%	None	29%	Don't know

PROTECTION



In **80%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	50%
Unexplained physical complaints	38%
Increased substance intake	12%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	50%
Relocate healthy family members	38%
Tools/materials to extend shelter	12%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Cooking / kitchen materials	50%
Soap	0%

LIVELIHOOD



In **62%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



38%	Other facilities (e.g. mosque)	13%	Home school
0%	TV or radio programmes	63%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GIRO District
GHANZI

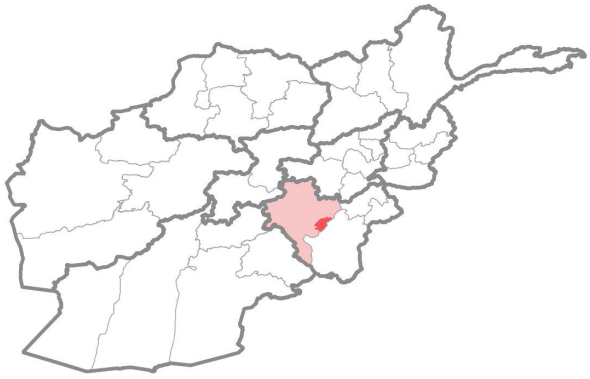
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**70**
Recent IDP	0
Protracted IDP	40
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	30



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



57% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



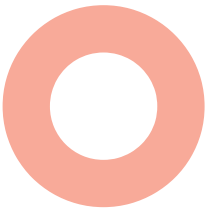
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **100%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	0%
Community/religious leader	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Practice physical distancing	0%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	100%	Some	0%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MUQUR District
GHANZI

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

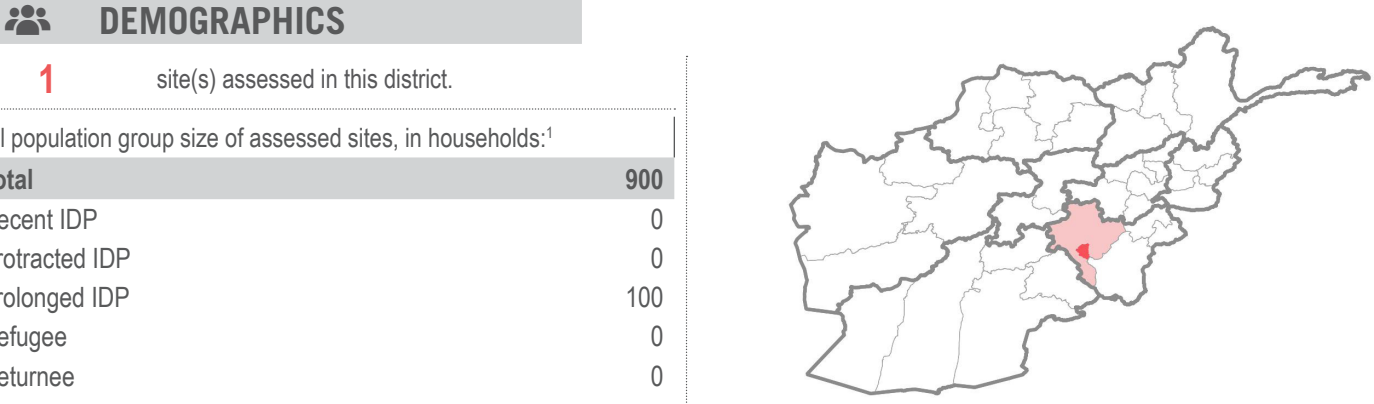
Total	**900**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	100
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	800



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





11% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Makeshift shelter	100%
Tents	0%
Transitional shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **0%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:

NA	Government
NA	Privately owned
NA	UN/NGO designated
NA	Communal land
NA	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Healthcare workers	100%
Family and friends	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Wear masks and gloves in general	100%
Practice physical distancing	0%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

QARABAGH District
GHANZI

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**12**
Recent IDP	12
Protracted IDP	0
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	0%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
Harassment by local/host authorities	0%
Land dispute	0%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **4**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Ghazni	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

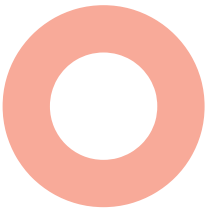
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Livestock farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	0%
Community/religious leader	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	100%	Some	0%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Support for shelter repair	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

WAGHAZ District
GHANZI

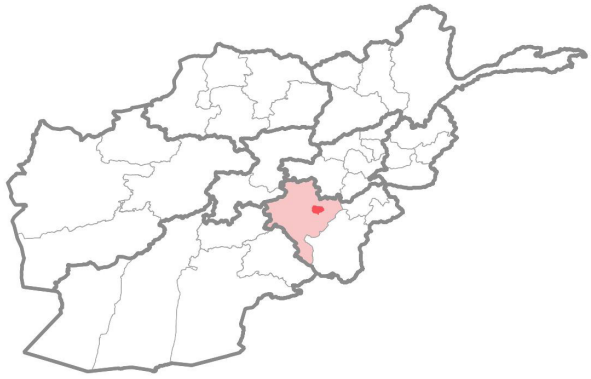
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**150**
Recent IDP	0
Protracted IDP	10
Prolonged IDP	20
Refugee	0
Returnee	0
Economic migrant	0
Nomad	40
Host Community	80



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



20% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **3** rooms reported in most shelters in which household members sleep.



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



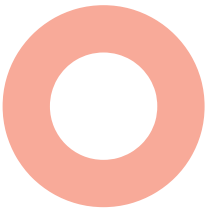
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **0%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	100%
Long wait to access point	0%
Not enough water available	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Other	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Own production	100%
Other	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **0%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **NA** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

NA	NA
NA	NA
NA	NA

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

NA	NA
NA	NA
NA	NA

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **NA%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GHOR
WEST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

11 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,252**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	2,232
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	1,020

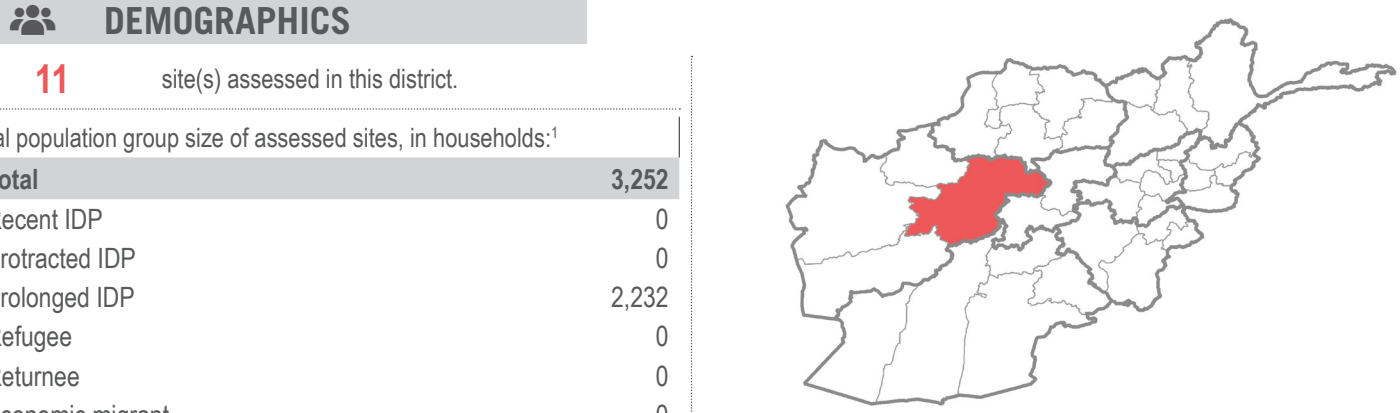


In **91%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



36%	Urban
36%	Suburban
28%	Rural





69% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Transitional shelter	9%
Tents	0%



In **45%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.9** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	73%
Own shelter without documentation	9%
Rent shelter	9%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	100%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

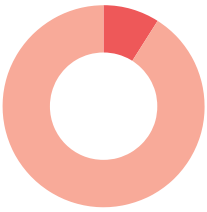


In **18%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **91%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



9%	Government
91%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	82%
Long wait to access point	18%
Unpleasant colour/taste/smell	0%

HEALTH



In **45%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **91%** of assessed sites, and in **20%** of these sites, most residents were reportedly unsatisfied with the care they received.



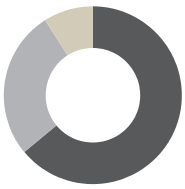
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	45%
Travel to clinic unaffordable	36%
Treatment unaffordable	36%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



64%	Very good
27%	Good
9%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 9% 

Women and girls 27% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	82%
Market inside site	55%
Own production	9%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



9%	Higher risk of secondary impacts
55%	Moderate-high risk
36%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Text message alerts	91%
Family and friends	73%
Community/religious leader	64%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	100%
Avoid large gatherings	91%
Do not touch face	64%



In **82%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	89%
Advice on COVID-19 for HHs	11%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **9%**



comprised of elderly individuals (aged 60+ years) **27%**



WASH



In **55%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **27%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	27%	Some	73%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	36%
Community violence	27%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	91%
Tents to isolate ill on site	9%
Relocate healthy family members	0%

MARKETS

In **36%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Blankets and quilts	100%
Fuel / Heating materials	75%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DAWLATYAR District
GHOR

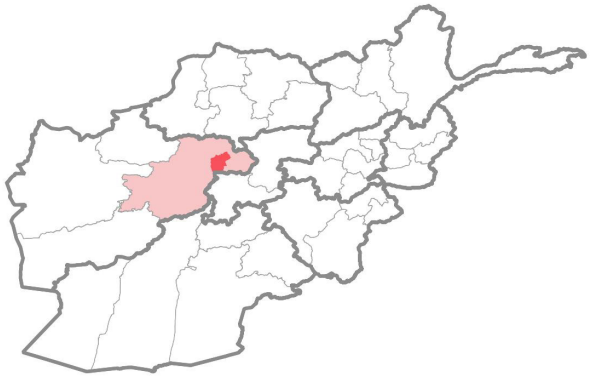
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**40**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	40
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

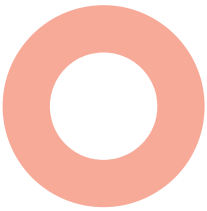
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Denied access/ treatment	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
UN, NNGOs or INGOs	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Do not touch face	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **0%**
- comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

FEROZ KOH District
GHOR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

9 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,135**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	2,115
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	1,020

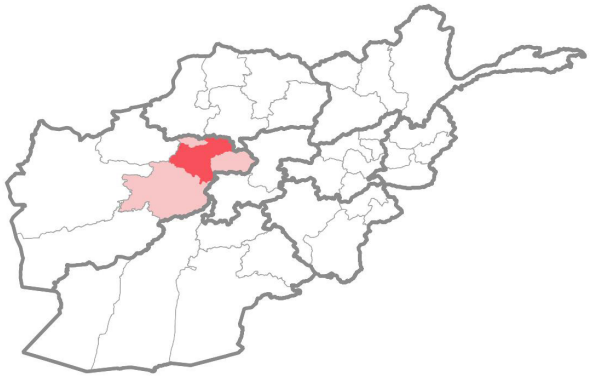


In **89%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



45%	Urban
22%	Suburban
33%	Rural





67% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	89%
Transitional shelter	11%
Tents	0%



In **33%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.9** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	78%
Rent shelter	11%
Occupy for free with owner's consent	11%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

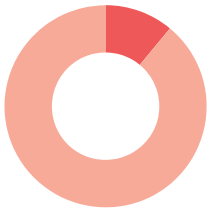
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **22%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **89%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



11%	Government
89%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	89%
Long wait to access point	11%
Unpleasant colour/taste/smell	0%

HEALTH

In **56%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **22%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	44%
Long travel time	44%
Insufficient capacity of health centre	44%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
33%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 11% 

Women and girls 33% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	78%
Market inside site	44%
Own production	11%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



11%	Higher risk of secondary impacts
44%	Moderate-high risk
44%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Text message alerts	100%
Media (TV, radio)	67%
Family and friends	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	100%
Avoid large gatherings	89%
Do not touch face	56%



In **89%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	88%
Advice on COVID-19 for HHs	12%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **11%**



comprised of elderly individuals (aged 60+ years) **33%**



WASH



In **67%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **22%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	33%	Some	67%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	33%
Community violence	22%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	89%
Tents to isolate ill on site	11%
Relocate healthy family members	0%

MARKETS

In **44%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Blankets and quilts	100%
Fuel / Heating materials	75%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHAHRAK District
GHOR

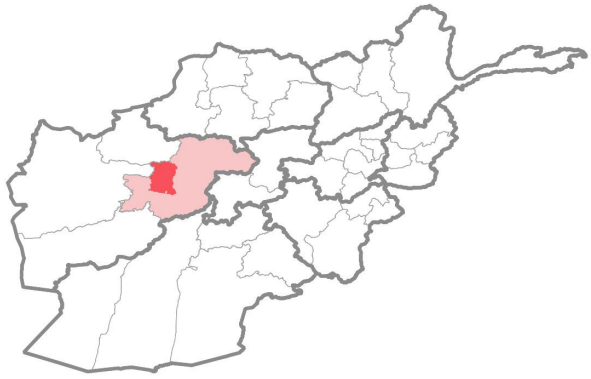
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**77**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	77
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	100%
Own with documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

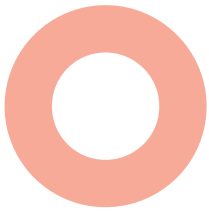
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
UN, NNGOs or INGOs	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Self-isolate if ill	100%
Do not touch face	100%
Avoid large gatherings	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Community violence	100%
Increased insecurity	100%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

24 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

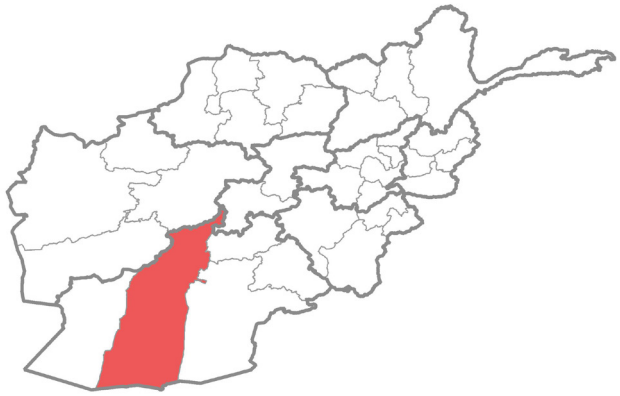
Total	**10,890**
Recent IDP	1,320
Protracted IDP	1,173
Prolonged IDP	1,222
Refugee	150
Returnee	540
Economic migrant	80
Nomad	0
Host Community	6,405



In **17%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

63%	Urban
37%	Suburban
0%	Rural





40% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	92%
Prolonged IDP[4]	83%
Protracted IDP[4]	88%
Refugee	4%
Returnee	38%

MOVEMENT & INTENTIONS

In **33%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	88%
Better security in new location	75%
More work opportunities in new site	75%



In **88%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **92%** of sites, KIs reported that IDP households, totaling **707**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	77%
Ghor	5%
Kandahar	5%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **46%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	54%
Own with documentation	21%
No agreement amongst KIs	17%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



58% Positive | 4% Neutral | 0% Negative | 38% No answer



In **33%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

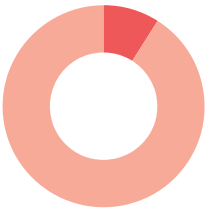


In **42%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **79%** of assessed sites, KIs reported having no community representation structures.

In **92%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



9%	Government
91%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **46%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **17%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	56%
Unpleasant colour/taste/smell	44%
Waterpoints are unsafe	22%

HEALTH



In **42%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **30%** of assessed sites, and in **29%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **38%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Long travel time	50%
Insufficient capacity of health centre	50%
Treatment unaffordable	38%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



38%	Very good
12%	Good
17%	Okay
21%	Poor
12%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 33% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Host community harassment	88%
NA	NA	COVID-19 restrictions	88%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	54%
Cash crop farming	33%
No agreement amongst KIs	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	89%
Own production	56%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
79%	Moderate-high risk
21%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	56%
Government	11%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	78%



In **12%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	20%
Advice on COVID-19 for sites	20%
Additional health services	20%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **92%**



comprised of elderly individuals (aged 60+ years) **67%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **79%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **54%** of these sites in the 7 days prior.

In **83%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



10%	All	57%	Some	10%	None	10%	Don't know

PROTECTION



In **11%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	44%
No unusual behavior	44%
Unexplained physical complaints	22%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	22%
Community violence	11%

SHELTER



13% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Rent hotel to isolate ill	50%
Tents to isolate ill on site	25%
No agreement amongst KIs	17%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **54%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **92%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



57%	Other facilities (e.g. mosque)	78%	Home school
0%	TV or radio programmes	9%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

LASHKARGAH District
HELMAND

ISETs Round 1
May-June 2020

DEMOGRAPHICS

16 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

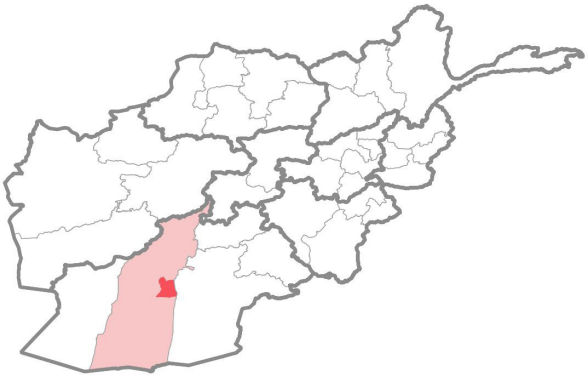
Total	**8,895**
Recent IDP	645
Protracted IDP	613
Prolonged IDP	792
Refugee	150
Returnee	380
Economic migrant	0
Nomad	0
Host Community	6,315



In **6%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

81%	Urban
19%	Suburban
0%	Rural





29% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	88%
Prolonged IDP[4]	75%
Protracted IDP[4]	81%
Refugee	6%
Returnee	25%

MOVEMENT & INTENTIONS

In **25%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better security in new location	75%
Better service access at new location	50%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **88%** of sites, KIs reported that IDP households, totaling **377**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	79%
Kandahar	7%
Nimroz	7%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	44%
Own with documentation	31%
Own shelter without documentation	12%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



88%	Positive	0%	Neutral	0%	Negative	12%	No answer



In **6%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

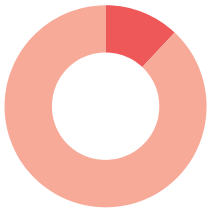


In **19%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **69%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



12%	Government
88%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **69%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	62%
Unpleasant colour/taste/smell	50%
Waterpoints are unsafe	25%

HEALTH



In **62%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **47%** of assessed sites, and in **29%** of these sites, most residents were reportedly unsatisfied with the care they received.



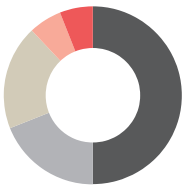
In **19%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Long travel time	57%
Insufficient capacity of health centre	57%
Treatment unaffordable	29%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



50%	Very good
19%	Good
19%	Okay
6%	Poor
6%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **6%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Host community harassment	100%
NA	NA	Socio-cultural barriers	100%
NA	NA	COVID-19 restrictions	100%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	62%
Cash crop farming	25%
No agreement amongst KIs	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
Own production	50%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
88%	Moderate-high risk
12%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	50%
Community/religious leader	12%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	88%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **94%**



comprised of elderly individuals (aged 60+ years) **50%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **57%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



15%	All	38%	Some	15%	None	15%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	50%
No unusual behavior	38%
Unexplained physical complaints	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	12%
Increased gender-based violence	0%

SHELTER



19% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Rent hotel to isolate ill	75%
Tents to isolate ill on site	25%
Tools/materials to extend shelter	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **56%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **88%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



87%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	13%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NAHR-E-SARAJ District
HELMAND

ISETs Round 1
May-June 2020

DEMOGRAPHICS

8 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

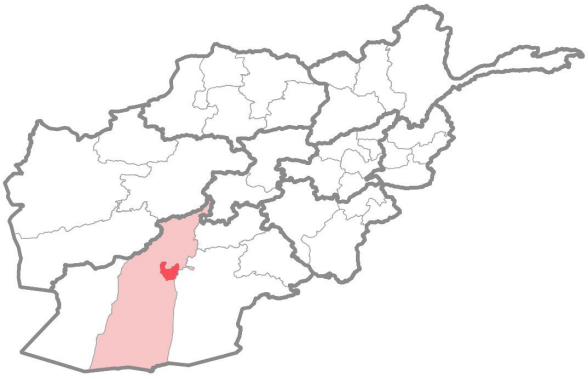
Total	**1,995**
Recent IDP	675
Protracted IDP	560
Prolonged IDP	430
Refugee	0
Returnee	160
Economic migrant	80
Nomad	0
Host Community	90



In **38%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

25%	Urban
75%	Suburban
0%	Rural





91% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	63%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
No work opportunities in current site	75%
Better security in new location	75%



In **62%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **330**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	75%
Ghor	12%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **88%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **5.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	75%
No agreement amongst KIs	25%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	12%	Neutral	0%	Negative	88%	No answer



In **88%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

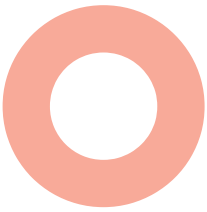


In **88%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **75%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Too expensive (e.g. trucking)	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH



In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.



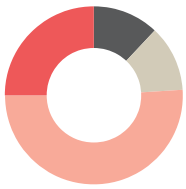
In **75%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



12%	Very good
0%	Good
12%	Okay
51%	Poor
25%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  | Women and girls **88%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100
NA	NA	Host community harassment	86
NA	NA	COVID-19 restrictions	86

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	50%
Unskilled daily labour	38%
No agreement amongst KIs	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Own production	100%
Provided from family/friends	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
62%	Moderate-high risk
38%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%



In **38%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	20%
Advice on COVID-19 for sites	20%
Additional health services	20%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **100%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **88%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	88%	Some	0%	None	0%	Don't know

PROTECTION



In **14%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Community violence	100%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No agreement amongst KIs	50%
Tents to isolate ill on site	25%
Relocate healthy family members	12%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

20 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**21,151**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	19,671
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	1,480

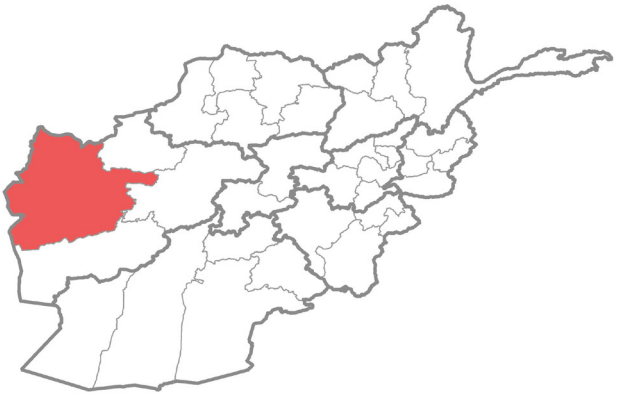


In **65%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



95%	Urban
0%	Suburban
5%	Rural





93% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **5%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Join friends/family at new location	100%
More work opportunities in new site	100%
Better service access at new location	100%



In **90%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	80%
Tents	15%
Unfinished shelter	5%



In **55%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	45%
Occupy for free with owner's consent	35%
Occupy for free without consent	10%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	85%	Neutral	0%	Negative	15%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

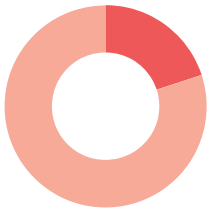


In **50%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **95%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



20%	Government
80%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **15%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **5%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	53%
Long wait to access point	35%
Waterpoints are too far	18%

HEALTH



In **40%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **80%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	53%
Medicine unaffordable	53%
Long travel time	47%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



95%	Very good
0%	Good
0%	Okay
0%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **5%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Fear for personal safety	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	90%
Small business	5%
Cash crop farming	5%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	76%
Market inside site	59%
Provided from family/friends	12%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
45%	Moderate-high risk
55%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	88%
Healthcare workers	88%
Community/religious leader	71%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	94%
Self-isolate if ill	76%
Do not touch face	59%



In **95%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	79%
Advice on COVID-19 for HHs	21%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **25%**



comprised of elderly individuals (aged 60+ years) **10%**



WASH



In **45%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **80%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **43%** of these sites in the 7 days prior.

In **85%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	59%	Some	35%	None	6%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	94%
Unexplained physical complaints	6%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	6%
Increased gender-based violence	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	80%
Tents to isolate ill on site	15%
No agreement amongst KIs	5%

MARKETS

In **45%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Fuel / Heating materials	88%
Food	75%
Blankets and quilts	62%

LIVELIHOOD



In **90%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **95%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **95%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	94%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GUZARA District
HERAT

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

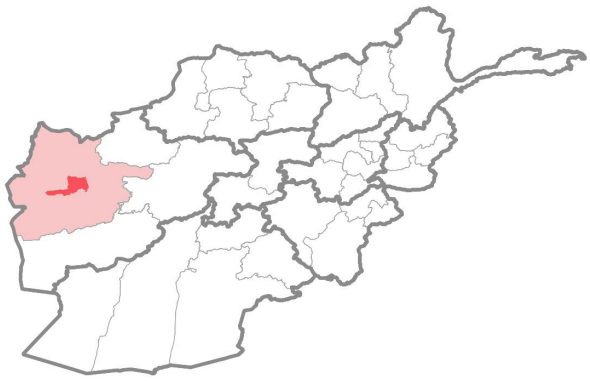
Total	**2,204**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	1,614
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	590



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





73% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **75%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	75%
Tents	25%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Occupy for free with owner's consent	25%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	100%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

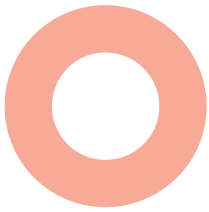


In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **75%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	75%
Long wait to access point	25%
Unpleasant colour/taste/smell	0%

HEALTH



In **25%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **75%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	50%
Travel to clinic unaffordable	25%
Medicine unaffordable	25%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	75%
Cash crop farming	25%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	75%
Market inside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
25%	Moderate-high risk
75%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	100%
Healthcare workers	100%
Community/religious leader	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	100%
Self-isolate if ill	75%
Do not touch face	75%



In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **25%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **25%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **33%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	75%	Some	25%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	75%
Unexplained physical complaints	25%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	25%
Increased gender-based violence	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	75%
Tents to isolate ill on site	25%
Relocate healthy family members	0%

MARKETS

In **25%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	100%
Blankets and quilts	100%

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

HERAT District
HERAT

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,137**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	687
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	450

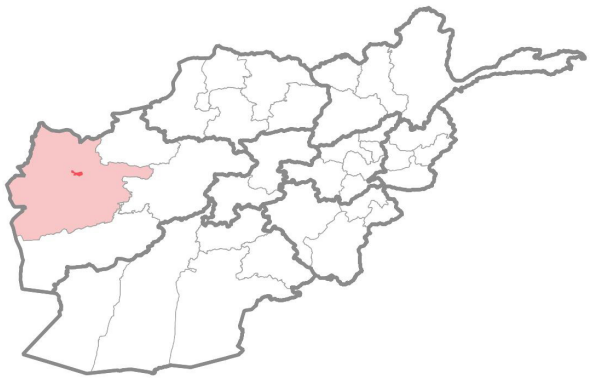


In **75%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



75%	Urban
0%	Suburban
25%	Rural





60% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **75%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	50%
Tents	25%
Unfinished shelter	25%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	50%
Rent shelter	25%
Occupy for free without consent	25%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



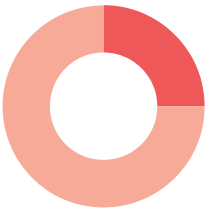
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



25%	Government
75%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **25%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	50%
Long wait to access point	25%
Unpleasant colour/taste/smell	25%

HEALTH

In **25%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **75%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	75%
Travel to clinic unaffordable	50%
Treatment unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	75%
Small business	25%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	25%
Provided from family/friends	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
75%	Moderate-high risk
25%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

UN, NNGOs or INGOs	75%
Text message alerts	75%
Healthcare workers	75%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	100%
Self-isolate if ill	75%
Do not touch face	75%



In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	50%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **0%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **33%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	33%	Some	33%	None	33%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	75%
Tents to isolate ill on site	25%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

INJIL District
HERAT

ISETs Round 1
May-June 2020

DEMOGRAPHICS

11 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**16,810**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	16,370
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	440



In **64%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





97% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **9%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Join friends/family at new location	100%
More work opportunities in new site	100%
Better service access at new location	100%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Tents	9%
Makeshift shelter	0%



In **45%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	55%
Occupy for free with owner's consent	27%
Own shelter without documentation	9%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



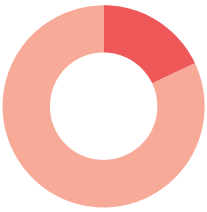
0%	Positive	82%	Neutral	0%	Negative	18%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **64%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



18%	Government
82%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **18%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	56%
Long wait to access point	44%
Not enough water available	11%

HEALTH

In **55%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **82%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	67%
Long travel time	67%
Medicine unaffordable	56%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



91%	Very good
0%	Good
0%	Okay
0%	Poor
9%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 9%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Fear for personal safety	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	56%
Provided from family/friends	11%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
45%	Moderate-high risk
55%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	89%
UN, NNGOs or INGOs	89%
Healthcare workers	89%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Avoid large gatherings	89%
Practice physical distancing	78%
Self-isolate if ill	78%



In **91%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	80%
Advice on COVID-19 for HHs	20%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **18%**



comprised of elderly individuals (aged 60+ years) **18%**



WASH



In **55%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **82%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **43%** of these sites in the 7 days prior.

