AFGHANISTAN

Whole of Afghanistan

Multi-Sector Needs Assessment

Assessment Report

August-September 2020

OCHA INTER-CLUSTER COORDINATION TEAM REACH

Assessment conducted in the framework of:

Afghanistan Inter-Cluster Coordination Team

OCHA

AFGHANISTAN NUTRITION CLUSTER

WASH Cluster
Water Sanitation Hygiene

Afghanistan
Education in Emergencies Working Group (EiEWG)
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Executive Summary

As the conflict in Afghanistan enters its fifth decade, humanitarian need remains widespread and intense. In 2020 alone, conflict resulted in the deaths of more than 2,000, injuries among more than 3,800, and the displacement of approximately 400,000 people.[1] Compounding the effects of ongoing violence, the economic contraction due to the COVID-19 pandemic has reduced wages, increased food prices, and prompted the return of displaced Afghans from Iran at unprecedented rates, bringing the country to the brink of a food security crisis.[2] The country is also prone to frequent natural disasters—including earthquakes, flooding, droughts, landslides, and avalanches—which affected more than 100,000 people in 2020.[3] As a result of these interlocking crises, the United Nations declared that 14 million people in Afghanistan were in humanitarian need as of June 2020 with 18.4 million (approximately 45% of the population) projected to be in need in 2021.[4]

Given the extent of the crisis, data-driven decision-making is crucial to effective use of resources, but the restrictive operating environment (the Humanitarian Access Group (HAG) recorded 1,095 constraints on humanitarian access in 2020) makes high-quality information difficult to find.[5] The goal of the annual Whole of Afghanistan Assessment (WoAA), which was initiated in 2018, is to provide reliable, representative data to Afghanistan's humanitarian community in support of the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) cycles. WoAA is led by the Afghanistan Inter-Cluster Coordination Team (ICCT) and facilitated by REACH; it will take place yearly through at least 2023. WoAA 2020 was carried out in close collaboration with all clusters and technical working groups active in Afghanistan and executed with significant support from local non-governmental organization (NGO) members of the Agency Coordinating Body for Afghan Relief (ACBAR) Twinning Program.

Due to limitations created by the global COVID-19 pandemic, the scope of WoAA 2020 was restricted compared to the 2019 assessment. WoAA 2020 maintained nationwide coverage, with data collected in all 34 provinces of Afghanistan, but narrowed the focus to six population groups determined by the ICCT and Afghanistan's humanitarian community to be most vulnerable: recent and non-recent internally displaced persons (IDPs), recent and non-recent cross-border (CB) returnees, Pakistani refugees in Khost and Paktika provinces, and non-displaced persons living in highly food insecure areas, called "vulnerable non-displaced" in this report. Though the survey used in 2020 was shorter than that used in 2019, the assessment covered all sectors of the Afghanistan response.

Data collection for WoAA 2020 was carried out between 08 August 2020 and 14 September 2020 by REACH teams and eleven national NGO members of the ACBAR Twinning Program. Interviews with 13,147 heads of household were carried out, alongside extra interviews in 2,910 households with household members of a different sex. Analysis was carried out as a joint collaborative process led by the ICCT, facilitated by REACH, and aligned where possible with the Joint Intersectoral Analysis Framework (JIAF). WoAA 2020 findings are representative with a 95%

[1] UN Assistance Mission in Afghanistan, "Afghanistan Protection of Civilians in Armed Conflict Third Quarter Report: 1 January to 30 September 2020," Quarterly Report, Reports on the Protection of Civilians in Armed Conflict (Kabul: UN Assistance Mission in Afghanistan, October 2020); OCHA, "Afghanistan: Conflict Induced Displacements (as of 07 February 2021)," Interactive Dashboard, Humanitarian Response, accessed February 9, 2021, https://www.humanitarianresponse.info/en/operations/afghanistan/idps.

[2] Afghanistan IPC Technical Working Group, "Afghanistan: Acute Food Insecurity Situation August - October 2020 and Projection for November 2020 - March 2021," Acute Food Insecurity Situation Report (Integrated Food Security Phase Classification, November 2020), http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152907/?iso3=AFG; "Now Is Not the Time to Forget Afghanistan and Its Neighbours," UNHCR, April 14, 2020, https://www.unhcr.org/en-us/news/briefing/2020/4/5e9567114/coronavirus-time-forget-afghanistan-its-neighbours.html.

[3] OCHA, "Afghanistan: Overview of Natural Disasters," Interactive Dashboard, Humanitarian Response, accessed February 9, 2021, https://www.humanitarianresponse.info/en/operations/afghanistan/natural-disasters-0.

[4] OCHA, "Afghanistan Humanitarian Needs Overview 2021" (OCHA, December 19, 2020).

[5] Humanitarian Access Group, "Afghanistan HAG Quarterly Report: October to December 2020," HAG Quarterly Report (Kabul: OCHA), accessed February 9, 2021, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/hag_quarterly_access_report_q4_2020.pdf.

confidence interval and 5% margin of error for population groups of interest at the national level and representative with a 95% confidence interval and 9% margin of error for displaced populations at the province level.

As was the case in 2019, WoAA 2020 was complemented by the Hard-to-Reach (HtR) Assessment. HtR consists of 3,553 Key Informant Interviews (KIIs) conducted in 120 hard-to-reach districts encompassing 10,300 settlements between 19 July 2020 and 02 August 2020. Findings for HtR are not generalizable to the overall population of interest with a known level of precision. HtR findings are presented at the settlement level and should not be considered comparable with findings from WoAA 2020.

Key Findings

Magnitude: **Ninety-seven percent (97%) of displaced households in Afghanistan have at least one sectoral need**.[6] The magnitude of need varies little, if at all, between geographic areas and population groups assessed as part of WoAA 2020.

Severity: In addition to being widespread, need in Afghanistan was intense in 2020. Overall, **7% of displaced households were assessed to have severe need but no extreme needs**, while **90% were assessed to have extreme need**. Unfortunately, the ubiquity of need makes effective prioritization difficult. **All provinces were assessed to have extreme need among over 70% of displaced households except for two**: Kabul (68%) and Panjsher (65%).

Sectoral needs: The most common drivers of need were food security and agriculture (FSAC) need and protection need. Of the 97% of displaced households in Afghanistan that had one or more sectoral needs, **71% had FSAC sectoral need** and **63% had protection sectoral need**. Food insecurity is likely driven by both COVID-19 and conflict, which have increased food prices and contracted the labor market (particularly in provinces far from Afghanistan's major cities), while protection is likely driven mainly by conflict.

The landscape of need does remain extremely diverse in Afghanistan. Of the 127 need profiles possible in an emergency that engages seven humanitarian sectors, all profiles were present in this analysis and none appeared significantly more common than the others. In addition, the average displaced household in Afghanistan has need in **three or four sectors**. While improving the food security and protection response in Afghanistan likely offers opportunities to reduce the severity and magnitude of need, such improvements will not be enough.

Any multi-sector response must have components specifically dedicated to addressing the needs of people with a pre-existing vulnerability: households with a female head, an elderly head, or a disabled member. **Twenty percent (20%) of displaced households** were assessed to have one or more sectoral needs and one or more of these pre-existing vulnerabilities, which are likely to compound need over time--particularly if the household is exposed to one of Afghanistan's frequent shocks. Among disabled households with one or more disabled members (15% of displaced households), **emergency shelter and non-food items (ES-NFI), health, and water and sanitation (WASH) need appeared frequently**, indicating that disability may contribute to humanitarian need in unique ways that merits a specialized response.

Capacity gaps: As dire as need appeared in 2020, future years may be worse. Capacity gaps (CG), uses of unsustainable coping strategies to meet needs, were widespread. Although fewer than 1% of displaced households were assessed to have a CG but no sectoral need, **50% of displaced households had both a CG and one or more sectoral need**. As a result, the position of these households may be worse than is immediately apparent. As household ability to utilize these coping strategies runs out, needs will likely increase in magnitude and severity even as ability to recover from shocks is diminished.

[6] The main findings from this report refer to "displaced households," an aggregated group including any household that has been internally displaced and is not residing in its area of origin (internally displaced persons or IDPs) or that has crossed an international border before returning to Afghanistan (cross-border returnees or CB returnees). This group corresponds to an aggregation of IDPs, CB returnees, and vulnerable people with humanitarian needs evaluated by the 2021 HNO. Findings for displaced populations are based on 1,058 interviews with displaced heads of household.

Pakistani refugees: In addition to the displaced households that made up the bulk of the assessment's sample, WoAA 2020 assessed the needs of Pakistani refugees living in Khost and Paktika provinces.[7] One hundred percent (**100%) of Pakistani refugee households were assessed to have one or more sectoral needs**, with **ninety-seven percent (97%)** of refugee households assessed to have protection need and **ninety-five percent (95%)** assessed to have FSAC need. These needs are likely driven by **lack of documentation** (in particularly documentation that would provide secure tenancy) and **high food prices** resulting from COVID-19.

Vulnerable non-displaced households: WoAA 2020 also assessed the needs of non-displaced households living in highly food-insecure areas.[8] **Ninety-six percent (96%)** of these households were assessed to have one or more sectoral needs. **Sixty-four percent (64%)** were assessed to have health need. **Sixty-four percent (64%)** were assessed to have FSAC need. The main drivers of need were **behaviour change caused by financial stress,** feelings of **distress that affected the head of household's ability to work**, and the **use of negative coping strategies to prevent hunger in the face of economic disruption**.

Accountability to Affected Populations: Across assessed population groups, people in Afghanistan preferred obtaining information related to the humanitarian situation through **face-to-face or over-the phone interaction**. Sixty-four percent (64%) of displaced households, 72% of refugee households, and 65% of vulnerable non-displaced households reported that they preferred to obtain information useful to the household face-to-face. Fifty-three percent (53%) of displaced households, 74% of Pakistani refugee households, and 58% of vulnerable non-displaced households reported that they preferred to obtain information useful to the household over the phone.

Hard-to-reach areas: The findings from the Hard-to-Reach Assessment, available in full in the REACH repository, are generally aligned with the findings from WoAA 2020.[9] If anything, WoAA 2020 may underestimate the extent and severity of need in Afghanistan, which is likely higher in some (if not all) hard-to-reach settlements.

Conclusion

The breadth and depth of need documented by WoAA 2020 indicate an extreme humanitarian situation. Fueled by poverty, pandemic, disaster, and conflict, the crisis in Afghanistan is complex and persistent. While food security and protection may represent the areas of greatest need, every cluster and working group has a vital role to play in alleviating humanitarian need in Afghanistan.

Given the current uncertainty regarding the future of the conflict created by the peace process, further analysis and assessments should examine more closely the link between conflict activity and need in order to plan for all scenarios. Attention should also be paid to gathering qualitative data that helps explain the variation of need across geography that was observed in WoAA 2020. In addition, WoAA's data on female household members merits further exploration than possible given the scope of this report.

Finally, the country would benefit from more frequent, small scale assessments like WoAA. Given the current context, Afghanistan's humanitarian community would also benefit from regular situation monitoring. While WoAA provides a wide-ranging view of need in Afghanistan, it is a product of the two months in which data is collected. The uncertainty that is likely to govern Afghanistan in 2021 will make rapid response to disaster or displacement based on up-to-date information ever more vital.

[7] Findings for Pakistani refugee households are based on 414 interviews with heads of refugee households.

[8] Findings for vulnerable non-displaced households are based on 2,420 non-displaced households in areas classified as Integrated Phase Classification (IPC) and Famine Early Warning Systems Network (FEWS NET) 3 and 4 areas. ICP 3 and FEWS Net 3 areas are those in which the majority of households have food consumption gaps that are reflected by high or above-usual acute malnutrition or are marginally able to meet minimum food needs only by depleting essential livelihood assets or through crisis-coping strategies. IPC 4 and FEWS Net 4 areas are those in which the majority of households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality rates or are able to mitigate large food consumption gaps only by employing emergency livelihood strategies and asset liquidation. Interviews with non-displaced households were conducted in Arghandam, Eskashem, and Shighnan (Badakhshan province), Mazar-e-Sharif (Balkh province), Injil and Karukh (Hirat province), Kandahar (Kandahar province), and Behsud (Nangarhar province).

[9] REACH Initiative, "Afghanistan Assessment of Hard-to-Reach Districts: District-Level Factsheet Booklet," Factsheet Booklet (Kabul: IMPACT Initiatives, July 2020), https://www.reachresourcecentre.info/country/afghanistan/cycle/919/#cycle-919.

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List of Acronyms

AAP	Accountability to Affected Populations
ACBAR	Agency Coordinating Body for Afghan Relief
ANSF	Afghan National Security Forces
BSU	Basic Service Unit
CG	Capacity Gap
DTM	Displacement Tracking Matrix
EiE	Education in Emergencies
ERM	Emergency Response Mechanism
ES-NFI	Emergency Shelter and Non-Food Items
FCS	Food Consumption Score
FEWS NET	Famine Early Warning Systems Network
FSAC	Food Security and Agriculture
GBV	Gender-Based Violence
HAG	Humanitarian Access Group
HEAT	Household Emergency Assessment Tool
HHS	Household Hunger Scale
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HtR	Hard to Reach
ICCT	Inter-Cluster Coordination Team
IDP	Internally Displaced Person
INSO	International NGO Safety Organization
IOM	International Office of Migration
IPC	Integrated Phase Classification
JIAF	Joint Interagency Analysis Framework
JMMI	Joint Market Monitoring Initiative
KI	Key Informant
KII	Key Informant Interview
LCSI	Livelihoods Coping Strategies Index
MIED	Magnetic Improvised Explosive Device
MoPH	Ministry of Public Health
MPI	Multi-Dimensional Poverty Index
MSNI	Multi-Sectoral Needs Index
MUAC	Middle Upper-Arm Circumference
NGO	Non-Governmental Organization
PSU	Primary Sampling Unit
rCSI	Reduced Coping Strategies Index
SAF	Small Arms Fire
SFO	Senior Field Officer
SFSA	Seasonal Food Security Assessment
SOP	Standard Operating Procedure
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WoAA	Whole of Afghanistan Assessment

Geographical Classifications

Province	Highest form of governance below the national level
District	An area within a province officially governed from the District Administrative Center (DAC); usually the largest town or city in the province

List of Figures, Tables and Maps

INTRODUCTION

Contextual Overview

Conflict

Since the Soviet invasion in December 1979, Afghanistan has been at war. Even after the Soviet withdrawal in the late 80s, a violent civil conflict erupted between armed factions supported by several external actors. Over the course of the war, the Taliban (who refer to themselves as the Islamic Emirate of Afghanistan) emerged in the south and conquered most of the country, including Kabul. Their government was toppled by a US-led coalition following the September 11 attacks, however, the Taliban regrouped following the US invasion and have waged an insurgency against the coalition and Afghan National Security Forces (ANSF) for well over a decade.

In 2020, the conflict entered a dramatic new phase. On September 12, the Afghan government and the Taliban began talks in Doha. Frequently referred to as the "intra-Afghan negotiations," these talks are direct negotiations aimed at bringing decades of war to an end. At the time of this writing the talks appear deadlocked in their second round as all parties wait on US President Joseph Biden to announce whether his administration will withdraw its forces from the country by 1 May, the deadline espoused in the agreement reached between his predecessor and the Taliban in 2019.