In **82%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	67%	Some	33%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	82%
Tents to isolate ill on site	9%
No agreement amongst KIs	9%

MARKETS

In **73%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Fuel / Heating materials	86%
Food	71%
Soap	57%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **91%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **90%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	89%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KARUKH District
HERAT

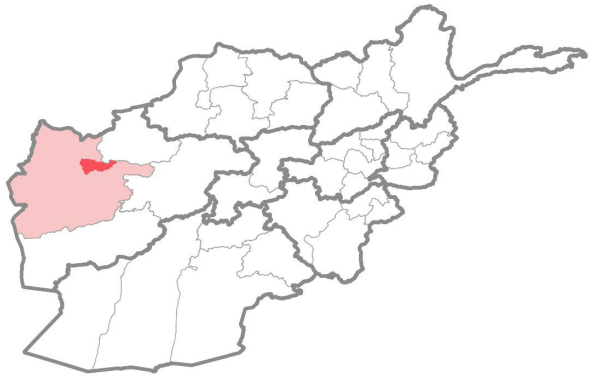
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,000**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	1,000
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **1** rooms reported in most shelters in which household members sleep.

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

0%	Positive	0%	Neutral	0%	Negative	100%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

NA	NA
NA	NA
NA	NA

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

NA	NA
NA	NA
NA	NA

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

NA	NA
NA	NA
NA	NA

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

NA	NA
NA	NA
NA	NA

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

JAWZJAN
NORTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

34 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**18,572**
Recent IDP	1,535
Protracted IDP	3,762
Prolonged IDP	4,350
Refugee	0
Returnee	2,057
Economic migrant	920
Nomad	20
Host Community	5,928



In **21%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



73%	Urban
21%	Suburban
6%	Rural





63% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	91%
Prolonged IDP[4]	97%
Protracted IDP[4]	94%
Refugee	0%
Returnee	76%

MOVEMENT & INTENTIONS

In **35%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	86%
More work opportunities in new site	57%
Better security in new location	43%



In **74%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **82%** of sites, KIs reported that IDP households, totaling **884**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Jawzjan	57%
Faryab	43%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	65%
Pakistan	35%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Permanent (brick)	6%
Tents	3%



In **12%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	85%
Rent shelter	9%
Occupy for free with owner's consent	3%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **6%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

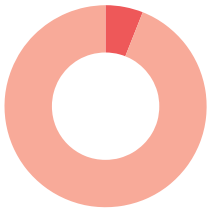


In **18%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **88%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



6%	Government
94%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **9%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	59%
No barriers	37%
Not enough water available	26%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **91%** of assessed sites, and in **27%** of these sites, most residents were reportedly unsatisfied with the care they received.



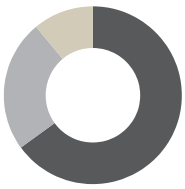
In **15%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	78%
Travel to clinic unaffordable	37%
Insufficient capacity of health centre	37%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



65%	Very good
24%	Good
11%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 3% 

Women and girls 3% 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	COVID-19 restrictions	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Small business	29%
Cash crop farming	18%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	61%
Market inside site	57%
Own production	7%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
68%	Moderate-high risk
32%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **97%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	96%
Text message alerts	89%
Government	71%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	96%
Avoid large gatherings	93%
Self-isolate if ill	86%



In **21%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **62%**



WASH



In **15%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **79%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	4%	Some	96%	None	0%	Don't know

PROTECTION



In **45%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	79%
No unusual behavior	18%
Angry / aggressive behaviour	4%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	54%
Loss of access for NGO services	54%

SHELTER



44% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	53%
No preference for shelter aid	18%
Relocate healthy family members	9%

MARKETS

In **91%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	64%
Soap	16%

LIVELIHOOD



In **18%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



3%	Other facilities (e.g. mosque)	32%	Home school
18%	TV or radio programmes	44%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

AQCHA District
JAWZJAN

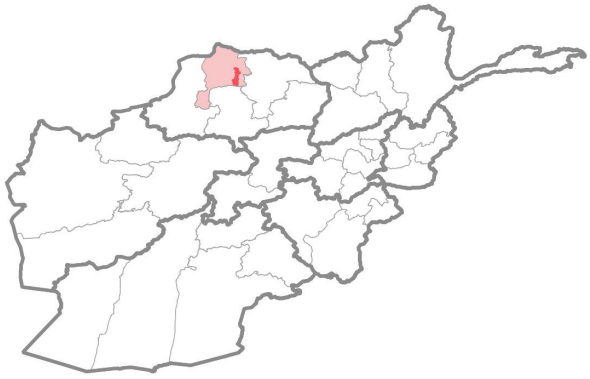
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**930**
Recent IDP	160
Protracted IDP	120
Prolonged IDP	130
Refugee	0
Returnee	520
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **160**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Jawzjan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Avoid large gatherings	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHEBERGHAN District
JAWZJAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

33 site(s) assessed in this district.

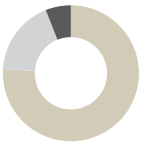
Total population group size of assessed sites, in households:[1]

Total	**17,642**
Recent IDP	1,375
Protracted IDP	3,642
Prolonged IDP	4,220
Refugee	0
Returnee	1,537
Economic migrant	920
Nomad	20
Host Community	5,928

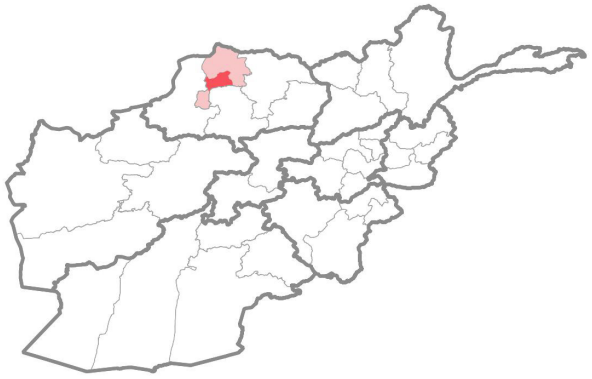


In **18%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



76%	Urban
18%	Suburban
6%	Rural





61% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	91%
Prolonged IDP[4]	97%
Protracted IDP[4]	94%
Refugee	0%
Returnee	76%

MOVEMENT & INTENTIONS

In **33%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	83%
Better security in new location	50%
More work opportunities in new site	50%



In **73%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **82%** of sites, KIs reported that IDP households, totaling **724**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Jawzjan	56%
Faryab	44%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	68%
Pakistan	32%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Permanent (brick)	6%
Tents	3%



In **12%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	85%
Rent shelter	9%
Occupy for free with owner's consent	3%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **6%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

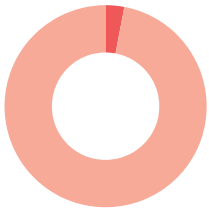


In **15%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **88%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



3%	Government
97%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **9%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	58%
No barriers	38%
Not enough water available	27%

HEALTH



In **52%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **91%** of assessed sites, and in **28%** of these sites, most residents were reportedly unsatisfied with the care they received.



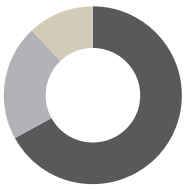
In **12%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	81%
Travel to clinic unaffordable	38%
Insufficient capacity of health centre	38%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
21%	Good
12%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 3% 

Women and girls 3% 

Top 3 reported reasons for lack of freedom of movement:[7]

COVID-19 restrictions	100%	COVID-19 restrictions	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	52%
Small business	27%
Cash crop farming	18%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	63%
Market inside site	56%
Own production	7%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
70%	Moderate-high risk
30%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **97%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	96%
Text message alerts	89%
Government	70%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	96%
Avoid large gatherings	93%
Self-isolate if ill	85%



In **21%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **61%**



WASH



In **15%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **79%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	4%	Some	96%	None	0%	Don't know

PROTECTION



In **40%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	78%
No unusual behavior	19%
Angry / aggressive behaviour	4%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	56%
Loss of access for NGO services	56%

SHELTER



45% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	55%
No preference for shelter aid	18%
Rent hotel to isolate ill	9%

MARKETS

In **91%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	67%
Soap	17%

LIVELIHOOD



In **18%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



3%	Other facilities (e.g. mosque)	30%	Home school
18%	TV or radio programmes	45%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

77 site(s) assessed in this district.

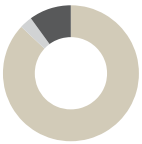
Total population group size of assessed sites, in households:[1]

Total	**44,573**
Recent IDP	5,065
Protracted IDP	6,168
Prolonged IDP	12,740
Refugee	1,175
Returnee	4,496
Economic migrant	1,272
Nomad	0
Host Community	13,657



In **48%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



87%	Urban
3%	Suburban
10%	Rural





67% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	32%
Prolonged IDP[4]	52%
Protracted IDP[4]	84%
Refugee	6%
Returnee	57%

MOVEMENT & INTENTIONS

In **25%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	50%
No work opportunities in current site	36%
More work opportunities in new site	36%



In **96%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **29%** of sites, KIs reported that IDP households, totaling **1,234**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Nangarhar	27%
Kunduz	18%
Laghman	14%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	84%
Iran	14%
No agreement amongst KIs	2%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	44%
Makeshift shelter	23%
Tents	19%



In **48%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	30%
Occupy for free with owner's consent	27%
Own with documentation	19%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



78% Positive | 14% Neutral | 4% Negative | 4% No answer



In **13%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

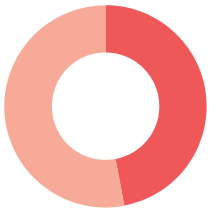


In **16%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **91%** of assessed sites, KIs reported having no community representation structures.

In **92%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



47%	Government
53%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **21%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **1%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	57%
Not enough water available	26%
Waterpoints are too far	24%

HEALTH



In **43%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **79%** of assessed sites, and in **20%** of these sites, most residents were reportedly unsatisfied with the care they received.



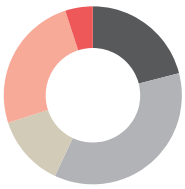
In **14%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	57%
Treatment unaffordable	26%
No barriers	26%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



21%	Very good
36%	Good
13%	Okay
25%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 10%  | Women and girls 22% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	83%	COVID-19 restrictions	62%
COVID-19 restrictions	50%	Host community harassment	38%
Host community harassment	0%	Socio-cultural barriers	31%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	82%
Small business	14%
Skilled daily labour	1%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	84%
Market outside site	32%
Own production	6%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



9%	Higher risk of secondary impacts
69%	Moderate-high risk
22%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **97%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **94%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Community/religious leader	37%
Government	34%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	87%
Avoid large gatherings	71%
Practice physical distancing	60%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	42%
Advice on COVID-19 for sites	32%
Additional WASH services	11%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **81%**



comprised of elderly individuals (aged 60+ years) **32%**



WASH



In **32%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **23%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **64%** of these sites in the 7 days prior.

In **81%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



5%	All	10%	Some	81%	None	3%	Don't know

PROTECTION



In **39%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	76%
Unexplained physical complaints	16%
Social withdrawal	6%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	34%
Loss of access for NGO services	20%

SHELTER



59% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	34%
Tents to isolate ill on site	18%
Rent hotel to isolate ill	18%

MARKETS

In **64%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	25%
Soap	5%

LIVELIHOOD



In **70%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **92%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



13%	Other facilities (e.g. mosque)	31%	Home school
0%	TV or radio programmes	64%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAGRAMI District
KABUL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

13 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**9,039**
Recent IDP	1,230
Protracted IDP	1,443
Prolonged IDP	2,933
Refugee	200
Returnee	1,473
Economic migrant	330
Nomad	0
Host Community	1,430



In **69%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



69%	Urban
8%	Suburban
23%	Rural





81% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	46%
Prolonged IDP[4]	77%
Protracted IDP[4]	92%
Refugee	8%
Returnee	62%

MOVEMENT & INTENTIONS

In **15%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	100%
More work opportunities in new site	50%
Harassment by local/host authorities	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **38%** of sites, KIs reported that IDP households, totaling **106**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Laghman	40%
Kandahar	20%
Kunduz	20%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	54%
Tents	23%
Makeshift shelter	23%



In **77%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	46%
Rent shelter	15%
Occupy for free with owner's consent	15%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



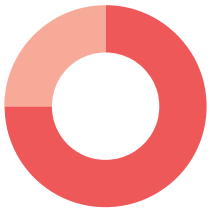
69% Positive | 23% Neutral | 0% Negative | 8% No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **15%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **92%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **75%** Government
- **25%** Privately owned
- **0%** UN/NGO designated
- **0%** Communal land
- **0%** Other

WASH

In **38%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **8%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	62%
Long wait to access point	25%
Not enough water available	25%

HEALTH

In **46%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **60%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

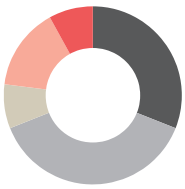
In **15%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	50%
Medicine unaffordable	50%
No barriers	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **31%** Very good
- **38%** Good
- **8%** Okay
- **15%** Poor
- **8%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **8%** | Women and girls **23%**

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	38%
NGO food distributions	12%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
62%	Moderate-high risk
38%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	75%
Government	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	75%
Practice physical distancing	62%



In **23%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	67%
Advice on COVID-19 for sites	33%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **54%**



comprised of elderly individuals (aged 60+ years) **15%**



WASH



In **46%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **31%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **69%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **20%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	62%
Unexplained physical complaints	25%
Social withdrawal	12%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	38%
Increased gender-based violence	12%

SHELTER



40% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	38%
Tents to isolate ill on site	31%
Tools/materials to extend shelter	15%

MARKETS

In **46%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	25%
Fuel / Heating materials	25%

LIVELIHOOD



In **77%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **69%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



30%	Other facilities (e.g. mosque)	20%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEH SABZ District
KABUL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**152**
Recent IDP	10
Protracted IDP	40
Prolonged IDP	70
Refugee	0
Returnee	32
Economic migrant	0
Nomad	0
Host Community	0





In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural



100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	50%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **50%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **2**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Baghlan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Hosted by friends/family for free	50%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



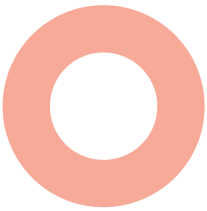
50%	Positive	50%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	50%
Unpleasant colour/taste/smell	50%
Not enough water available	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	50%
Treatment unaffordable	50%
Medicine unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
50%	Good
50%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	50%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	50%
Market outside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Government	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	100%
Practice physical distancing	50%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **50%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	50%
Community violence	50%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	50%
Relocate healthy family members	50%
Tools/materials to extend shelter	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KABUL District
KABUL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

61 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**35,223**
Recent IDP	3,825
Protracted IDP	4,665
Prolonged IDP	9,727
Refugee	975
Returnee	2,974
Economic migrant	930
Nomad	0
Host Community	12,127



In **43%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



90%	Urban
2%	Suburban
8%	Rural





63% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	30%
Prolonged IDP[4]	46%
Protracted IDP[4]	82%
Refugee	7%
Returnee	54%

MOVEMENT & INTENTIONS

In **26%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Land dispute	36%
No work opportunities in current site	36%
Better service access at new location	36%



In **97%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **26%** of sites, KIs reported that IDP households, totaling **1,126**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Nangarhar	31%
Kunduz	19%
Kapisa	12%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	79%
Iran	18%
No agreement amongst KIs	3%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	39%
Makeshift shelter	25%
Tents	20%



In **43%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	33%
Occupy for free with owner's consent	31%
Own with documentation	21%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



82%	Positive	10%	Neutral	5%	Negative	3%	No answer



In **16%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.



In **16%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **89%** of assessed sites, KIs reported having no community representation structures.

In **92%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



44%	Government
56%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **18%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	62%
Not enough water available	26%
No barriers	26%

HEALTH



In **41%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **81%** of assessed sites, and in **21%** of these sites, most residents were reportedly unsatisfied with the care they received.



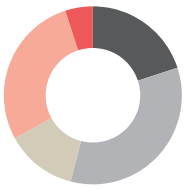
In **13%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	57%
No barriers	24%
Treatment unaffordable	20%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



20%	Very good
34%	Good
13%	Okay
28%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 11% 

Women and girls 21% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	80%	COVID-19 restrictions	64%
COVID-19 restrictions	60%	Host community harassment	45%
Host community harassment	0%	Socio-cultural barriers	36%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	77%
Small business	18%
Skilled daily labour	2%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	87%
Market outside site	31%
Own production	6%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



11%	Higher risk of secondary impacts
69%	Moderate-high risk
20%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **97%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **92%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Family and friends	33%
Text message alerts	31%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	85%
Avoid large gatherings	69%
Practice physical distancing	60%



In **26%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	38%
Advice on COVID-19 for sites	31%
Additional WASH services	12%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **85%**



comprised of elderly individuals (aged 60+ years) **36%**



WASH



In **31%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **23%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **62%** of these sites in the 7 days prior.

In **82%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



6%	All	12%	Some	76%	None	4%	Don't know

PROTECTION



In **42%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	77%
Unexplained physical complaints	15%
Social withdrawal	6%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	40%
Increased health issues	20%

SHELTER



62% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	34%
Rent hotel to isolate ill	21%
Tents to isolate ill on site	15%

MARKETS

In **66%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	24%
Soap	6%

LIVELIHOOD



In **69%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **97%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



8%	Other facilities (e.g. mosque)	31%	Home school
0%	TV or radio programmes	68%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PAGHMAN District
KABUL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**159**
Recent IDP	0
Protracted IDP	20
Prolonged IDP	10
Refugee	0
Returnee	17
Economic migrant	12
Nomad	0
Host Community	100



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



30% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
More work opportunities in new site	100%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

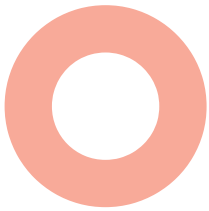
0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Own production	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Do not touch face	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	100%
Increased gender-based violence	0%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KANDAHAR
SOUTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

122 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**58,217**
Recent IDP	9,164
Protracted IDP	14,347
Prolonged IDP	14,549
Refugee	703
Returnee	4,955
Economic migrant	770
Nomad	350
Host Community	13,379

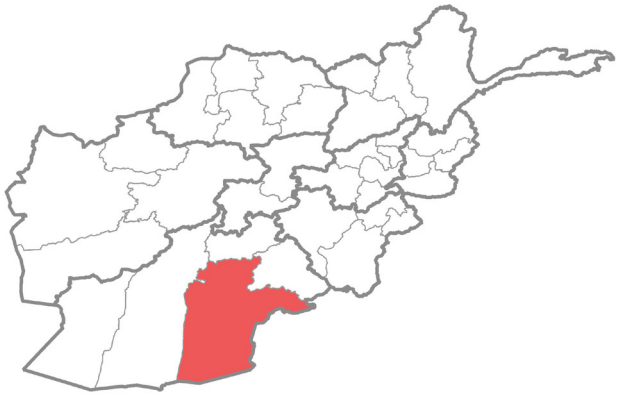


In **41%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



75%	Urban
11%	Suburban
14%	Rural





75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	57%
Prolonged IDP[4]	95%
Protracted IDP[4]	67%
Refugee	8%
Returnee	31%

MOVEMENT & INTENTIONS

In **11%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	67%
No work opportunities in current site	50%
Land dispute	17%



In **84%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **49%** of sites, KIs reported that IDP households, totaling **1,395**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Kandahar	40%
Uruzgan	22%
Helmand	18%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	86%
Transitional shelter	5%
Makeshift shelter	4%



In **41%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	48%
Own with documentation	25%
Own shelter without documentation	20%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



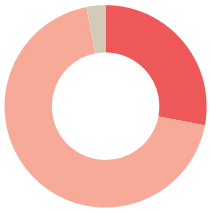
70% Positive | 20% Neutral | **0%** Negative | 11% No answer

In **9%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **11%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **91%** of assessed sites, KIs reported having no community representation structures.

In **89%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



28%	Government
69%	Privately owned
0%	UN/NGO designated
3%	Communal land
0%	Other

WASH

In **22%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **7%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	**48%**
Too expensive (e.g. trucking)	**26%**
Not enough water available	**23%**

HEALTH

In **48%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **50%** of assessed sites, and in **26%** of these sites, most residents were reportedly unsatisfied with the care they received.

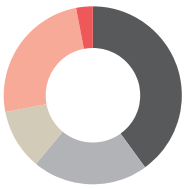
In **43%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	**33%**
No barriers	**32%**
Medicine unaffordable	**28%**

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



40%	Very good
21%	Good
11%	Okay
25%	Poor
3%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **1%** | Women and girls **20%**

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	**100%**	COVID-19 restrictions	**60%**
Host community harassment	**0%**	Socio-cultural barriers	**50%**
Socio-cultural barriers	**0%**	Host community harassment	**30%**

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	**57%**
Cash crop farming	**16%**
Small business	**16%**

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	**77%**
Market outside site	**59%**
Own production	**24%**

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



4%	Higher risk of secondary impacts
43%	Moderate-high risk
43%	Moderate risk of secondary impacts
11%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **97%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **98%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	94%
Healthcare workers	61%
Government	44%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	76%
Practice physical distancing	75%
Wear masks and gloves if ill	51%



In **40%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	57%
Advice on COVID-19 for sites	38%
Counseling for vulnerable residents	2%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **53%**



comprised of elderly individuals (aged 60+ years) **43%**



WASH



In **19%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **26%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **71%** of these sites in the 7 days prior.

In **82%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



15%	All	20%	Some	57%	None	8%	Don't know

PROTECTION



In **47%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	51%
Social withdrawal	46%
Unexplained physical complaints	7%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	94%
Increased health issues	26%
Community violence	22%

SHELTER



13% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	34%
No preference for shelter aid	29%
Rent hotel to isolate ill	10%

MARKETS

In **54%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	48%
Soap	46%

LIVELIHOOD



In **57%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **98%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **93%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



29%	Other facilities (e.g. mosque)	39%	Home school
0%	TV or radio programmes	46%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ARGHANDAB District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

11 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

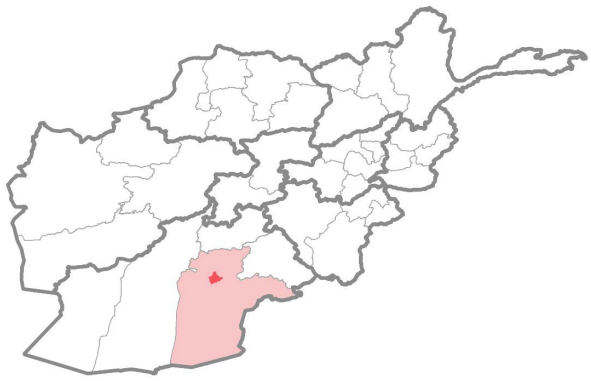
Total	**3,645**
Recent IDP	600
Protracted IDP	755
Prolonged IDP	530
Refugee	0
Returnee	208
Economic migrant	395
Nomad	0
Host Community	1,157



In **27%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

91%	Urban
9%	Suburban
0%	Rural





57% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	91%
Prolonged IDP[4]	100%
Protracted IDP[4]	64%
Refugee	0%
Returnee	82%

MOVEMENT & INTENTIONS

In **9%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%



In **73%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **73%** of sites, KIs reported that IDP households, totaling **176**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Uruzgan	38%
Kandahar	25%
Helmand	12%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **27%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	55%
Own with documentation	36%
Occupy for free with owner's consent	9%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



45% Positive | 27% Neutral | 0% Negative | 27% No answer



In **9%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

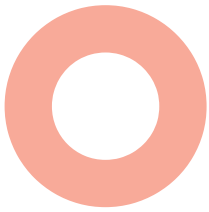


In **18%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **91%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **9%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **18%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Too expensive (e.g. trucking)	70%
Long wait to access point	40%
Unpleasant colour/taste/smell	20%

HEALTH



In **27%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **40%** of assessed sites, and in **25%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **45%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	56%
Unsafe visiting/traveling to clinic	56%
Insufficient capacity of health centre	56%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



27%	Very good
18%	Good
27%	Okay
9%	Poor
18%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 73% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	86%
NA	NA	Host community harassment	71%
NA	NA	Fear for personal safety	43%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	36%
Cash crop farming	36%
Small business	9%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	90%
Market inside site	80%
Own production	70%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
36%	Moderate-high risk
64%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **82%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	90%
Text message alerts	90%
Family and friends	90%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	90%
Wash hands frequently	80%
Self-isolate if ill	60%



In **55%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	67%
Advice on COVID-19 for HHs	17%
Counseling for vulnerable residents	17%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **82%**



comprised of elderly individuals (aged 60+ years) **73%**



WASH



In **18%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **18%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **91%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	10%	Some	40%	None	40%	Don't know

PROTECTION



In **14%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	50%
No unusual behavior	40%
Unexplained physical complaints	20%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	75%
Loss of access for NGO services	75%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	27%
Support for shelter repair	18%
No preference for shelter aid	18%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	75%
Soap	62%

LIVELIHOOD



In **73%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



36%	Other facilities (e.g. mosque)	73%	Home school
0%	TV or radio programmes	18%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DAMAN District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

16 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**6,665**
Recent IDP	575
Protracted IDP	2,298
Prolonged IDP	1,920
Refugee	0
Returnee	280
Economic migrant	10
Nomad	0
Host Community	1,582

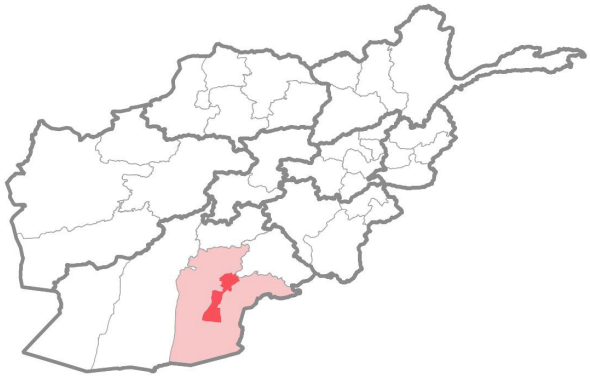


In **44%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



87%	Urban
0%	Suburban
13%	Rural





76% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	25%
Prolonged IDP[4]	94%
Protracted IDP[4]	38%
Refugee	0%
Returnee	19%

MOVEMENT & INTENTIONS

In **12%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
No work opportunities in current site	50%
Harassment by local/host authorities	0%



In **75%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **81**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kandahar	50%
Helmand	25%
Uruzgan	25%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	81%
Transitional shelter	12%
Permanent (brick)	6%



In **44%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.9** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	50%
Own with documentation	25%
Own shelter without documentation	19%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



56% Positive | 44% Neutral | 0% Negative | 0% No answer



In **12%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

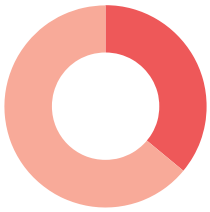


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **94%** of assessed sites, KIs reported having no community representation structures.

In **88%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



36%	Government
64%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **6%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	87%
Not enough water available	13%
Long wait to access point	7%

HEALTH



In **56%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **36%** of assessed sites, and in **20%** of these sites, most residents were reported unsatisfied with the care they received.



In **25%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	62%
Long travel time	46%
No barriers	23%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



38%	Very good
0%	Good
0%	Okay
62%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 19% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	56%
Small business	25%
Skilled daily labour	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	53%
Market outside site	53%
NGO food distributions	7%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
44%	Moderate risk of secondary impacts
6%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	60%
Family and friends	47%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	93%
Wash hands frequently	73%
Wear masks and gloves if ill	53%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	75%
Advice on COVID-19 for sites	25%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **44%**



comprised of elderly individuals (aged 60+ years) **38%**



WASH



In **6%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **13%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **88%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



7%	All	7%	Some	86%	None	0%	Don't know

PROTECTION



In **90%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	73%
No unusual behavior	20%
Angry / aggressive behaviour	7%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	13%
Increased gender-based violence	7%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	62%
Tents to isolate ill on site	19%
Tools/materials to extend shelter	6%

MARKETS

In **67%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **94%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **80%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



8%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	83%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DAND District
KANDAHAR

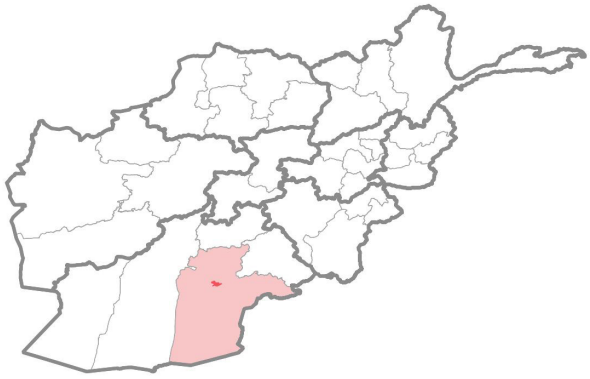
ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,150**
Recent IDP	0
Protracted IDP	850
Prolonged IDP	1,100
Refugee	0
Returnee	0
Economic migrant	0
Nomad	200
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.



91% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:



0%	Urban
25%	Suburban
75%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **5** rooms reported in most shelters in which household members sleep.



In **75%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	50%
Rent shelter	25%
Occupy for free with owner's consent	25%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



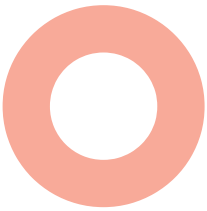
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **25%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	67%
Medicine unaffordable	33%
Insufficient capacity of health centre	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
0%	Moderate-high risk
50%	Moderate risk of secondary impacts
50%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	50%	Some	50%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KANDAHAR District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

56 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**33,971**
Recent IDP	7,129
Protracted IDP	7,158
Prolonged IDP	7,561
Refugee	485
Returnee	3,972
Economic migrant	335
Nomad	50
Host Community	7,281

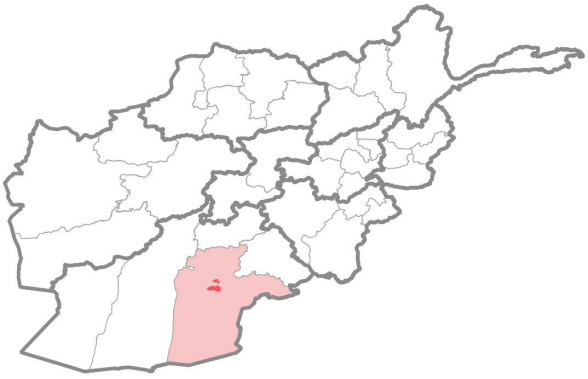


In **46%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



75%	Urban
7%	Suburban
18%	Rural





77% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	70%
Prolonged IDP[4]	91%
Protracted IDP[4]	70%
Refugee	9%
Returnee	36%

MOVEMENT & INTENTIONS

In **14%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Land dispute	33%
No work opportunities in current site	33%
Better security in new location	33%



In **80%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **66%** of sites, KIs reported that IDP households, totaling **1,037**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Kandahar	41%
Helmand	22%
Uruzgan	16%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	82%
Makeshift shelter	9%
Tents	4%



In **34%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	66%
Own with documentation	18%
Own shelter without documentation	9%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



70% Positive | 14% Neutral | **0%** Negative | 16% No answer



In **12%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

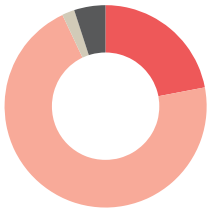


In **18%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **93%** of assessed sites, KIs reported having no community representation structures.

In **91%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



22%	Government
71%	Privately owned
0%	UN/NGO designated
2%	Communal land
5%	Other / No agreement

WASH



In **23%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **5%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Too expensive (e.g. trucking)	**45%**
No barriers	**28%**
Long wait to access point	**24%**

HEALTH



In **43%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **52%** of assessed sites, and in **43%** of these sites, most residents were reportedly unsatisfied with the care they received.



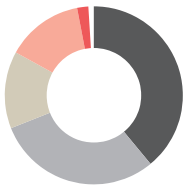
In **50%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	**50%**
Treatment unaffordable	**39%**
Medicine unaffordable	**32%**

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



39%	Very good
30%	Good
14%	Okay
14%	Poor
2%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **2%**  | Women and girls **14%** 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	**100%**	Socio-cultural barriers	**80%**
Host community harassment	**0%**	COVID-19 restrictions	**40%**
Socio-cultural barriers	**0%**	Fear for personal safety	**40%**

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	**71%**
Small business	**12%**
No agreement amongst KIs	**7%**

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	**87%**
Market outside site	**60%**
Own production	**33%**

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



2%	Higher risk of secondary impacts
48%	Moderate-high risk
43%	Moderate risk of secondary impacts
7%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **98%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	93%
Healthcare workers	69%
Government	52%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	87%
Practice physical distancing	77%
Wear masks and gloves if ill	50%



In **45%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	54%
Advice on COVID-19 for sites	39%
Food distribution	4%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **55%**



comprised of elderly individuals (aged 60+ years) **45%**



WASH



In **12%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **36%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **88%** of these sites in the 7 days prior.

In **82%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



17%	All	31%	Some	46%	None	6%	Don't know

PROTECTION



In **34%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	53%
Social withdrawal	47%
Angry / aggressive behaviour	7%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	40%
Community violence	30%

SHELTER



13% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	41%
No preference for shelter aid	21%
Tools/materials to extend shelter	9%

MARKETS

In **55%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	82%
Hand sanitizer / hygiene materials	76%

LIVELIHOOD



In **54%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **98%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **93%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



30%	Other facilities (e.g. mosque)	52%	Home school
0%	TV or radio programmes	37%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MAYWAND District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

10 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,770**
Recent IDP	354
Protracted IDP	727
Prolonged IDP	970
Refugee	206
Returnee	0
Economic migrant	0
Nomad	0
Host Community	513



In **40%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

80%	Urban
20%	Suburban
0%	Rural



81% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	100%
Protracted IDP[4]	80%
Refugee	40%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **40%** of sites, KIs reported that IDP households, totaling **38**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Farah	25%
Helmand	25%
Nimroz	25%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	90%
Transitional shelter	10%
Tents	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **5.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	50%
Own with documentation	30%
Rent shelter	20%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



90%	Positive	10%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **60%** of assessed sites, KIs reported having no community representation structures.

In **70%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



29%	Government
71%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **60%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **20%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	40%
No barriers	40%
Unpleasant colour/taste/smell	10%

HEALTH

In **70%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **40%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **40%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Long travel time	40%
No barriers	40%
Insufficient capacity of health centre	30%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



30%	Very good
30%	Good
10%	Okay
30%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **20%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	60%
Unskilled daily labour	20%
Skilled daily labour	10%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	80%
Market outside site	50%
Own production	20%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
40%	Moderate-high risk
50%	Moderate risk of secondary impacts
10%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **90%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	89%
Healthcare workers	67%
Government	33%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	67%
Practice physical distancing	44%
Self-isolate if ill	44%



In **20%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	50%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **40%**



comprised of elderly individuals (aged 60+ years) **20%**



WASH



In **30%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **40%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **25%** of these sites in the 7 days prior.

In **70%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



43%	All	0%	Some	57%	None	0%	Don't know

PROTECTION



In **43%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	78%
Social withdrawal	22%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	67%
Nothing, continue normal daily life	33%
Increased gender-based violence	0%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	30%
Rent hotel to isolate ill	30%
No preference for shelter aid	30%

MARKETS

In **30%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	33%
Construction materials	33%

LIVELIHOOD



In **30%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **90%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



44%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	56%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PANJWAYI District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

9 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,453**
Recent IDP	30
Protracted IDP	715
Prolonged IDP	1,130
Refugee	0
Returnee	5
Economic migrant	10
Nomad	50
Host Community	513

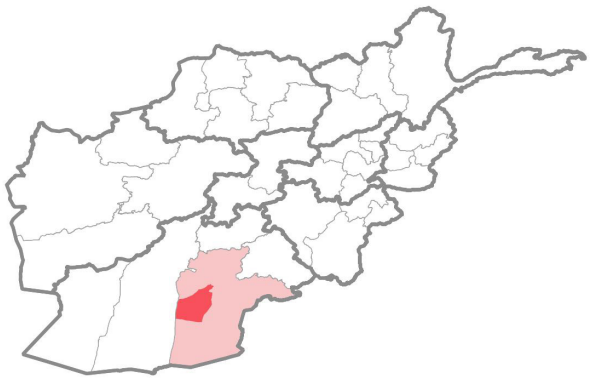


In **22%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



56%	Urban
22%	Suburban
22%	Rural





77% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	22%
Prolonged IDP[4]	100%
Protracted IDP[4]	78%
Refugee	0%
Returnee	11%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **89%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **11%** of sites, KIs reported that IDP households, totaling **10**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kandahar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	78%
Tents	11%
Open space (no shelter)	11%



In **44%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	44%
Own shelter without documentation	44%
Rent shelter	11%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



78%	Positive	22%	Neutral	0%	Negative	0%	No answer

In **11%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **78%** of assessed sites, KIs reported having no community representation structures.

In **78%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



43%	Government
57%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **22%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	75%
Waterpoints are too far	25%
Long wait to access point	12%

HEALTH

In **56%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **86%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

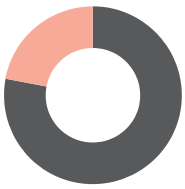
In **33%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	67%
Long travel time	33%
Travel to clinic unaffordable	17%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



78%	Very good
0%	Good
0%	Okay
22%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **11%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Fear for personal safety	100%
NA	NA	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	22%
Cash crop farming	11%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	25%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



33%	Higher risk of secondary impacts
22%	Moderate-high risk
0%	Moderate risk of secondary impacts
44%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **89%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **89%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	88%
Government	50%
Healthcare workers	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Do not touch face	88%
Wash hands frequently	62%
Practice physical distancing	62%



In **44%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **44%**



comprised of elderly individuals (aged 60+ years) **44%**



WASH



In **44%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **78%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	14%	Some	86%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	62%
Social withdrawal	38%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Community violence	29%
Increased gender-based violence	0%

SHELTER



33% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	44%
No preference for shelter aid	33%
Tools/materials to extend shelter	22%

MARKETS

In **44%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	33%
Soap	0%

LIVELIHOOD



In **44%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **89%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	25%	Home school
0%	TV or radio programmes	75%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SPIN BOLDAK District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

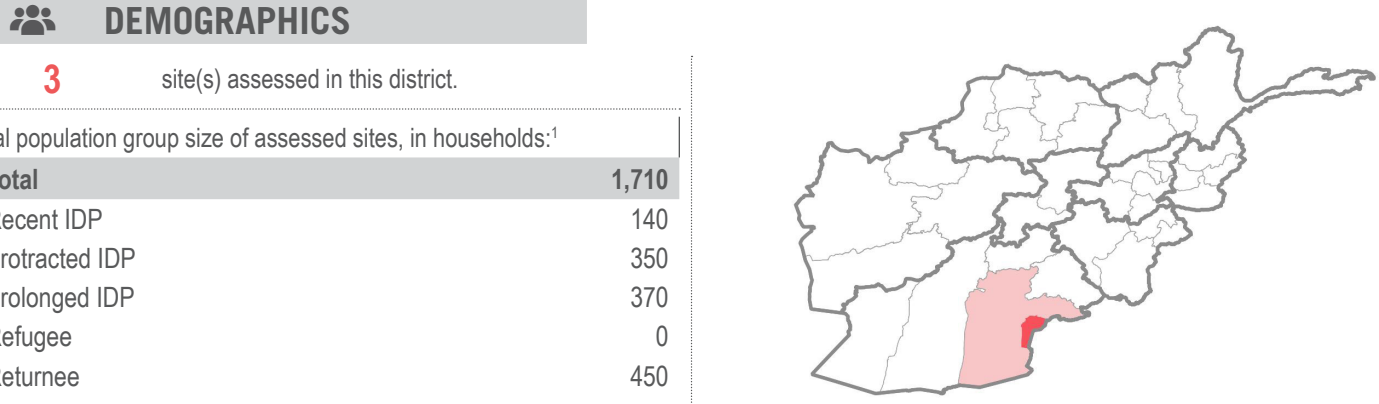
Total	**1,710**
Recent IDP	140
Protracted IDP	350
Prolonged IDP	370
Refugee	0
Returnee	450
Economic migrant	0
Nomad	0
Host Community	400



In **67%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

67%	Urban
33%	Suburban
0%	Rural





77% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **67%** of sites, KIs reported that IDP households, totaling **35**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kandahar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **67%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	67%
Own with documentation	33%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

SPIN BOLDAK District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



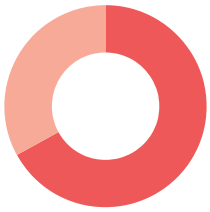
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **33%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



67%	Government
33%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	50%
Waterpoints are unsafe	50%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **67%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	67%
Unskilled daily labour	33%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	67%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	67%
Community/religious leader	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **33%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **67%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **67%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **33%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION



In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	67%
Angry / aggressive behaviour	67%
Dangerous/risky behaviour	67%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	67%
Increased health issues	67%

SHELTER



33% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	67%
Tools/materials to extend shelter	33%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	67%
Hand sanitizer / hygiene materials	67%

LIVELIHOOD



In **67%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



67%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ZHERAY District
KANDAHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

13 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

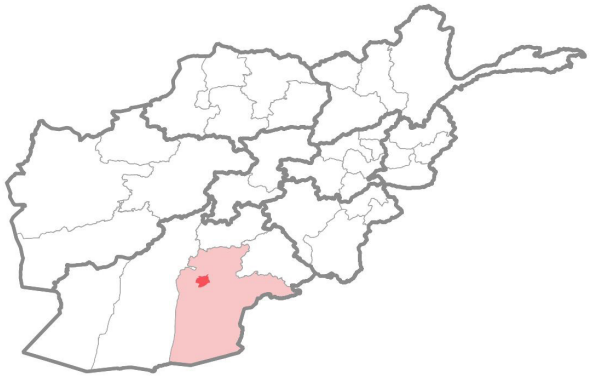
Total	**4,853**
Recent IDP	336
Protracted IDP	1,494
Prolonged IDP	968
Refugee	12
Returnee	40
Economic migrant	20
Nomad	50
Host Community	1,933



In **15%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

77%	Urban
23%	Suburban
0%	Rural





59% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	54%
Prolonged IDP[4]	100%
Protracted IDP[4]	62%
Refugee	8%
Returnee	15%

MOVEMENT & INTENTIONS

In **15%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Join friends/family at new location	50%
Better service access at new location	50%



In **92%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **31%** of sites, KIs reported that IDP households, totaling **18**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kandahar	50%
Uruzgan	50%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	92%
Transitional shelter	8%
Tents	0%



In **54%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	31%
Rent shelter	31%
Own shelter without documentation	23%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



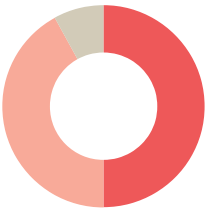
69%	Positive	23%	Neutral	0%	Negative	8%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **92%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



50%	Government
42%	Privately owned
0%	UN/NGO designated
8%	Communal land
0%	Other

WASH

In **8%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **15%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	50%
Not enough water available	40%
Unpleasant colour/taste/smell	10%

HEALTH

In **54%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **40%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

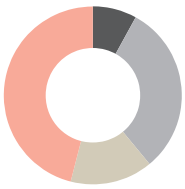
In **15%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	44%
No barriers	44%
Insufficient capacity of health centre	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



8%	Very good
31%	Good
15%	Okay
46%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **15%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	46%
Small business	23%
Unskilled daily labour	23%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	80%
Market inside site	70%
Own production	30%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



8%	Higher risk of secondary impacts
31%	Moderate-high risk
54%	Moderate risk of secondary impacts
8%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	40%
Family and friends	40%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	70%
Wash hands frequently	50%
Do not touch face	30%



In **23%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	50%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **62%**



comprised of elderly individuals (aged 60+ years) **54%**



WASH



In **31%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **23%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **92%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



25%	All	0%	Some	67%	None	8%	Don't know

PROTECTION



In **55%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	60%
Social withdrawal	40%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	80%
Community violence	30%
Nothing, continue normal daily life	20%

SHELTER



8% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	38%
Rent hotel to isolate ill	31%
Tents to isolate ill on site	15%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	25%
Hand sanitizer / hygiene materials	25%

LIVELIHOOD



In **69%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



46%	Other facilities (e.g. mosque)	38%	Home school
0%	TV or radio programmes	38%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEMOGRAPHICS

42 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**18,167**
Recent IDP	2,045
Protracted IDP	982
Prolonged IDP	3,963
Refugee	62
Returnee	92
Economic migrant	25
Nomad	0
Host Community	10,998



In **31%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

69%	Urban
31%	Suburban
0%	Rural





39% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	40%
Protracted IDP[4]	24%
Refugee	7%
Returnee	17%

MOVEMENT & INTENTIONS

In **33%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	58%
No work opportunities in current site	42%
Better security in new location	25%



In **81%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **36%** of sites, KIs reported that IDP households, totaling **247**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktika	40%
Khost	13%
Paktya	13%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	93%
Tents	2%
Makeshift shelter	2%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	50%
Own with documentation	33%
Own shelter without documentation	10%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



76%	Positive	24%	Neutral	0%	Negative	0%	No answer



In **12%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

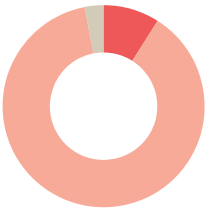


In **5%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **86%** of assessed sites, KIs reported having no community representation structures.

In **76%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



9%	Government
88%	Privately owned
0%	UN/NGO designated
3%	Communal land
0%	Other

WASH



In **29%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **19%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	42%
Long wait to access point	39%
Waterpoints are too far	24%

HEALTH



In **62%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **94%** of assessed sites, and in **10%** of these sites, most residents were reportedly unsatisfied with the care they received.



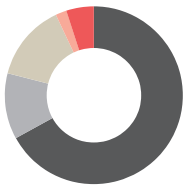
In **21%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	48%
Medicine unaffordable	42%
No barriers	35%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
12%	Good
14%	Okay
2%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 2% 

Women and girls 12% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Socio-cultural barriers	80%
Host community harassment	0%	Fear for personal safety	40%
Socio-cultural barriers	0%	Host community harassment	20%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Small business	38%
Cash crop farming	10%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	80%
Market outside site	70%
Provided from family/friends	5%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



2%	Higher risk of secondary impacts
52%	Moderate-high risk
45%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **98%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	90%
Government	36%
Healthcare workers	21%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	82%
Practice physical distancing	78%
Self-isolate if ill	50%



In **48%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	25%
Food distribution	15%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **81%**



comprised of elderly individuals (aged 60+ years) **52%**



WASH



In **24%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **29%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **17%** of these sites in the 7 days prior.

In **74%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	32%	Some	48%	None	16%	Don't know

PROTECTION



In **21%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	48%
Social withdrawal	45%
Unexplained physical complaints	8%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	28%
Increased health issues	13%

SHELTER



54% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	36%
Relocate healthy family members	36%
Tents to isolate ill on site	12%

MARKETS

In **39%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Clothing	62%
Soap	56%

LIVELIHOOD



In **55%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **98%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



44%	Other facilities (e.g. mosque)	34%	Home school
0%	TV or radio programmes	46%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GURBUZ District
KHOST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

5 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,785**
Recent IDP	75
Protracted IDP	170
Prolonged IDP	500
Refugee	20
Returnee	10
Economic migrant	10
Nomad	0
Host Community	1,000



In **40%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

20%	Urban
80%	Suburban
0%	Rural





43% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	40%
Prolonged IDP[4]	60%
Protracted IDP[4]	40%
Refugee	20%
Returnee	20%

MOVEMENT & INTENTIONS

In **40%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better security in new location	100%
Better service access at new location	100%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **40%** of sites, KIs reported that IDP households, totaling **50**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktika	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	60%
Rent shelter	40%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



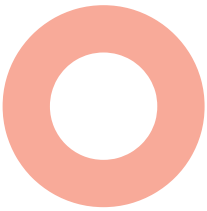
60%	Positive	40%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **60%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **20%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	75%
Waterpoints are too far	25%
No barriers	25%

HEALTH

In **80%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **20%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



40%	Very good
20%	Good
40%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	40%
Cash crop farming	40%
Unskilled daily labour	20%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	75%
NGO food distributions	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
60%	Moderate-high risk
40%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	50%
Healthcare workers	25%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	75%
Wash hands frequently	50%
Self-isolate if ill	50%



In **60%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	67%
Counseling for vulnerable residents	33%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **80%**



comprised of elderly individuals (aged 60+ years) **60%**



WASH



In **20%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **20%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **80%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	25%	Some	50%	None	25%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	75%
Social withdrawal	25%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	50%
Increased gender-based violence	25%

SHELTER



40% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	40%
Relocate healthy family members	40%
Tents to isolate ill on site	20%

MARKETS

In **40%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Clothing	100%

LIVELIHOOD



In **40%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **80%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



50%	Other facilities (e.g. mosque)	25%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MANDOZAYI District
KHOST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

8 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**697**
Recent IDP	120
Protracted IDP	202
Prolonged IDP	80
Refugee	0
Returnee	20
Economic migrant	15
Nomad	0
Host Community	260



In **38%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

25%	Urban
75%	Suburban
0%	Rural





61% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	25%
Prolonged IDP[4]	63%
Protracted IDP[4]	13%
Refugee	0%
Returnee	13%

MOVEMENT & INTENTIONS

In **25%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **62%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **22**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Baghlan	50%
Paktika	50%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **75%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	62%
Own with documentation	25%
Occupy for free with owner's consent	12%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



75%	Positive	25%	Neutral	0%	Negative	0%	No answer



In **25%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

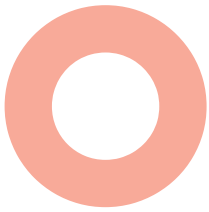


In **12%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **75%** of assessed sites, KIs reported having no community representation structures.

In **75%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	43%
No barriers	43%
Waterpoints are too far	29%

HEALTH



In **88%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **20%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **25%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	60%
Medicine unaffordable	40%
Long travel time	40%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



88%	Very good
12%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  Women and girls 12% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Host community harassment	0%
NA	NA	COVID-19 restrictions	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Small business	38%
Cash crop farming	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	88%
Market outside site	75%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



12%	Higher risk of secondary impacts
50%	Moderate-high risk
38%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **88%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	50%
Family and friends	12%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	62%
Self-isolate if ill	62%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	50%
Advice on COVID-19 for sites	25%
Additional WASH services	25%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **50%**



WASH



In **38%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **25%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	33%	Some	50%	None	17%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	50%
Unexplained physical complaints	25%
No unusual behavior	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	29%
Increased health issues	14%

SHELTER



63% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	38%
Relocate healthy family members	25%
Support for shelter repair	25%

MARKETS

In **43%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	67%
Cooking / kitchen materials	67%

LIVELIHOOD



In **62%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



38%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	38%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MATUN District
KHOST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

25 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**11,995**
Recent IDP	1,810
Protracted IDP	260
Prolonged IDP	2,133
Refugee	42
Returnee	62
Economic migrant	0
Nomad	0
Host Community	7,688



In **32%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100% Urban
0% Suburban
0% Rural





36% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	64%
Prolonged IDP[4]	28%
Protracted IDP[4]	16%
Refugee	8%
Returnee	20%

MOVEMENT & INTENTIONS

In **40%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	56%
No work opportunities in current site	44%
Better security in new location	22%



In **80%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **40%** of sites, KIs reported that IDP households, totaling **165**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktika	30%
Khost	20%
Paktya	20%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	88%
Tents	4%
Makeshift shelter	4%



In **56%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	48%
Own with documentation	32%
Own shelter without documentation	12%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



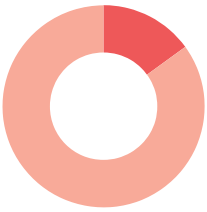
76%	Positive	24%	Neutral	0%	Negative	0%	No answer

In **12%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **4%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **84%** of assessed sites, KIs reported having no community representation structures.

In **80%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



15%	Government
85%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **36%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **24%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	43%
Long wait to access point	35%
Waterpoints are too far	22%

HEALTH

In **48%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **96%** of assessed sites, and in **9%** of these sites, most residents were reportedly unsatisfied with the care they received.

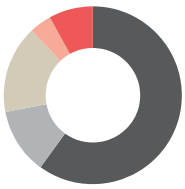
In **16%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	43%
Medicine unaffordable	39%
No barriers	35%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



60%	Very good
12%	Good
16%	Okay
4%	Poor
8%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 4%  Women and girls 16% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Socio-cultural barriers	75%
Host community harassment	0%	Fear for personal safety	50%
Socio-cultural barriers	0%	Host community harassment	25%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	52%
Small business	40%
Skilled daily labour	4%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	79%
Market outside site	71%
Provided from family/friends	8%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
56%	Moderate-high risk
44%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	83%
Government	29%
Healthcare workers	21%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	88%
Wash hands frequently	79%
Wear masks and gloves if ill	54%



In **52%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	62%
Advice on COVID-19 for sites	31%
Food distribution	8%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **84%**



comprised of elderly individuals (aged 60+ years) **56%**



WASH



In **24%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **32%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **12%** of these sites in the 7 days prior.

In **72%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	33%	Some	44%	None	17%	Don't know

PROTECTION



In **30%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	50%
No unusual behavior	46%
Unexplained physical complaints	4%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	33%
Increased health issues	8%

SHELTER



59% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	40%
Tools/materials to extend shelter	36%
Tents to isolate ill on site	8%

MARKETS

In **36%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	67%
Clothing	67%

LIVELIHOOD



In **60%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



44%	Other facilities (e.g. mosque)	36%	Home school
0%	TV or radio programmes	48%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

QALANDAR District
KHOST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,200**
Recent IDP	0
Protracted IDP	200
Prolonged IDP	600
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	400



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



67% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **5** rooms reported in most shelters in which household members sleep.



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

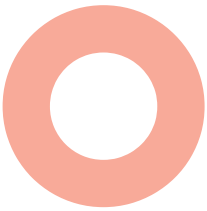
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **0%**
- comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

TANI District
KHOST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,840**
Recent IDP	40
Protracted IDP	0
Prolonged IDP	350
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	1,450





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

50%	Urban
50%	Suburban
0%	Rural



21% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	0%
Protracted IDP[4]	50%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **10**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Own shelter without documentation	50%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **50%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:

0%	Government
0%	Privately owned
0%	UN/NGO designated
100%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	50%
Waterpoints are too far	50%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	50%
Unskilled daily labour	50%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Community/religious leader	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	50%
Self-isolate if ill	50%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **50%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	100%	Some	0%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	50%
No unusual behavior	50%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



50% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
Relocate healthy family members	50%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	50%
Clothing	50%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

TEREZAYI District
KHOST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**650**
Recent IDP	0
Protracted IDP	150
Prolonged IDP	300
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	200



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



69% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **5** rooms reported in most shelters in which household members sleep.

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

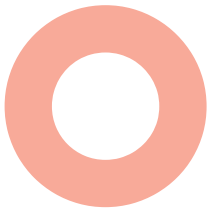
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KUNAR
EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

64 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**41,737**
Recent IDP	1,978
Protracted IDP	4,025
Prolonged IDP	5,503
Refugee	218
Returnee	3,948
Economic migrant	2,078
Nomad	1
Host Community	23,986



In **3%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



19%	Urban
66%	Suburban
15%	Rural





38% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	89%
Prolonged IDP[4]	95%
Protracted IDP[4]	98%
Refugee	9%
Returnee	86%

MOVEMENT & INTENTIONS

In **11%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	67%
Harassment by local/host authorities	33%
Better security in new location	17%



In **95%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **31%** of sites, KIs reported that IDP households, totaling **184**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	80%
Nuristan	15%
Nangarhar	5%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Permanent (brick)	8%
Unfinished shelter	2%



In **11%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	92%
Rent shelter	5%
Own shelter without documentation	2%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



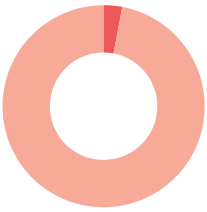
73% Positive | 19% Neutral | **2%** Negative | 6% No answer

In **6%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **5%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **98%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



3%	Government
97%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **14%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **6%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	**89%**
Waterpoints are too far	**20%**
Unpleasant colour/taste/smell	**6%**

HEALTH

In **56%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **19%** of these sites, most residents were reportedly unsatisfied with the care they received.

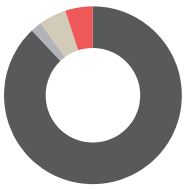
In **5%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	**45%**
Medicine unaffordable	**39%**
Travel to clinic unaffordable	**35%**

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



88%	Very good
2%	Good
5%	Okay
0%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	**NA**	NA	**NA**
NA	**NA**	NA	**NA**
NA	**NA**	NA	**NA**

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	**50%**
Cash crop farming	**30%**
Small business	**11%**

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	**98%**
Market outside site	**39%**
Own production	**9%**

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



6%	Higher risk of secondary impacts
78%	Moderate-high risk
16%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **98%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	80%
Government	76%
Community/religious leader	65%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	98%
Practice physical distancing	67%
Self-isolate if ill	56%



In **5%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	67%
Additional health services	33%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **81%**



comprised of elderly individuals (aged 60+ years) **27%**



WASH



In **42%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **69%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **22%** of these sites in the 7 days prior.

In **88%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	98%	None	2%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	96%
Dangerous/risky behaviour	41%
Angry / aggressive behaviour	39%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	80%
Increased gender-based violence	72%
Increased health issues	41%

SHELTER



98% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	91%
Rent hotel to isolate ill	5%
Support for shelter repair	3%

MARKETS

In **45%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	80%
Soap	60%

LIVELIHOOD



In **59%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



8%	Other facilities (e.g. mosque)	88%	Home school
0%	TV or radio programmes	11%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ASAD ABAD District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

11 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**4,914**
Recent IDP	454
Protracted IDP	734
Prolonged IDP	792
Refugee	11
Returnee	613
Economic migrant	393
Nomad	1
Host Community	1,916



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



36%	Urban
0%	Suburban
64%	Rural





53% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	18%
Returnee	91%

MOVEMENT & INTENTIONS

In **9%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
Harassment by local/host authorities	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **45%** of sites, KIs reported that IDP households, totaling **52**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **9%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	91%
Rent shelter	9%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

ASAD ABAD District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



91%	Positive	0%	Neutral	0%	Negative	9%	No answer



In **9%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

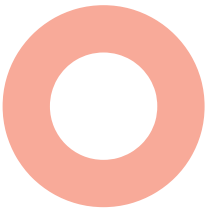


In **9%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **18%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **9%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	71%
Waterpoints are too far	29%
Unpleasant colour/taste/smell	14%

HEALTH



In **64%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **27%** of these sites, most residents were reportedly unsatisfied with the care they received.



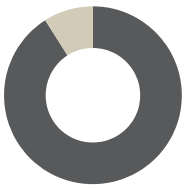
In **9%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	57%
Medicine unaffordable	43%
Insufficient capacity of health centre	43%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



91%	Very good
0%	Good
9%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	82%
Small business	18%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	29%
Own production	14%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



18%	Higher risk of secondary impacts
55%	Moderate-high risk
27%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	71%
Text message alerts	71%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	71%
Self-isolate if ill	43%



In **9%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **91%**



comprised of elderly individuals (aged 60+ years) **27%**



WASH



In **27%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **91%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **17%** of these sites in the 7 days prior.