Despite the peace talks, violence remains a defining feature in the lives of most Afghans. According to the International NGO Safety Organization (INSO), which tracks conflict incidents in Afghanistan, 2020 logged the most incidents of any year since at least 2014.[10] Afghanistan's major cities have seen a campaign of targeted killings, mostly by small arms fire (SAF) or magnetic improvised explosive devices (MIEDs), which target government figures and ANSF personnel but frequently cause civilian casualties.[11] October 2020 also saw large-scale Taliban offensives in southern Afghanistan that displaced thousands of people.[12]

COVID-19

The COVID-19 pandemic and its socio-economic repercussions exacerbated key drivers of humanitarian need within Afghanistan. COVID-19 increased pressure on both local and national healthcare systems and illuminated pre-existing tensions within the healthcare system – including the cost of healthcare, access to healthcare for women, and mistrust in government figures.[13] Demand for health information and for basic services reinforced reliance on informal sources and social networks including fake cures and home treatments.[14] COVID-19's socio-economic influence drove up prices of key food supplies while dampening demand for daily labor and shuttering local businesses which then increased hunger, debt, and stress.[15] Schools closures restricted child access to education and increased the need for unpaid, domestic work.[16] Women, disabled persons, and populations already

[10] International NGO Safety Organization, "INSO Afghanistan Quarterly Report: 01 October - 31 December" (International NGO Safety Organization, 2020), Unpublished.
[11] Fahim Abed and Thomas Gibbons-Neff, "Targeted Killings Are Terrorizing Afghans. And No One Is Claiming Them.," The New York Times, January 2, 2021, sec. World, https://www.nytimes.com/2021/01/02/world/asia/afghanistan-targeted-killings.html.
[12] International NGO Safety Organization, "INSO Afghanistan Quarterly Report: 01 October - 31 December."
[13] International Rescue Committee and UN Women, "Unlocking the Lockdown: Gender-Differentiated Consequences of COVID-19 in Afghanistan" (Kabul, November 8, 2020).
[14] S Reza Kazemi, "Covid-19 in Afghanistan (3): Distributing Aid and Changing Aid Politics – View from a Herati Village," Afghan Analysts Network, March 16, 2020, https://www.afghanistan-analysts.org/en/reports/economy-development-environment/covid-19-in-afghanistan-3-distributing-aid-and-changing-aid-politics-view-from-a-herati-village/.
[15] OCHA, "Humanitarian Response Plan: Afghanistan 2018-2021 (Humanitarian Programme Cycle 2020 Mid-Year Revision)" (Kabul: United Nations Office for the Coordination of Humanitarian Affairs, June 2020).
[16] International Rescue Committee and UN Women, "Unlocking the Lockdown: Gender-Differentiated Consequences of COVID-19 in Afghanistan."

relying on negative coping strategies to meet basic needs were particularly impacted as the pandemic reduced movement and transport options and increased self-isolation among vulnerable groups.[17]

While the reported number of cases and deaths was highest in urban centers, such as Kabul and Herat, COVID-19 and its accompanying socio-economic issues continue to impact every province of Afghanistan following two waves of COVID-19 in the summer and then winter months.[18] Within six months of the first reported case of COVID-19, in June 2020, OCHA revised the 2020 Humanitarian Response Plan to indicate that 14 million were in acute humanitarian need compared to 9.4 million in December 2019. As of December 2020, OCHA estimates that 18 million are in acute humanitarian need.[19]

Disasters

Located in a seismically active and mountainous region, Afghan people are at risk of earthquakes, floods, droughts, extreme winter conditions, and extreme heat. Though 2020 saw no large-scale disasters, local events affected more than 100,000 people.[20] The country also faced a catastrophic drought in 2018 and 2019, the effects of which may affect the needs of the population to this day. Although relatively few households assessed by WoAA 2020 were affected by natural disasters, flooding reportedly affected over half of displaced households in Paktika (94%), Daykundi (68%), Uruzgan (51%) provinces, while drought reportedly affected a sizable proportion of displaced households in Baghlan (44%), Daykundi (32%), Ghor (24%) and Takhar (21%) provinces. In addition, the Notre Dame Global Adaptation Index ranks Afghanistan as the 10th most vulnerable country in the world to climate change, which in the future could further exacerbate the effects of natural disasters across the country.[21]

Economy

In Afghanistan, poverty is widespread and the economy has been significantly damaged by decades of war. According to the United Nations, a quarter of adult Afghans are unemployed, and 80% of those who work are in insecure jobs.[22] Almost half of employed Afghans work in agriculture, with nearly 45% of the population engaged in farming or livestock activity.[23] However, displaced households like those assessed by WoAA 2020 have less access to the agricultural economy: 22% of displaced households and 18% of vulnerable non-displaced households reported agriculture as their primary or secondary source of income. The government most recently estimated the unemployment rate to be 23.9% and the poverty rate to be 54.5%, figures that have likely worsened since the onset of the global COVID-19 pandemic.[24] While WoAA did not assess unemployment as such, the average proportion of working adults as reported by displaced households was 42%, though 89% of displaced households reported that one or more adults had worked in the 30 days prior to data collection.

[17] OCHA, "Humanitarian Response Plan: Afghanistan 2018-2021 (Humanitarian Programme Cycle 2020 Mid-Year Revision)."
[18] Ministry of Public Health, "M&E - Health Information System General Directorate: National Diseases Surveillance and Response," Dashboard, MoPH Data Warehouse, accessed February 24, 2021, http://moph-dw.gov.af/dhis-web-dashboard/#/; OCHA and World Health Organization, "Afghanistan Strategic Situation Report: COVID-19" (Kabul: OCHA, October 8, 2020); OCHA and World Health Organization, "Afghanistan Strategic Situation Report: COVID-19" (Kabul: OCHA, December 3, 2020).
[19] OCHA, "Humanitarian Response Plan: Afghanistan 2018-2021 (Humanitarian Programme Cycle 2020 Mid-Year Revision)."
[20] OCHA, "Afghanistan: Overview of Natural Disasters."
[21] Marketing Communications: Web // University of Notre Dame, "Rankings // Notre Dame Global Adaptation Initiative // University of Notre Dame," Notre Dame Global Adaptation Initiative, accessed February 24, 2021, https://gain.nd.edu/our-work/country-index/rankings/.
[22] "About Afghanistan," UNDP in Afghanistan, accessed February 23, 2021, https://www.af.undp.org/content/afghanistan/en/home/countryinfo.html.
[23] Central Statistics Organization, "Afghanistan Living Conditions Survey 2016-2017" (Kabul: CSO, 2018).
[24] Central Statistics Organization.

Demographics

Though a population and housing census has not been conducted in Afghanistan since 1979, the country's population was estimated to be 40.4 million in December 2020.[25] The population is about equally split between sexes: 51% of the population is estimated to be male and 49% female.[26] Afghanistan is estimated to have disproportionately large youth population: 47% of people in the country are estimated to be less than 15 years old.[27]

The adult literacy rate is 34.8%, though the youth literacy rate is somewhat better: 53.6%.[28] The populations assessed by WoAA 2020 may have slightly lower rates of literacy: 28% of displaced persons were reported to be able to read or write. Low literacy rates among displaced populations may meaningfully affect the information environment and humanitarians' ability to communicate with beneficiaries (Box 1).

Box 1: Humanitarian Communications

Across assessed population groups, households reported that they preferred obtaining information relating to the humanitarian situation through avenues that do not require reading – namely through **face-to-face or over-the phone interaction**. Sixty-four percent (64%) of displaced households, 72% of refugee households, and 65% of vulnerable non-displaced households reported that they preferred to obtain information useful to the household face-to-face. Fifty-three percent (53%) of displaced households, 74% of Pakistani refugee households, and 58% of vulnerable non-displaced households reported that they preferred to obtain information useful to the household over the phone. **Radio, television, and community groups** were also commonly reported means of obtaining information but were not as frequently reported as face-to-face and phone conversations.

In hard-to-reach areas, **face-to-face communication is also widely preferred**, though **phone communication was less frequently reported by KIs** to be the preferred means of obtaining information used by most people in their settlement. Instead, **radio was reported to be preferred** as frequently as face-to-face communication, which may be a reflection of the challenges around cell service in hard-to-reach areas.

A country at war and wracked by natural disasters, Afghanistan also has a large displaced population. The International Office of Migration (IOM) Displacement Tracking Matrix (DTM) estimated an IDP population of 4,760,478 (12% of the country), a cross-border returnee population of 9,362,899 (23% of the country), and a migrant population of 2,291,584 persons who have fled the country.[29]

Afghanistan is also estimated to have one of the highest disability rates in the world.[30] According to the Asia Foundation, 79% of adults and 17% of children have a disability, and 14% of the population has a severe disability.[31] Although WoAA 2020 did not collect disability information at the individual level, 15% of displaced households reported that they had a household member with a disability.[32] In addition, 7% of displaced heads of households reported that they themselves had a disability.

[25] OCHA, "Afghanistan Humanitarian Needs Overview 2021." Following a request from Afghan President Ashraf Ghani, the United Nations Population Fund (UNFPA), WorldPop, and Flowminder integrated satellite-mapping, geospatial datasets, and recent small population enumeration into a spatial statistical modelling framework to estimate the current population at national, provincial, and district level in 2017. This population estimate, coupled with regularly updated datasets covering displaced persons, persons impacted by natural disasters, and persons impacted by active conflict, provides the best source of demographic information for Afghanistan.
[26] OCHA.
[27] OCHA.
[28] Central Statistics Organization, "Afghanistan Living Conditions Survey 2016-2017."
[29] Displacement Tracking Matrix, "Afghanistan," Displacement Tracking Matrix, accessed February 24, 2021, https://dtm.iom.int/afghanistan.
[30] Patricia Gossman, "'Disability Is Not a Weakness': Discrimination and Barriers Facing Women and Girls with Disabilities in Afghanistan" (New York: Human Rights Watch, April 28, 2020), https://www.hrw.org/report/2020/04/28/disability-not-weakness/discrimination-and-barriers-facing-women-and-girls.
[31] Nadia Akseer Shinwari, Tabasum Akseer, and Mahdis Kamali, "Model Disability Survey of Afghanistan 2019" (San Francisco: The Asia Foundation, 2020), https://asiafoundation.org/wp-content/uploads/2020/05/Model-Disability-Survey-of-Afghanistan-2019_updateSept2020.pdf.
[32] The methodologies of the WoAA and the Asian Foundation assessments are extremely different. Taken together, they indicate high rates of disability among the population as a whole and displaced populations in particular.

Assessment Overview

Given the depth and complexity of the crisis in Afghanistan, data-driven decision-making is vital to providing effective aid. However, country-wide, representative assessments have been relatively infrequent in Afghanistan in recent years. The goal of the annual WoAA, which was initiated in 2018, is to provide reliable, representative data to Afghanistan's humanitarian community in support of the HNO and HRP cycles. WoAA is led by the Afghanistan ICCT and facilitated by REACH; it will take place yearly through at least 2023. WoAA 2020 was carried out in close collaboration with all active clusters and technical working groups active in Afghanistan and executed with significant support from local NGO members of the ACBAR Twinning Program.

Report Structure

This report begins with a country-wide description of the magnitude and severity of humanitarian need among displaced households in Afghanistan.[33] Given the extent of humanitarian need, special attention is paid to provinces that deviate from the trend of extreme magnitude or severity of need. The main drivers of need are then deconstructed to describe how need arises in Afghanistan and what interventions might be most effective in alleviating it. The coincidence of vulnerability and need is examined, with special attention paid to the needs of displaced households with one or more disabled members and households in an informal settlement. The negative coping strategies used in Afghanistan are then unpacked to give a sense of the precariousness of the current humanitarian context. Finally, the needs of Pakistani refugees and non-displaced households in food-insecure areas are described in order to increase visibility on these two unique population groups.

Box 2: Humanitarian Modalities of Assistance

The **most preferred modality** for receiving aid across all population groups was through **cash assistance**. Overall, 76% of surveyed households reported that their preferred modality of assistance was cash, followed by **receiving a specific item of need (16%)** and **receiving a voucher which can be exchanged for an item of need (7%).** Across assessed population groups, vulnerable non-displaced and IDP households reported preferring cash assistance more frequently than other groups (80% and 77%, respectively, compared to 71% or less among other population groups), whereas returnees and refugees reported preferring receiving a specific item of need more frequently than other groups (29% and 27%, respectively, compared to 23% or less among other population groups).

[33] As it is used in this report, "displaced" refers to any household that has been internally displaced and is not residing in its area of origin (IDPs) or that has crossed an international border before returning to Afghanistan (CB returnees).

METHODOLOGY

Specific objectives and research questions

WoAA 2020 was conducted to inform multi-cluster humanitarian programming for the Afghanistan response by identifying multi- and inter-sectoral needs and examining how these needs relate across locations and population groups. Findings from the assessment informed the 2021 HNO and an update of the 2018-2021 HRP. WoAA 2020 sought to answer the following questions:

1. What are the sectoral humanitarian needs of crisis-affected populations, across:
   - Pre-existing vulnerabilities, crisis impact, living standards, coping mechanisms, and well-being?
   - Education in emergencies (EiE), ES-NFI, food security and agriculture, health, nutrition, protection, and WASH sectors?
2. How do multi- and inter-sectoral humanitarian needs vary between different crisis-affected population groups and different geographical areas and what are the priority areas and population groups in need based on sectoral and inter-sectoral severity-of-need indices?
3. How have natural disasters, conflict, and COVID-19 in 2020 affected displaced and vulnerable populations surveyed across Afghanistan?
4. What forms of information and aid provision are reaching vulnerable groups and displaced populations surveyed? How can communication with these groups and provision of aid to these groups be improved within the humanitarian community?

Scope

The scope of WoAA 2020 was designed in collaboration with the ICCT, including all 11 active clusters and sub-clusters in Afghanistan, as well as key technical working groups. The objective was to provide a nation-wide statistically representative sample of the humanitarian caseload while adhering to COVID-19 restrictions.

Household interviews were conducted in all 34 provinces of Afghanistan. Targeted population groups were selected and agreed upon with the ICCT in June 2020 and included IDPs, cross-border returnees (CB returnees), Pakistani refugees in Khost and Paktika provinces, and non-displaced populations (called "vulnerable non-displaced" in this report) in highly food-insecure areas.[34] IDPs and CB Returnees were divided into "recent" and "non-recent" based on whether they were displaced or returned to Afghanistan less than six months prior to data collection.[35]

WoAA covered seven core sectors: Education in Emergencies, Emergency Shelter and Non-Food Items, Food Security and Agriculture, Health, Nutrition, Protection, and Water, Sanitation and Hygiene. It also covered five sub-sectors: child protection, Gender-Based Violence (GBV), Housing, Land and Property (HLP), mental and psycho-social health, and mine action. In addition, the assessment incorporated seven cross-cutting themes: Accountability to Affected Populations (AAP), coping mechanisms, crisis impact, debt and livelihoods, population displacement, living standards, and pre-existing vulnerabilities like age, gender, and disability.

Due to the COVID-19 pandemic, a number of population groups covered by WoAA 2019 could not be included in WoAA 2020 and the sample was reduced in size. To permit comparison of provinces, recent and non-recent IDPs and CB returnees were aggregated into a population called "displaced" in this report. Pakistani refugees and vulnerable non-displaced populations are not considered "displaced" and cannot be directly compared to displaced populations. Pakistani refugees were only assessed in Khost and Paktya provinces, while vulnerable non-displaced populations were sampled in 8 districts with Integrated Phase Classification (IPC) and Famine Early Warning

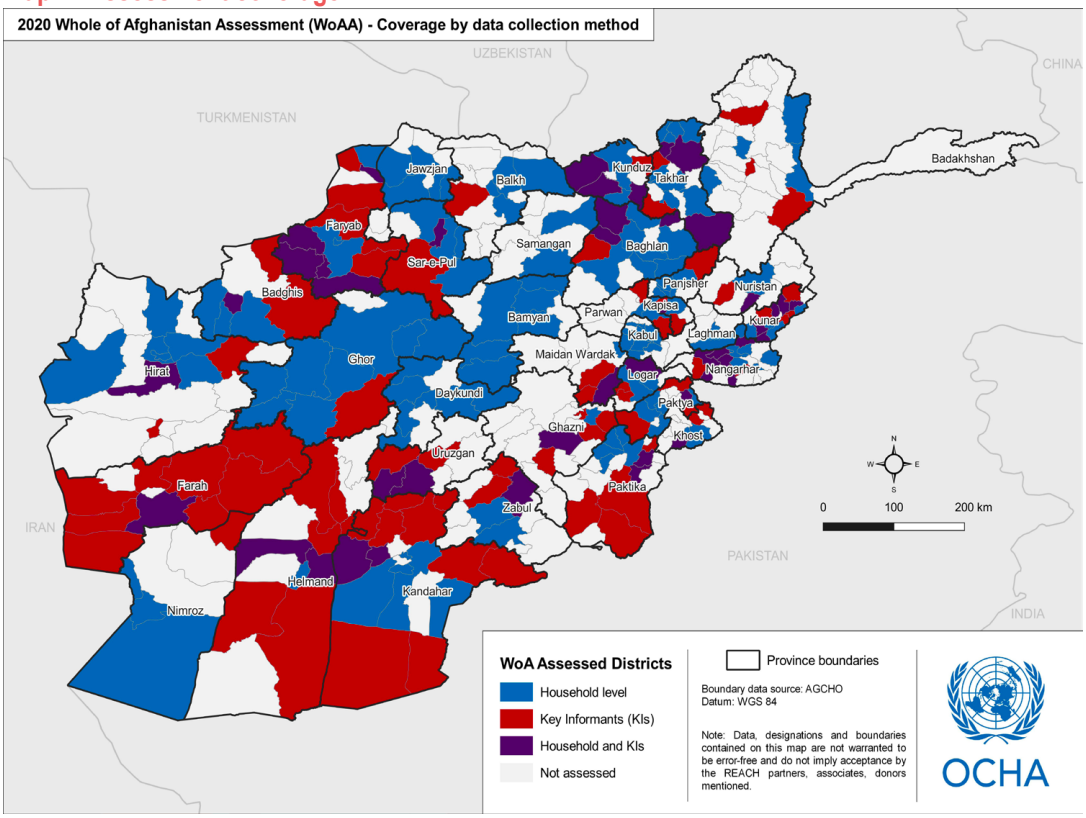
[34] Food insecure areas were defined as IPC and FEWS NET 3 and 4 areas. ICP 3 and FEWS Net 3 areas are those in which the majority of households have food consumption gaps that are reflected by high or above-usual acute malnutrition or are marginally able to meet minimum food needs only by depleting essential livelihood assets or through crisis-coping strategies. IPC 4 and FEWS Net 4 areas are those in which the majority of households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality or are able to mitigate large food consumption gaps only by employing emergency livelihood strategies and asset liquidation.

[35] Respondents were asked if they had most recently displaced or returned to Afghanistan "before or after the latest Hamal or Now Ruz". Hamal is the first month of the Afghan calendar and roughly corresponds to March. Now Ruz is the Persian New Year and was celebrated in 2020 on 20 March.

Systems Network (FEWS NET) scores of 3 or 4, indicating crisis or emergency levels of food insecurity. These districts were Arghandam, Eskashem, and Shighnan in Badakhshan province, Mazar-e-Sharif in Balkh province, Injil and Karukh in Hirat province, Kandahar in Kandahar province, and Behsud in Nangarhar province.

Because household-level surveys can only be implemented in certain parts of the country, WoAA 2020 was supplemented by an assessment of HtR areas. The HtR assessment consisted of 3,553 KIIs in the 120 most hard-to-reach districts in Afghanistan, encompassing 10,300 settlements. The 120 districts were selected using the three criteria used by the HAG to define inaccessibility: barriers to physical access, conflict intensity and spread, and actor complexity. Forty-three districts covered by the HtR Assessment were also included in WoAA 2020.

Map 1: Assessment coverage



Sampling strategy

The WoAA 2020 used stratified random cluster sampling with the village as the primary sampling unit (PSU). The sample was drawn to generate a 95% confidence interval and 5% margin of error for all population groups at the national level and a 95% confidence interval and 9% margin of error for displaced populations at the provincial level for all 34 provinces of Afghanistan. This report also describes a number of subsets for which a representative sample was not drawn, and for which results presented here are considered only indicative: displaced households with one or more disabled member and displaced households living in an informal settlement are the most frequently referenced of these subsets. The sampling framework was drawn from the IPC dataset, FEWS NET Map, Worldpop Raster, Household Emergency Assessment Tool (HEAT) dataset, Emergency Response Mechanism (ERM) dataset 10, and the IOM DTM 10.

Sampling for the HtR assessment was designed to account for all areas and populations of an HtR district. Each district was mapped, then Basic Service Units (BSU) were identified in collaboration with community representatives to fit parameters related to the appropriate size of a sampling unit.[36] After mapping, key informants (typically community elders, teachers, nurses, or village chiefs) were identified through snowballing from existing networks

[36] A BSU is a geographic area sharing common demographic/socio-economic features, including basic services and facilities.

and purposefully sampled based on their knowledge of the community. KIIs were conducted in all areas and for all communities that relied on the same set of basic services.

Data Collection

Training was provided for enumerators by regional Senior Field Officers (SFOs) within provincial bases from 26-28 July 2020, and covered data collection methods, content of the WoAA household questionnaire, and ethical procedures and responsibility: enumerator code of conduct including the importance of obtaining informed consent, security considerations, and appropriate behaviour in the field including some training by the GBV sub-cluster on appropriate ways to ask sensitive questions. Training was conducted according to social distancing protocols and included 'do no harm' principles related to COVID-19 mitigation. For example, trainings occurred outside under tents or in large halls with good ventilation, and participants maintained a distance of two meters from each other. More information about training can be found in Annexes II and III.

The tool was translated into Dari and Pashtu by REACH operations managers as it was developed. While not formally tested during the training period, the tool was adapted based on feedback gathered from enumerators during training. The tool was tested for technical issues by the REACH assessment, data, and operations teams from 01 August until the beginning of data collection on 08 August. However, due to COVID-19 restrictions, it was impossible to pilot the tool in the field before the beginning of data collection.

Data collection was conducted between 08 August 2020 and 14 September 2020 by REACH teams and eleven national NGO members of the ACBAR Twinning Program using Open Data Kit (Kobo Toolbox). In all, 13,147 head of household interviews were conducted. In addition, an extra 2,910 interviews were conducted with female household members randomly selected from the 13,147 households as part of a pilot program designed to increase visibility into the needs of female non-heads of household and reduce gender bias.

Data was cleaned daily using the IMPACT Data Cleaning Minimum Standards Checklist to outline the process and criteria for data deletion, with a focus on identifying outliers, contradictory or unlikely response options, and suspicious patterns exhibited by particular enumerators. To complement the IMPACT checklist, REACH also performed daily GIS checks. All feedback was compiled and provided daily to REACH Senior Field Officers. REACH Senior Field Officers then collected feedback from enumerators and reported back to the REACH Data Unit and REACH Assessment team. To strengthen coordination and ensure timely collection, the REACH Data Unit maintained a dashboard recording the number of interviews conducted per population group per province. Throughout, data protection principles were followed with access to identifiable household information (e.g. GPS points and contact information) limited to only one member of the assessment team for data checking and cleaning purposes. REACH headquarters approved data cleaning SOPs prior to the beginning of data collection and reviewed and validated the cleaned dataset after data collection was completed.

Data collection for HtR occurred between 19 July 2020 and 02 August 2020. Using Open Data Kit (Kobo Toolbox), 133 REACH enumerators conducted 3,533 KIIs across 3,533 settlements. Of these, 1,176 were conducted face-to-face, while 2,357 were conducted over the phone. Each KII was conducted in a separate settlement and at least 18% of each district's settlements were covered, resulting in an average of four KIIs per BSU. To reduce the exposure to COVID-19 for enumerators and participants, only three KIs were interviewed in BSUs where face-to-face interviews had to be conducted. SFOs monitored the collection of data and followed up with enumerators on issues, challenges and delays every day. Additionally, settlement data was cleaned on a daily basis and shared with enumerators; feedback from enumerators that required changes was logged.

Analysis

Analysis was conducted using REACH's framework for multi-sectoral needs analysis. This framework includes both a sectoral analysis which identifies needs and capacity gaps across sectors and among vulnerable groups, and an inter-sectoral analysis which looks at co-occurring sectoral needs and overlap of needs between sectors. Sectoral needs were identified according to severity scales that were developed for each sector. This report focuses on analysis and findings from the inter-sectoral needs analysis framework.

The core concepts for this approach are:

- **Sectoral Need:** signifies an unmet need in a given sector, where the sectoral severity score is 3 or higher.
- **Capacity Gap**: signifies that negative and unsustainable coping strategies are used to meet needs. Households not categorised as having a sectoral need may be maintaining their living standards through the use of negative coping strategies.
- **Pre-existing vulnerabilities:** the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity:** signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no need) to 4 (extreme needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.

The severity scale used to identify needs and gaps was inspired by the draft JIAF, an analytical framework under development at the global level to enhance understanding of needs of affected populations. The framework measures a progressive deterioration of a household's situation towards the worst possible humanitarian outcome.

While the JIAF severity scale includes 5 classifications ranging from 1 (none/minimal) to 5 (catastrophic), for the purpose of the WoAA analysis, only a scale of 1 (none/minimal) to 4 (extreme) is used. Because data that is needed for a score of 5 (catastrophic) is primarily at area level (e.g. mortality rates, malnutrition prevalence, burden of disease), it is difficult to factor into household level analysis and the highest severity score.[37]

Based on the severity scale, severity scores (per sector) were then produced by aggregating unmet needs indicators per sector. For the 2020 WoAA, a simple aggregation methodology called the Multi-Sectoral Needs Index (MSNI) was identified, building on the Multi-Dimensional Poverty Index (MPI) aggregation approach. Using this method, each household was assigned a "deprivation" score according to its deprivation in the component indicators; each deprivation resulted in a binary categorization of: does ("1") / does not ("0") have a gap. The threshold used to determine whether a household was considered to have a particular gap or not was determined in advance for each indicator together with the seven active clusters in Afghanistan. For more information on the identification of severity scores and CGs, please refer to Annex IV.

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity among sectoral severity scores identified in each household. The limitation of this approach is that the MSNI approaches multi-sectoral needs from a big-picture perspective. Regardless of whether a household has very severe need in just one sector or co-occurring needs across multiple sectors, their final MSNI score will be the same. While this approach makes sense from a response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude and severity between households.

The report includes **additional analysis** on multi-sectoral needs, including analysis of severity of needs; types of need; total number of sectoral needs; and the most common needs profiles.

Box 3: Comparing WoAA 2019 and WoAA 2020

The 2019 WoAA drew on similar analytical concepts as WoAA 2020. However, the methodology for identifying severity, households with multi-sector neds, and other components was modified based on lessons learned. In addition, between 2019 and 2020 some changes to the sampling strategy and data collection were made to prevent the spread of COVID-19. As a consequence, comparability with 2019 findings is limited and can only be considered indicative of broader trends.

[37] Additionally, as global guidelines on the exact definitions of each class are yet to be finalized. Given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to verify a class 5 situation.

Secondary data

Findings from the Seasonal Food Security Assessment (SFSA), along with other IMPACT 2019 and 2020 projects including the Afghanistan AGORA Baseline Assessment, REACH Joint Market Monitoring Initiative (JMMI), Informal Settlements (ISET) Monitoring, and HtR, were used to substantiate findings from the WoAA. During data cleaning and analysis, national and province-level WoAA findings were compared with the findings from these other assessments. Apparent contradictions were flagged for joint review between the assessment, data, and field teams for issues related to data quality or implementation of analysis.

Ethical considerations

Beyond training on ethical procedures, measures were also taken to minimise ethical risks for both enumerators and respondents. Enumerators were required to provide information about the survey and obtain informed consent from each respondent prior to starting the interview; when the respondent did not give consent the interview was immediately discontinued. To prioritise the safety and security of enumerators, insecure areas were excluded from the sampling framework. The security situation in sampled locations was monitored throughout collection.

To safeguard the health of both respondents and field teams during data collection, REACH worked with the World Health Organization (WHO) and REACH HQ to develop COVID-19 Standard Operating Procedures (SOPs). SOPs included social distancing measures, mandatory mask wearing, training and data collection outdoors, and reporting mechanisms to monitor both known cases of COVID-19 in the areas of data collection and possible exposure to COVID-19 among REACH or partner staff. For more information on COVID-19 SOPs, see Annex III.

Interviews with female household members were also conducted where it was jointly deemed accessible and safe to do so by REACH and local partners. These dual interviews were conducted in 11 provinces: Balkh, Bamyan, Daykundi, Herat, Kandahar, Khost, Kunar, Laghman, Panjsher, Samangan, and Takhar. Overall, 2,910 such interviews were conducted and analyzed. In areas in which interviews with female household members were deemed viable, WoAA employed 69 female enumerators, who traveled with a male partner (usually a relative) to conduct these interviews. However, interviews were conducted independently, with the female enumerator speaking with the female interviewee and the male enumerator with the male interviewee.

In an effort to increase transparency and usefulness of findings, information was disseminated back to clusters, working groups, and NGOs. Initial findings were presented to the ICCT on 15 September 2020, and brief findings were presented to ACBAR on 16 November 2020. Subsequent presentations with sectoral specific findings were done for the AAP, EiE, and Informal Settlements working groups, as well as for the ES-NFI cluster and GBV sub-cluster, and NGOs such as the HALO Mine Trust. Unfortunately a means of communicating findings back to accounted populations was not determined in 2020 due to the difficulties posed by the COVID-19 pandemic.

Challenges and limitations

Operating in Afghanistan always comes with limitations, and COVID-19 brought with it a number of unique challenges. In addition to the challenges mentioned in previous sections, WoAA 2020 faced the following limitations:

- **Timeliness:** Changes in conflict dynamics or occurrence of a natural disaster can rapidly lead to spikes in need. As a result, need may be under- or over-stated in certain areas. Whenever results were reported, the time frame was consistently communicated for both the assessment and indicator.
- **Population data:** Because no census had been conducted in Afghanistan since 1979, the sampling frame was built using a number of datasets with different methodologies. While these sources are the best available, this may bias the data in unknown ways.
- **Proxy reporting:** Data on the individual level was reported by proxy by one respondent per household, rather than by the particular individual household members themselves, and therefore might not accurately reflect lived experiences of individual household members, who also might be more vulnerable. To reduce gender bias and provide greater visibility into households, male-female enumerator pairs interviewed one male member and one female member of each household using almost identical questionnaires. Findings from this program are incorporated where appropriate.
- **Proxy indicators:** The global COVID-19 pandemic made it impossible to collect Mid-Upper Arm Circumference (MUAC) data as part of WoAA 2020. Because MUAC is a key indicator for malnutrition, WoAA

was forced to depend on proxy indicators for malnutrition (sleepiness, illness, and weight loss), resulting in less reliable nutrition data.

- **Respondent bias**: Certain indicators may be under- or over-reported due to the subjectivity and perceptions of respondents. For instance, respondents might have the tendency to provide what they perceive to be the "right" answers to certain questions (i.e. social desirability bias).

Since surveys were conducted face-to-face, the findings may be biased as a result of the sample focus on households in accessible areas. In an attempt to mitigate this bias, a separate assessment of hard-to-reach areas was conducted alongside WoAA. The findings from that assessment are also summarized in this report.