In **82%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	89%	None	11%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Dangerous/risky behaviour	43%
Unexplained physical complaints	14%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	86%
Increased poverty	57%
Increased health issues	43%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	82%
Relocate healthy family members	9%
Rent hotel to isolate ill	9%

MARKETS

In **27%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **45%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	82%	Home school
0%	TV or radio programmes	18%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAR KUNAR District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,360**
Recent IDP	30
Protracted IDP	290
Prolonged IDP	290
Refugee	0
Returnee	155
Economic migrant	30
Nomad	0
Host Community	2,565



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



23% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

67%	Urban
33%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **33%** of sites, KIs reported that IDP households, totaling **1**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



67%	Positive	0%	Neutral	0%	Negative	33%	No answer



In **33%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

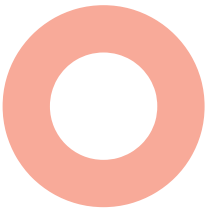


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **33%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH



In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	50%
Insufficient capacity of health centre	50%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	33%
Livestock farming	33%
Cash crop farming	33%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
67%	Moderate-high risk
33%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Practice physical distancing	50%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **67%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Dangerous/risky behaviour	50%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased health issues	100%
Increased poverty	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **33%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	33%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

CHAPA DARA District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,732**
Recent IDP	34
Protracted IDP	209
Prolonged IDP	120
Refugee	0
Returnee	29
Economic migrant	30
Nomad	0
Host Community	1,310



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

33%	Urban
67%	Suburban
0%	Rural





23% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	100%
Protracted IDP[4]	67%
Refugee	0%
Returnee	67%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

CHAPA DARA District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



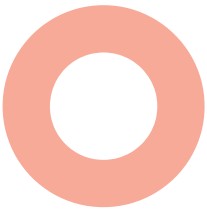
33%	Positive	67%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	50%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
0%	Good
0%	Okay
0%	Poor
33%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	33%
Unskilled daily labour	33%
Cash crop farming	33%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	50%
Practice physical distancing	50%
Self-isolate if ill	50%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **100%**



comprised of elderly individuals (aged 60+ years) **67%**



WASH



In **67%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Dangerous/risky behaviour	100%
Social withdrawal	50%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **67%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **67%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

CHAWKAY District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**620**
Recent IDP	23
Protracted IDP	70
Prolonged IDP	190
Refugee	0
Returnee	96
Economic migrant	12
Nomad	0
Host Community	229





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



61% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **67%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



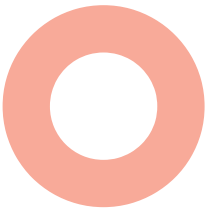
67%	Positive	33%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH



In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	67%
Travel to clinic unaffordable	33%
Insufficient capacity of health centre	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	33%
Skilled daily labour	33%
Cash crop farming	33%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	33%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



33%	Higher risk of secondary impacts
67%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **67%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Government	67%
Text message alerts	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Practice physical distancing	67%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **33%**



comprised of elderly individuals (aged 60+ years) **67%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **33%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	33%
Dangerous/risky behaviour	33%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	67%
Increased poverty	67%
Increased health issues	33%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **67%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	50%

LIVELIHOOD



In **67%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



33%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	33%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DANGAM District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**402**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	2
Refugee	200
Returnee	0
Economic migrant	0
Nomad	0
Host Community	200



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



50% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	100%
Returnee	0%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better security in new location	100%
Harassment by local/host authorities	0%

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **1** rooms reported in most shelters in which household members sleep.



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



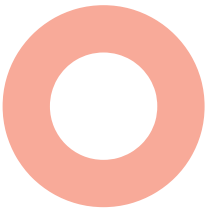
0%	Positive	0%	Neutral	100%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
0%	Poor
100%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Healthcare workers	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **0%**

comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Dangerous/risky behaviour	100%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

NA% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DARA-E-PECH District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

9 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**4,196**
Recent IDP	240
Protracted IDP	393
Prolonged IDP	336
Refugee	3
Returnee	314
Economic migrant	172
Nomad	0
Host Community	2,738





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



33%	Urban
56%	Suburban
11%	Rural



31% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	89%
Prolonged IDP[4]	89%
Protracted IDP[4]	100%
Refugee	22%
Returnee	89%

MOVEMENT & INTENTIONS

In **22%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Harassment by local/host authorities	50%
No work opportunities in current site	50%
Land dispute	0%



In **89%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **22%** of sites, KIs reported that IDP households, totaling **8**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	50%
Nuristan	50%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **11%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	89%
Occupy for free with owner's consent	11%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



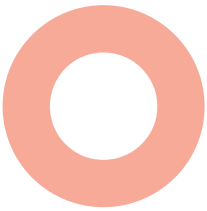
78%	Positive	22%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **11%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	88%
Unpleasant colour/taste/smell	12%
Waterpoints are too far	12%

HEALTH

In **67%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **13%** of these sites, most residents were reportedly unsatisfied with the care they received.

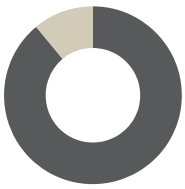
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	43%
Medicine unaffordable	43%
Insufficient capacity of health centre	43%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



89%	Very good
0%	Good
11%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Cash crop farming	33%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	88%
Market outside site	38%
Own production	12%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	75%
Media (TV, radio)	75%
Text message alerts	62%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	38%
Practice physical distancing	25%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **22%**



WASH



In **44%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **20%** of these sites in the 7 days prior.

In **89%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	88%
Angry / aggressive behaviour	38%
Dangerous/risky behaviour	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	88%
Increased gender-based violence	75%
Increased health issues	25%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	89%
Support for shelter repair	11%
Tents to isolate ill on site	0%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	67%
Hand sanitizer / hygiene materials	67%

LIVELIHOOD



In **67%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	78%	Home school
0%	TV or radio programmes	22%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GHAZI ABAD District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,995**
Recent IDP	101
Protracted IDP	230
Prolonged IDP	310
Refugee	0
Returnee	30
Economic migrant	112
Nomad	0
Host Community	1,212



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



34% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	75%
Protracted IDP[4]	100%
Refugee	0%
Returnee	25%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **25**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nuristan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

GHAZI ABAD District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



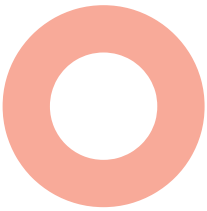
25%	Positive	50%	Neutral	0%	Negative	25%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **25%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	33%
Unpleasant colour/taste/smell	0%

HEALTH

In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **25%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	33%
Long travel time	33%
Insufficient capacity of health centre	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



75%	Very good
0%	Good
0%	Okay
0%	Poor
25%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	75%
Unskilled daily labour	25%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	67%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
75%	Moderate-high risk
25%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	67%
Community/religious leader	67%
Media (TV, radio)	33%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **50%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know
---	---	---	---	---	---	---	---

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Dangerous/risky behaviour	67%
Angry / aggressive behaviour	33%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	67%
Increased gender-based violence	33%
Increased health issues	33%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **75%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Cooking / kitchen materials	100%

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KHAS KUNAR District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,197**
Recent IDP	102
Protracted IDP	29
Prolonged IDP	123
Refugee	0
Returnee	1,071
Economic migrant	106
Nomad	0
Host Community	766



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





60% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **33%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
Join friends/family at new location	100%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **33%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Travel to clinic unaffordable	50%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
33%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Livestock farming	67%
No agreement amongst KIs	33%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
67%	Moderate-high risk
33%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	0%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **67%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	100%
Dangerous/risky behaviour	50%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	50%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **33%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



67%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MARAWARA District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,350**
Recent IDP	114
Protracted IDP	514
Prolonged IDP	460
Refugee	0
Returnee	43
Economic migrant	84
Nomad	0
Host Community	135



In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





84% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	75%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **20**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (brick)	75%
Permanent (mud)	25%
Tents	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

MARAWARA District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



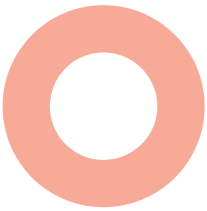
75%	Positive	25%	Neutral	0%	Negative	0%	No answer

In **25%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **50%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	67%
Long travel time	67%
Medicine unaffordable	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Small business	25%
Cash crop farming	25%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	25%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	75%
Text message alerts	75%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	75%
Self-isolate if ill	75%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **25%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	25%
Dangerous/risky behaviour	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	75%
Increased poverty	75%
Increased health issues	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	50%
Cooking / kitchen materials	50%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NARANG District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,680**
Recent IDP	81
Protracted IDP	140
Prolonged IDP	250
Refugee	0
Returnee	270
Economic migrant	176
Nomad	0
Host Community	1,763



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



28% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	75%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	75%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **20**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



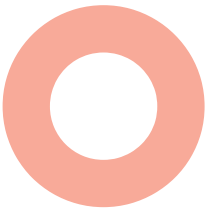
50% Positive | **25%** Neutral | **0%** Negative | **25%** No answer

In **25%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **75%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	67%
Insufficient capacity of health centre	67%
Travel to clinic unaffordable	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	50%
Small business	25%
Unskilled daily labour	25%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	33%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Community/religious leader	33%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	67%
Self-isolate if ill	67%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **25%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	100%
Dangerous/risky behaviour	33%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	67%
Increased health issues	33%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **75%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	50%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



25%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NARI District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,337**
Recent IDP	123
Protracted IDP	380
Prolonged IDP	310
Refugee	0
Returnee	362
Economic migrant	95
Nomad	0
Host Community	1,067



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

33%	Urban
67%	Suburban
0%	Rural



50% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **33%** of sites, KIs reported that IDP households, totaling **1**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	67%
Permanent (brick)	33%
Tents	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



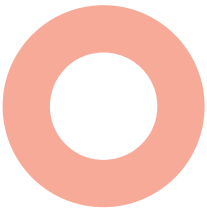
33%	Positive	67%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	100%
Travel to clinic unaffordable	33%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	67%
Small business	33%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
67%	Moderate-high risk
33%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	67%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **67%**



comprised of elderly individuals (aged 60+ years): **67%**



WASH



In **33%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Dangerous/risky behaviour	100%
Angry / aggressive behaviour	67%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NURGAL District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**450**
Recent IDP	30
Protracted IDP	43
Prolonged IDP	55
Refugee	0
Returnee	108
Economic migrant	13
Nomad	0
Host Community	201



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural



52% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **14**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



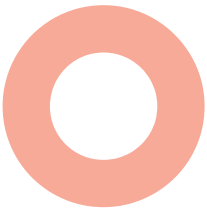
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	100%
Long wait to access point	50%
Unpleasant colour/taste/smell	0%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



50%	Very good
0%	Good
50%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
Own production	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Avoid large gatherings	100%
Practice physical distancing	50%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **50%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Dangerous/risky behaviour	50%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	100%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Rent hotel to isolate ill	50%
Support for shelter repair	50%
Tools/materials to extend shelter	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



50%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SAR KANI District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,994**
Recent IDP	154
Protracted IDP	295
Prolonged IDP	530
Refugee	0
Returnee	405
Economic migrant	85
Nomad	0
Host Community	1,525





In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

25%	Urban
75%	Suburban
0%	Rural



46% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **75%** of sites, KIs reported that IDP households, totaling **24**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Own shelter without documentation	25%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



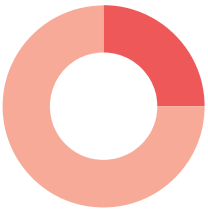
75%	Positive	25%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



25%	Government
75%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	50%
Not enough water available	25%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	50%
Travel to clinic unaffordable	25%
Treatment unaffordable	25%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Small business	25%
Formal employment (with contract)	25%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
75%	Moderate-high risk
25%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	75%
Text message alerts	75%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	75%
Self-isolate if ill	75%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **33%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	50%
Dangerous/risky behaviour	50%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	75%
Increased poverty	75%
Increased health issues	50%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **25%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHIGAL District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

6 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**11,360**
Recent IDP	411
Protracted IDP	558
Prolonged IDP	1,505
Refugee	0
Returnee	294
Economic migrant	714
Nomad	0
Host Community	7,878



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
83%	Suburban
17%	Rural





24% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **17%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Harassment by local/host authorities	100%
Land dispute	0%
No work opportunities in current site	0%



In **83%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	83%
Permanent (brick)	17%
Tents	0%



In **17%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	83%
Rent shelter	17%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

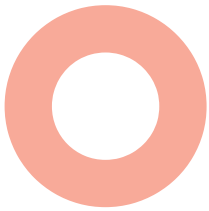


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **83%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH



In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **20%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	80%
Medicine unaffordable	40%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	83%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	67%
Self-isolate if ill	33%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **17%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	50%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	83%
Increased health issues	0%

SHELTER



83% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	0%

LIVELIHOOD



In **33%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	83%	Home school
0%	TV or radio programmes	17%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

WATAPUR District
KUNAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,150**
Recent IDP	81
Protracted IDP	140
Prolonged IDP	230
Refugee	4
Returnee	158
Economic migrant	56
Nomad	0
Host Community	481





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



53% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:



0%	Urban
75%	Suburban
25%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	25%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **19**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	75%
Unfinished shelter	25%
Tents	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Rent shelter	25%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

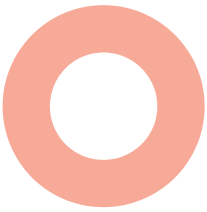


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **25%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	50%
Waterpoints are too far	50%
Unpleasant colour/taste/smell	25%

HEALTH



In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **25%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Cash crop farming	50%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	25%
Own production	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



25%	Higher risk of secondary impacts
50%	Moderate-high risk
25%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Text message alerts	100%
Government	75%
Media (TV, radio)	75%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	75%
Self-isolate if ill	25%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Additional health services	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **100%**



comprised of elderly individuals (aged 60+ years) **25%**



WASH



In **25%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **33%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	75%
Dangerous/risky behaviour	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	25%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	75%
Rent hotel to isolate ill	25%
Tents to isolate ill on site	0%

MARKETS

In **25%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	0%

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KUNDUZ
NORTH EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

78 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**48,370**
Recent IDP	4,070
Protracted IDP	9,479
Prolonged IDP	4,745
Refugee	0
Returnee	1,133
Economic migrant	75
Nomad	0
Host Community	28,868

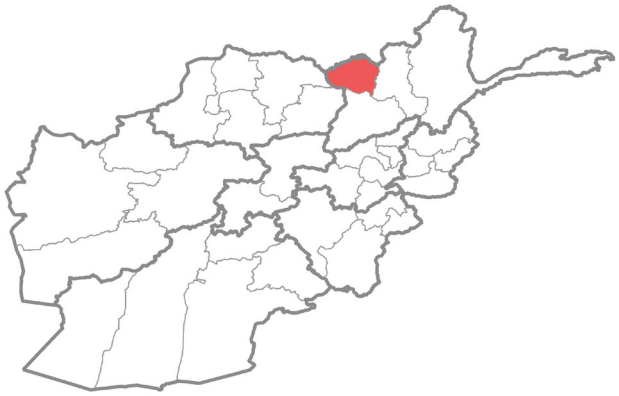


In **1%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



46%	Urban
1%	Suburban
53%	Rural





40% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	53%
Prolonged IDP[4]	85%
Protracted IDP[4]	55%
Refugee	0%
Returnee	12%

MOVEMENT & INTENTIONS

In **13%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	70%
Better security in new location	40%
No work opportunities in current site	30%



In **94%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **36%** of sites, KIs reported that IDP households, totaling **396**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunduz	79%
Badakhshan	7%
Takhar	7%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	56%
Iran	44%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	79%
Permanent (brick)	18%
Transitional shelter	3%



In **24%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	47%
Rent shelter	45%
Own shelter without documentation	6%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



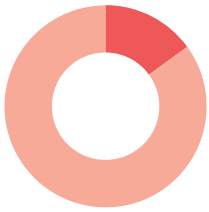
71% Positive | 29% Neutral | 0% Negative | 0% No answer

In **8%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **3%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **95%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **15%** Government
- **85%** Privately owned
- **0%** UN/NGO designated
- **0%** Communal land
- **0%** Other

WASH

In **4%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	69%
Long wait to access point	14%
Unpleasant colour/taste/smell	13%

HEALTH

In **38%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **65%** of assessed sites, and in **35%** of these sites, most residents were reportedly unsatisfied with the care they received.

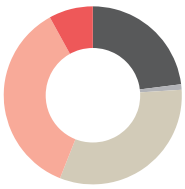
In **23%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	49%
No barriers	32%
Insufficient capacity of health centre	28%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **23%** Very good
- **1%** Good
- **32%** Okay
- **36%** Poor
- **8%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **5%** | Women and girls **21%**

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	87%
COVID-19 restrictions	33%	COVID-19 restrictions	47%
Host community harassment	0%	Socio-cultural barriers	7%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	23%
Skilled daily labour	6%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	90%
Provided from family/friends	30%
Market outside site	26%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



1%	Higher risk of secondary impacts
50%	Moderate-high risk
47%	Moderate risk of secondary impacts
1%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **91%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	96%
Community/religious leader	56%
Text message alerts	51%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	87%
Wash hands frequently	65%
Avoid large gatherings	64%



In **37%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	62%
Advice on COVID-19 for sites	31%
Advice on COVID-19 for HHs	7%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **56%**



comprised of elderly individuals (aged 60+ years) **47%**



WASH



In **22%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **22%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **24%** of these sites in the 7 days prior.

In **97%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



4%	All	14%	Some	78%	None	4%	Don't know

PROTECTION



In **93%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	58%
Unexplained physical complaints	27%
No unusual behavior	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	99%
Community violence	55%
Increased insecurity	30%

SHELTER



30% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	54%
Tools/materials to extend shelter	17%
Relocate healthy family members	14%

MARKETS

In **42%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	56%
Fuel / Heating materials	34%

LIVELIHOOD



In **69%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **96%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **99%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



8%	Other facilities (e.g. mosque)	35%	Home school
0%	TV or radio programmes	61%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KUNDUZ District
KUNDUZ

ISETs Round 1
May-June 2020

DEMOGRAPHICS

78 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**48,370**
Recent IDP	4,070
Protracted IDP	9,479
Prolonged IDP	4,745
Refugee	0
Returnee	1,133
Economic migrant	75
Nomad	0
Host Community	28,868

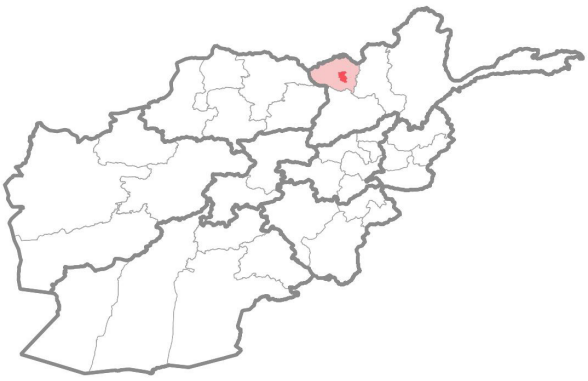


In **1%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



46%	Urban
1%	Suburban
53%	Rural





40% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	53%
Prolonged IDP[4]	85%
Protracted IDP[4]	55%
Refugee	0%
Returnee	12%

MOVEMENT & INTENTIONS

In **13%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	70%
Better security in new location	40%
No work opportunities in current site	30%



In **94%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **36%** of sites, KIs reported that IDP households, totaling **396**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunduz	79%
Badakhshan	7%
Takhar	7%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	56%
Iran	44%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	79%
Permanent (brick)	18%
Transitional shelter	3%



In **24%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	47%
Rent shelter	45%
Own shelter without documentation	6%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



71% Positive | 29% Neutral | 0% Negative | 0% No answer



In **8%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

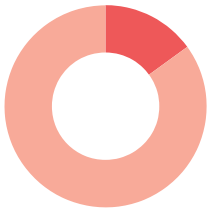


In **3%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **95%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



15%	Government
85%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **4%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	69%
Long wait to access point	14%
Unpleasant colour/taste/smell	13%

HEALTH



In **38%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **65%** of assessed sites, and in **35%** of these sites, most residents were reportedly unsatisfied with the care they received.



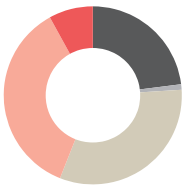
In **23%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	49%
No barriers	32%
Insufficient capacity of health centre	28%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



23%	Very good
1%	Good
32%	Okay
36%	Poor
8%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 5%  | Women and girls 21% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	87%
COVID-19 restrictions	33%	COVID-19 restrictions	47%
Host community harassment	0%	Socio-cultural barriers	7%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	23%
Skilled daily labour	6%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	90%
Provided from family/friends	30%
Market outside site	26%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



1%	Higher risk of secondary impacts
50%	Moderate-high risk
47%	Moderate risk of secondary impacts
1%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **91%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	96%
Community/religious leader	56%
Text message alerts	51%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	87%
Wash hands frequently	65%
Avoid large gatherings	64%



In **37%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	62%
Advice on COVID-19 for sites	31%
Advice on COVID-19 for HHs	7%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **56%**



comprised of elderly individuals (aged 60+ years) **47%**



WASH



In **22%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **22%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **24%** of these sites in the 7 days prior.

In **97%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



4%	All	14%	Some	78%	None	4%	Don't know

PROTECTION



In **93%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	58%
Unexplained physical complaints	27%
No unusual behavior	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	99%
Community violence	55%
Increased insecurity	30%

SHELTER



30% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	54%
Tools/materials to extend shelter	17%
Relocate healthy family members	14%

MARKETS

In **42%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	56%
Fuel / Heating materials	34%

LIVELIHOOD



In **69%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **96%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **99%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



8%	Other facilities (e.g. mosque)	35%	Home school
0%	TV or radio programmes	61%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

LAGHMAN
EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

59 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**69,551**
Recent IDP	4,953
Protracted IDP	7,505
Prolonged IDP	10,262
Refugee	200
Returnee	19,618
Economic migrant	4,720
Nomad	2,193
Host Community	20,100



In **29%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



7%	Urban
68%	Suburban
25%	Rural





61% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	83%
Prolonged IDP[4]	86%
Protracted IDP[4]	90%
Refugee	2%
Returnee	93%

MOVEMENT & INTENTIONS

In **41%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	94%
Join friends/family at new location	35%
Better service access at new location	18%



In **97%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **66%** of sites, KIs reported that IDP households, totaling **1,160**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Laghman	85%
Nangarhar	8%
Kapisa	3%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	90%
Permanent (brick)	8%
Makeshift shelter	2%



In **81%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	44%
Own shelter without documentation	34%
Occupy for free without consent	14%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



90%	Positive	2%	Neutral	3%	Negative	5%	No answer



In **8%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

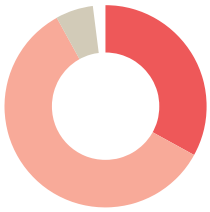


In **24%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **97%** of assessed sites, KIs reported having no community representation structures.

In **83%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
59%	Privately owned
0%	UN/NGO designated
6%	Communal land
0%	Other

WASH



In **17%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **2%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	56%
Waterpoints are too far	51%
Not enough water available	37%

HEALTH



In **59%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **86%** of assessed sites, and in **58%** of these sites, most residents were reportedly unsatisfied with the care they received.



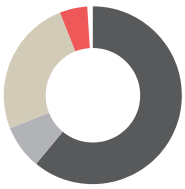
In **17%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	72%
Treatment unaffordable	55%
Medicine unaffordable	48%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



61%	Very good
8%	Good
25%	Okay
0%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	47%
Cash crop farming	34%
Livestock farming	10%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	73%
Market outside site	61%
Provided from family/friends	34%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



3%	Higher risk of secondary impacts
78%	Moderate-high risk
19%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **98%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Community/religious leader	80%
Text message alerts	52%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	89%
Practice physical distancing	73%
Self-isolate if ill	73%



In **29%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	56%
Food distribution	22%
Additional WASH services	17%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **66%**



comprised of elderly individuals (aged 60+ years) **17%**



WASH



In **73%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **46%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **11%** of these sites in the 7 days prior.

In **86%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



2%	All	2%	Some	84%	None	12%	Don't know

PROTECTION



In **23%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	86%
Angry / aggressive behaviour	27%
Dangerous/risky behaviour	20%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	59%
Community violence	45%

SHELTER



78% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	42%
No preference for shelter aid	22%
Relocate healthy family members	15%

MARKETS

In **48%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	25%
Cooking / kitchen materials	25%

LIVELIHOOD



In **93%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **98%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **98%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



16%	Other facilities (e.g. mosque)	72%	Home school
0%	TV or radio programmes	26%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MEHTARLAM District
LAGHMAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

29 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**45,043**
Recent IDP	2,965
Protracted IDP	5,355
Prolonged IDP	7,067
Refugee	200
Returnee	10,865
Economic migrant	2,690
Nomad	1,646
Host Community	14,255



In **21%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



14%	Urban
34%	Suburban
52%	Rural





59% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	90%
Prolonged IDP[4]	86%
Protracted IDP[4]	93%
Refugee	3%
Returnee	93%

MOVEMENT & INTENTIONS

In **34%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Join friends/family at new location	60%
Better service access at new location	60%



In **93%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **79%** of sites, KIs reported that IDP households, totaling **859**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Laghman	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	97%
Permanent (brick)	3%
Tents	0%



In **79%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	52%
Own shelter without documentation	31%
Occupy for free without consent	14%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

MEHTARLAM District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



86% Positive | 3% Neutral | 7% Negative | 3% No answer



In **7%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

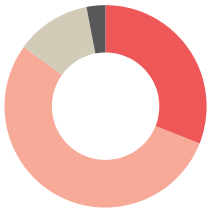


In **28%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **97%** of assessed sites, KIs reported having no community representation structures.

In **90%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



31%	Government
54%	Privately owned
0%	UN/NGO designated
12%	Communal land
3%	Other/No agreement

WASH



In **7%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	63%
Waterpoints are too far	42%
Not enough water available	37%

HEALTH



In **48%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **83%** of assessed sites, and in **47%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **24%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	69%
Insufficient capacity of health centre	69%
Medicine unaffordable	46%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



55%	Very good
14%	Good
31%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	59%
Cash crop farming	24%
Formal employment (with contract)	10%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	68%
Market inside site	63%
Provided from family/friends	37%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



7%	Higher risk of secondary impacts
72%	Moderate-high risk
21%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **97%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	74%
Text message alerts	58%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	89%
Practice physical distancing	74%
Self-isolate if ill	74%



In **31%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	50%
Food distribution	30%
Additional WASH services	10%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **66%**



comprised of elderly individuals (aged 60+ years) **24%**



WASH



In **62%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **59%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **18%** of these sites in the 7 days prior.

In **90%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	4%	Some	77%	None	19%	Don't know

PROTECTION



In **25%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	79%
Angry / aggressive behaviour	37%
Dangerous/risky behaviour	21%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	68%
Increased health issues	53%

SHELTER



75% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	34%
Rent hotel to isolate ill	24%
No preference for shelter aid	21%

MARKETS

In **41%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	33%
Cooking / kitchen materials	33%

LIVELIHOOD



In **93%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



14%	Other facilities (e.g mosque)	69%	Home school
0%	TV or radio programmes	28%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

QARGHAYI District
LAGHMAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

30 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**24,508**
Recent IDP	1,988
Protracted IDP	2,150
Prolonged IDP	3,195
Refugee	0
Returnee	8,753
Economic migrant	2,030
Nomad	547
Host Community	5,845



In **37%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





66% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	77%
Prolonged IDP[4]	87%
Protracted IDP[4]	87%
Refugee	0%
Returnee	93%

MOVEMENT & INTENTIONS

In **47%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	92%
Join friends/family at new location	25%
More work opportunities in new site	17%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **53%** of sites, KIs reported that IDP households, totaling **301**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Laghman	62%
Nangarhar	19%
Kapisa	6%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	83%
Permanent (brick)	13%
Makeshift shelter	3%



In **83%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	37%
Own shelter without documentation	37%
Occupy for free without consent	13%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

QARGHAYI District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



93%	Positive	0%	Neutral	0%	Negative	7%	No answer



In **10%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.



In **20%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **97%** of assessed sites, KIs reported having no community representation structures.

In **77%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



35%	Government
65%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **27%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **3%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	58%
Long wait to access point	50%
Not enough water available	38%

HEALTH



In **70%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **90%** of assessed sites, and in **68%** of these sites, most residents were reportedly unsatisfied with the care they received.



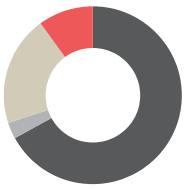
In **10%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	75%
Medicine unaffordable	50%
Treatment unaffordable	44%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
3%	Good
20%	Okay
0%	Poor
10%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% 

Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	43%
Unskilled daily labour	37%
Livestock farming	20%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	80%
Market outside site	56%
Provided from family/friends	32%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
83%	Moderate-high risk
17%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	96%
Community/religious leader	84%
Text message alerts	48%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	88%
Practice physical distancing	72%
Self-isolate if ill	72%



In **27%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	62%
Additional WASH services	25%
Food distribution	12%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **67%**



comprised of elderly individuals (aged 60+ years) **10%**



WASH



In **83%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **33%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **83%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



4%	All	0%	Some	92%	None	4%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **20%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	92%
Angry / aggressive behaviour	20%
Dangerous/risky behaviour	20%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	52%
Community violence	40%

SHELTER



81% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
No preference for shelter aid	23%
Relocate healthy family members	17%

MARKETS

In **55%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	21%
Cooking / kitchen materials	21%

LIVELIHOOD



In **93%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **97%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **97%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



18%	Other facilities (e.g. mosque)	75%	Home school
0%	TV or radio programmes	25%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

LOGAR
CENTRAL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

8 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**4,995**
Recent IDP	340
Protracted IDP	275
Prolonged IDP	1,115
Refugee	0
Returnee	1,250
Economic migrant	225
Nomad	0
Host Community	1,790



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





60% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	88%
Prolonged IDP[4]	88%
Protracted IDP[4]	100%
Refugee	0%
Returnee	75%

MOVEMENT & INTENTIONS

In **38%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better security in new location	100%
Join friends/family at new location	50%
More work opportunities in new site	50%



In **88%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **62**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Logar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Rent shelter	25%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



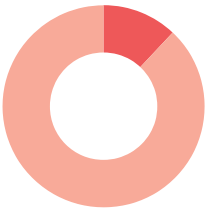
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **38%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



12%	Government
88%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	57%
Not enough water available	43%
Long wait to access point	14%

HEALTH

In **75%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **13%** of these sites, most residents were reportedly unsatisfied with the care they received.

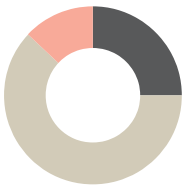
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Insufficient capacity of health centre	71%
Travel to clinic unaffordable	57%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



25%	Very good
0%	Good
62%	Okay
13%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	50%
Small business	25%
Unskilled daily labour	25%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Own production	29%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
75%	Moderate-high risk
25%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **88%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	100%
Family and friends	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Wear masks and gloves if ill	100%
Self-isolate if ill	86%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **88%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **13%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Loss of access for NGO services	100%

SHELTER



63% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	75%
No preference for shelter aid	25%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Construction materials	14%

LIVELIHOOD



In **12%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
38%	TV or radio programmes	63%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PUL-E-ALAM District
LOGAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

8 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**4,995**
Recent IDP	340
Protracted IDP	275
Prolonged IDP	1,115
Refugee	0
Returnee	1,250
Economic migrant	225
Nomad	0
Host Community	1,790



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural





60% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	88%
Prolonged IDP[4]	88%
Protracted IDP[4]	100%
Refugee	0%
Returnee	75%

MOVEMENT & INTENTIONS

In **38%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better security in new location	100%
Join friends/family at new location	50%
More work opportunities in new site	50%



In **88%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **62**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Logar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Rent shelter	25%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **38%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

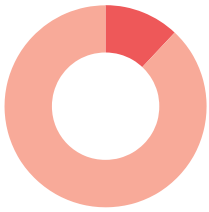


In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



12%	Government
88%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	57%
Not enough water available	43%
Long wait to access point	14%

HEALTH



In **75%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **13%** of these sites, most residents were reportedly unsatisfied with the care they received.