FINDINGS

Overview of multi-sectoral needs

Humanitarian need was ubiquitous among displaced populations in 2020. Ninety-seven percent (97%) of displaced households were assessed by WoAA 2020 to have one or more sectoral needs. In addition, these needs were severe. Eighty-eight percent (88%) of displaced households had one or more level 4 (extreme) needs, while only 9% had one or more level 3 (severe) needs without any extreme needs (Figure 1). These findings indicate that chronic poverty, decades of conflict, a global pandemic, and cyclical natural disasters have created an enduring crisis of great magnitude and severity in Afghanistan.

The vast majority of displaced households in Afghanistan had one or more sectoral needs

Figure 1: Proportion of displaced households per MSNI severity score

There was no population group included in WoAA for which the proportion of households with one or more sectoral needs was less than 90 percent. There is little reason to believe that the severity of need differed significantly between displaced population groups (Table 1).

Magnitude of need differed little across population groups

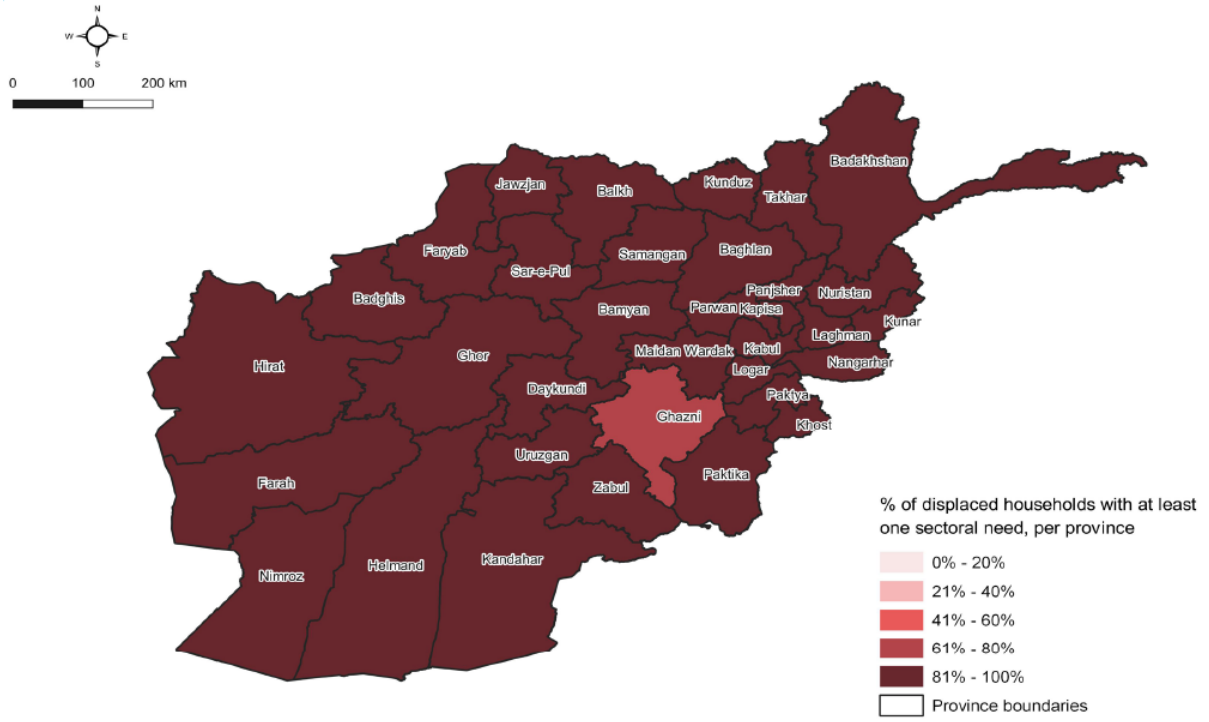
Table 1: Proportion of displaced households per MSNI severity score, per population group

	1	2	3	4
Recent IDP	0%	2%	5%	94%
Non-recent IDP	0%	2%	8%	90%
Recent CB returnee	0%	4%	5%	91%
Non-recent CB returnee	0%	6%	6%	88%
Pakistani refugee	0%	0%	0%	100%
Vulnerable non-displaced	0%	3%	12%	84%

As might be expected in a country in which 97% of displaced households have one or more humanitarian need, need is widely distributed throughout Afghanistan (Map 2). In 32 of Afghanistan's 34 provinces, the proportion of displaced households with one or more sectoral needs was greater than 90%. Only in Kabul and Ghazni provinces were fewer than 90% of displaced households assessed to have one or more sectoral needs.

Magnitude of need differed little by province

Map 2: Proportion of households with at least one sectoral need, by province



In Kabul province, 84% of displaced households were assessed to have one or sectoral needs. An estimated 85% of the province's population is located in Kabul City, the national capital and one of the most accessible areas of the country to international humanitarian and development NGOs. In addition, displaced households in Kabul were the least likely to report exposure to active conflict in the past year vis-à-vis other areas, as 6% of displaced households in Kabul reported that they were affected by active conflict or violence compared to 72% nationwide. Displaced households in Kabul were far more likely to report that they were affected by no major events in the previous year than anywhere else in the country: in Kabul 88% of displaced households reported they were affected by no major events, compared to 11% nationwide.

In Ghazni province, 77% of displaced households were assessed to have one or more sectoral need. Displaced households in Ghazni may also have been less affected by active conflict than those in other provinces: 52% of displaced households in Ghazni reported they were affected by active conflict in the previous year. The lower level of need in Ghazni could also be the result of economic resilience to the COVID-19 pandemic. Reported mean and median incomes in Ghazni were among the highest in the country. Reported mean income (11700 AFN) and reported median income (11000 AFN) were both third-highest in the country and much higher than the national mean (6800 AFN) and median (6000 AFN). Ghazni also had among the highest rates of reported formal employment (15% compared to 5% nationwide) and small business ownership (29% compared to 12% nationwide), perhaps insulating its population from the economic impact of the COVID-19 pandemic.

Box 4: COVID-19 in Ghazni and Kabul provinces

The impact of COVID-19 was reportedly low in Ghazni and Kabul. In both provinces, the proportion of displaced households that reported the majority of the household as directly affected by COVID-19 was 2% or less (Ghazni: 2%, Kabul 1%), despite the high number of COVID-19 cases in both provinces as reported by the Afghan Ministry of Public Health (MoPH). Displaced households in Ghazni and Kabul also reported few incidents of serious illness in the 30 days prior to data collection (Ghazni: 3%, Kabul: 1%). It is possible that reportedly high access to healthcare centers (Ghazni: 98%, Kabul 74%) reduced the severity of COVID-19 cases and increased COVID-19 reporting, while the strength of local economies in Ghazni and Kabul partially buffered these provinces from the socio-economic consequences of COVID-19.

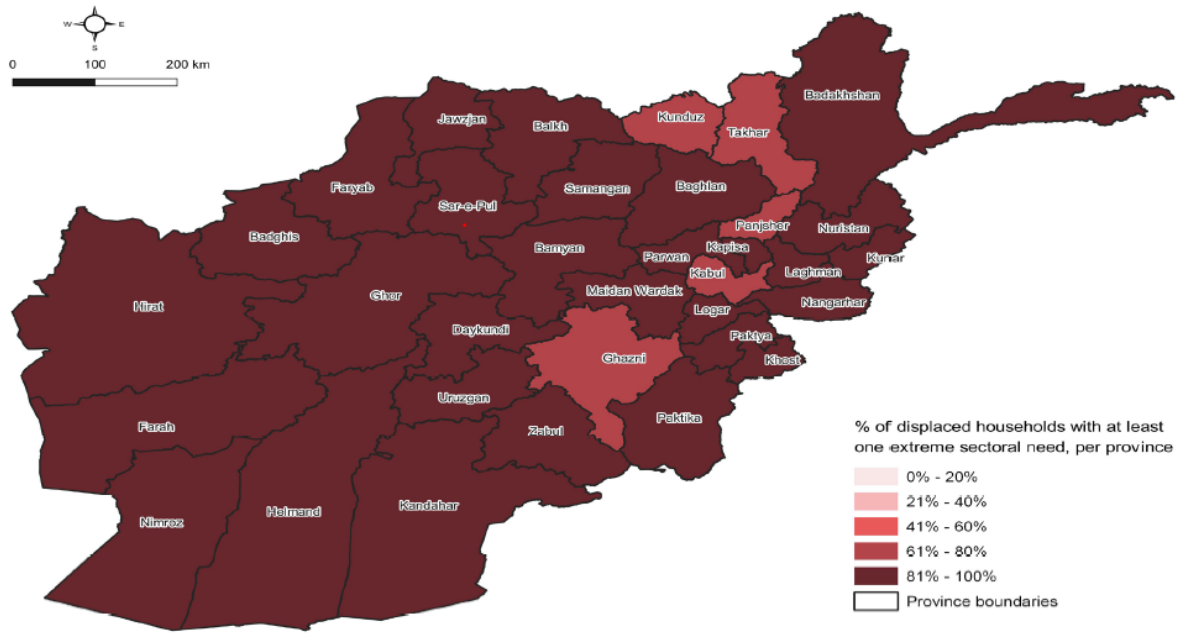
In Hard-to-Reach areas in Ghazni, the story appears different. In the eight districts assessed as part of the HtR assessment, between 82% and 100% of key informants (KIs) reported that most of the people in their settlement had lost income due to shocks experienced by the population. Explanations varied between districts, but conflict and COVID-19 were frequently reported as likely causes for decreased income, with flooding and drought also widely reported in one district each. This indicates that the need identified in Ghazni in WoAA may only be lower in areas that were not HtR; KII data still indicates the likelihood of great need in HtR areas in this province.

Severity

As seen in Figure 1, the vast majority of displaced households in Afghanistan had one or more extreme needs. Only 7% of displaced households had one or more severe need but no extreme needs. This proportion was highest in Panjsher province, where 29% of displaced households had one or more severe needs but no extreme needs and 65% had one or more extreme needs (Map 3). Notably, displaced households in Panjsher reported that they had been affected by conflict at the fifth lowest rate in the country (23%).[38] Other reportedly low-conflict provinces where less extreme need might be expected, such as Parwan and Bamyan, were more severely affected by natural disasters than Panjsher which could be part of the reason why they still had high needs scores.[39] The relatively low severity of need in Panjsher serves as a reminder that both the conflict and Afghanistan's many natural disasters drive severity of need in the country.

Severity of need differed little by province

Map 3: Proportion of households with at least one extreme need, by province



Drivers of multi-sectoral needs

Magnitude of sectoral needs

Reinforcing the depth of the humanitarian crisis in Afghanistan, WoAA 2020 assessed that the overwhelming majority of displaced households had more than one sectoral need, with 89% of displaced households assessed to have two or more sectoral needs and 53% assessed to have four or more. This varies little by population group (Figure 2), suggesting that the magnitude of sectoral needs is a chronic issue, not created by recent displacement but by the persistent, compounding crises that characterize the Afghan context.

[38] The other provinces were Kapisa (20%), Parwan (16%), Bamyan (10%), and Kabul (7%).
[39] In Parwan, 39% of displaced households reported being affected by earthquakes and 24% reported being affected by flooding in the year prior to data collection. In Bamyan, 34% of displaced households reported being affected by flooding in the year prior to data collection. In Panjsher, the proportion was 2% for both questions.

The average household had three or four sectoral needs in almost all population groups

Figure 2: Proportion of households per number of sectoral needs, per population group

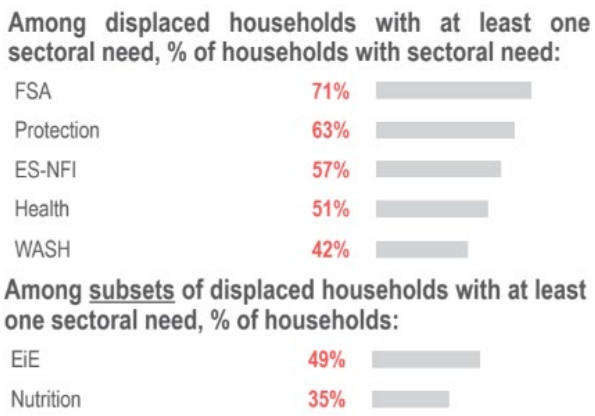
	0	1	2	3	4	5	6	7
Recent IDP	2%	4%	10%	22%	26%	23%	11%	2%
Non-recent IDP	3%	8%	15%	21%	24%	17%	10%	3%
Recent CB returnee	4%	11%	17%	22%	21%	18%	4%	2%
Non-recent CB returnee	6%	12%	18%	17%	18%	15%	12%	4%
Pakistani refugee	0%	1%	9%	24%	32%	26%	6%	2%
Vulnerable non-displaced	4%	16%	24%	23%	23%	8%	3%	0%

Main/most common sectors driving needs

Among displaced households with humanitarian need, FSAC and protection needs were most common, with 71% of households with one or more sectoral needs assessed to have FSAC need and 63% assessed to have protection need (Figure 3). ES-NFI need was also common, with 57% of displaced households with one or more sectoral needs assessed to have ES-NFI need. This roughly corresponds with displaced households' self-reported priority needs. Eighty-three percent (83%) of displaced households reported that food was one of their top three priority needs, 68% reported shelter, 45% reported livelihoods support, and 41% reported healthcare.[40] (Protection was not a response option, given the room for interpretation the term provides.)

FSAC and protection needs were most common

Figure 3: Sectoral needs among all displaced households, and among subsetted displaced households[41]



Among displaced households with humanitarian need, FSAC need was most common. According to IPC analysis, the primary drivers of food insecurity in Afghanistan have recently been conflict and COVID-19, both of which distort markets, decreasing wages while increasing food prices.[42] In addition, Afghanistan suffers from cyclical droughts,

[40] ES-NFI need may be understated by WoAA 2020 analysis. Most shelter-related questions asked were standardized at the global level and may not be well-suited for the Afghan context. IMPACT Initiatives carries out more specialized shelter assessments in Afghanistan that have not been integrated into WoAA analysis due to their highly specific nature. For more information on shelter in Afghanistan, see REACH Afghanistan, "Emergency Shelter, NFI, and Winterization Assessment," (IMPACT Initiatives), December 2019.

[41] Each household can have needs in several sectors so the percentages can add up to more than 100% in the graph. Households found to be in categories 3 (severe) or 4 (emergency) of a sectoral severity score are considered to have sectoral need. A subset refers to analysis that was done only on a select population group selected from among the total sample size: EiE sectoral need percentages are only among displaced households with children 6-17 years and nutrition sectoral need percentages are only among displaced households with children 0-12 years.

[42] Afghanistan IPC Technical Working Group, "Afghanistan: Acute Food Insecurity Situation August - October 2020 and Projection for November 2020 - March 2021."

the most recent of which occurred in 2018-2019. This drought had a dramatic effect on Afghanistan's population and likely continues to impact the food security situation in the country.

The magnitude of need appeared highest in the western parts of the country, particularly in a belt running North-South from Faryab to Nimroz (Map 4). What unites these provinces is their distance from major population centers, running between Mazar-e-Sharif in the north, Hirat in the west, and Kandahar in the south. Though Maymana (Faryab province) is a relatively large city by Afghanistan's standards, it was assessed by the IPC as the most food-insecure urban area in Afghanistan for the August-October 2020 period.[43]

Parwan and Panjsher appear to have relatively low levels of food security despite their proximity to Kabul. A mountainous region (even by Afghan standards), Panjsher is poorly suited for agricultural production or livestock activity. As such, FSAC need in Panjsher is primarily driven by Food Consumption Score (FCS) category rather than Household Hunger Scale (HHS) or reduced Coping Strategies Index (rCSI) status.[44] This indicates that displaced households in Panjsher are not suffering from hunger or using coping strategies at notably high rates for Afghanistan. Rather, their food needs are caused by limited access to certain foods or idiosyncrasies of the local diet.