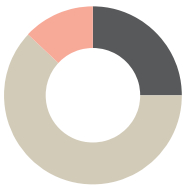
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Insufficient capacity of health centre	71%
Travel to clinic unaffordable	57%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



25%	Very good
0%	Good
62%	Okay
13%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	50%
Small business	25%
Unskilled daily labour	25%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Own production	29%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
75%	Moderate-high risk
25%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **88%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	100%
Family and friends	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Wear masks and gloves if ill	100%
Self-isolate if ill	86%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **88%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **13%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Loss of access for NGO services	100%

SHELTER



63% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	75%
No preference for shelter aid	25%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Construction materials	14%

LIVELIHOOD



In **12%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
38%	TV or radio programmes	63%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MAIDAN WARDAK
CENTRAL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,780**
Recent IDP	360
Protracted IDP	430
Prolonged IDP	220
Refugee	0
Returnee	55
Economic migrant	65
Nomad	0
Host Community	650



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



75%	Urban
0%	Suburban
25%	Rural





60% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	75%
Prolonged IDP[4]	100%
Protracted IDP[4]	75%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **50%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **75%** of sites, KIs reported that IDP households, totaling **200**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Maidan Wardak	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	75%
Permanent (brick)	25%
Tents	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Rent shelter	25%
Occupy for free with owner's consent	25%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

MAIDAN WARDAK

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

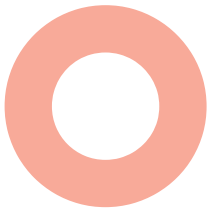


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	75%
Long wait to access point	25%
Not enough water available	25%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Unsafe visiting/traveling to clinic	50%
Insufficient capacity of health centre	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



50%	Very good
0%	Good
25%	Okay
25%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	50%
Unskilled daily labour	50%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	25%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



25%	Higher risk of secondary impacts
75%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **75%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	75%
Self-isolate if ill	75%
Wear masks and gloves if ill	75%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **100%**



WASH



In **25%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	25%	Some	75%	None	0%	Don't know

PROTECTION



In **50%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Loss of access for NGO services	100%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred for.

No preference for shelter aid	75%
Tools/materials to extend shelter	25%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	25%

LIVELIHOOD



In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MAYDAN SHAHR District
MAIDAN WARDAK

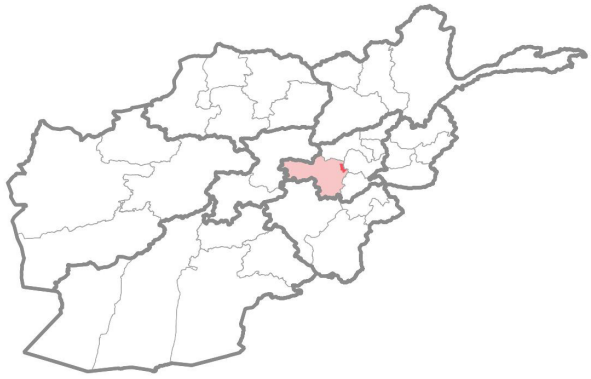
ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,690**
Recent IDP	360
Protracted IDP	420
Prolonged IDP	220
Refugee	0
Returnee	55
Economic migrant	55
Nomad	0
Host Community	580



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



62% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	67%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **33%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **200**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Maidan Wardak	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	67%
Permanent (brick)	33%
Tents	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	33%
Rent shelter	33%
Occupy for free with owner's consent	33%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

MAYDAN SHAHR District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



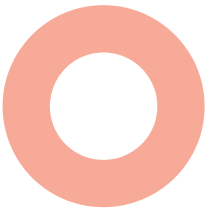
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	67%
Long wait to access point	33%
Not enough water available	33%

HEALTH



In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Unsafe visiting/traveling to clinic	50%
Insufficient capacity of health centre	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
0%	Good
0%	Okay
33%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	33%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	67%
Market outside site	33%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **100%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	33%	Some	67%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Loss of access for NGO services	100%

SHELTER



33% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	67%
Tools/materials to extend shelter	33%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Construction materials	33%

LIVELIHOOD



In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NERKH District
MAIDAN WARDAK

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**90**
Recent IDP	0
Protracted IDP	10
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	10
Nomad	0
Host Community	70



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
0%	Suburban
100%	Rural





11% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



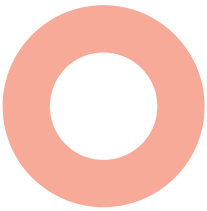
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



100%	Higher risk of secondary impacts
0%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **0%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

None	100%
Wash hands frequently	0%
Practice physical distancing	0%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NANGARHAR
EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

73 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**98,970**
Recent IDP	5,133
Protracted IDP	13,280
Prolonged IDP	25,575
Refugee	0
Returnee	29,135
Economic migrant	2,790
Nomad	5,085
Host Community	17,972



In **37%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



2%	Urban
79%	Suburban
19%	Rural





74% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	62%
Prolonged IDP[4]	89%
Protracted IDP[4]	99%
Refugee	0%
Returnee	96%

MOVEMENT & INTENTIONS

In **21%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	75%
Join friends/family at new location	50%
Better service access at new location	25%



In **99%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **48%** of sites, KIs reported that IDP households, totaling **697**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	51%
Kunar	23%
Laghman	6%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	82%
Permanent (brick)	15%
Transitional shelter	1%



In **12%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	71%
Own shelter without documentation	14%
Rent shelter	5%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



84% Positive | 5% Neutral | 0% Negative | 11% No answer



In **5%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.



In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **96%** of assessed sites, KIs reported having no community representation structures.

In **97%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



34%	Government
66%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **27%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **1%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	63%
Waterpoints are too far	39%
Not enough water available	37%

HEALTH



In **47%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **86%** of assessed sites, and in **48%** of these sites, most residents were reportedly unsatisfied with the care they received.



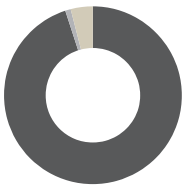
In **40%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	67%
Treatment unaffordable	61%
Travel to clinic unaffordable	39%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



95%	Very good
1%	Good
4%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 3%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	NA	NA
Host community harassment	50%	NA	NA
Socio-cultural barriers	0%	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	42%
Small business	34%
Cash crop farming	14%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	81%
Market outside site	69%
Provided from family/friends	19%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
66%	Moderate-high risk
34%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **99%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	83%
Community/religious leader	60%
Text message alerts	60%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	98%
Self-isolate if ill	79%
Practice physical distancing	67%



In **40%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	83%
Advice on COVID-19 for HHs	10%
Food distribution	3%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **45%**



comprised of elderly individuals (aged 60+ years) **11%**



WASH



In **51%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **66%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **68%** of these sites in the 7 days prior.

In **66%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



2%	All	2%	Some	94%	None	2%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	74%
Dangerous/risky behaviour	74%
Social withdrawal	71%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	64%
Increased health issues	45%

SHELTER



34% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	56%
Construct temporary ward on site	34%
Rent hotel to isolate ill	4%

MARKETS

In **78%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	96%
Soap	54%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **93%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **97%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



44%	Other facilities (e.g. mosque)	55%	Home school
0%	TV or radio programmes	17%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ACHIN District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

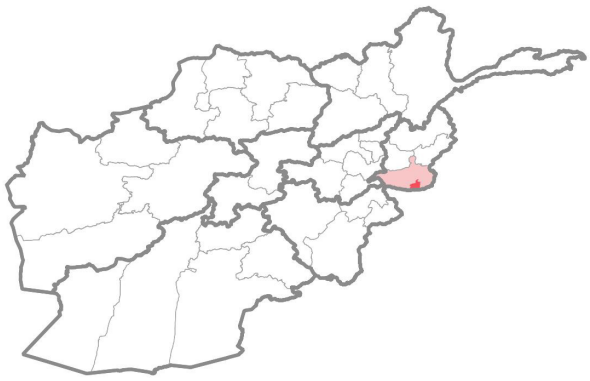
Total	**3,775**
Recent IDP	65
Protracted IDP	310
Prolonged IDP	700
Refugee	0
Returnee	800
Economic migrant	0
Nomad	0
Host Community	1,900



In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





50% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	75%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **50**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **25%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

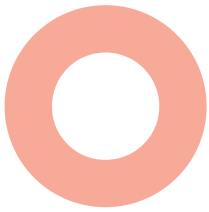


In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are unsafe	25%
Unpleasant colour/taste/smell	0%

HEALTH



In **25%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **75%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	75%
Medicine unaffordable	75%
Insufficient capacity of health centre	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Cash crop farming	50%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	75%
Market outside site	25%
Provided from family/friends	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Government	75%
Media (TV, radio)	75%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	75%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **25%**



comprised of elderly individuals (aged 60+ years) **25%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	75%
Dangerous/risky behaviour	75%
Social withdrawal	25%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	75%
Loss of access for NGO services	75%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **75%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	67%
Cooking / kitchen materials	67%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	25%	Home school
0%	TV or radio programmes	75%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BATI KOT District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**350**
Recent IDP	0
Protracted IDP	50
Prolonged IDP	250
Refugee	0
Returnee	50
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	100%
Own with documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **0%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	100%
Waterpoints are too far	100%
Long wait to access point	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Loss of access for NGO services	100%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BEHSUD District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

16 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**31,688**
Recent IDP	2,158
Protracted IDP	6,130
Prolonged IDP	10,050
Refugee	0
Returnee	10,980
Economic migrant	800
Nomad	120
Host Community	1,450



In **56%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
69%	Suburban
31%	Rural





93% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	81%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **19%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Join friends/family at new location	67%
Land dispute	33%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **75%** of sites, KIs reported that IDP households, totaling **329**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kunar	58%
Laghman	8%
Paktya	8%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	81%
Permanent (brick)	12%
No agreement amongst KIs	6%



In **12%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	69%
Own shelter without documentation	12%
No agreement amongst KIs	12%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

BEHSUD District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



69%	Positive	6%	Neutral	0%	Negative	25%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.



In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **94%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



44%	Government
56%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	50%
Unpleasant colour/taste/smell	50%
Not enough water available	50%

HEALTH



In **56%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **79%** of assessed sites, and in **45%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **38%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	75%
Medicine unaffordable	75%
Travel to clinic unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	56%
Small business	25%
No agreement amongst KIs	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	50%
Provided from family/friends	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	75%
Media (TV, radio)	75%
Text message alerts	75%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	100%
Wash hands frequently	75%
Self-isolate if ill	75%



In **31%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **13%**



comprised of elderly individuals (aged 60+ years) **0%**



WASH



In **44%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **69%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **62%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	75%
Angry / aggressive behaviour	75%
Dangerous/risky behaviour	75%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	75%
Increased health issues	50%

SHELTER



43% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	62%
Construct temporary ward on site	31%
No agreement amongst KIs	6%

MARKETS

In **81%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Soap	100%
Food	50%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **94%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



38%	Other facilities (e.g. mosque)	75%	Home school
0%	TV or radio programmes	6%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

CHAPARHAR District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

8 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**9,690**
Recent IDP	400
Protracted IDP	1,340
Prolonged IDP	2,600
Refugee	0
Returnee	2,950
Economic migrant	0
Nomad	0
Host Community	2,400



In **38%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	38%
Prolonged IDP[4]	88%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **88%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **38%** of sites, KIs reported that IDP households, totaling **100**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	67%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	88%
Rent shelter	12%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

CHAPARHAR District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

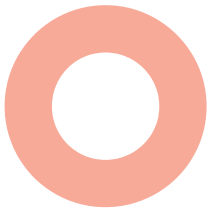


In **38%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **88%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **38%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	80%
Not enough water available	60%
Long wait to access point	40%

HEALTH



In **38%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **86%** of assessed sites, and in **67%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **38%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Treatment unaffordable	75%
Travel to clinic unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% 

Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	62%
Small business	12%
Livestock farming	12%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	80%
Market inside site	60%
Provided from family/friends	20%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
88%	Moderate-high risk
12%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	80%
Text message alerts	80%
Government	60%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	80%
Practice physical distancing	60%



In **38%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **63%**



comprised of elderly individuals (aged 60+ years) **13%**



WASH



In **62%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **63%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know
---	---	---	---	---	---	---	---

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	80%
Dangerous/risky behaviour	80%
Angry / aggressive behaviour	60%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	60%
Increased health issues	60%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	62%
Construct temporary ward on site	38%
Tents to isolate ill on site	0%

MARKETS

In **75%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	67%
Soap	33%

LIVELIHOOD



In **88%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



50%	Other facilities (e.g. mosque)	38%	Home school
0%	TV or radio programmes	25%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DEH BALA District
NANGARHAR

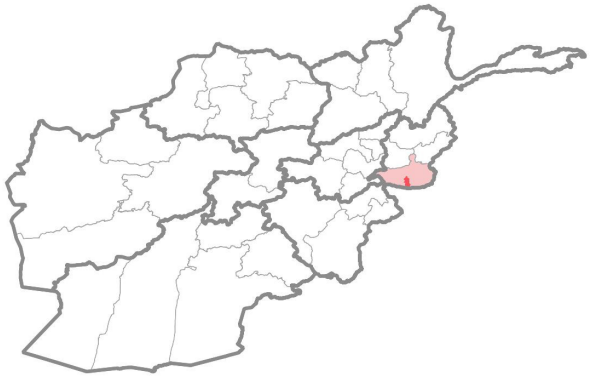
ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**850**
Recent IDP	0
Protracted IDP	50
Prolonged IDP	250
Refugee	0
Returnee	100
Economic migrant	0
Nomad	0
Host Community	450



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



47% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	50%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **3.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	50%
Occupy for free with owner's consent	50%
Own with documentation	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



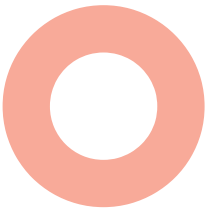
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	100%
Long wait to access point	50%
Unpleasant colour/taste/smell	50%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	100%
Government	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Wear masks and gloves if ill	100%
Practice physical distancing	50%



In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%
Social withdrawal	50%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	100%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DUR BABA District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,910**
Recent IDP	0
Protracted IDP	500
Prolonged IDP	600
Refugee	0
Returnee	300
Economic migrant	0
Nomad	0
Host Community	2,510



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



36% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **3.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Own shelter without documentation	25%
Rent shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



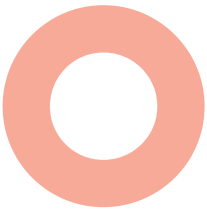
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	50%
Waterpoints are unsafe	50%
Waterpoints are too far	50%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **50%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	75%
Medicine unaffordable	75%
Travel to clinic unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	75%
Small business	25%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	50%
Provided from family/friends	50%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	75%
Media (TV, radio)	75%
Community/religious leader	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	75%
Self-isolate if ill	75%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **25%**



WASH



In **75%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



33%	All	0%	Some	67%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	75%
Dangerous/risky behaviour	75%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	75%
Loss of access for NGO services	75%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
Tents to isolate ill on site	25%
Construct temporary ward on site	25%

MARKETS

In **25%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **75%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **75%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



33%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	67%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

JALALABAD District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**7,530**
Recent IDP	220
Protracted IDP	560
Prolonged IDP	4,220
Refugee	0
Returnee	760
Economic migrant	420
Nomad	0
Host Community	1,350

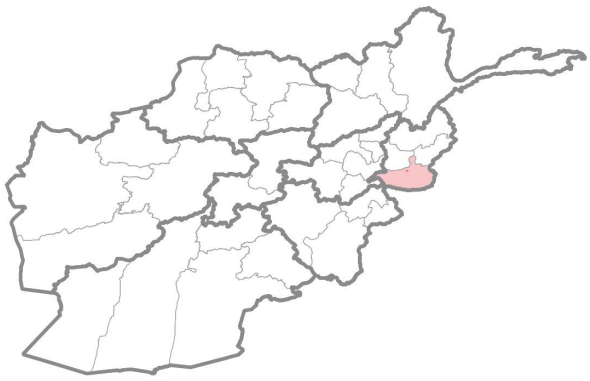


In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



25%	Urban
0%	Suburban
75%	Rural





76% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Join friends/family at new location	50%
Better service access at new location	50%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **77**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Kapisa	50%
Nangarhar	50%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (brick)	75%
Permanent (mud)	25%
Tents	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Own shelter without documentation	25%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

JALALABAD District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



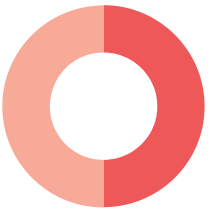
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **25%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



50%	Government
50%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **25%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	67%
Not enough water available	67%
Waterpoints are too far	67%

HEALTH

In **25%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **50%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Insufficient capacity of health centre	67%
Treatment unaffordable	33%
Medicine unaffordable	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	50%
Unskilled daily labour	25%
Formal employment (with contract)	25%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	67%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	67%
Community/religious leader	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	67%
Self-isolate if ill	67%



In **25%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **0%**



WASH



In **25%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **75%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **33%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	67%	None	33%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%
Social withdrawal	67%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	67%
Increased health issues	67%

SHELTER



67% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
Construct temporary ward on site	25%
Rent hotel to isolate ill	25%

MARKETS

In **75%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	50%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



25%	Other facilities (e.g. mosque)	75%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KAMA District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,100**
Recent IDP	0
Protracted IDP	150
Prolonged IDP	200
Refugee	0
Returnee	150
Economic migrant	0
Nomad	0
Host Community	600



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



45% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:

100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	100%
Not enough water available	100%
Too expensive (e.g. trucking)	100%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	100%	Some	0%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KHOGYANI District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,490**
Recent IDP	90
Protracted IDP	110
Prolonged IDP	120
Refugee	0
Returnee	1,060
Economic migrant	50
Nomad	0
Host Community	60



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





93% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	75%
Prolonged IDP[4]	75%
Protracted IDP[4]	75%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **3**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	75%
Own shelter without documentation	25%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **50%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **75%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	100%
Not enough water available	50%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Long travel time	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Livestock farming	75%
Unskilled daily labour	25%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **75%**

comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **75%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MUHMAND DARA District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,090**
Recent IDP	280
Protracted IDP	400
Prolonged IDP	400
Refugee	0
Returnee	200
Economic migrant	60
Nomad	50
Host Community	700



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





61% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
Join friends/family at new location	100%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **18**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Own shelter without documentation	50%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



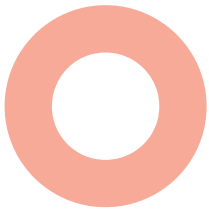
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

NA	NA
NA	NA
NA	NA

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **50%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

NA	NA
NA	NA
NA	NA

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

NA	NA
NA	NA
NA	NA

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

NA	NA
NA	NA
NA	NA



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **0%**



WASH



In **50%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

NA	NA
NA	NA
NA	NA

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g mosque)	50%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NAZYAN District
NANGARHAR

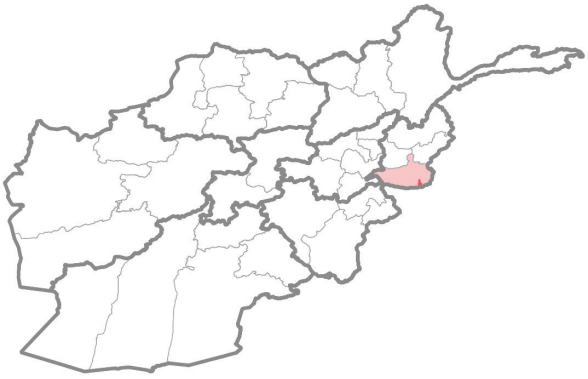
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**700**
Recent IDP	0
Protracted IDP	100
Prolonged IDP	200
Refugee	0
Returnee	50
Economic migrant	0
Nomad	0
Host Community	350



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



50% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Hosted by friends/family for free	100%
Own with documentation	0%
Own shelter without documentation	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



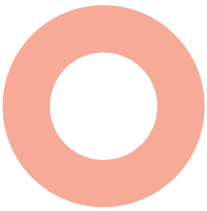
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are unsafe	100%
Waterpoints are too far	100%
Long wait to access point	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Unexplained physical complaints	100%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PACHIR WA AGAM District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

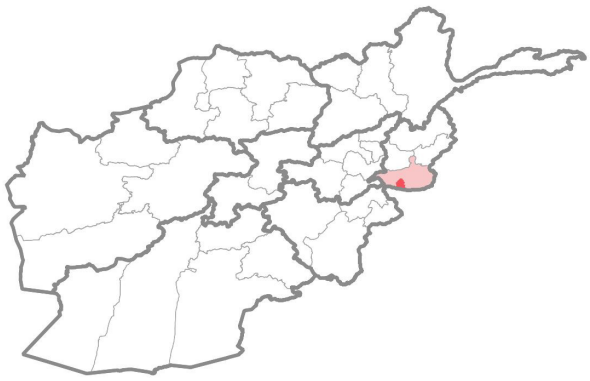
Total	**1,470**
Recent IDP	50
Protracted IDP	70
Prolonged IDP	200
Refugee	0
Returnee	1,050
Economic migrant	0
Nomad	0
Host Community	100



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





93% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	50%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **7**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



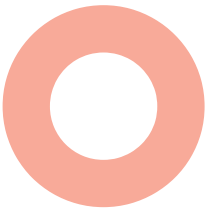
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **50%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	100%

SHELTER



50% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

RODAT District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

6 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**13,050**
Recent IDP	510
Protracted IDP	1,030
Prolonged IDP	2,125
Refugee	0
Returnee	2,525
Economic migrant	490
Nomad	4,100
Host Community	2,270



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





47% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	83%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	83%

MOVEMENT & INTENTIONS

In **17%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **8**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	67%
Transitional shelter	17%
Permanent (brick)	17%



In **17%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	67%
Own shelter without documentation	17%
Rent shelter	17%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

RODAT District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



50%	Positive	17%	Neutral	0%	Negative	33%	No answer



In **17%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

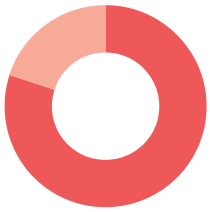


In **17%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **83%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



80%	Government
20%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **17%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **25%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **33%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	50%
Medicine unaffordable	50%
Long travel time	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 0% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	33%
Unskilled daily labour	33%
Cash crop farming	33%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
33%	Moderate-high risk
67%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Government	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	50%
Self-isolate if ill	50%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **17%**



comprised of elderly individuals (aged 60+ years) **17%**



WASH



In **67%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **NA%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Social withdrawal	50%
Dangerous/risky behaviour	50%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	50%
Loss of access for NGO services	50%

SHELTER



67% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	67%
Construct temporary ward on site	17%
No agreement amongst KIs	17%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Cooking / kitchen materials	100%
Construction materials	50%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



33%	Other facilities (e.g. mosque)	67%	Home school
0%	TV or radio programmes	17%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHINWAR District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**800**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	100
Refugee	0
Returnee	100
Economic migrant	0
Nomad	0
Host Community	600



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



25% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



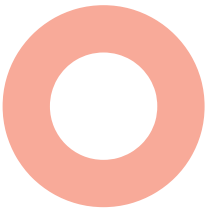
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Cash crop farming	50%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **50%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	100%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SURKH ROD District
NANGARHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

16 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**20,477**
Recent IDP	1,360
Protracted IDP	2,480
Prolonged IDP	3,560
Refugee	0
Returnee	8,060
Economic migrant	970
Nomad	815
Host Community	3,232



In **31%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
63%	Suburban
37%	Rural





75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	88%
Prolonged IDP[4]	94%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **50%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	50%
Join friends/family at new location	50%
More work opportunities in new site	50%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **62%** of sites, KIs reported that IDP households, totaling **105**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nangarhar	70%
Kunar	10%
Laghman	10%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	69%
Permanent (brick)	31%
Tents	0%



In **6%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	69%
No agreement amongst KIs	12%
Own shelter without documentation	6%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

SURKH ROD District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



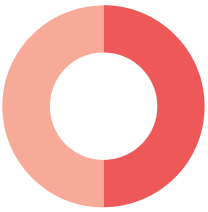
75% Positive | 12% Neutral | 0% Negative | 12% No answer

In **6%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **25%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **50%** Government
- **50%** Privately owned
- **0%** UN/NGO designated
- **0%** Communal land
- **0%** Other

WASH

In **19%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	67%
Unpleasant colour/taste/smell	44%
Not enough water available	33%

HEALTH

In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **27%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **62%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	50%
Medicine unaffordable	38%
Unsure where to go for assistance	25%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **75%** Very good
- **6%** Good
- **19%** Okay
- **0%** Poor
- **0%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **12%**  | Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	NA	NA
Host community harassment	50%	NA	NA
Socio-cultural barriers	0%	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	62%
Unskilled daily labour	38%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	89%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
69%	Moderate-high risk
31%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **94%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	67%
Healthcare workers	56%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Wear masks and gloves if ill	89%
Self-isolate if ill	78%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	62%
Advice on COVID-19 for HHs	25%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **13%**



WASH



In **31%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **88%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **71%** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Dangerous/risky behaviour	100%
Angry / aggressive behaviour	78%
Social withdrawal	67%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	56%
Increased health issues	56%

SHELTER



18% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Construct temporary ward on site	44%
Tools/materials to extend shelter	38%
Rent hotel to isolate ill	12%

MARKETS

In **87%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	83%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



63%	Other facilities (e.g mosque)	69%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NURISTAN
EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

18 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**9,721**
Recent IDP	1,224
Protracted IDP	1,367
Prolonged IDP	1,340
Refugee	20
Returnee	1,384
Economic migrant	360
Nomad	0
Host Community	4,026



In **22%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



38%	Urban
55%	Suburban
7%	Rural





55% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	67%
Prolonged IDP[4]	67%
Protracted IDP[4]	67%
Refugee	6%
Returnee	67%

MOVEMENT & INTENTIONS

In **17%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Harassment by local/host authorities	33%
No work opportunities in current site	33%
Better service access at new location	33%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **490**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nuristan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **39%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	61%
Own shelter without documentation	17%
Hosted by friends/family for free	17%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



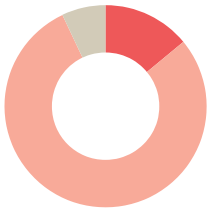
56% Positive | 28% Neutral | 6% Negative | 11% No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **11%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **94%** of assessed sites, KIs reported having no community representation structures.

In **78%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **14%** Government
- **79%** Privately owned
- **0%** UN/NGO designated
- **7%** Communal land
- **0%** Other

WASH

In **6%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **11%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	33%
Not enough water available	7%

HEALTH

In **17%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **82%** of these sites, most residents were reportedly unsatisfied with the care they received.

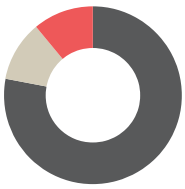
In **6%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	87%
Medicine unaffordable	87%
Long travel time	20%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **78%** Very good
- **0%** Good
- **11%** Okay
- **0%** Poor
- **11%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Livestock farming	17%
Cash crop farming	11%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	81%
Provided from family/friends	69%
Market outside site	31%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



17%	Higher risk of secondary impacts
61%	Moderate-high risk
22%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **94%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	93%
Community/religious leader	93%
Media (TV, radio)	53%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	87%



In **22%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	75%
Advice on COVID-19 for HHs	25%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **39%**



WASH



In **94%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **72%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **91%** of these sites in the 7 days prior.

In **94%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **25%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	67%
Social withdrawal	60%
Dangerous/risky behaviour	40%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	87%
Loss of access for NGO services	80%

SHELTER



13% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	83%
Relocate healthy family members	11%
Construct temporary ward on site	6%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	75%
Cooking / kitchen materials	75%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	17%	Home school
0%	TV or radio programmes	83%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BARG-E-MATAL District
NURISTAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

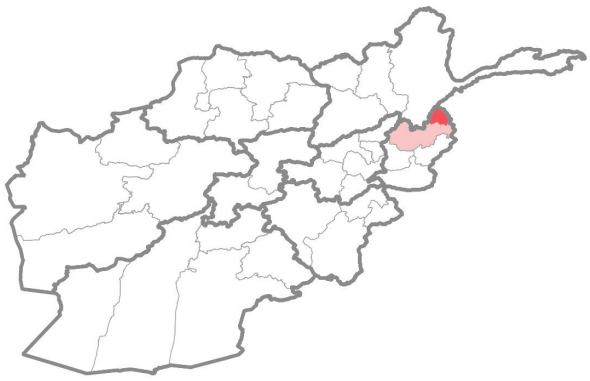
Total	**465**
Recent IDP	100
Protracted IDP	80
Prolonged IDP	100
Refugee	0
Returnee	46
Economic migrant	10
Nomad	0
Host Community	129



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

50%	Urban
50%	Suburban
0%	Rural





70% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	50%
Protracted IDP[4]	50%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **10**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nuristan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Hosted by friends/family for free	50%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



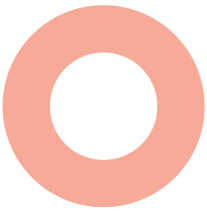
0%	Positive	50%	Neutral	50%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **50%** of assessed sites, KIs reported having no community representation structures.

In **50%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
50%	Okay
0%	Poor
50%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	50%
Unskilled daily labour	50%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	50%
Market outside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **50%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **50%**



comprised of elderly individuals (aged 60+ years) **50%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **50%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%
Social withdrawal	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased insecurity	100%
Increased gender-based violence	0%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	50%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DUAB District
NURISTAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**626**
Recent IDP	9
Protracted IDP	7
Prolonged IDP	10
Refugee	0
Returnee	0
Economic migrant	200
Nomad	0
Host Community	400





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



4% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **1** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



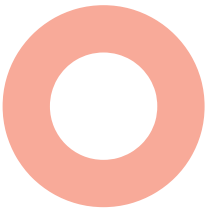
0%	Positive	0%	Neutral	0%	Negative	100%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

NA	NA
NA	NA
NA	NA

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%**  Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

NA	NA
NA	NA
NA	NA

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

NA	NA
NA	NA
NA	NA

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

NA	NA
NA	NA
NA	NA

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

NA	NA
NA	NA
NA	NA

SHELTER

NA of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

KAMDESH District
NURISTAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

5 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

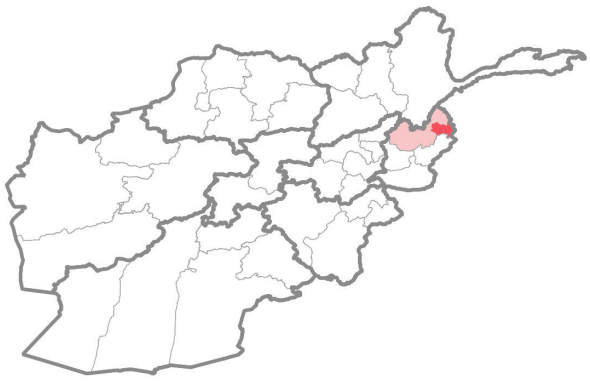
Total	**3,800**
Recent IDP	600
Protracted IDP	600
Prolonged IDP	680
Refugee	20
Returnee	550
Economic migrant	10
Nomad	0
Host Community	1,340



In **20%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

20%	Urban
80%	Suburban
0%	Rural





64% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	80%
Prolonged IDP[4]	60%
Protracted IDP[4]	60%
Refugee	20%
Returnee	60%

MOVEMENT & INTENTIONS

In **20%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **80%** of sites, KIs reported that IDP households, totaling **150**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nuristan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **60%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	40%
Own shelter without documentation	40%
Hosted by friends/family for free	20%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

KAMDESH District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



80%	Positive	0%	Neutral	0%	Negative	20%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

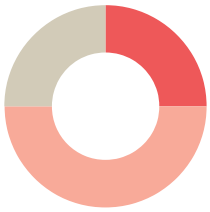


In **20%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **80%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



25%	Government
50%	Privately owned
0%	UN/NGO designated
25%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **20%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	25%
Unpleasant colour/taste/smell	0%

HEALTH



In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **20%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	40%
Livestock farming	40%
Cash crop farming	20%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	75%
Market outside site	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



20%	Higher risk of secondary impacts
60%	Moderate-high risk
20%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **20%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **60%**



comprised of elderly individuals (aged 60+ years) **60%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **80%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	75%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	75%

SHELTER



20% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **20%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Cooking / kitchen materials	100%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MANDOL District
NURISTAN

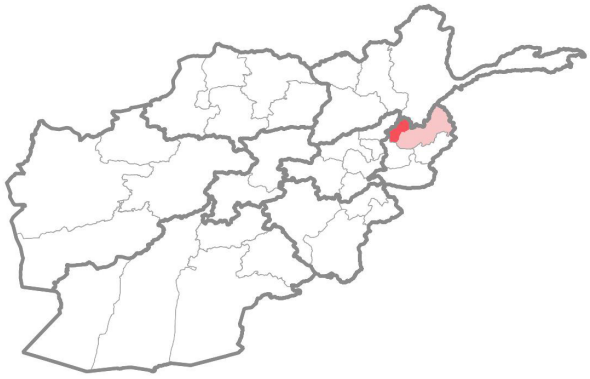
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**250**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	0
Refugee	0
Returnee	100
Economic migrant	0
Nomad	0
Host Community	150





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



40% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **100%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Harassment by local/host authorities	100%
Land dispute	0%
No work opportunities in current site	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



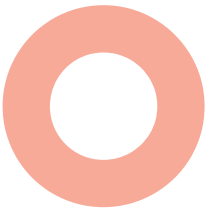
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
UN, NNGOs or INGOs	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	100%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Increased health issues	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

NURGARAM District
NURISTAN

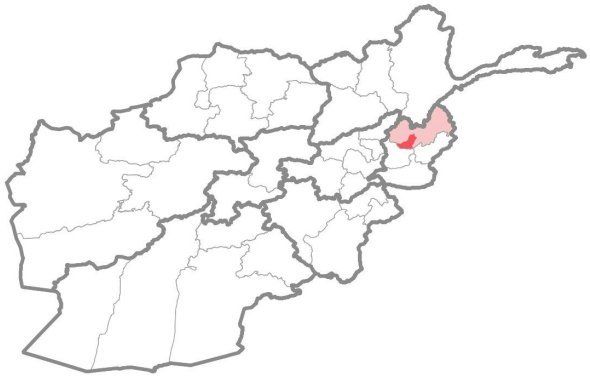
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**280**
Recent IDP	50
Protracted IDP	20
Prolonged IDP	0
Refugee	0
Returnee	30
Economic migrant	20
Nomad	0
Host Community	160



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



36% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **10**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nuristan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Hosted by friends/family for free	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

NURGARAM District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **0%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:

NA	Government
NA	Privately owned
NA	UN/NGO designated
NA	Communal land
NA	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
UN, NNGOs or INGOs	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	0%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Cooking / kitchen materials	100%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PARUN District
NURISTAN

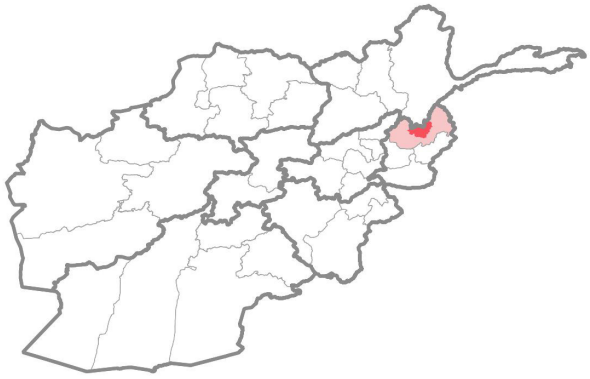
ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,520**
Recent IDP	450
Protracted IDP	300
Prolonged IDP	200
Refugee	0
Returnee	400
Economic migrant	70
Nomad	0
Host Community	1,100





In **33%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



67%	Urban
0%	Suburban
33%	Rural



54% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	67%
Protracted IDP[4]	67%
Refugee	0%
Returnee	67%

MOVEMENT & INTENTIONS

In **33%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **320**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Nuristan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **67%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	33%
Own shelter without documentation	33%
Occupy for free without consent	33%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



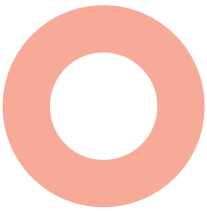
33% Positive | 67% Neutral | 0% Negative | 0% No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **67%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	67%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
0%	Good
33%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



33%	Higher risk of secondary impacts
0%	Moderate-high risk
67%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	67%
UN, NNGOs or INGOs	33%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	67%



In **67%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	50%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **33%**



comprised of elderly individuals (aged 60+ years) **33%**



WASH



In **67%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	67%
Social withdrawal	33%
Angry / aggressive behaviour	33%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	100%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	33%
Relocate healthy family members	33%
Construct temporary ward on site	33%

MARKETS

In **67%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	50%
Cooking / kitchen materials	50%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

WAMA District
NURISTAN

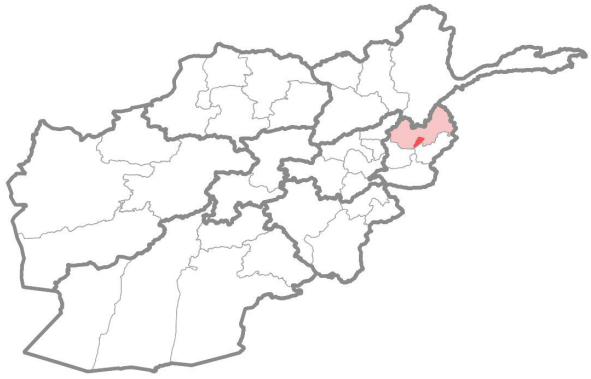
ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,380**
Recent IDP	5
Protracted IDP	320
Prolonged IDP	200
Refugee	0
Returnee	208
Economic migrant	50
Nomad	0
Host Community	597



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



53% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

67%	Urban
33%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	33%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2.3** rooms reported in most shelters in which household members sleep.



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



67%	Positive	33%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	33%
Unpleasant colour/taste/smell	0%

HEALTH

In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **67%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	67%
Medicine unaffordable	67%
Long travel time	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



67%	Very good
0%	Good
0%	Okay
0%	Poor
33%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	33%
Livestock farming	33%
Cash crop farming	33%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Provided from family/friends	67%
Market inside site	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



33%	Higher risk of secondary impacts
67%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	67%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **33%**



comprised of elderly individuals (aged 60+ years): **67%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **67%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Dangerous/risky behaviour	100%
Social withdrawal	67%
Angry / aggressive behaviour	67%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	67%
Loss of access for NGO services	67%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	33%	Home school
0%	TV or radio programmes	67%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

WAYGAL District
NURISTAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

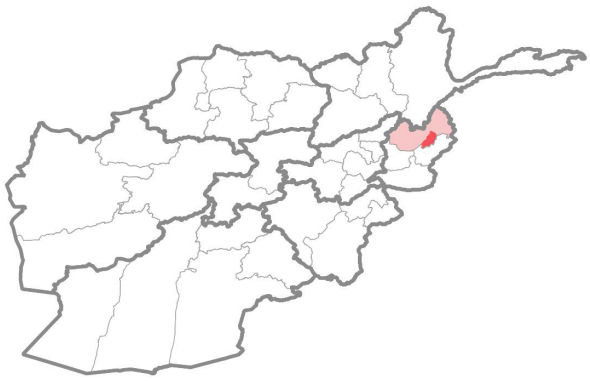
Total	**400**
Recent IDP	10
Protracted IDP	40
Prolonged IDP	150
Refugee	0
Returnee	50
Economic migrant	0
Nomad	0
Host Community	150



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





63% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	50%
Protracted IDP[4]	100%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

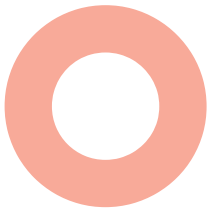


In **50%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH



In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	50%
Medicine unaffordable	50%
No barriers	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **0%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Provided from family/friends	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
UN, NNGOs or INGOs	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **50%**



comprised of elderly individuals (aged 60+ years): **0%**



WASH



In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Angry / aggressive behaviour	100%
Dangerous/risky behaviour	100%
Social withdrawal	50%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	100%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Cooking / kitchen materials	100%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PAKTIKA
SOUTH EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

15 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,325**
Recent IDP	145
Protracted IDP	306
Prolonged IDP	45
Refugee	12
Returnee	162
Economic migrant	5
Nomad	10
Host Community	2,640



In **27%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



33%	Urban
47%	Suburban
20%	Rural





20% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	33%
Prolonged IDP[4]	60%
Protracted IDP[4]	13%
Refugee	7%
Returnee	53%

MOVEMENT & INTENTIONS

In **7%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
Harassment by local/host authorities	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **27%** of sites, KIs reported that IDP households, totaling **14**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktika	50%
Helmand	25%
Paktya	25%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	88%
Iran	12%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	93%
Makeshift shelter	7%
Tents	0%



In **47%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	73%
Rent shelter	13%
Occupy for free with owner's consent	13%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



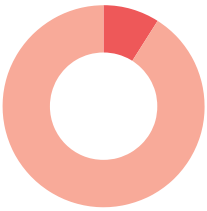
87%	Positive	13%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **73%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



9%	Government
91%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **33%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	86%
Not enough water available	43%
Waterpoints are too far	43%

HEALTH

In **93%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **54%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	69%
Medicine unaffordable	62%
Long travel time	31%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



60%	Very good
0%	Good
40%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **20%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Debt related concerns	67%
NA	NA	Fear for personal safety	33%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	73%
Cash crop farming	20%
Livestock farming	7%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	80%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
73%	Moderate-high risk
27%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	60%
Family and friends	27%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	67%
Wear masks and gloves if ill	67%
Practice physical distancing	47%



In **80%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	33%
Food distribution	33%
Advice on COVID-19 for sites	17%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **100%**



comprised of elderly individuals (aged 60+ years) **93%**



WASH



In **7%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **40%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	40%	Some	50%	None	10%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	93%
Social withdrawal	7%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	93%
Increased health issues	60%
Increased gender-based violence	40%

SHELTER



80% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	73%
Relocate healthy family members	20%
Rent hotel to isolate ill	7%

MARKETS

In **40%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Clothing	83%
Soap	33%

LIVELIHOOD



In **27%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



53%	Other facilities (e.g. mosque)	60%	Home school
0%	TV or radio programmes	20%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BARMAL District
PAKTIKA

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**377**
Recent IDP	20
Protracted IDP	22
Prolonged IDP	40
Refugee	0
Returnee	15
Economic migrant	0
Nomad	0
Host Community	280

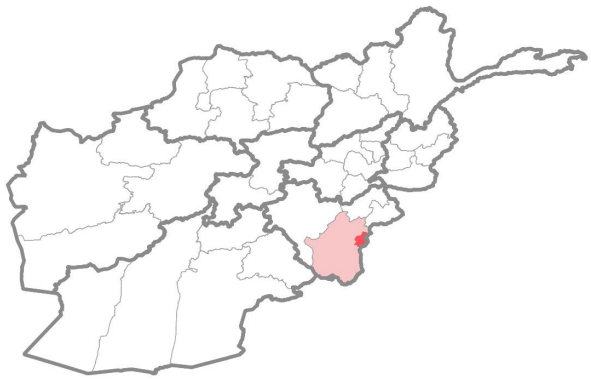


In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
50%	Suburban
50%	Rural





26% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	50%
Prolonged IDP[4]	50%
Protracted IDP[4]	50%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **2**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktya	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

BARMAL District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



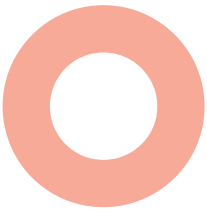
50%	Positive	50%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **50%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	100%
Long wait to access point	50%
Waterpoints are too far	50%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

NA	NA
NA	NA
NA	NA

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **100%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Debt related concerns	100%
NA	NA	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Livestock farming	50%
Cash crop farming	50%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	50%
Community/religious leader	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	50%
Practice physical distancing	50%
Wear masks and gloves if ill	50%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	50%
Increased health issues	50%
Nothing, continue normal daily life	50%

SHELTER



100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

MATA KHAN District
PAKTIKA

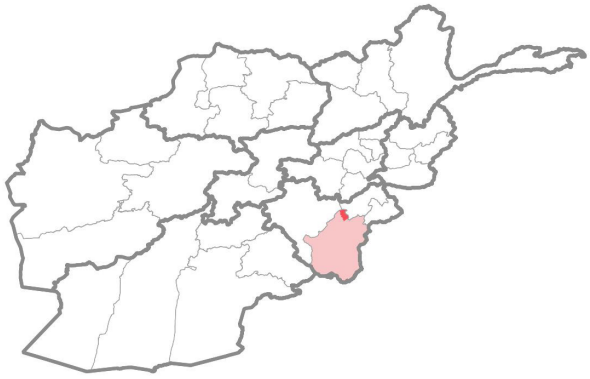
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**540**
Recent IDP	0
Protracted IDP	150
Prolonged IDP	0
Refugee	0
Returnee	40
Economic migrant	0
Nomad	0
Host Community	350



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



35% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

MATA KHAN District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



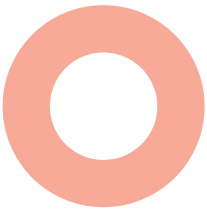
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Unsure where to go for assistance	0%
Treatment unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Family and friends	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Wear masks and gloves if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	0%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Clothing	100%
Soap	0%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHARAN District
PAKTIKA

ISETs Round 1
May-June 2020

DEMOGRAPHICS

6 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,690**
Recent IDP	75
Protracted IDP	77
Prolonged IDP	0
Refugee	0
Returnee	33
Economic migrant	5
Nomad	0
Host Community	1,500



In **33%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



66%	Urban
17%	Suburban
17%	Rural



11% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	33%
Prolonged IDP[4]	67%
Protracted IDP[4]	0%
Refugee	0%
Returnee	33%

MOVEMENT & INTENTIONS

In **17%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Better service access at new location	100%
Harassment by local/host authorities	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **33%** of sites, KIs reported that IDP households, totaling **7**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	50%
Paktika	50%
Badakhshan	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	83%
Makeshift shelter	17%
Tents	0%



In **50%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Rent shelter	33%
Occupy for free with owner's consent	17%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

SHARAN District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



83%	Positive	17%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **50%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **33%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	50%
Not enough water available	33%

HEALTH

In **83%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **17%** of these sites, most residents were reportedly unsatisfied with the care they received.

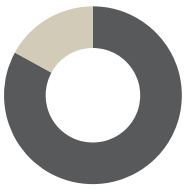
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	67%
Medicine unaffordable	50%
No barriers	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



83%	Very good
0%	Good
17%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	83%
Cash crop farming	17%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	67%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	83%
Healthcare workers	17%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	83%
Wear masks and gloves if ill	83%
Practice physical distancing	50%



In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	50%
Advice on COVID-19 for HHs	17%
Counseling for vulnerable residents	17%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **100%**



comprised of elderly individuals (aged 60+ years) **100%**



WASH



In **17%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **33%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **67%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	50%	Some	50%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	83%
Social withdrawal	17%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	67%
Increased health issues	50%

SHELTER



67% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	83%
Relocate healthy family members	17%
Tents to isolate ill on site	0%

MARKETS

In **33%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Clothing	100%
Soap	50%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



67%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	17%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SUROBI District
PAKTIKA

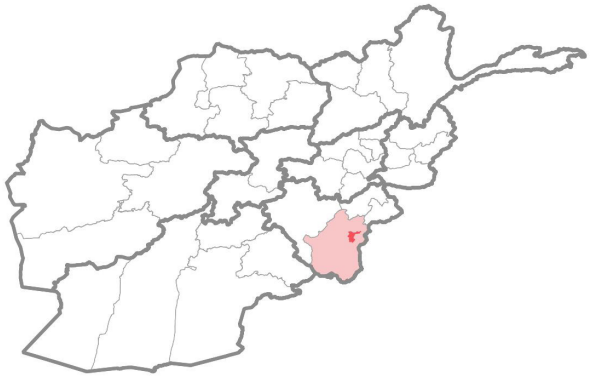
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**160**
Recent IDP	0
Protracted IDP	5
Prolonged IDP	0
Refugee	0
Returnee	35
Economic migrant	0
Nomad	0
Host Community	120



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural



25% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

SUROBI District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



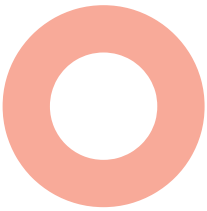
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	100%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Fear for personal safety	100%
NA	NA	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Community/religious leader	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Wear masks and gloves if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	100%
Advice on COVID-19 for HHs	0%
Advice on COVID-19 for sites	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **0%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

NA	All	NA	Some	NA	None	NA	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

URGUN District
PAKTIKA

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**231**
Recent IDP	50
Protracted IDP	0
Prolonged IDP	0
Refugee	12
Returnee	9
Economic migrant	0
Nomad	10
Host Community	150

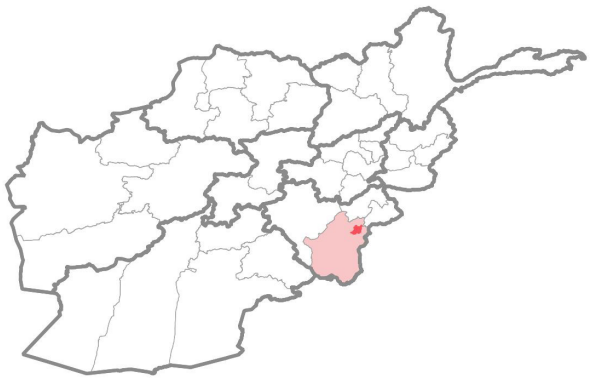


In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
50%	Suburban
50%	Rural





31% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	0%
Protracted IDP[4]	0%
Refugee	50%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **50%** of sites, KIs reported that IDP households, totaling **5**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktika	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	50%
Occupy for free with owner's consent	50%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

URGUN District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



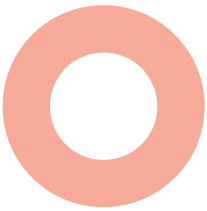
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Long travel time	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



50%	Very good
0%	Good
50%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	50%
Cash crop farming	50%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	50%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	50%
Healthcare workers	50%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

None	100%
Wash hands frequently	0%
Practice physical distancing	0%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **100%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	50%	Some	50%	None	0%	Don't know

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	50%
Increased health issues	50%

SHELTER



50% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	50%
Relocate healthy family members	50%
Tents to isolate ill on site	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	0%

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



50%	Other facilities (e.g. mosque)	50%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

YOSUF KHEL District
PAKTIKA

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**220**
Recent IDP	0
Protracted IDP	40
Prolonged IDP	0
Refugee	0
Returnee	30
Economic migrant	0
Nomad	0
Host Community	150



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



32% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

YOSUF KHEL District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

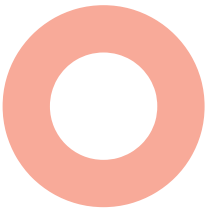
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **100%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

YOSUF KHEL District

ISETs Round 1

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
UN, NNGOs or INGOs	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Do not touch face	100%
Practice physical distancing	0%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

0%	All	0%	Some	0%	None	100%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Loss of access for NGO services	100%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Rent hotel to isolate ill	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ZARGHUN SHAHR District
PAKTIKA

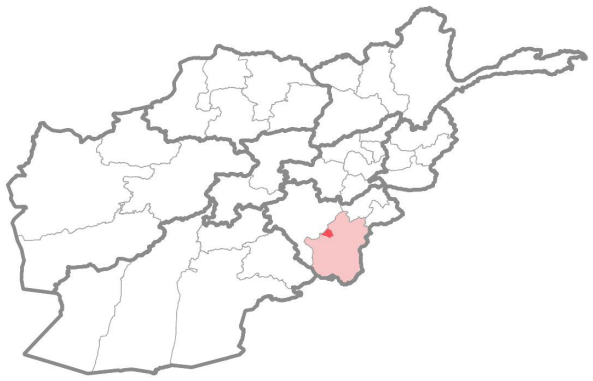
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**12**
Recent IDP	0
Protracted IDP	12
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	0



In **100%** of assessed sites, KIs reported no host community households living within the site boundaries.

100% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

ZARGHUN SHAHR District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



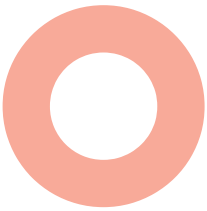
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Waterpoints are too far	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Family and friends	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Wear masks and gloves if ill	100%
Practice physical distancing	0%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **NA** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Clothing	100%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

ZIRUK District
PAKTIKA

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

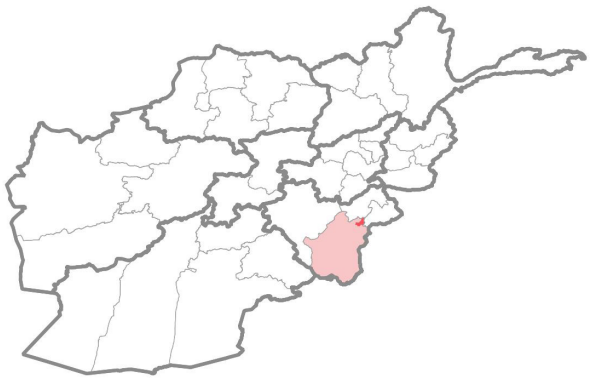
Total	**95**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	5
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	90



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





5% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

ZIRUK District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

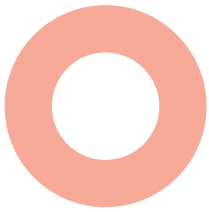
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Medicine unaffordable	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



100%	Very good
0%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	100%
Unskilled daily labour	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Family and friends	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	100%	Some	0%	None	0%	Don't know

PROTECTION

In **NA%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Increased gender-based violence	0%

SHELTER

100% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Clothing	100%

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

PAKTYA
SOUTH EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

16 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**4,940**
Recent IDP	1,380
Protracted IDP	1,100
Prolonged IDP	1,208
Refugee	0
Returnee	140
Economic migrant	30
Nomad	0
Host Community	1,082



In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



74%	Urban
13%	Suburban
13%	Rural





77% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	56%
Prolonged IDP[4]	81%
Protracted IDP[4]	50%
Refugee	0%
Returnee	31%

MOVEMENT & INTENTIONS

In **12%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **69%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **56%** of sites, KIs reported that IDP households, totaling **354**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Logar	22%
Paktika	22%
Helmand	11%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	81%
Makeshift shelter	12%
Transitional shelter	6%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	62%
Own shelter without documentation	25%
Own with documentation	6%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



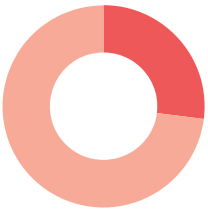
44% Positive | 38% Neutral | 0% Negative | 19% No answer

In **12%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **19%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **94%** of assessed sites, KIs reported having no community representation structures.

In **69%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- 27% Government
- 73% Privately owned
- 0% UN/NGO designated
- 0% Communal land
- 0% Other

WASH

In **6%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **31%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Too expensive (e.g. trucking)	43%
Not enough water available	36%
No barriers	29%

HEALTH

In **38%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **44%** of assessed sites, and in **71%** of these sites, most residents were reportedly unsatisfied with the care they received.

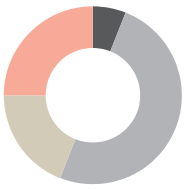
In **56%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	64%
Insufficient capacity of health centre	64%
Travel to clinic unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- 6% Very good
- 50% Good
- 19% Okay
- 25% Poor
- 0% Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 25%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Host community harassment	33%
NA	NA	Socio-cultural barriers	33%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	75%
Skilled daily labour	12%
Small business	6%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	86%
Market outside site	64%
Own production	50%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
62%	Moderate-high risk
38%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	86%
Healthcare workers	71%
Government	57%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	93%
Wash hands frequently	86%
Wear masks and gloves if ill	50%



In **50%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	50%
Advice on COVID-19 for sites	25%
Counseling for vulnerable residents	12%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **75%**



comprised of elderly individuals (aged 60+ years) **63%**



WASH



In **6%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **63%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **60%** of these sites in the 7 days prior.

In **94%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



27%	All	7%	Some	53%	None	13%	Don't know

PROTECTION



In **38%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	71%
Social withdrawal	29%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	43%
Increased insecurity	43%

SHELTER



6% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	44%
Rent hotel to isolate ill	25%
Relocate healthy family members	12%

MARKETS

In **62%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	90%
Soap	70%
Hand sanitizer / hygiene materials	70%

LIVELIHOOD



In **81%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



31%	Other facilities (e.g. mosque)	19%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

AHMADABA District
PAKTYA

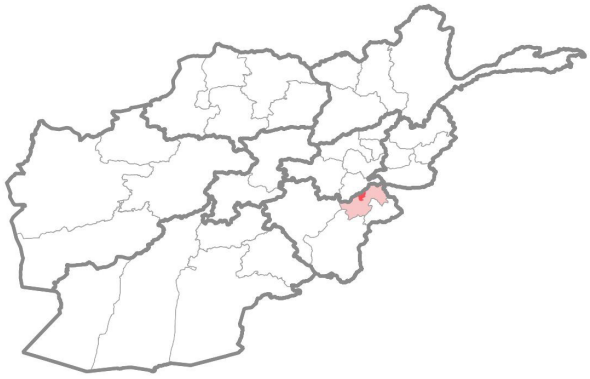
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**115**
Recent IDP	50
Protracted IDP	25
Prolonged IDP	0
Refugee	0
Returnee	30
Economic migrant	0
Nomad	0
Host Community	10



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



91% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **16**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

AHMADABA District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **100%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **0%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:

NA	Government
NA	Privately owned
NA	UN/NGO designated
NA	Communal land
NA	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Too expensive (e.g. trucking)	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Insufficient capacity of health centre	100%
Unsure where to go for assistance	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
Own production	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
UN, NNGOs or INGOs	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **100%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness	100%	comprised of elderly individuals (aged 60+ years)	100%

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:

0%	All	0%	Some	0%	None	100%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Community violence	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DAND-WA-PATAN District
PAKTYA

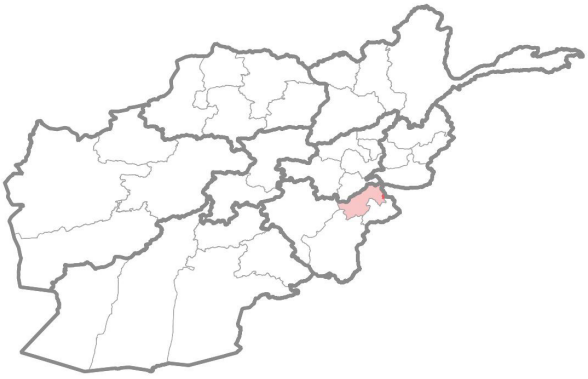
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**80**
Recent IDP	60
Protracted IDP	0
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	20



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	0%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **20**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Khost	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Makeshift shelter	100%
Tents	0%
Transitional shelter	0%

In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	100%
Own with documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



100%	Government
0%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Unsure where to go for assistance	100%
Unsafe visiting/traveling to clinic	100%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
100%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 100%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Host community harassment	0%
NA	NA	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Skilled daily labour	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	100%
Family and friends	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Wear masks and gloves if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **0%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	100%
Soap	0%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

GARDEZ District
PAKTYA

ISETs Round 1
May-June 2020

DEMOGRAPHICS

9 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,710**
Recent IDP	770
Protracted IDP	855
Prolonged IDP	1,205
Refugee	0
Returnee	50
Economic migrant	0
Nomad	0
Host Community	830



In **44%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



67%	Urban
11%	Suburban
22%	Rural





78% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	56%
Prolonged IDP[4]	89%
Protracted IDP[4]	78%
Refugee	0%
Returnee	22%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **67%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **56%** of sites, KIs reported that IDP households, totaling **268**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Logar	40%
Paktika	40%
Kunduz	20%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	89%
Makeshift shelter	11%
Tents	0%



In **22%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	89%
Own shelter without documentation	11%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

GARDEZ District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



56% Positive | 22% Neutral | 0% Negative | 22% No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

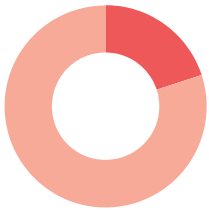


In **22%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **89%** of assessed sites, KIs reported having no community representation structures.