Parwan, another low-conflict province close to Kabul, is far better suited for agricultural production than Panjsher. However, it was subject to deadly flooding immediately prior to data collection and was affected by a magnitude 6.1 earthquake that struck north of Kabul in late 2019.[45] Thirty-nine percent (39%) of displaced households in Parwan reported that they were affected by earthquakes in the previous year and 24% reported that they were affected by floods, higher than the nationwide averages of 1% and 13% respectively. As such, FSAC need in Parwan is likely the result of short-term need caused by a major event immediately prior to data collection, rather than a chronic food insecurity issue.

The main driver of FSAC need was rCSI status, with 70% of displaced households in the "medium" or "high" category of need based on the use of five common, context-independent coping strategies. The FCS also meaningfully influenced FSAC need, with 62% of displaced households classified as having borderline or poor food security based on food consumption and diet. While relatively few displaced households were assessed to be in severe hunger (<1% according to the Household Hunger Scale), moderate hunger was common (38%). This indicates that Afghanistan is a fragile country in terms of hunger—while acute need for food was uncommon in 2020, the country remains food insecure. Any additional shock in the coming year is likely to cause a rapid increase in hunger across the country.

Despite the high levels of FSAC need, food insecurity in Afghanistan may be systematically underreported by male heads of household. While male heads of household and female household members gave similar responses indicating poor FCS status, the responses of female household members led more frequently to assessments of borderline FCS status than those of male heads of household. When assessed based on the responses of male heads of household, 38% of displaced households were assigned borderline FCS status. When assessed based on the responses of female household members, the proportion was 49%.

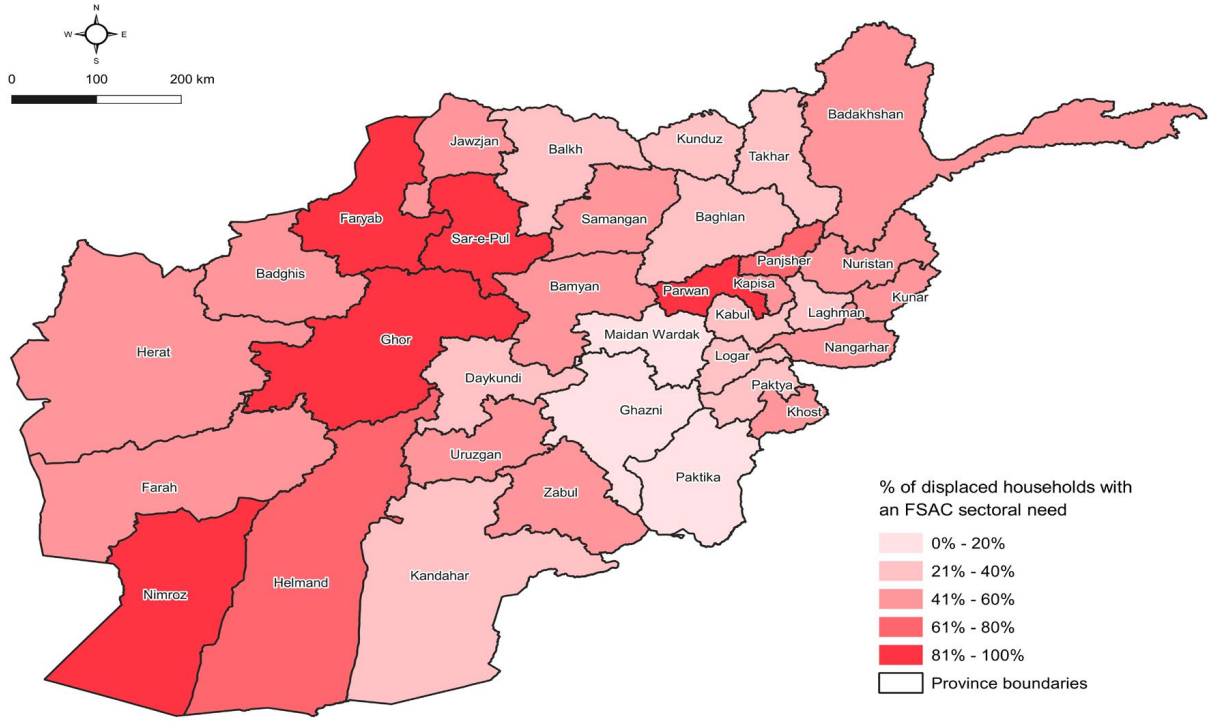
[43] Afghanistan IPC Technical Working Group.

[44] Sixty-five percent of displaced households in Panjsher were assessed to have borderline FCS status and another 27% as having poor FCS status, compared with 50% and 11% respectively nationwide. Twenty-six percent of displaced households in Panjsher were assessed as having moderate hunger compared with 39% nationwide. (Less than 1% of displaced households were assessed as having severe hunger both in Panjsher and nation-wide.) Thirty-five percent of displaced households in Panjsher were categorized as having a high rCSI status compared with 69% of displaced households nationwide.

[45] Thomas Gibbons-Neff and Fahim Abed, "Nearly 80 Killed as Flash Floods Ravage City in Afghanistan," The New York Times, August 26, 2020, sec. World, https://www.nytimes.com/2020/08/26/world/asia/afghanistan-floods-charikar.html; United States Geological Survey, "M 6.1 - 49km SW of Jarm, Afghanistan," Earthquake Hazards Program, December 20, 2019, https://earthquake.usgs.gov/earthquakes/eventpage/us70006p18/executive.

Magnitude of FSAC need appears concentrated in the west of the country, away from urban areas

Map 4: Proportion of households with FSAC sectoral need, by province



In Hard-to-Reach areas, food insecurity was also common, with 58% of settlements assessed to be in FSAC need. In 89% of settlements, KIs reported that most people had reduced access to food due to shock events, with COVID-19 named as a main cause in 83% of settlements. In addition, KIs in 56% of settlements reported that most members of their settlement were unable to meet their daily food needs, with hunger reported to be relatively low for most people in 47% of settlements but "bad" in 40% of settlements. In 100% of assessed settlements, price increases for staple foods were reported. Coping strategies were common. Borrowing from friends was reported in 93% of settlements, reducing food consumption in 72%, and sending a family member abroad in 61%. In most assessed settlements, these strategies were reportedly not used by the majority of the population. Notable exceptions were found in Badakhshan (Jorm district), Badghis (Muqur Badghis and Bala Murghab districts), Faryab (Almar, Andkhoy, Dawlat Abad, and Qaysar districts), Ghazni (Andar district), Kandahar (Khakrez, Reg, Shorbak, and Zheray district), Kunar (Chawkay, Marawara, and Sheltan districts), Logar (Charkh district), Nangarhar (Chaparhar, Deh Bala, Khogyani, and Muhmand Dara districts), indicating that WoAA may be systematically underrepresenting FSAC need in those provinces due to access constraints to hard-to-reach yet high-hunger areas.

Box 5: COVID-19 and food security

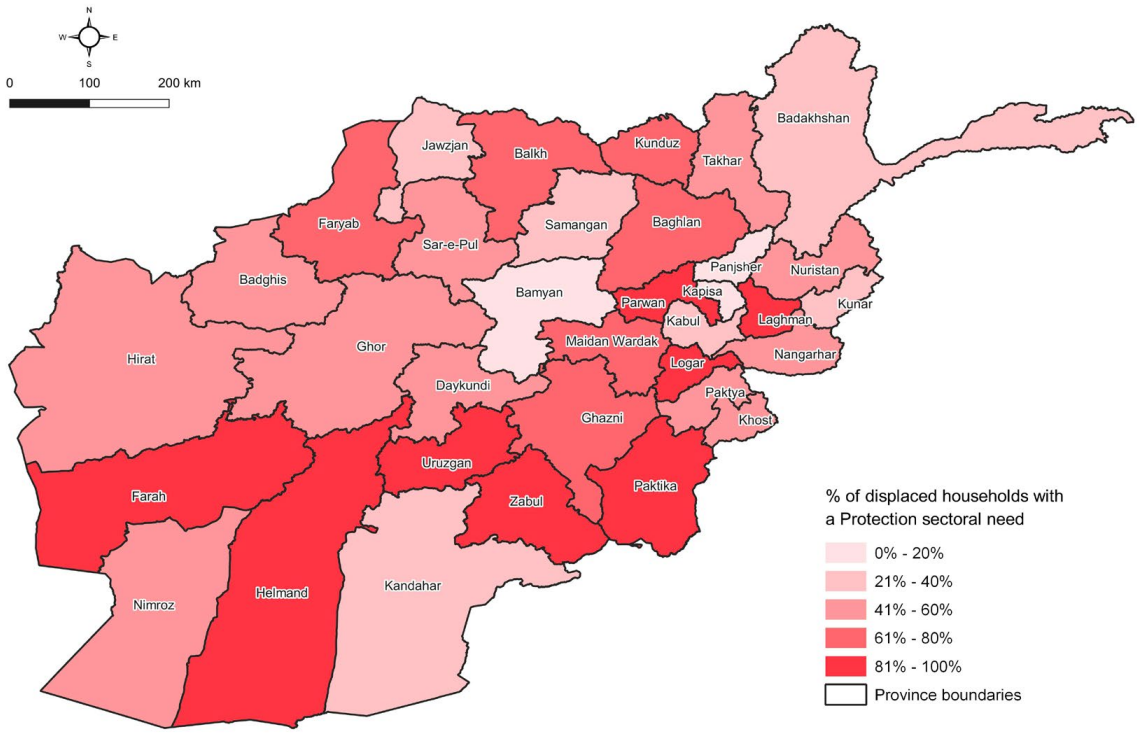
Of the 45% of displaced households that reported they were directly affected by COVID-19, 68% of households reported limited access to food as a direct consequence of COVID-19. This is in line with IPC analysis, which implicates COVID-19 as a key contributor to the country's increasing food insecurity. Between November 2019 and November 2020, IPC estimations of total number of persons in acute food insecurity (IPC 3 or IPC 4) increased from 13.9 million to 16.9 million (approximately 42% of the total population). The IPC reports that COVID-19 movement restrictions and food prices are a major driver of this increase.[46]

[46] Afghanistan IPC Technical Working Group, "Afghanistan: Acute Food Insecurity Situation August - October 2020 and Projection for November 2020 - March 2021."

The second most frequently reported sectoral need among displaced households with one or more sectoral needs was protection need. Given the scope and intensity of the fighting in Afghanistan, this should come as no surprise. The geographical distribution of protection need (Map 5) indicates the key role the conflict plays in driving need. Highly concentrated in the south and east of the country, the magnitude of protection need aligns closely with the conflict intensity by number of incidents.[47]

Magnitude of protection need follows the path of conflict activity

Map 5: Proportion of households with protection sectoral need, by province



Lack of legal documentation was another important driver of protection need in 2020. Overall, 89% of displaced households in Afghanistan reported that some or all of the members of the household lacked a tazkira and 52% reported that they lacked tenancy documents that could guarantee secure tenancy. Thirty-six percent (36%) of displaced households depended on verbal rental agreements while 14% had no rental agreement at all. Lack of documentation is likely related to the conflict in two ways. It can result from conflict by reducing the capacity of landowners or the government to issue documentation and it can compound need by disrupting households' access to services or shelter, decreasing their ability to recover from shocks. While WoAA analysis alone cannot evaluate the exact relationship between documentation and overall need, the lack of documentation is likely to be either a contributing factor to need or a reliable proxy for it. As such, it would likely be useful to include a documentation component in the targeting or execution of protection programs.

Another key driver of protection need was involvement in an incident involving an explosive hazard: 20% of displaced households in Afghanistan reported that one or more members was involved in an incident involving an explosive hazard in the three months prior to data collection. Direct involvement in an incident involving an explosive hazard was the top driver of emergency-level need among households with protection need, and among the top

[47] International NGO Safety Organization, "INSO Afghanistan Quarterly Report: 01 July - 30 September" (International NGO Safety Organization, 2020), Unpublished.

drivers of emergency-level need overall.[48] The presence of explosive hazards also likely affects other sectors, such as FSAC and livelihoods, by disrupting access to land that could otherwise be put to productive use.[49]

The centrality of explosive hazards to protection need in 2020 underlines a key aspect of the Afghan crisis. Until peace is achieved in Afghanistan, humanitarians will struggle to respond to need in the country. Not only does fighting hamper access to areas in need of demining, but new explosive hazards are created every day. As long as the fighting continues, explosives will remain a significant driver of magnitude and severity of need in Afghanistan.

Though not a driver of magnitude or severity like lack of documentation or presence of explosive hazards, child labor and marriage also raise cause for concern in Afghanistan. Thirteen percent (13%) of displaced households reported that a boy in their household (aged 11-17) worked in the previous three months, 1% reported that a girl (aged 11-17) worked in the previous three months, and 8% reported having married a daughter earlier than intended in the previous year due to lack of food or money to buy food.[50] Given the fact that 57% of displaced people in Afghanistan were reported to be under 18 years old, child protection represents an area of focus when it comes to need and vulnerability.

Analysis of Hard-to-Reach districts leads to similar conclusions. KIs in 47% of settlements reported that most of the households in the settlement had no members with a valid tazkira. KIs in 41% of settlements reported awareness of explosive hazards within 5km of their settlement, with 99% of those settlements reported to have been negatively impacted by those hazards. Notably, KIs in 94% of settlements reported awareness of at least one boy working in the past three months, 69% reported awareness of at least one girl working, and 59% reported that one or more girls under the age of 16 were married in the settlement in the previous three months, indicating high levels of child protection need.[51]

Most common needs profiles

Need in Afghanistan was extremely diverse in 2020. Every single one of the 127 possible need profiles (unique combinations of sectoral needs) was present in at least one displaced household. Demonstrating the complexity of need in Afghanistan, FSAC need alone and the coincidence of all seven sectoral needs were the two most frequent need profiles (Figure 4). Not only does this fact demonstrate the magnitude of need experienced by displaced households in Afghanistan, but it also serves as an important reminder that no single cluster in isolation could possibly respond to the needs of any sizable proportion of displaced households. Given the diversity and overlap of needs, the humanitarian response in Afghanistan must be multi- and inter-sectoral.

Pre-existing vulnerabilities

Overall, 20% of displaced households in Afghanistan were assessed to have one or more sectoral needs and at least one vulnerability.[52] The most frequently reported vulnerability was disability, with 15% of displaced households reporting that one or more members of the household had a disability. Meanwhile, 6% reported having an elderly (65+ years old) head of household and 3% reported having a female head of household. There is no evidence of significant differences in rates of vulnerability between population groups.

At the highest levels of analysis, there was little evidence of difference between elderly- and non-elderly-headed households or between female- and male-headed households. Magnitude and severity of overall need varied little, and magnitude of particular sectoral needs was similar no matter the head of household profile.

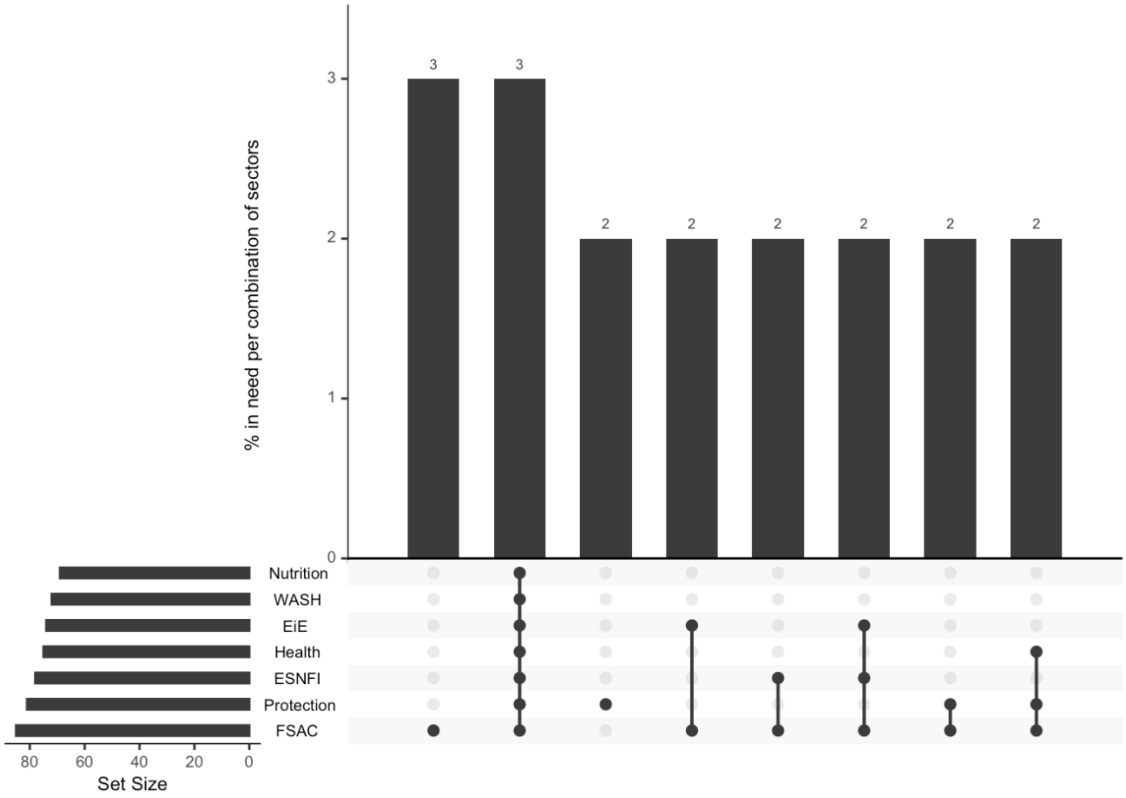
[48] Due to methodological constraints, it is impossible to say what the top driver of emergency-level need was across sectors.
[49] Jake Hussona, "The Reverberating Effects of Explosive Violence on Agriculture in Afghanistan," Action on Armed Violence, November 13, 2019, https://aoav.org.uk/2019/the-reverberating-effects-of-explosive-violence-on-agriculture-in-afghanistan/.
[50] Notably, reporting of child marriage or labor did not differ between male heads of household and female household members.
[51] Definitions of "boys", "girls", and child marriage differ between the WoAA and HtR assessments.
[52] A household was considered to have a vulnerability if the head of household was elderly (65 of more years old) or female, or if the household had one or more members with a disability. To define disability, respondents were asked the short form of the Washington Group Questionnaire.

Households with one or more disabled members

Disability, however, may have a relationship with magnitude of ES-NFI, health, and WASH need.[53] Sixty-five percent (65%) of displaced households including a member with a disability were assessed to have ES-NFI need

Need was extremely diverse in 2020

Figure 4: Most common combinations of one or more sectoral need(s) among households with multi-sectoral needs



compared with 53% of other displaced households. A major driver of this difference appears to be winterization needs. Thirty-seven percent (37%) of displaced households including a member with a disability reported using waste or animal dung as their main fuel source, compared to 26% of other displaced households, and 18% reported having regular access to a heating device, compared to 35% of other displaced households.

Sixty percent (60%) of displaced households including a member with a disability were assessed to have health need, compared to 47% of other displaced households. As might be expected, healthcare coping strategies were more common among displaced households including a member with a disability, as 43% of such households reported using one or more such strategies in the 30 days prior to data collection compared to 30% of other displaced households. There was no particular coping strategy that stood out as used more frequently by households including a member with a disability.

Box 6: Disability and COVID-19

Sixty-eight percent (68%) of displaced households including a member with a disability reported they were directly affected by COVID-19 in the previous year compared with 41% of other displaced households. Of displaced households including a member with a disability which reported COVID-19 as a major event, 70% reported limited access to food and 57% reported illness as a direct impact of COVID-19. It is possible that the magnitude of ES-NFI, health, and WASH need among displaced households including a member with a disability was exacerbated by COVID-19 and its socio-economic impacts. COVID-19 may have restricted access to healthcare centers and

[53] Because households were not sampled according to any vulnerability profile, findings in this section should be considered indicative of possible trends rather than statistically representative.

livelihood opportunities which may have compounded pre-existing need in ES-NFI, health, and WASH and increased reliance on negative coping strategies among displaced households including a member with a disability.

In addition, 60% of displaced households including one or more members with a disability were assessed to have WASH need, compared with 38% of other displaced households. The main driver of this difference appeared to be water sufficiency. Seventeen percent (17%) of displaced households including a member with a disability reported insufficient water to meet any household needs, compared with 7% of other displaced households. In addition, only 69% of displaced households including a member with a disability reported having sufficient water to drink, compared with 89% of other displaced households. Twenty percent (20%) of displaced households including a member with a disability reported that water was too expensive, as compared to 8% of other displaced households.

Finally, displaced households including one or more members with a disability were particularly likely to have a capacity gap. Sixty-eight percent (68%) of such households had a capacity gap, compared to 47% of other displaced households. Displaced households including one or more members with a disability were more likely to report having sent one or more members of the household abroad to look for work, sold household assets, begged or relied on charity, sold their house or land, or married a daughter earlier than intended.

Informal Settlements

WoAA 2020 also indicated that displaced households in informal settlements (areas in which households did not have official permission to live or build), may have had greater need in some sectors than other displaced households.[54] While not fitting the definition of "pre-existing vulnerability," this apparent link to needs indicates that residing in an informal settlement should be considered when thinking about vulnerability in Afghanistan, particularly given that 48% of displaced households reported that they lived in informal settlements. Overall, households residing in an informal settlement were assessed to have high proportions of protection and WASH needs.

Sixty-seven percent (67%) of displaced households living in an informal settlement were assessed to have protection needs, compared with 55% of other displaced households. Fifty-one percent (51%) of displaced households in informal settlements reported that someone in their household had been subject to a protection incident in the three months prior to data collection, compared to 40% of other displaced households. The most frequently reported incidents in informal settlements were attacks or harassment (34%), explosive hazards (25%), and movement restrictions unrelated to COVID-19 (20%).

Notably, elevated protection need may not be the result of greater risk in informal settlements—households may be more likely to end up in an informal settlement if they are fleeing violence. Displaced households reported feeling concerned about protection incidents in their community in the last thirty days at similar rates regardless of whether or not they lived in an informal settlement. In contrast, 81% of displaced households in informal settlements reported being directly affected by active conflict in the previous year, compared to 63% of other displaced households.

That said, households in informal settlements may face more precarious housing situations that may also contribute to their protection needs. Households in informal settlements were more likely to report that they lacked a tenancy agreement compared to other displaced households (25% compared to 5%) while being no less likely to have a verbal rental agreement. While not factored directly into protection need, insecure shelters may be more common in informal settlements, where 12% of displaced households reported living in a tent, makeshift shelter, or in the open—compared to 1% of other displaced households.

WASH need may also be particularly high in informal settlements. Fifty-one percent (51%) of displaced households in an informal settlement were assessed to be in WASH need, compared with 32% of other households. The main driver of this difference was access to sufficient quantities of water. While all displaced households reported access to sufficient water for the most vital uses (drinking and cooking) at similar rates, displaced households in informal settlements reported at lower rates than other displaced households that they had sufficient water for hand-washing (61% compared to 71%), personal hygiene (58% compared to 73%), and other domestic tasks (24% compared to 32%). Overall, the data indicates that the vast majority of displaced households in informal settlements have

[54] Because households were not sampled according to any vulnerability profile, findings in this section should be considered indicative of possible trends rather than statistically representative.

sufficient water to meet their most basic needs but face a shortage of water for other tasks. This underlines the vulnerability of these households, which could fall into extreme water need if circumstances push them into greater water stress.

One driver of water shortages in informal settlements is likely the walk households face to water. Only 28% of displaced households reported a water source on premises, compared to 49% of other displaced households. As a result, households in informal settlements generally face long walks to water: 27% of households in informal settlements walk between 5 and 15 minutes to get water and 27% walk between 16 and 30 minutes compared to 20% and 11% respectively for other displaced households.

Overall, displaced households in informal settlements reporting facing barriers to water access more frequently than other displaced households. Seventy-three percent (73%) of displaced households in informal settlements reported at least one barrier to water access, while 57% of other displaced households did so. In particular, displaced households in informal settlements reported facing social restrictions to water access more often than other displaced households (32% compared to 17%) and an insufficient number of water points in their community (26% compared to 7%) at higher rates.

In addition to their elevated levels of protection and WASH need, displaced households in informal settlements were also assessed to have capacity gaps more frequently than other displaced households—54% compared to 46%—indicating that the situation of displaced households in informal settlements may be more precarious than that of other displaced households. Notably, displaced households in informal settlements were more likely to report that they married a daughter earlier than intended (12% compared to 4%) or that they engaged in risky or illegal activities (36% compared to 23%) more than other displaced households. Use of these negative coping strategies in informal settlements indicates that these households may need to rely on more severe coping strategies, perhaps due to lower social interconnectedness in informal settlements or because their needs have already overwhelmed the capacity of lower-severity coping strategies.

Certain needs were high among displaced households with disabled members or in informal settlements:

Figure 5: Proportion of households with sectoral and multi-sectoral needs by vulnerability profile

% of displaced households....	EiE	ES-NFI	FSAC	Health	Nutrition	Protection	WASH	Need in 1 or more sectors	Capacity gap
Household head profile									
With an elderly head of household:	51%	58%	65%	46%	36%	53%	45%	97%	48%
With a non-elderly head of household:	56%	55%	69%	49%	36%	61%	41%	97%	50%
With a female head of household:	48%	59%	66%	52%	34%	58%	53%	99%	49%
With a male head of household:	56%	55%	69%	49%	36%	61%	41%	97%	50%
Household profile									
Living in an informal settlement (ISET):	62%	59%	66%	48%	43%	67%	51%	98%	54%
Not living in an ISET:	50%	51%	71%	50%	29%	55%	32%	96%	46%
Disability profile									
One or more members have a disability:	45%	65%	72%	60%	38%	57%	60%	99%	68%
No members have a disability:	58%	53%	68%	47%	35%	61%	38%	97%	47%

Prevalence of negative coping strategies

Likely compounding the high levels of need in 2020 was the prevalence of negative coping strategies. These negative coping strategies represent capacity gaps: situations in which a household does not have a humanitarian need only because they undertaking dangerous, harmful, or unsustainable strategies to meet those needs. Although few displaced households are successfully using these coping strategies to meet all their needs, a large proportion of households are using negative coping strategies while in need. The problem is that either the household's ability to use these unsustainable strategies will run out or one of Afghanistan's frequent shocks will overwhelm the ability of these strategies to stave off need. Either way, the prevalence of negative coping strategies

indicates that the humanitarian situation in Afghanistan, already a crisis, is more likely to degrade than it is to improve.

Due to the wide variety of coping strategies pursued by households in crisis, the Livelihoods Coping Strategies Index (LCSI) was used as a proxy for a household's capacity gap. The LCSI is based on eleven questions about a variety of coping strategies ranging from fairly routine (spending savings) to actively harmful (engaging in high-risk or illegal activities). Households were classified as using coping strategies at a normal, stress, emergency, or crisis level, with emergency- and crisis-level households classified as having a capacity gap.

Of all displaced households in Afghanistan, fewer than 1% had a capacity gap and no sectoral need in 2020. These households were not assessed to be in humanitarian need but were using unsustainable or actively harmful activities to stay out of need. These households are more likely than not to fall into need when their ability to employ these strategies run out.

On the other hand, 50% of displaced households in Afghanistan had one or more sectoral needs and a capacity gap. This means that half of displaced households were in need despite using unsustainable coping strategies. Were households not engaging these coping strategies, their need would likely be even greater.

In addition to underlining the precarity of the current situation in Afghanistan, the particular coping strategies employed serve as a reminder of the damage done to Afghan society by forty years of war. Forty-five percent (45%) of displaced households reported that spending savings was a strategy not available to them and another 6% reported that they had already exhausted their savings, indicating a level of financial insecurity underscored by the fact that 84% of displaced households reported debt. Thirty percent (30%) percent of displaced households reported that selling household assets was not a strategy available to them and 8% reported that they had already exhausted the strategy. Even more striking was the fact that 46% of displaced households reported that selling income-generating assets was unavailable to them and an additional 4% reported that they had exhausted their ability to sell income-generating assets. While WoAA data cannot resolve whether these strategies are unavailable because the households have no assets to sell or because no one has money with which to buy these assets, these responses alongside the 25% of displaced households that sold household assets and the 16% that sold income-generating assets may indicate a breakdown of the systems that allow households to engage in lower-risk (though still unsustainable) and legal activities to meet their needs.

Capacity gaps were not analyzed for Hard-to-Reach areas, but coping strategies were frequently reported. KIs in 93% of settlements reported that one or more members of the settlement borrowed or relied on help from friends or relatives to acquire staple foods, as 16% reported that many (51%-75%) households used this strategy and 44% reported that some (26-50%) households used this strategy. KIs in 72% of settlements reported that one or more adults in the settlement reduced food consumption so that children could eat, as 16% of them reported that many (51%-75%) households used this strategy and 35% reported that some (26-50%) households used this strategy. KIs in 61% of settlements reported that one or more households of the settlement sent a family member abroad to work because food or money to buy food was not available, as 18% of them reported that many (51%-75%) households used this strategy and 34% reported that some (26-50%) households used this strategy.

Overall, negative coping strategies were prevalent in 2020, though they served more to stave off more severe need or reduce the number of needs faced by a household than they did to prevent need. Intensification of conflict or the occurrence of a severe natural disaster is likely to push displaced populations into even more severe and complicated need.

Subsets of particular concern

In addition to displaced households, which were assessed to have comparable magnitude and severity of humanitarian need, WoAA included two groups that have unique needs and vulnerabilities. The first group was Pakistani refugees, assessed in Khost and Paktika provinces, which includes people displaced by conflict in Pakistan's Waziristan region. Many of these refugees were assessed to have at least one extreme sectoral need and to have a high magnitude of protection and FSAC needs. Vulnerabilities for this group will shift in the future according to conflict dynamics in both Afghanistan and Pakistan.

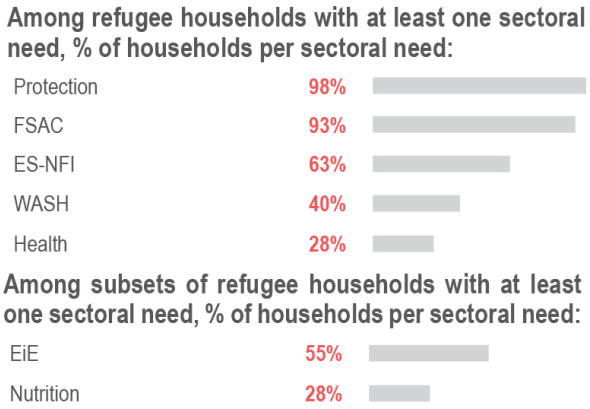
The second group was non-displaced households (called "vulnerable non-displaced" in this report) living in extremely food-insecure parts of Afghanistan. Like all population groups assessed as part of WoAA 2020, vulnerable non-displaced households exhibited high magnitude and severity of need. Of vulnerable non-displaced households with at least one sectoral need, most had health or FSAC sectoral need. Given Afghanistan's drought cycle, the slow rate of expected COVID-19 vaccination, and the apparent worsening of food insecurity across the country, increasing numbers of non-displaced households are likely to exhibit the combination of needs displayed by vulnerable non-displaced households assessed as part of WoAA 2020.