In **56%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



20%	Government
80%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **11%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **22%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	57%
Too expensive (e.g. trucking)	43%
Waterpoints are too far	14%

HEALTH



In **44%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **56%** of assessed sites, and in **80%** of these sites, most residents were reportedly unsatisfied with the care they received.



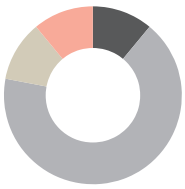
In **56%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	86%
Insufficient capacity of health centre	71%
Travel to clinic unaffordable	57%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



11%	Very good
67%	Good
11%	Okay
11%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0%  | Women and girls 22% 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Host community harassment	100%
NA	NA	Socio-cultural barriers	100%
NA	NA	COVID-19 restrictions	100%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	78%
Skilled daily labour	11%
Cash crop farming	11%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	86%
Market outside site	71%
Own production	57%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
44%	Moderate-high risk
56%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	86%
Government	71%
Healthcare workers	71%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Wear masks and gloves in general	57%



In **67%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	67%
Counseling for vulnerable residents	17%
Additional health services	17%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **67%**



comprised of elderly individuals (aged 60+ years) **56%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **67%** of these sites in the 7 days prior.

In **89%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



38%	All	0%	Some	50%	None	12%	Don't know

PROTECTION



In **33%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	43%
Increased insecurity	43%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	56%
Rent hotel to isolate ill	33%
Relocate healthy family members	11%

MARKETS

In **44%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	75%
Soap	75%
Hand sanitizer / hygiene materials	75%

LIVELIHOOD



In **67%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



44%	Other facilities (e.g. mosque)	11%	Home school
0%	TV or radio programmes	33%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SAMKANI District
PAKTYA

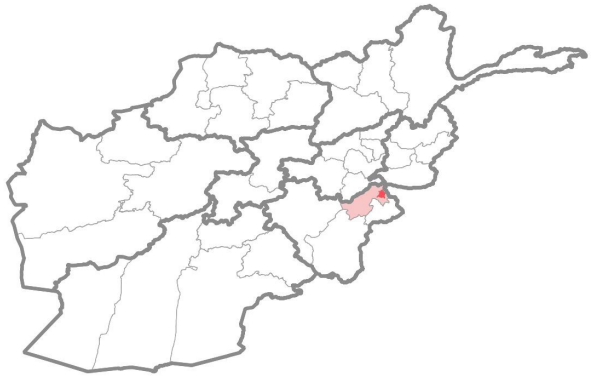
ISETs Round 1
May-June 2020

DEMOGRAPHICS

3 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**530**
Recent IDP	200
Protracted IDP	140
Prolonged IDP	0
Refugee	0
Returnee	30
Economic migrant	0
Nomad	0
Host Community	160



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



70% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

67%	Urban
33%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	33%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	33%

MOVEMENT & INTENTIONS

In **67%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	100%
Harassment by local/host authorities	0%
Land dispute	0%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **33%** of sites, KIs reported that IDP households, totaling **20**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Parwan	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	67%
Transitional shelter	33%
Tents	0%



In **33%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own shelter without documentation	67%
Rent shelter	33%
Own with documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

0%	Positive	100%	Neutral	0%	Negative	0%	No answer

In **33%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



33%	Government
67%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **33%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	67%
Too expensive (e.g. trucking)	33%
Long wait to access point	0%

HEALTH

In **33%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **33%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

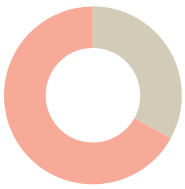
In **67%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	67%
Unsafe visiting/traveling to clinic	67%
Unsure where to go for assistance	33%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
33%	Okay
67%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **33%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	COVID-19 restrictions	100%
NA	NA	Fear for personal safety	100%
NA	NA	Host community harassment	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	67%
Small business	33%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	33%
Own production	33%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Family and friends	100%
Media (TV, radio)	67%
Text message alerts	67%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Practice physical distancing	100%
Wash hands frequently	67%
Wear masks and gloves if ill	67%



In **33%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **67%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **67%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **50%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **67%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	100%
Angry / aggressive behaviour	0%
Dangerous/risky behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	33%
Community violence	33%

SHELTER



33% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	33%
Support for shelter repair	33%
No preference for shelter aid	33%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	67%
Hand sanitizer / hygiene materials	67%

LIVELIHOOD



In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SAYED KARAM District
PAKTYA

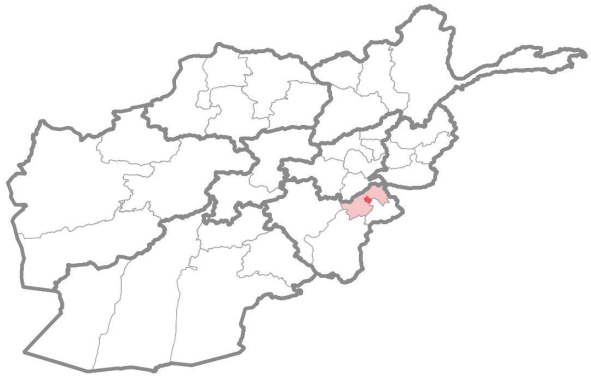
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**460**
Recent IDP	300
Protracted IDP	80
Prolonged IDP	0
Refugee	0
Returnee	30
Economic migrant	30
Nomad	0
Host Community	20



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



89% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	100%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **30**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Paktya	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

SAYED KARAM District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

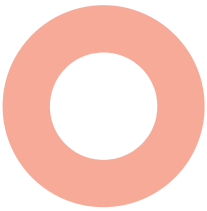
0%	Positive	0%	Neutral	0%	Negative	100%	No answer

In **100%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Too expensive (e.g. trucking)	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **0%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **100%** of assessed sites, KIs reported being aware of community-based mental health support/ services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Unsafe visiting/traveling to clinic	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Market outside site	100%
Own production	100%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **0%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **100%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **100%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	100%	Some	0%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased health issues	100%
Community violence	100%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **100%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	100%
Hand sanitizer / hygiene materials	100%

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SHAWAK District
PAKTYA

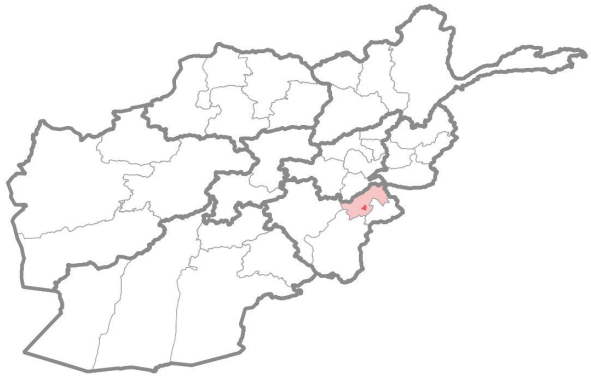
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**45**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	3
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	42





In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



7% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

100%	Urban
0%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **0%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



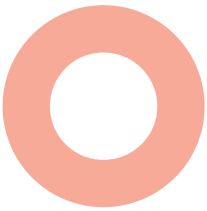
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Not enough water available	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Unsafe visiting/traveling to clinic	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 0% | Women and girls 0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Healthcare workers	100%
Government	0%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

None	100%
Wash hands frequently	0%
Practice physical distancing	0%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **100%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **0%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



100%	All	0%	Some	0%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Rent hotel to isolate ill	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **100%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



0%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	100%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SAMANGAN
NORTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

56 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**11,303**
Recent IDP	0
Protracted IDP	2,096
Prolonged IDP	2,302
Refugee	0
Returnee	130
Economic migrant	80
Nomad	0
Host Community	6,695



In **29%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



21%	Urban
41%	Suburban
38%	Rural





40% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	57%
Protracted IDP[4]	43%
Refugee	0%
Returnee	5%

MOVEMENT & INTENTIONS

In **5%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	67%
Join friends/family at new location	33%
Harassment by local/host authorities	0%



In **79%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Permanent (brick)	4%
Unfinished shelter	4%



In **32%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	64%
Own shelter without documentation	34%
Occupy for free with owner's consent	2%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



91% Positive | 2% Neutral | 7% Negative | 0% No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

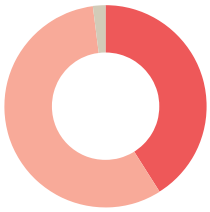


In **21%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **79%** of assessed sites, KIs reported having no community representation structures.

In **96%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



41%	Government
57%	Privately owned
0%	UN/NGO designated
2%	Communal land
0%	Other

WASH



In **9%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **38%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	45%
Long wait to access point	27%
Unpleasant colour/taste/smell	25%

HEALTH



In **62%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **89%** of assessed sites, and in **44%** of these sites, most residents were reportedly unsatisfied with the care they received.



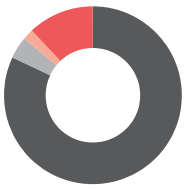
In **5%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	66%
Treatment unaffordable	54%
Travel to clinic unaffordable	45%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



82%	Very good
4%	Good
0%	Okay
2%	Poor
12%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 2%  | Women and girls 7% 

Top 3 reported reasons for lack of freedom of movement:[7]

Host community harassment	100%	Socio-cultural barriers	100%
Socio-cultural barriers	100%	Host community harassment	25%
COVID-19 restrictions	0%	COVID-19 restrictions	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	41%
Small business	29%
Unskilled daily labour	20%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	86%
Market outside site	68%
Own production	57%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
57%	Moderate-high risk
43%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **93%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **95%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Text message alerts	89%
Family and friends	89%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	82%
Self-isolate if ill	79%
Avoid large gatherings	70%



In **12%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **86%**



comprised of elderly individuals (aged 60+ years) **82%**



WASH



In **5%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **80%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



11%	All	0%	Some	89%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	93%
Social withdrawal	7%
Angry / aggressive behaviour	4%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	90%
Increased insecurity	10%
Nothing, continue normal daily life	10%

SHELTER



47% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	91%
Relocate healthy family members	4%
No preference for shelter aid	4%

MARKETS

In **18%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	70%
Hand sanitizer / hygiene materials	30%

LIVELIHOOD



In **20%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **96%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **89%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



38%	Other facilities (e.g. mosque)	29%	Home school
0%	TV or radio programmes	42%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

AYBAK District
SAMANGAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

32 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**7,097**
Recent IDP	0
Protracted IDP	1,570
Prolonged IDP	1,307
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	4,220

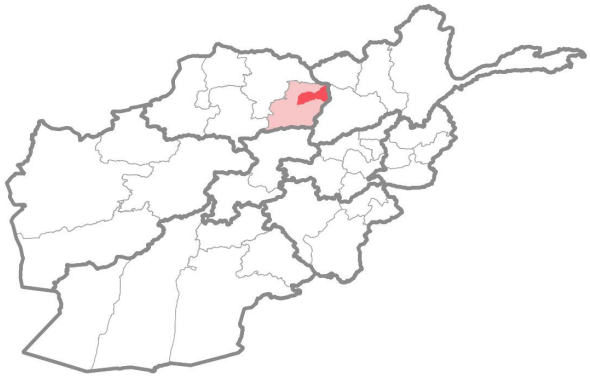


In **31%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



28%	Urban
16%	Suburban
56%	Rural





41% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	63%
Protracted IDP[4]	44%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **9%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

Better service access at new location	67%
Join friends/family at new location	33%
Harassment by local/host authorities	0%



In **75%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	91%
Makeshift shelter	3%
Permanent (brick)	3%



In **22%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.6** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	69%
Own shelter without documentation	28%
Occupy for free with owner's consent	3%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

AYBAK District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



91% Positive | 3% Neutral | 6% Negative | 0% No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **19%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **72%** of assessed sites, KIs reported having no community representation structures.

In **97%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



- **35%** Government
- **65%** Privately owned
- **0%** UN/NGO designated
- **0%** Communal land
- **0%** Other

WASH

In **12%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	39%
No barriers	39%
Too expensive (e.g. trucking)	23%

HEALTH

In **72%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **97%** of assessed sites, and in **35%** of these sites, most residents were reportedly unsatisfied with the care they received.

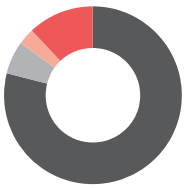
In **3%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	75%
Travel to clinic unaffordable	56%
Treatment unaffordable	56%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



- **79%** Very good
- **6%** Good
- **0%** Okay
- **3%** Poor
- **12%** Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **3%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Host community harassment	0%
NA	NA	COVID-19 restrictions	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Small business	34%
Unskilled daily labour	28%
Cash crop farming	22%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	88%
Market outside site	62%
Own production	44%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
69%	Moderate-high risk
31%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **94%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **94%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	97%
Text message alerts	86%
Family and friends	86%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	81%
Self-isolate if ill	78%
Avoid large gatherings	62%



In **12%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **88%**



comprised of elderly individuals (aged 60+ years) **81%**



WASH



In **9%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **69%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



14%	All	0%	Some	86%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	91%
Social withdrawal	9%
Angry / aggressive behaviour	6%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	93%
Increased insecurity	17%
Community violence	13%

SHELTER



45% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	88%
Relocate healthy family members	6%
Support for shelter repair	3%

MARKETS

In **25%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	62%
Hand sanitizer / hygiene materials	25%

LIVELIHOOD



In **19%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **94%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **87%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



46%	Other facilities (e.g. mosque)	35%	Home school
0%	TV or radio programmes	31%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DARA-E-SUF-E-BALA District
SAMANGAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

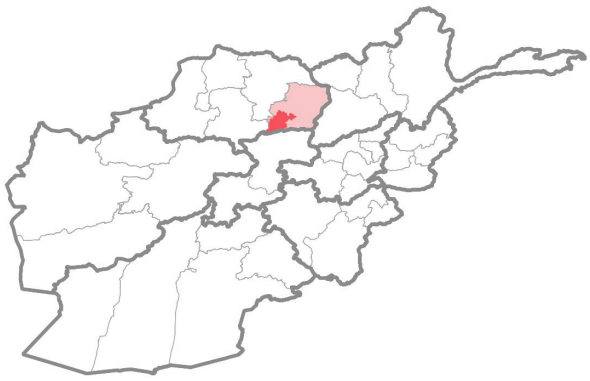
Total	**365**
Recent IDP	0
Protracted IDP	0
Prolonged IDP	320
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	45



In **50%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





88% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	0%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



50%	Positive	0%	Neutral	50%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

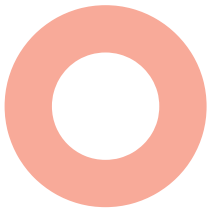


In **50%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **50%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Unpleasant colour/taste/smell	0%
Not enough water available	0%

HEALTH



In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Travel to clinic unaffordable	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



50%	Very good
0%	Good
0%	Okay
0%	Poor
50%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 50% 

Women and girls 50% 

Top 3 reported reasons for lack of freedom of movement:[7]

Host community harassment	100%	Host community harassment	100%
Socio-cultural barriers	100%	Socio-cultural barriers	100%
COVID-19 restrictions	0%	COVID-19 restrictions	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	50%
Cash crop farming	50%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
Own production	100%
Market outside site	50%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
50%	Moderate-high risk
50%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **50%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	100%
Family and friends	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	50%
Self-isolate if ill	50%
Avoid large gatherings	50%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **50%**



comprised of elderly individuals (aged 60+ years): **100%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **50%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



50%	Other facilities (e.g mosque)	0%	Home school
0%	TV or radio programmes	50%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

DARA-E-SUF-E-PAYIN District
SAMANGAN

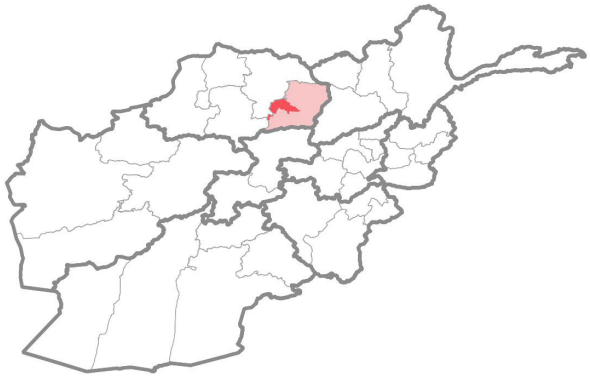
ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**350**
Recent IDP	0
Protracted IDP	150
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	200



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



43% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

On average, there are **2** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



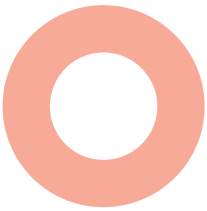
0%	Positive	0%	Neutral	100%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **0%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **100%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	100%
Long wait to access point	0%
Not enough water available	0%

HEALTH

In **0%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **100%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
0%	Good
0%	Okay
0%	Poor
100%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Own production	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Self-isolate if ill	100%
Wear masks and gloves if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	100%
Tents to isolate ill on site	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **0%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]

NA	Other facilities (e.g. mosque)	NA	Home school
NA	TV or radio programmes	NA	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

HAZRAT-E-SULTAN District
SAMANGAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

21 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**3,491**
Recent IDP	0
Protracted IDP	376
Prolonged IDP	675
Refugee	0
Returnee	130
Economic migrant	80
Nomad	0
Host Community	2,230

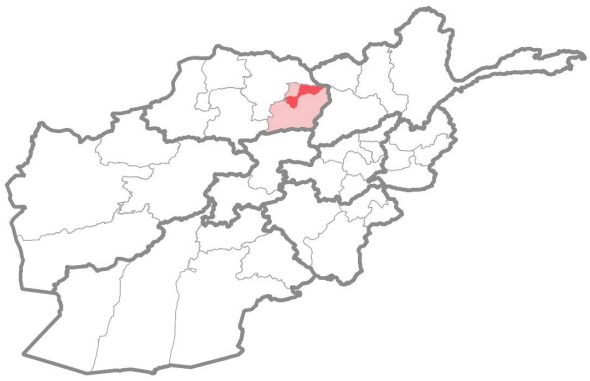


In **24%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



14%	Urban
72%	Suburban
14%	Rural





34% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	0%
Prolonged IDP[4]	52%
Protracted IDP[4]	38%
Refugee	0%
Returnee	14%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **81%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Pakistan	100%
Iran	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	90%
Permanent (brick)	5%
Unfinished shelter	5%



In **52%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	52%
Own shelter without documentation	48%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HAZRAT-E-SULTAN District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

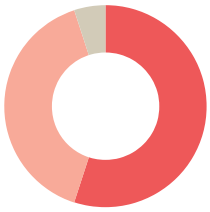


In **24%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **90%** of assessed sites, KIs reported having no community representation structures.

In **95%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



55%	Government
40%	Privately owned
0%	UN/NGO designated
5%	Communal land
0%	Other

WASH



In **5%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **14%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	62%
Long wait to access point	33%
Unpleasant colour/taste/smell	5%

HEALTH



In **57%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **76%** of assessed sites, and in **50%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **10%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	48%
Medicine unaffordable	48%
No barriers	38%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



95%	Very good
0%	Good
0%	Okay
0%	Poor
5%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** 

Women and girls **10%** 

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	Socio-cultural barriers	100%
NA	NA	Host community harassment	0%
NA	NA	COVID-19 restrictions	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	67%
Small business	24%
Unskilled daily labour	5%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	86%
Market outside site	76%
Own production	71%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
38%	Moderate-high risk
62%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **95%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **95%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Text message alerts	90%
Family and friends	90%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	86%
Self-isolate if ill	81%
Avoid large gatherings	81%



In **14%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for HHs	100%
Advice on COVID-19 for sites	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **86%**



comprised of elderly individuals (aged 60+ years) **81%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **95%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



10%	All	0%	Some	90%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	95%
Social withdrawal	5%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	85%
Nothing, continue normal daily life	15%
Loss of access for NGO services	5%

SHELTER



57% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	95%
No preference for shelter aid	5%
Tents to isolate ill on site	0%

MARKETS

In **10%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	100%
Hand sanitizer / hygiene materials	50%

LIVELIHOOD



In **19%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **95%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



25%	Other facilities (e.g. mosque)	25%	Home school
0%	TV or radio programmes	55%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SAR-E-PUL
NORTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

67 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**49,817**
Recent IDP	2,101
Protracted IDP	7,914
Prolonged IDP	6,669
Refugee	0
Returnee	1,719
Economic migrant	0
Nomad	0
Host Community	31,414

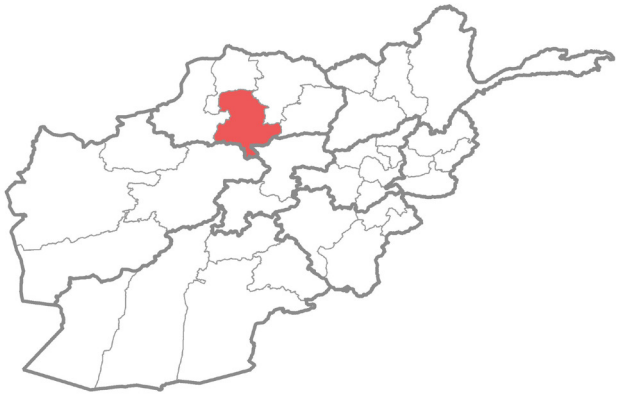


In **21%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



90%	Urban
3%	Suburban
7%	Rural





37% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	70%
Prolonged IDP[4]	67%
Protracted IDP[4]	63%
Refugee	0%
Returnee	91%

MOVEMENT & INTENTIONS

In **21%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	45%
Better security in new location	45%
More work opportunities in new site	27%



In **93%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **64%** of sites, KIs reported that IDP households, totaling **1,271**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Sar-e-Pul	95%
Balkh	2%
Helmand	2%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	77%
Pakistan	18%
Other	5%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	94%
Makeshift shelter	3%
Permanent (brick)	3%



In **4%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	81%
Rent shelter	16%
Own shelter without documentation	1%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



87% Positive | 10% Neutral | 3% Negative | 0% No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

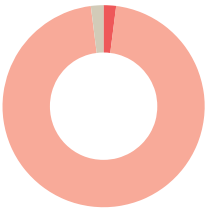


In **4%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **94%** of assessed sites, KIs reported having no community representation structures.

In **96%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



2%	Government
96%	Privately owned
0%	UN/NGO designated
2%	Communal land
0%	Other

WASH



In **22%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **13%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	37%
Not enough water available	35%
Waterpoints are too far	34%

HEALTH



In **58%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **98%** of assessed sites, and in **26%** of these sites, most residents were reportedly unsatisfied with the care they received.



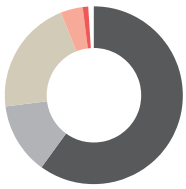
In **9%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	63%
Travel to clinic unaffordable	39%
Treatment unaffordable	35%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



60%	Very good
13%	Good
21%	Okay
4%	Poor
1%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 4%  | Women and girls 6% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	37%
Small business	30%
Cash crop farming	27%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	86%
Market inside site	59%
Own production	14%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



1%	Higher risk of secondary impacts
46%	Moderate-high risk
51%	Moderate risk of secondary impacts
1%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Text message alerts	59%
Family and friends	49%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	94%
Practice physical distancing	81%
Avoid large gatherings	73%



In **48%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	50%
Advice on COVID-19 for sites	44%
Additional health services	3%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **94%**



comprised of elderly individuals (aged 60+ years) **82%**



WASH



In **15%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **37%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **9%** of these sites in the 7 days prior.

In **88%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	39%	Some	53%	None	8%	Don't know

PROTECTION



In **17%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	94%
Unexplained physical complaints	5%
Social withdrawal	2%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	98%
Increased health issues	37%
Increased gender-based violence	11%

SHELTER



21% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	67%
Relocate healthy family members	12%
Rent hotel to isolate ill	10%

MARKETS

In **26%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	53%
Cooking / kitchen materials	47%

LIVELIHOOD



In **27%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **99%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



36%	Other facilities (e.g. mosque)	74%	Home school
0%	TV or radio programmes	20%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

SAR-E-PUL District
SAR-E-PUL

ISETs Round 1
May-June 2020

DEMOGRAPHICS

67 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**49,817**
Recent IDP	2,101
Protracted IDP	7,914
Prolonged IDP	6,669
Refugee	0
Returnee	1,719
Economic migrant	0
Nomad	0
Host Community	31,414

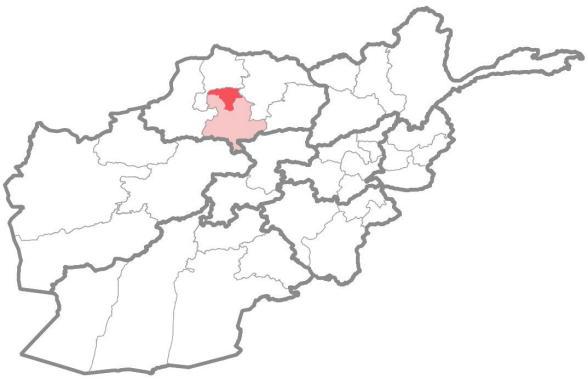


In **21%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



90%	Urban
3%	Suburban
7%	Rural





37% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	70%
Prolonged IDP[4]	67%
Protracted IDP[4]	63%
Refugee	0%
Returnee	91%

MOVEMENT & INTENTIONS

In **21%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	45%
Better security in new location	45%
More work opportunities in new site	27%



In **93%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **64%** of sites, KIs reported that IDP households, totaling **1,271**, arrived in the 3 months prior.[5] Top 3 reported provinces of origin:

Sar-e-Pul	95%
Balkh	2%
Helmand	2%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	77%
Pakistan	18%
Other	5%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	94%
Makeshift shelter	3%
Permanent (brick)	3%



In **4%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	81%
Rent shelter	16%
Own shelter without documentation	1%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



87% Positive | 10% Neutral | 3% Negative | 0% No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

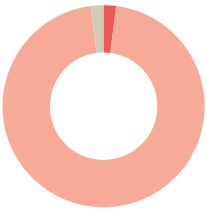


In **4%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **94%** of assessed sites, KIs reported having no community representation structures.

In **96%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



2%	Government
96%	Privately owned
0%	UN/NGO designated
2%	Communal land
0%	Other

WASH



In **22%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **13%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	37%
Not enough water available	35%
Waterpoints are too far	34%

HEALTH



In **58%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **98%** of assessed sites, and in **26%** of these sites, most residents were reportedly unsatisfied with the care they received.



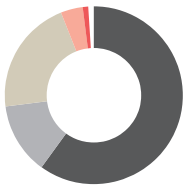
In **9%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	63%
Travel to clinic unaffordable	39%
Treatment unaffordable	35%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



60%	Very good
13%	Good
21%	Okay
4%	Poor
1%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 4% 

Women and girls 6% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	37%
Small business	30%
Cash crop farming	27%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	86%
Market inside site	59%
Own production	14%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



1%	Higher risk of secondary impacts
46%	Moderate-high risk
51%	Moderate risk of secondary impacts
1%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	98%
Text message alerts	59%
Family and friends	49%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	94%
Practice physical distancing	81%
Avoid large gatherings	73%



In **48%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	50%
Advice on COVID-19 for sites	44%
Additional health services	3%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **94%**



comprised of elderly individuals (aged 60+ years) **82%**



WASH



In **15%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **37%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **9%** of these sites in the 7 days prior.

In **88%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	39%	Some	53%	None	8%	Don't know

PROTECTION



In **17%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	94%
Unexplained physical complaints	5%
Social withdrawal	2%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	98%
Increased health issues	37%
Increased gender-based violence	11%

SHELTER



21% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	67%
Relocate healthy family members	12%
Rent hotel to isolate ill	10%

MARKETS

In **26%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Hand sanitizer / hygiene materials	53%
Cooking / kitchen materials	47%

LIVELIHOOD



In **27%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **99%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



36%	Other facilities (e.g. mosque)	74%	Home school
0%	TV or radio programmes	20%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

TAKHAR
NORTH EAST

ISETs Round 1
May-June 2020

DEMOGRAPHICS

70 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**23,336**
Recent IDP	1,985
Protracted IDP	1,654
Prolonged IDP	1,699
Refugee	20
Returnee	844
Economic migrant	85
Nomad	0
Host Community	17,049

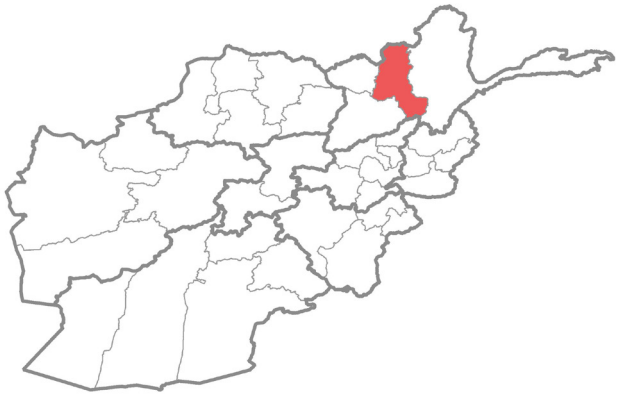


In **1%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



51%	Urban
28%	Suburban
21%	Rural





27% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	71%
Prolonged IDP[4]	81%
Protracted IDP[4]	70%
Refugee	1%
Returnee	67%

MOVEMENT & INTENTIONS

In **13%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	56%
No work opportunities in current site	44%
Better service access at new location	22%



In **93%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **53%** of sites, KIs reported that IDP households, totaling **380**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Takhar	78%
Kunduz	16%
Badakhshan	5%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	74%
Pakistan	19%
Tajikistan	2%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	94%
Permanent (brick)	4%
Transitional shelter	1%



In **49%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	57%
Rent shelter	27%
Own shelter without documentation	7%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



94% Positive | 4% Neutral | 1% Negative | 0% No answer



In **1%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

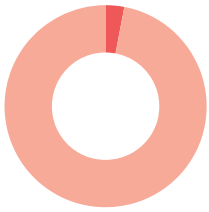


In **3%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **97%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



3%	Government
97%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **24%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **26%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	41%
Unpleasant colour/taste/smell	38%
Not enough water available	29%

HEALTH



In **77%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **89%** of assessed sites, and in **38%** of these sites, most residents were reportedly unsatisfied with the care they received.