Pakistani refugees

Pakistani refugees, assessed in Khost and Paktika provinces, represent a unique caseload for humanitarian actors.[55] Conflict between groups affiliated with the Pakistani Taliban (Tehrik-i-Taliban Pakistan) and Pakistani security actors in Waziristan, a mountainous region in western Pakistan, has driven Pakistani refugees across the Afghan – Pakistani border into Khost and Paktika provinces for years.[56] Reports indicate that at the time of data collection in August – September 2020, movement restrictions related to COVID-19 severed Pakistani refugees from humanitarian aid actors, restricted access to daily labor opportunities, and negatively influenced local food markets.[57]

All assessed Pakistani refugee households (100%) were found to have one or more sectoral needs. Pakistani refugee households were found to have sectoral need in all sectors included in WoAA analysis. Among Pakistani refugee households, protection need was most common followed closely by FSAC need. While not directly comparable to WoAA 2020 findings on displaced populations, the fact that 98% of refugee households with one or more sectoral needs were assessed to have protection need and 93% were assessed to have FSAC need indicates a high magnitude and severity of protection need and food insecurity.

Figure 6: Sectoral needs among refugee households, and among subsetted refugee households[58]



Of the 127 possible need profiles, only 60 were assessed to be present in Pakistani refugee households. However, need among refugees may be more diverse than captured by sectoral need composites: 88% of refugee households reported that food was one of their top three priority needs, 66% reported healthcare, 59% reported shelter, and 55% reported debt repayment. The three most common needs profiles of Pakistani refugee households were:

[55] Findings for Pakistani refugee households are based on 414 interviews with refugee heads of household.
[56] "Pakistani refugees welcome end to Afghan political deadlock," The New Humanitarian, September 23, 2014, https://www.thenewhumanitarian.org/fr/node/254881; World Food Programme, "MVAM Afghanistan - Pakistani Refugees Update #1," Khost and Paktika Provinces - Pakistani Refugees Assessment (Afghanistan: World Food Programme, February 27, 2017).
[57] Najibullah Alokhel and Abubakar Siddique, "In Afghanistan, Lockdown Hits Waziristan Refugees Hard," News, Gandhara, April 21, 2020, https://gandhara.rferl.org/a/in-afghanistan-coronavirus-hits-waziristan-refugees-hard/30568294.html.
[58] Households found to be in categories 3 (severe) or 4 (emergency) of a sectoral severity score are considered to have sectoral need. A subset refers to analysis that was done only on a select population group selected from among the total sample size: EiE sectoral need percentages are only among displaced households with children 6-17 years and nutrition sectoral need percentages are only among displaced households with children 0-12 years.

1. EiE, ES-NFI, FSAC, Protection, and WASH (11%);
2. EiE, ES-NFI, FSAC, Protection (9%);
3. ES-NFI, FSAC, and Protection (8%).

Despite high reported protection need, Pakistani refugee households may report protection concerns and incidents less often than displaced households. Fifty-three percent (53%) of refugee households reported a protection concern in the 30 days prior to data collection, compared with 65% of displaced households. Thirty-five percent (35 %) of refugee households reported a protection incident in the three months prior to data collection, compared with 45% of displaced households.

The main driver of protection need for Pakistani refugees appeared to be lack of legal documentation: 84% of Pakistani refugee households lacked legal identification for all household members, while 16% of Pakistani refugee households lacked legal identification for some household members. In addition, 75% of Pakistani refugee households reported either a verbal tenancy agreement (38%) or no tenancy agreement (37%). Reports from REACH field teams also indicate that Pakistani refugees mostly reside with host communities and rely on informal tenancy arrangements.

There is no clear explanation for the differences in protection reporting between displaced and refugee households in Khost and Paktika, and more research is warranted given the high reported needs. Refugees reported need for documentation at high rates, indicating the need for either a sustained push for documentation or a coordination education campaign to inform refugees of their rights and the documents they need to obtain humanitarian or government services.

Household hunger and negative coping strategies may be slightly less widespread among refugees than displaced households as a whole. Seventy-one percent (71%) of refugee households were assessed to have little hunger, compared to 61% of displaced households, and 57% of refugee households were assessed to have a high rCSI status, compared to 69% of displaced households. However, there are indications that the quality of food consumption may be worse among refugees. Only 6% of refugee households were assessed to have acceptable FCS scores while 31% were assessed to have poor FCS scores, compared to 38% and 18% respectively for displaced households.

Vulnerable non-displaced households

The Humanitarian Response Plan (HRP) Revision in June 2020 reported that hunger was a key driver for humanitarian need in Afghanistan, with a third of the country living in IPC 4 emergency areas.[59] COVID-19, movement restrictions, the inability to work, and increasing food prices exacerbated barriers to food security in the country. WoAA 2020 assessed vulnerable non-displaced households in eight districts found to be in either IPC/FEWS-NET 3 crisis food insecure areas or IPC/FEWS-NET 4 emergency food insecure areas. While it was expected that vulnerable non-displaced households would be less at risk than other assessed population groups, 96% of vulnerable of non-displaced households were found to have one or more sectoral need, demonstrating that Afghanistan's decades-long crisis has contributed to humanitarian need in segments of the population not generally considered part of the humanitarian caseload.

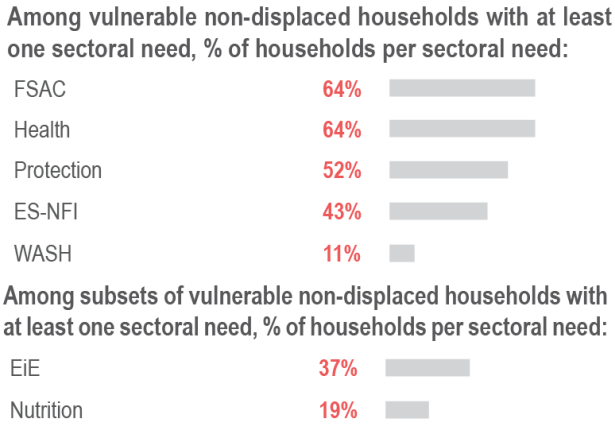
Vulnerable non-displaced households were found to have sectoral need in all sectors assessed as part of WoAA 2020. Sixty-six percent (66%) of vulnerable non-displaced households with one or more sectoral needs were assessed to have health need and 66% to have FSAC need. When asked to report their three highest-priority needs, 84% of vulnerable non-displaced households reported food, 60% reported debt repayment, 60% reported livelihoods support, and 39% reported healthcare. Of the 127 possible need profiles, 106 were present across vulnerable non-displaced households. The three most common needs profiles of vulnerable non-displaced households included:

1. Health (9%);
2. FSAC, Health, Protection (7%);

[59] OCHA, "Humanitarian Response Plan: Afghanistan 2018-2021 (Humanitarian Programme Cycle 2020 Mid-Year Revision)."

3. EiE, ES-NFI, Health, Protection (6%).

Figure 7: Sectoral needs among vulnerable non-displaced households, and among subsetted vulnerable non-displaced households[60]



Key drivers of health need among vulnerable non-displaced households included behavioral changes indicating a mental health issue, feelings of distress that impaired the head of household's ability to work, and use of at least one negative coping strategy when a household member was seriously ill.

Sixty-three percent (63%) of vulnerable non-displaced households reported that at least one household member had experienced a behaviour change indicating a mental health issue in the past year. Of the vulnerable non-displaced households that reported a behaviour change, 71% reported poverty or financial distress due to loss of livelihood as the primary reason for this change. Notably, evidence from interviews with female household members conducted among displaced populations indicate that behaviour changes may be systematically under-reported by male heads of household. Among displaced populations, 43% of male heads of household reported a behaviour change among household members, while 63% of female household members did so.

At the same time, 59% of vulnerable non-displaced households reported feelings of distress that impaired the head of household's ability to work. Among the vulnerable non-displaced households which reported that distress impaired the head of household's ability to work, 41% reported that the head of household had a lot of difficulty working. Financial stress and behaviour change may be locked in a negative feedback loop - if financial stress is driving behaviour change, it may play a role in creating distress among heads of household. If that distress prevents the head of household from working, financial stress may intensify, driving the household further into financial stress.

FSAC need was mainly driven by use of coping strategies. Less than 1% of vulnerable non-displaced households were assessed to have severe hunger and 24% were assessed to have moderate hunger. Meanwhile, 11% of vulnerable non-displaced households were assessed to have a poor FCS score, and an additional 50% were assessed to have a borderline FSC score. Overall, non-displaced households in food-insecure districts exhibited high food insecurity, but acute food need did not appear widespread at the time of data collection.

These households also reported use of negative coping strategies to mitigate the effects of food insecurity: only 4% of households were assessed to have a "low" rCSI status, while 60% were assessed as having "high" status. Vulnerable non-displaced households may not be in acute food need, but their situation is precarious. At the time of data collection, adults may have prevented acute hunger in their households through the use of coping strategies

[60] Households found to be in categories 3 (severe) or 4 (emergency) of a sectoral severity score are considered to have sectoral need. A subset refers to analysis that was done only on a select population group selected from among the total sample size: EiE sectoral need percentages are only among displaced households with children 6-17 years and nutrition sectoral need percentages are only among displaced households with children 0-12 years.

that cannot be maintained long-term, and will intensify into greater food insecurity if a natural disaster or surge in conflict activity disrupts food supply.

Box 7: Vulnerable non-displaced households and COVID-19

When compared to other assessed population groups, vulnerable non-displaced households were the most likely to report COVID-19 as a major event. Seventy-two percent (72%) of vulnerable non-displaced households reported COVID-19 as a major event, compared with 45% of displaced households and 15% of Pakistani refugee households. For vulnerable non-displaced households, insulated from active conflict or the stressors of displacement, COVID-19 may have been a prominent shock which drove sectoral need. Among the 72% of vulnerable non-displaced households which reported COVID-19 as a major event, the perceived direct impacts of COVID-19 (loss of livelihood, limited access to food, and illness among household members) parallel vulnerable non-displaced population's sectoral needs in FSAC and health.

CONCLUSION

WoAA 2020 was conducted in order to provide high-quality representative data to support data-driven humanitarian decision-making in Afghanistan. Given the intensity of conflict, spread of COVID-19, and occurrence of natural disasters in the country, high-quality country-wide data is both vital and scarce. As in previous iterations of the assessment, the Afghanistan ICCT led WoAA 2020 in coordination with all clusters and technical working groups and with support from ACBAR and REACH in order to fill this data gap. The assessment covered every province of Afghanistan and every sector of the humanitarian response. Due to limitations resulting from COVID-19, WoAA assessed only the populations assumed to be most vulnerable. Due to limitations on humanitarian access, it was complemented by a separate assessment of hard-to-reach areas.

According to WoAA 2020, humanitarian need in Afghanistan was ubiquitous and severe in 2020 for displaced Afghans, Pakistani refugees, and non-displaced Afghans living in food-insecure areas. While there were few areas for which intense need was not extremely widespread, the areas least affected by conflict and natural disaster appeared to exhibit somewhat lower rates of extreme need. Among displaced households, food insecurity appears the main driver of high rates of need, followed by protection, with little variation evident between displaced population groups. However, displaced households with one or more disabled members may face elevated shelter, health, and WASH need and displaced households in informal settlements may have elevated protection and WASH needs.

Among Pakistani refugees residing in Khost and Paktika provinces, FSAC and protection need were widespread. However, it is not entirely clear what drives such a high level of protection need among refugees beyond their lack of secure tenancy. Need related to food insecurity is less opaque. Refugees in Khost and Paktika provinces exhibited low levels of dietary diversity and may have been struggling with particularly high food prices at the time of data collection. They were likely facing a high financial burden due to low access to agricultural livelihoods and a strain on markets because of the COVID-19 pandemic and high levels of conflict in Paktika.

Vulnerable non-displaced households, though less affected by the conflict than displaced households or refugees, also had high levels of intense need in 2020. A large proportion faced healthcare needs, possibly driven by mental health issues caused by the economic shock created by COVID-19. In addition, food insecurity seems widespread among these households, though they appear to have staved off acute hunger in the short term through the use of unsustainable coping strategies.

Given the widespread use of negative coping strategies and the uncertain future of the peace process, humanitarians in Afghanistan would likely benefit from more regular, if smaller-scale multi-sectoral assessments. WoAA 2020 provides a picture of need at a particular moment in time. As the peace process unfolds or unravels, humanitarians would benefit greatly from more up-to-date information on needs in the country.

Afghanistan's humanitarian community would also likely benefit from more fine-grained analysis of WoAA 2020 data than was possible in this report. The exact relationship between conflict and need remains unclear, as does the relationship between market disruption due to COVID-19 and sectoral needs. Detailed exploration of WoAA 2020's data on household members was also beyond the scope of this report and merits further analysis, particularly given the central role women currently play in the peace process and will certainly play in implementing any peace agreement.

Finally, gaps remain when examining the causes of variation in need across geography. While a quantitative assessment like WoAA 2020 is able to reveal the existence of relationships between indicators of need, more in-depth qualitative research is required to understand the nature of these relationships.

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ANNEXES

ANNEX I: PUBLISHED PRODUCTS

For more information regarding the WoAA 2020 methodology, please see the Terms of Reference (ToR) and the Data Analysis Plan (DAP). For the published WoAA 2020 dataset, please visit the following link on the REACH Resources website.

ANNEX II: ENUMERATOR TRAINING AGENDA

AGENDA: WoAA 2020 Training, 26 July – 28 July 2020

Day 1	TIME	Activities	Facilitator
1	8:00AM – 08:30AM	Welcome participants and Introduction Session	
2	08:30AM – 10:45PM	Power Presentation (Main topics) What is WoA/WoA Training Intro to the household surveys Security/responsibility/code of conduct	
3	10.45AM – 11.00AM	Tea Break	
4	11:00AM – 01:00PM	Power Presentation (Main topics) General interview guidelines Random household selection	
5	01:00PM – 0200PM	Lunch Break	
6	02:00PM – 03:00PM	Mobile Data collection/KoBO	
7	03:00PM – 03:15PM	Tea Break	
8	03:15PM – 04:15PM	Enumerator Booklet	
9	04:15PM – 05:00PM	Questionnaire Run Through	

Day 2	TIME	Activities	Facilitator
1	08:00 AM – 09:00AM	COVID-19 Guideline	A representative from the World Health Organization (WHO)
2	09:00AM – 10:00AM	GBV	
3	10:00AM – 10:15AM	Tea Break	
4	10:15PM – 01:00PM	Questionnaire Run Through	
5	01:00PM – 02:00PM	Lunch break	
6	02:00PM – 03:00PM	Questionnaire Run Through	
7	03:00PM – 03:15PM	Tea Break	
8	03:15PM – 05:00PM	Questionnaire Run Through	

Day 3	TIME	Activities	Facilitator
1	08:00AM – 10:00AM	Questionnaire Run Through	
2	10:00AM – 10:15AM	Tea Break	
3	10:15AM – 01:00PM	Disability assessment	A representative from Humanity & Inclusion (HI)
4	01:00PM – 02:00PM	Lunch break	
5	02:00PM – 04:00PM	Practical Kobo Tool Session	

ANNEX III: DO NO HARM PROCEDURES DURING COVID-19

The following document includes:

1. *COVID-19 guidelines for in-person data collection.*
2. *Approach to tracking and monitoring of the COVID-19 situation throughout data collection*
3. *Alternative sampling and data collection methodologies should in-person data collection not be possible in certain areas due to the COVID-19 context.*

Background: COVID-19 in Afghanistan

The Afghan Ministry of Public Health reported the first case of COVID-19 on 24 February 2020 in the western province of Herat. As of July 2020, there are over 100 reported cases in every province of Afghanistan. Chronic conflict, poverty, migration into and out of neighbouring countries, and dependence on foreign imports exacerbate COVID-19's impacts on the country. In recognition of the Due No Harm and Duty of Care principles, REACH Afghanistan established new procedures and trainings for the Whole of Afghanistan Assessment 2020 (WoAA 2020) with the guidance and support of the World Health Organization (WHO), the ICCT, and IMPACT HQ. The procedures outlined below aim to ensure that these principles of Do No Harm and duty of care are at the forefront of the assessment process.