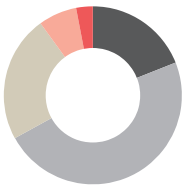
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	72%
Treatment unaffordable	49%
Insufficient capacity of health centre	45%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



19%	Very good
48%	Good
23%	Okay
7%	Poor
3%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 4%  | Women and girls 11% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	69%
Cash crop farming	24%
Small business	6%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	94%
Market inside site	71%
Own production	24%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



9%	Higher risk of secondary impacts
70%	Moderate-high risk
21%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **96%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	64%
Text message alerts	28%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	89%
Practice physical distancing	76%
Avoid large gatherings	49%



In **10%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	57%
Advice on COVID-19 for sites	43%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **87%**



comprised of elderly individuals (aged 60+ years) **80%**



WASH



In **26%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **20%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **43%** of these sites in the 7 days prior.

In **74%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



6%	All	15%	Some	73%	None	6%	Don't know

PROTECTION



In **39%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	41%
No unusual behavior	37%
Social withdrawal	21%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	99%
Loss of access for NGO services	49%
Community violence	29%

SHELTER



41% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	46%
Relocate healthy family members	16%
Tools/materials to extend shelter	14%

MARKETS

In **14%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	33%
Soap	22%

LIVELIHOOD



In **24%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **93%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



43%	Other facilities (e.g. mosque)	49%	Home school
0%	TV or radio programmes	37%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BAHARAK District
TAKHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

1 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**154**
Recent IDP	2
Protracted IDP	3
Prolonged IDP	0
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	149

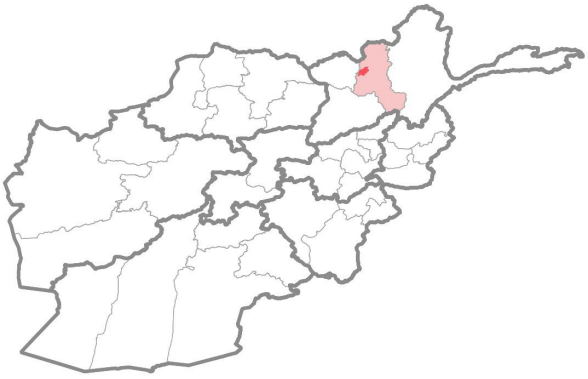


In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



0%	Urban
0%	Suburban
100%	Rural





3% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	0%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **0%** of sites, KIs reported that IDP households, totaling **0**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

NA	NA
NA	NA
NA	NA

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **0%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	100%
Own shelter without documentation	0%
Rent shelter	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:

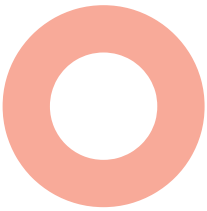
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	0%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	100%
Medicine unaffordable	100%
Insufficient capacity of health centre	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]

0%	Very good
0%	Good
100%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	100%
Small business	0%
Unskilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Own production	100%
NGO food distributions	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]

0%	Higher risk of secondary impacts
0%	Moderate-high risk
100%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19

In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Community/religious leader	100%
Media (TV, radio)	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%

In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

- comprised of households containing at least one member with a chronic illness: **100%**
- comprised of elderly individuals (aged 60+ years): **100%**

WASH

In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA%** of these sites in the 7 days prior.

In **100%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION

In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER

0% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD

In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



100%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

BANGI District
TAKHAR

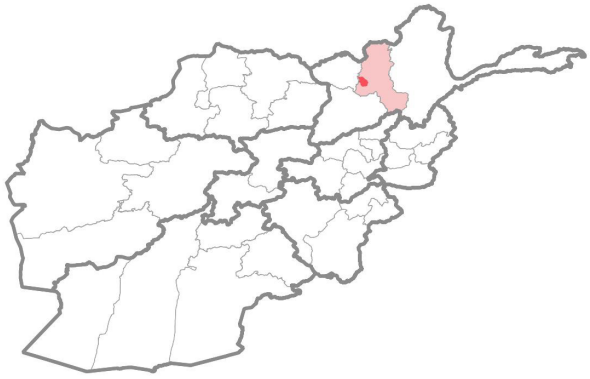
ISETs Round 1
May-June 2020

DEMOGRAPHICS

7 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**1,667**
Recent IDP	31
Protracted IDP	70
Prolonged IDP	200
Refugee	20
Returnee	45
Economic migrant	0
Nomad	0
Host Community	1,301



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.



22% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites by reported location:



14%	Urban
57%	Suburban
29%	Rural

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	29%
Prolonged IDP[4]	29%
Protracted IDP[4]	29%
Refugee	14%
Returnee	57%

MOVEMENT & INTENTIONS

In **29%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
More work opportunities in new site	100%
Harassment by local/host authorities	0%

In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **29%** of sites, KIs reported that IDP households, totaling **11**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Takhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	50%
Pakistan	50%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%

In **71%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.7** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	29%
Own shelter without documentation	29%
Rent shelter	29%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



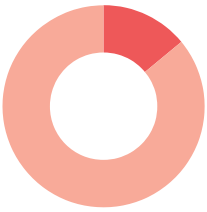
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **14%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



14%	Government
86%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **43%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **43%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Waterpoints are too far	43%
Long wait to access point	29%
Waterpoints are unsafe	29%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **75%** of assessed sites, and in **33%** of these sites, most residents were reportedly unsatisfied with the care they received.

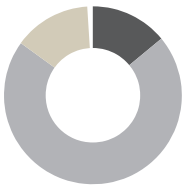
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Treatment unaffordable	50%
Medicine unaffordable	50%
Insufficient capacity of health centre	50%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



14%	Very good
71%	Good
14%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **0%** | Women and girls **0%**

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Cash crop farming	57%
Unskilled daily labour	43%
Small business	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
Market inside site	57%
Own production	29%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



14%	Higher risk of secondary impacts
57%	Moderate-high risk
29%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Government	67%
Community/religious leader	17%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	86%
Practice physical distancing	57%
Self-isolate if ill	57%



In **14%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Advice on COVID-19 for sites	100%
Advice on COVID-19 for HHs	0%
Counseling for vulnerable residents	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **86%**



comprised of elderly individuals (aged 60+ years) **100%**



WASH



In **43%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **57%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	75%	None	25%	Don't know
---	---	---	---	---	---	---	---

PROTECTION



In **0%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Social withdrawal	43%
No unusual behavior	43%
Unexplained physical complaints	14%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	86%
Community violence	14%
Loss of access for NGO services	14%

SHELTER



57% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tools/materials to extend shelter	29%
Relocate healthy family members	29%
No preference for shelter aid	29%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **29%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **86%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



17%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	83%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

TALOQAN District
TAKHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

60 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**21,130**
Recent IDP	1,837
Protracted IDP	1,491
Prolonged IDP	1,399
Refugee	0
Returnee	789
Economic migrant	85
Nomad	0
Host Community	15,529

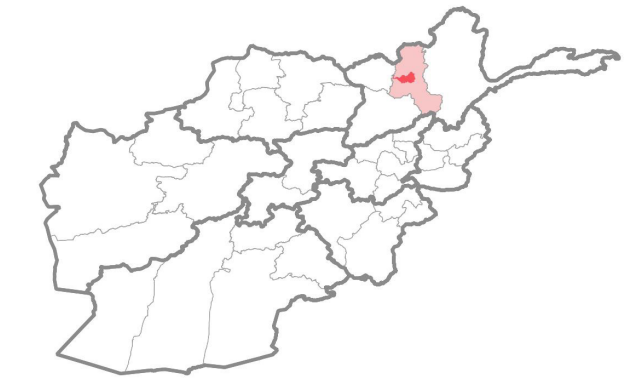


In **2%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



58% Urban
22% Suburban
20% Rural





26% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	75%
Prolonged IDP[4]	87%
Protracted IDP[4]	75%
Refugee	0%
Returnee	70%

MOVEMENT & INTENTIONS

In **12%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

More work opportunities in new site	43%
No work opportunities in current site	29%
Better service access at new location	29%



In **92%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **55%** of sites, KIs reported that IDP households, totaling **319**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Takhar	76%
Kunduz	18%
Badakhshan	6%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	76%
Pakistan	17%
Tajikistan	2%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	95%
Permanent (brick)	5%
Tents	0%



In **45%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.8** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Own with documentation	62%
Rent shelter	28%
Own shelter without documentation	5%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

TALOQAN District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



93% Positive | 5% Neutral | 2% Negative | 0% No answer



In **2%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

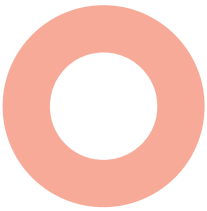


In **2%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **97%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **23%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **25%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Unpleasant colour/taste/smell	41%
Long wait to access point	39%
Waterpoints are too far	29%

HEALTH



In **73%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **90%** of assessed sites, and in **42%** of these sites, most residents were reportedly unsatisfied with the care they received.



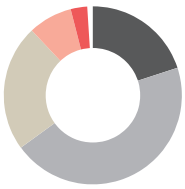
In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Medicine unaffordable	72%
Treatment unaffordable	45%
Insufficient capacity of health centre	42%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



20%	Very good
45%	Good
23%	Okay
8%	Poor
3%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 5%  | Women and girls 13% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	72%
Cash crop farming	20%
Small business	7%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	93%
Market inside site	77%
Provided from family/friends	25%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



8%	Higher risk of secondary impacts
72%	Moderate-high risk
20%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **95%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Media (TV, radio)	100%
Community/religious leader	67%
Text message alerts	25%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	88%
Practice physical distancing	77%
Avoid large gatherings	50%



In **10%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

Food distribution	67%
Advice on COVID-19 for sites	33%
Advice on COVID-19 for HHs	0%

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **87%**



comprised of elderly individuals (aged 60+ years) **78%**



WASH



In **25%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **23%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **43%** of these sites in the 7 days prior.

In **77%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



7%	All	17%	Some	72%	None	4%	Don't know

PROTECTION



In **44%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

Unexplained physical complaints	47%
No unusual behavior	33%
Social withdrawal	20%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Loss of access for NGO services	52%
Community violence	28%

SHELTER



39% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

No preference for shelter aid	50%
Tents to isolate ill on site	15%
Tools/materials to extend shelter	13%

MARKETS

In **14%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Fuel / Heating materials	38%
Soap	25%

LIVELIHOOD



In **25%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **93%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



45%	Other facilities (e.g. mosque)	52%	Home school
0%	TV or radio programmes	34%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

YANGI QALA District
TAKHAR

ISETs Round 1
May-June 2020

DEMOGRAPHICS

2 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

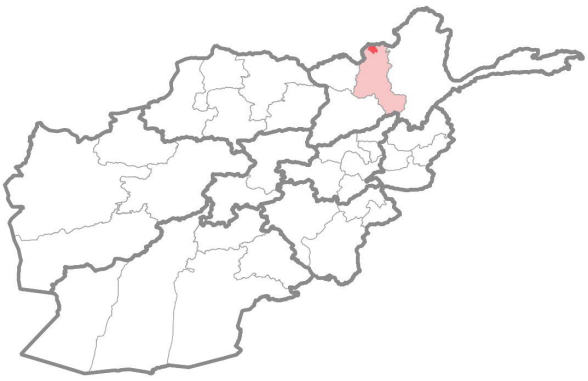
Total	**385**
Recent IDP	115
Protracted IDP	90
Prolonged IDP	100
Refugee	0
Returnee	10
Economic migrant	0
Nomad	0
Host Community	70



In **0%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:

0%	Urban
100%	Suburban
0%	Rural





82% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	100%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	50%

MOVEMENT & INTENTIONS

In **0%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

NA	NA
NA	NA
NA	NA



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **100%** of sites, KIs reported that IDP households, totaling **50**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Takhar	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

Iran	100%
Pakistan	0%
Tajikistan	0%

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Transitional shelter	50%
Permanent (mud)	50%
Tents	0%



In **100%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **2.5** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Occupy for free with owner's consent	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

YANGI QALA District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



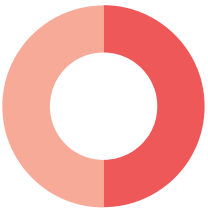
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **100%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



50%	Government
50%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **0%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

Long wait to access point	100%
Not enough water available	100%
Unpleasant colour/taste/smell	50%

HEALTH

In **100%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **0%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

Travel to clinic unaffordable	100%
Treatment unaffordable	100%
Medicine unaffordable	100%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



0%	Very good
100%	Good
0%	Okay
0%	Poor
0%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys	0%	Women and girls	0%

Top 3 reported reasons for lack of freedom of movement:[7]

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market outside site	100%
NGO food distributions	0%
Market inside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
100%	Moderate-high risk
0%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Community/religious leader	100%
Media (TV, radio)	100%
Text message alerts	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Avoid large gatherings	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **100%**



comprised of elderly individuals (aged 60+ years): **50%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **0%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **50%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **50%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased gender-based violence	100%
Increased poverty	100%
Community violence	100%

SHELTER



50% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Relocate healthy family members	100%
Tools/materials to extend shelter	0%
Tents to isolate ill on site	0%

MARKETS

In **50%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

Food	100%
Soap	0%
Hand sanitizer / hygiene materials	0%

LIVELIHOOD



In **0%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



50%	Other facilities (e.g. mosque)	100%	Home school
0%	TV or radio programmes	0%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

URUZGAN
SOUTH

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,830**
Recent IDP	20
Protracted IDP	1,200
Prolonged IDP	910
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	700



In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



75%	Urban
0%	Suburban
25%	Rural





75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	25%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **25%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **2**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



100%	Positive	0%	Neutral	0%	Negative	0%	No answer



In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

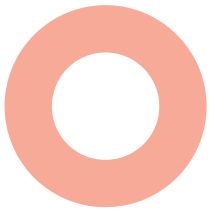


In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.



In **75%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH



In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.



In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH



In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.



In **75%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



75%	Very good
0%	Good
0%	Okay
0%	Poor
25%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys 25% 

Women and girls 25% 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
25%	Moderate-high risk
75%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness: **25%**



comprised of elderly individuals (aged 60+ years): **25%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **25%** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **25%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



25%	Other facilities (e.g mosque)	0%	Home school
0%	TV or radio programmes	75%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

TIRINKOT District
URUZGAN

ISETs Round 1
May-June 2020

DEMOGRAPHICS

4 site(s) assessed in this district.

Total population group size of assessed sites, in households:[1]

Total	**2,830**
Recent IDP	20
Protracted IDP	1,200
Prolonged IDP	910
Refugee	0
Returnee	0
Economic migrant	0
Nomad	0
Host Community	700

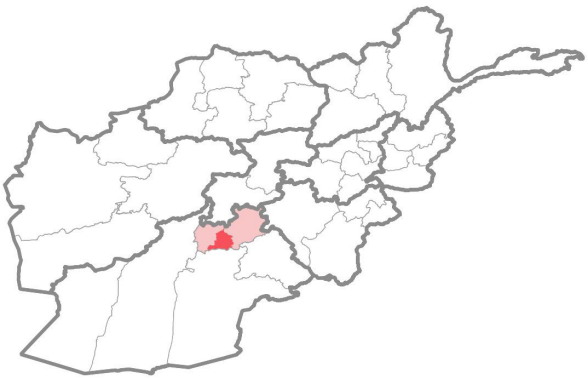


In **25%** of assessed sites, KIs reported no host community households living within the site boundaries.

% of assessed sites by reported location:



75%	Urban
0%	Suburban
25%	Rural





75% of assessed populations were reported to be forcibly displaced.[2]

% of assessed sites reported to be containing forcibly displaced groups:[3]

Recent IDP[4]	25%
Prolonged IDP[4]	100%
Protracted IDP[4]	100%
Refugee	0%
Returnee	0%

MOVEMENT & INTENTIONS

In **25%** of assessed sites, there were residents reportedly planning to move elsewhere in the month following data collection. Of these sites, top 3 reported reasons for planned movement:[3]

No work opportunities in current site	100%
Harassment by local/host authorities	0%
Land dispute	0%



In **100%** of assessed sites, KIs reported that most households have lived in the site 5 years or longer.

In **25%** of sites, KIs reported that IDP households, totaling **2**, arrived in the 3 months prior.[5] Top 3 reported provinces from which most came:

Helmand	100%
Badakhshan	0%
Badghis	0%

Top 3 reported countries from which most returnees came (regardless of date of arrival):

NA	NA
NA	NA
NA	NA

SHELTER

Top 3 shelter types reported to be most common within assessed sites:

Permanent (mud)	100%
Tents	0%
Makeshift shelter	0%



In **25%** of assessed sites, KIs reported that most residents have insecure tenure for their shelters.[6]

On average, there are **4.3** rooms reported in most shelters in which household members sleep.

Top 3 reported accommodation arrangements that most residents held in order to occupy their shelter:

Rent shelter	100%
Own with documentation	0%
Own shelter without documentation	0%

1. The numbers presented here are averages of the estimates reported by KI(s) at the time of data collection. These findings should be triangulated with additional sources before use for programmatic planning.
2. Forcibly displaced populations include internally displaced persons (IDPs) (see footnote 4), returnees (Afghan nationals that have returned to Afghanistan after living in other countries) and refugees (nationals of other countries outside of Afghanistan who have been displaced and fled their countries and are now residing in Afghanistan). Indicator caluclated using number of households reported in the site.
3. Respondents could select multiple answers.
4. For this assessment, an IDP is an Afghan national who has been forced to leave their homes in the last 6 months, a prolonged IDP is an Afghan national who was forced to leave their homes between 6 months and 2 years ago, and a protracted IDP is an Afghan national who was forced to leave their homes a minimum of 2 years ago, and have since restablished their lives in new locations. They are now considered part of the host community.
5. IDP for this indicator refers to an IDP of any displacement length - recent, prolonged or protracted.
6. Insecure tenure is tenure reported as 'verbal', 'none' or 'don't know'.

TIRINKOT District

ISETs Round 1
May-June 2020

HOUSING LAND & PROPERTY

% of assessed sites by reported social relationship with host community:



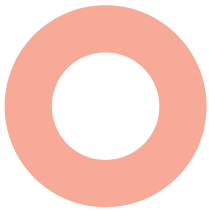
100%	Positive	0%	Neutral	0%	Negative	0%	No answer

In **0%** of assessed sites, KIs reported residents being threatened with eviction in the 3 months prior.

In **0%** of assessed sites, KIs reported authorities had attempted to relocate residents or forced them to leave in the 2 years prior to data collection.

In **75%** of assessed sites, KIs reported having no community representation structures.

In **100%** of assessed sites, KIs reported knowing who owns the land on which the settlement is located. Of these sites, % of sites with KIs reporting who owns the land where the site is located:



0%	Government
100%	Privately owned
0%	UN/NGO designated
0%	Communal land
0%	Other

WASH

In **50%** of assessed sites, KIs reported no drinking water source within 2 km of the site.

In **0%** of assessed sites, KIs reported an unimproved source[8] as the main source of drinking water for most residents.

Top 3 barriers that KIs in assessed sites reported residents face in accessing drinking water:[7]

No barriers	100%
Long wait to access point	0%
Unpleasant colour/taste/smell	0%

HEALTH

In **50%** of assessed sites reported no health centres accessible within 2 km of the settlement.

In the 3 months prior to data collection, residents were reported to have sought care at accessible health centers[9] in **100%** of assessed sites, and in **0%** of these sites, most residents were reportedly unsatisfied with the care they received.

In **75%** of assessed sites, KIs reported being aware of community-based mental health support/services.

In sites with KIs reporting that residents sought care in the 3 months prior, top 3 barriers that residents reportedly faced in accessing health services at health centres:[7]

No barriers	100%
Unsure where to go for assistance	0%
Travel to clinic unaffordable	0%

PROTECTION

% of assessed sites where KIs reported how most residents would rate the security relating to crime / conflict in the site in the 3 months prior:[10]



75%	Very good
0%	Good
0%	Okay
0%	Poor
25%	Very poor

% of assessed sites with KIs reporting that males and females cannot move freely in and out of the site:

Men and boys **25%** 

Women and girls **25%** 

Top 3 reported reasons for lack of freedom of movement:[7]

Fear for personal safety	100%	Fear for personal safety	100%
Host community harassment	0%	Host community harassment	0%
Socio-cultural barriers	0%	Socio-cultural barriers	0%

FOOD SECURITY & LIVELIHOOD

Top 3 reported primary income-generating activities in assessed sites:

Unskilled daily labour	100%
Small business	0%
Skilled daily labour	0%

Top 3 reported main sources of food for assessed site residents:[7]

Market inside site	100%
NGO food distributions	0%
Market outside site	0%

7. Respondents could select multiple answers.
8. An unimproved source of drinking water includes the options 'Spring, well, or kariz - unprotected' and 'Surface water (stream/river/irrigation)'.
9. Accessible health centres are those reported to be within 2 km of the site, or those beyond 2 km of the site but still within city/village boarders.
10. For this scale, *Very Good* implied "completely stable situation and no criminality or conflict", *Good* implied "stable situation and people are feeling safe, only criminality but no conflict", *Okay* implied "situation is good but can change at any time - unstable", *Poor* implied "suicide attack, demonstration, explosion but existence of some safer location. People are in danger from one party", and *Very Poor* implied "ongoing fights, mines/explosions, people are in danger from several parties".

VULNERABILITY DUE TO COVID-19

% of assessed sites by score of vulnerability to increased risks and needs due to COVID-19:[11]



0%	Higher risk of secondary impacts
25%	Moderate-high risk
75%	Moderate risk of secondary impacts
0%	Lower risk of secondary impacts

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into these three vulnerability components, in order to identify each site's vulnerability to secondary impacts due to the COVID-19 pandemic. Further information is in Annex 1.

COVID-19



In **100%** of assessed sites, KIs reported all settlement residents are aware of COVID-19.[12]

Of sites that are aware of COVID-19, KIs in **100%** of assessed sites reported COVID-19 as an important concern for most residents.

Top 3 reported sources of information from where most settlement residents are receiving information about COVID-19 and prevention:[13]

Government	100%
Media (TV, radio)	100%
Healthcare workers	100%

Top 3 actions that KIs in assessed sites reported most residents were taking to prevent exposure to COVID-19, by action:[13]

Wash hands frequently	100%
Practice physical distancing	100%
Self-isolate if ill	100%



In **0%** of assessed sites, KIs reported that local government have made efforts to inform / provide additional services in relation to COVID-19 risks.

Of assessed sites with KIs reporting additional information/services in relation to COVID-19, top 3 reported main additional service provided:

NA	NA
NA	NA
NA	NA

% of assessed sites in which KIs reported >5% of the site's population:

comprised of households containing at least one member with a chronic illness **25%**



comprised of elderly individuals (aged 60+ years) **25%**



WASH



In **0%** of assessed sites, KIs reported that soap and water are not available at most handwashing facilities.

In **NA** of assessed sites, KIs reported most residents using public handwashing facilities. Overcrowding at handwashing facilities was reported as an issue in **NA** of these sites in the 7 days prior.

In **75%** of assessed sites, KIs reported that there are water points accessible within 2 km of the site. Of these, % of sites where KIs reported that infrastructure at these points was disinfected on a daily basis in the 7 days prior to data collection:



0%	All	0%	Some	100%	None	0%	Don't know

PROTECTION



In **100%** of assessed sites, KIs reported security incidents within the site increased in the 3 months prior to data collection.

Top 3 reported behaviours observed in residents to help them deal with the COVID-19 outbreak:[13]

No unusual behavior	100%
Social withdrawal	0%
Angry / aggressive behaviour	0%

Top 3 reported anticipated secondary impacts on residents due to COVID-19 lockdown:[13]

Increased poverty	100%
Increased gender-based violence	0%
Increased health issues	0%

SHELTER



25% of assessed sites do not have room for people to sleep safely in the shelter while maintaining space to isolate the ill.[14]

Top 3 reported preferred forms of shelter aid by households if someone in the settlement becomes sick with symptoms of COVID-19:

Tents to isolate ill on site	100%
Tools/materials to extend shelter	0%
Relocate healthy family members	0%

MARKETS

In **0%** of assessed sites, KIs reported items in the market have sold out or become difficult to find in the 3 months prior. In these sites, top 3 reported items that have sold out or become harder to find:[13]

NA	NA
NA	NA
NA	NA

LIVELIHOOD



In **25%** of assessed sites, KIs reported that employment has completely stopped for most residents due to movement restrictions in the 3 months prior.

EDUCATION

In **100%** of sites, KIs reported access to a school[14]. These schools have reportedly closed in the 3 months prior in **100%** of these sites.

In sites where KIs reported closed schools, % reporting other education options available:[13]



25%	Other facilities (e.g. mosque)	0%	Home school
0%	TV or radio programmes	75%	No alternatives

11. The Vulnerability score is a calculation from a composite indicator. See annex 1 for an outline of which indicators comprise the composite indicator.
12. Sites considered 'aware' of COVID-19 are those where the KI(s) reported 'all residents' or 'some' residents being aware of COVID-19.
13. Respondents could select multiple answers.
14. It is estimated that a maximum of 4 people can sleep in a room 'safely'. Thus, to calculate this finding, the average HH size for a site was divided by the average reported number of rooms per shelter minus 1 (this is the isolation room for sick persons) to give the average number of people sleeping per room. If the average number of people sleeping per room was greater than 4, the site is reported in this indicator. (E.g, for this calculation, a household of 4 needs to have 2 rooms).
15. Accessible schools are those reported to be within 2km of the site, or those beyond 2km of the site but still within city/village boarders.

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into the three vulnerability components: susceptibility, coping capacity, and adaptive capacity. To ensure each category is equally represented in the calculation, a weight has been added to each indicator. For the ranking, 'secondary impacts' implies additional vulnerabilities and needs amongs ISET residents as a result of the pandemic or movement restrictions relating to it.

Calculation of the composite indicator
Step 1: Multiply the scores of the individual factors by their respective weights
Step 2: Add up the multiplied scored of all factors
Step 3: Divide the sum by 36
Step 4: The higher the site's score, the higher their vulnerability

Ranking
0 – 0.20 = Lower risk of secondary impacts due to COVID-19
0.21 – 0.40 = Moderate risk of secondary impacts due to COVID-19
0.41 – 0.60 = Moderate-high risk of secondary impacts due to COVID-19
0.61 – 1 = Higher risk of secondary impacts due to COVID-19

Vulnerability component	Questionnaire question	Response options	Answer scoring	Weight
CROSS SECTOR				
Susceptibility	Approximately how many households in your settlement contain members that have a chronic illness that prevents them from completing everyday tasks?	If reported integer divided by total number of reported households is >5% of hhs	1	2
		If reported integer divided by total number of reported households is <5% of hhs	0	
Susceptibility	Approximately how many INDIVIDUALS in your settlement are 60 years of age or older?	If reported integer divided by total number of reported individuals is >5% of indvls	1	2
		If reported integer divided by total number of reported individuals is <5% of indvls	0	
Adaptive capacity	Have there been efforts made by local government or authorities to inform or provide additional services to your settlement in relation to coronavirus risks?	No	1	3
		Yes	0	
		Don't know	N/A	
WASH				
Coping capacity	Are soap and water available for handwashing at most handwashing facilities?	No	1	3
		Yes	0	
		Don't know	N/A	
Coping capacity	Has overcrowding at these handwashing facilities been an issue in the last 7 days?	Yes	1	3
		No	0	
		Don't know	N/A	
HEALTH				
Coping capacity	Is there an accessible health centre within 2 km of your settlement?	No, none accessible	1	3
		Yes, within 2 km No, further than 2 km	0	
Coping capacity	[If any settlement resident sought care at health centre in last 3 months] Did they face any barriers to accessing healthcare at this centre?	Don't know where to go Cost of transport Cost of service Cost of medicines Cultural constrain Concern for physical safety Long travel time Insufficient capacity of health centre Denied access/ treatment Other	1	3
		No barrier	0	
PROTECTION				
Adaptive Capacity	What behaviours, if any, have you observed in residents of your settlement to deal with the coronavirus outbreak?	Social withdrawal Angry / aggressive behaviour Dangerous/risky behaviours Multiple unexplained physical complaints (headaches, stomach pains etc.) Increased alcohol/snuff/opium/other drug intake Other	1	3
		No unusual behaviour	0	

Vulnerability component	Questionnaire question	Response options	Answer scoring	Weight
PROTECTION				
Adaptive Capacity	What kind of secondary impacts do you foresee for people in your settlement due to the coronavirus disease lockdown?	Increased gender-based violence Increased poverty/no income Increased health issues Community violence Increased insecurity Lack of access for NGOs to provide services Other Not answered because respondent unaware of coronavirus	1	3
		None	0	
ES/NFI				
Susceptibility	What type of shelter did MOST people in your settlement live in?	Tents (emergency shelter) Makeshift Shelter Transitional Shelter Collective centre (building not intended for living) Open space (no shelter) Unfinished shelter (house) Damaged House	1	2
		Permanent shelter (mud) Permanent shelter (bricks)	0	
		Other	N/A	
Susceptibility	What is the average number of rooms in most shelters in which household members sleep?	If average family size divided by number of rooms per shelter is NOT enough for 4 persons per room plus one additional isolation room	1	2
		If average family size divided by number of rooms per shelter is enough for 4 persons per room plus one additional isolation room	0	
FOOD SECURITY AND LIVELIHOOD				
Susceptibility	Which income-generating activity do MOST residents in your settlement engage in?	Unskilled daily labour (without contract) Borrowing / loans / aid Small business / sale of goods or services Skilled daily labour (without contract)	1	2
		Formal employment (with contract) Farming (livestock) Farming (cash crop)	0	
		Other	N/A	
FOOD SECURITY AND LIVELIHOOD				
Susceptibility	How has work for MOST settlement residents changed due to movement and economic restrictions related to health concerns in the last 3 months?	Completely stopped Partially stopped	1	2
		Continued without decline	0	
COVID-19				
Adaptive capacity	What actions are most settlement residents taking to PREVENT EXPOSURE to the coronavirus?	None	1	3
		Wash hands frequently Practice physical distancing Self-isolate if experiencing symptoms Wear masks and gloves if experiencing symptoms Wear masks and gloves in general Do not touch your face Avoid large crowds and gatherings Other	0	