1. COVID-19 Guidelines for in-person data collection

Overview of approach and preparation measures:

To ensure the level of robust, representative data collection needed to inform the humanitarian response for the upcoming year, REACH plans to conduct face to face interviews. However, as the safety of populations in need and staff is paramount and of principal importance, this methodology will be modified should it be deemed that it is not feasible to begin or continue data collection in a given area because of high instances of COVID-19.

Note that these measures have been developed in coordination with the REACH Afghanistan Senior Management Team (SMT), ACTED Country Security Manager and Country Director, and IMPACT HQ (see the IMPACT Covid-19 Data Collection SOPs). In addition, REACH Afghanistan consulted with the ICCT and WHO-led Health Cluster when designing these SOPs.

General preparation measures:

- All field staff, field managers, and partners will be trained on preventive and protective measures to be observed during in-person data collection, including mask wearing, regular hand washing, social distancing, individual temperature checks, and restricted/private travel. All enumerators, field managers, and partners will receive this information orally as well as in-writing (in Dari and Pashto) – building on material and translations shared by the RCCE.
- Training will be conducted outside under tents or in large halls/venues with good ventilation, ensuring for the latter that the number of participants is far below maximum capacity of the venue to ensure social distancing. All participants will maintain a physical distance of 2 meters
- All field staff will be equipped with relevant protective equipment, such as face masks and sanitation material (soap or hand sanitizer).
- Planned number of household interviews has been reduced to the minimum, the tool has been shortened, and all indicators that require physical contact removed. Furthermore, no documents or pamphlets i.e. humanitarian assistance hotline number cards, will be handed out, and instead information shared verbally. To ensure unnecessary overlap in data collection, close cooperation with other organisations - including the World Food Program (WFP), Food and Agricultural Organization (FAO), and International Office of Migration (IOM) - will continue.
- Interviews with elderly or chronically ill household members will not to be conducted. If an elderly household head insists, enumerators are advised to not refuse an interview as this may escalate the situation, but ensure additional physical distance.
- All field staff will travel alone on a motorcycle or share a dedicated/rented car. No public transportation is to be used.
- If cars are rented/used, efforts are to be made that the same car and driver is hired/used for the entirety of the data collection period with a limited number of passengers (maximum 1 driver and 3 enumerators). If enumerators work in the same area they can share a dedicated/rented car, as long as they do not switch the car-sharing arrangement between enumerators during the entirety of the data collection period. No individuals, besides the driver and the enumerator(s) are to be transported in the dedicated/rented vehicle.
- All partner NGOs are required to have an office in the regions in which they are conducting interviews. This will ensure effective coordination, on-the-ground understanding of the situation, and the ability to follow-up with the enumerator team.
- Enumerators and partner NGOs are contractually obliged to report any illness symptoms (including non-common C-19 ones) to both REACH and ACBAR – as soon as they appear – and stop any in-person data collection. In addition,

enumerators will be required to report any interaction they had with interviewees exhibiting visible illness symptoms, including coughing

- Maximise the efficiency of data collection to ensure a Do No Harm approach:
  - Number of surveys conducted reduced while still ensuring representation
  - Develop system to track enumerator movement, clear procedures to reduce exposure during transit, and other procedures in the field as needed.

Note: All staff must wear a mask at all times in the field (see below for correct procedure).

Specific preparation measures before data collection:

- Check movement restrictions and obtain required clearance to move between areas.
- Integrate COVID-19 measures and best practices into field staff practices,
  - Incorporate WHO guidelines and best practices into field staff trainings,
  - Design and distribute a leaflet for enumerators detailing COVID-19 best practices and resources for reference during data collection.
  - WHO presented key COVID-19 facts and preventive measures to enumerators at regional training sessions, prior to the begin of data collection.
- Procure relevant supplies for staff screening and sanitation,
  - Provide Protective Preventive Equipment (PPE) including gloves, re-usable masks, water, and soap, to be distributed to REACH staff and partners,
  - Provide individual thermometers for enumerators to measure their temperature, to be reported to their team leader daily.

Specific preparation measures during data collection:

On the mornings of data collection:

- All field staff must check their temperature. In case of a high temperature (above 37.5 Celsius), or any other mild symptoms such as tiredness, dry cough (common symptoms), shortness of breath, aches and pains, sore throat, or runny nose (other symptoms), field staff must inform their immediate superior.
- All field staff must inform their immediate superiors ask if they have been in contact with anyone with confirmed or suspected case of COVID-19. If yes, the person should not be participating in the activity and self-quarantine for a minimum of 14 days.
- Team leaders to remind all field staff of PPE protocols.
- Ensure that all enumerators have:
  - Updated information regarding COVID-19,
  - COVID-19 guidelines,
  - Cleaning supplies and clean data collection tools including:
    - Enough hand sanitizer, soap, and water to clean their hands before and after every interview,
    - Clean pens,
    - Ziploc bags for phones/devices/pens notebooks.
    - Spare masks.

During data collection:

- All field staff must travel by private motorcycle, or in a dedicated/ rented car with one driver and three field staff members maximum (**car sharing arrangements must be maintained throughout the data collection period** i.e. same driver and enumerators). No individuals, besides the driver and the enumerator(s) are to be transported in the dedicated/rented vehicle.
- **No public transportation is to be used.**
- All field staff must wash their hands for at least 20 seconds and sanitise used tools before and after each interview.
- All field staff must remain 2m apart when possible from all other field staff.
- All field staff must refrain from handshakes or other physical touch of any kind, even when greeting.
- All data collection items must be sanitized prior to each interview (pens, phone, tablets, notebooks, ID cards, etc.)
- Do not share data collection items, water bottles, etc. with other field staff members.

- *During interviews:*
  - Maintain a 2m distance from participants at all times
  - Avoid any physical contact (handshaking, hugging, etc.) to greet respondents,
  - If possible, conduct the interview outside,
  - Don't touch anything in or around the households or interview sites,

- Avoid interviews with elderly persons or persons with chronic illnesses. If an elderly household head insists, enumerators are advised to not refuse an interview as this may escalate the situation, but ensure additional physical distance.

After data collection at the end of each day:

- All field staff must report any health symptoms including fever, persistent cough, or shortness of breath to immediate supervisor,
- All field staff must report any encounters with persons who exhibited symptoms of fever, persistent cough, or shortness of breath. If any staff are experiencing symptoms they should self-quarantine for at least 14 days (enumerators will still be paid if they become ill and are unable to work during data collection).
- Clean all equipment.
- All field staff must report movements to immediate superiors via the tracking sheets.

If there is a suspected case of COVID-19 at any point during data collection:

- Field staff must notify their immediate superior as soon as possible.
- Field staff must maintain a distance of at least 2 meters from the person.
- Field staff must not remove their masks and should avoid touching their mask and face until after the interview/encounter is over. When the interview/encounter is finished, field staff must wash their hands immediately after.
- Field staff must thoroughly disinfect all devices.

Proper procedures for wearing a mask:

- All field staff must cover their mouth and nose using a mask that is not pierced or torn,
- All field staff must only touch the mask only after they have washed their hands with water and soap or cleaned them with an alcoholic sanitizer,
- All field staff, if using a non-disposable mask, must change it after 4 hours (washing their hands before and afterwards), and wash the mask before re-use (this will require carrying two masks each day).
- All field staff must wash their hands following removal/disposal of the mask.

2. Tracking and Monitoring of the COVID-19 situation throughout data collection

In order to adapt WoAA 2020 data collection to the rapidly changing contexts, the COVID-19 situation will be monitored at the district level on a regular basis (indicators updated every 3 days). Four key indicators will be tracked, with corresponding thresholds to indicate if 1) in-person data collection can proceed as planned, 2) the situation needs to be monitored more closely i.e. at district as well as province level, 3) in-person data collection needs to be stopped temporarily, and/or 4) if alternative remote data collection methodologies need to be implemented. The indicators and thresholds are outlined in the below tables.

The decision to implement or reverse a specific action will be taken by the REACH Senior Management Team (Country Coordinator, Head of Operations, ISRU Research Manager) following consultation with the ACTED security team, ACTED Country Director, and IMPACT HQ.

COVID-19 Tracking and Monitoring Indicators and Thresholds

Indicator	Data point	Data source	Threshold
Change in reported number of COVID-19 cases at province level[61]	# of COVID-19 cases per province	OCHA Daily C-19 Briefings/ MoPH	Persistent increase in caseloads over a week period
Change in reported number of COVID-19 related deaths at province level	# of COVID-19 related deaths per province	OCHA Daily C-19 Briefings/ MoPH	Persistent increase in mortality rate for recorded COVID-19 cases
Reported cases of COVID-19 infections among staff at province level	# reported COVI-19 cases amongst field staff	Daily reporting from field teams	Any single case reported by field staff
Anecdotal reports of COVID-19 outbreaks at district level	# reported incidents of COVID-19 outbreaks from field staff	Ad hoc reporting from field teams should there be an issue[62]	Case-by-case basis

[61] Reported total number of cases in Afghanistan is widely understood to be under reported. As such, the indicator to be monitored will be about relative increase and decrease in caseloads.

[62] The REACH operations team will be in daily contact with partner focal points and enumerators and so able to receive any alerts should there be an issue reported.

Action	Trigger	Follow up
Continue with in-person data collection	N/A	Continue monitoring
Increase monitoring activity	Threshold met for 1/4 indicators	Continue monitoring at the district level for all relevant districts within the province and consult with local field partners, REACH and ACTED staff, and other local experts.[63] Monitoring to take place every 2 days.
Stop in-person data collection	Threshold met for 3/4 indicators	Continue monitoring at district level every 2 days and consult with local field partners, REACH and ACTED staff, and other local experts.[64] In-person data collection may only resume if there is an improvement in the monitored indicators and following recommendation through consultations.
Implement remote data collection methodology	Conditions to stop in-person data collection persist for more than 3 weeks	Implement alternative remote data collection strategies.

Actions for change of tracking or data collection approach

3. Alternative sampling and data collection methodologies where in-person data collection is not possible due to COVID-19

Should in-person data collection be decided as no-longer feasible in a certain area, **REACH will switch to a remote, phone-based, data collection methodology**. As list-based random sampling is not possible in the Afghanistan context, a purposive sampling approach will need to be used. Due to the need to produce stratified household level data, **the most suitable approach will be a household quota sampling methodology.**

However, it is important to note that whilst the COVID-19 situation and any decisions to halt in-person data collection will be taken at the district level, the WOA 2020 sampling frame calculates the sample size to be representative of population groups at the *province* level. Consequently, **if in-person data collection based on probability sampling is not possible in a certain district, the sample for other districts within the province will need to be increased to ensure the level of representation is reached** (95% level of confidence and 8% margin of error).

is determined for a specific set of homogenous units. The basic idea of quota sampling is to set a target number of completed interviews with specific subgroups of the population of interest. The quotas should be set to reflect the known proportions within the population Although, household quota sampling is not a probabilistic method, it has shown to produce results that if not representative with known level of precision, can be considered somewhat representative of a population of interest

This has several implications:

1. Data collected for these areas will not be generalizable with a known level of statistical precision, and therefore **will be indicative only.**
2. However, the sample will be stratified by the relevant geographic areas and population groups to **still produce indicative findings with some level of representation for the respective strata** (see full WOA 2020 TOR for the full sampling frame including geographic and population group stratifications).
3. The **unit of analysis i.e. the household, will remain the same**, allowing for cross-indicator analysis and development of composite indicators and correlations.
4. Given network coverage is not consistent across Afghanistan, **there will be an inherent bias in data collection covering areas with adequate network coverage.**
5. There will likely be **a bias in the data collected due to an assumed homogeneity of the sample**, as we will be reliant on the households we interview to provide contact details for other households to interview.

Sampling and Implementation:

For WoAA 2020, in districts where quota sampling will need to be implemented, categories will be the same targeted populations for in-person interviews – i.e. vulnerable groups, displaced populations (recent IDPS, non-recent IDPS, cross border returnees), and refugees in that district. As female-male enumerator pairs will not be able to conduct separate

[63] Local experts include local government representatives, religious leaders, community organization leaders, civil society organization leaders, healthcare workers, and international actors operating within the region.

[64] Local experts include local government representatives, religious leaders, community organization leaders, civil society organization leaders, healthcare workers, and international actors operating within the region.

assessments concurrently, enumerators will only conduct interviews with the head of household or next available adult able to represent the household.[65] All interviews will be conducted remotely via phone.

To determine proportions, REACH Afghanistan will draw from the sampling framework from the face to face interview methodology. The calculated province-level sample size (at 95/8) will be taken, and divided proportionally by population group in the province, with a minimum of 20 interviews per population group per province. For example: If REACH Afghanistan intended to sample 120 households in province X and the total population of recent IDPs was 300, non-recent IDPs 300, and cross-border returnees 600, then the sample would represent the respective 25%, 25%, and 50% i.e. the total number of interviews in province x would be: 30 recent IDPs. 30 non-recent IDPs, and 60 cross-border returnees.

Where possible, REACH will aim to collect household interviews from the same clusters (settlements) as selected in the original sampling frame. However, we cannot ensure that we will have a KI 'seed' to kick off the snowballing in all settlements. Given the nature of existing KI networks and constraints due to mobile network coverage, this may mean a bias in reporting from households in predominantly urban areas, such as the District Administrative Centres (DACs).

Numbers for households within each category will be collected through a snowball sampling methodology, whereby an initial key informant (KI) 'seed' will be contacted based on REACHs existing KI networks. This person will be asked to 'refer' a number of households (at least 5) within the relevant population group that might be willing to be interviewed. Each of these households will then be contacted for interview. At the end of each interview (should they consent), the household will be asked to 'refer' further households in their community and within the same population group. This process will be repeated until a sufficient number of households have been interviewed for each category.

The inherent limitation with this approach, as listed above for points 4 and 5, is that interviews will only be able to be conducted in areas with network coverage, and by relying on KI and household referrals there will likely be a further homogeneity of the households sampled. Furthermore, this strategy is reliant on existing KI networks that, whilst comprehensive, do not cover all settlement across Afghanistan, and are stronger in urban centres such as the District Administrative Centres (DACs). As such, households in more remote settlements that may have been reached through probability sampling and in-person interviews will likely be excluded from the assessment.

In order to conduct these interviews, REACH will establish a call centre with the trained enumerators originally hired for the in-person data collection (to work from home, provided with sufficient mobile credit). Enumerators will be provided with the sampling frame and asked to conduct interviews and the above outlined snowball sampling approach until this 'quota' is met.

All data processing and cleaning approaches will remain the same as for in-person interviews, however:

- Quota sampled interviews will be collected through a separate Kobo project (with the same tool) to ensure they remain separate from in-person interviews.
- Analysis for these interviews will be conducted separately, although following the same plan in terms of both descriptive statistics and composite indicators.

[65] This will only relate to districts within 11 select provinces where all households sampled where to have two interviews conducted: one with the head of household, and another with a non-head of household member of the opposite sex.

ANNEX IV: LIST OF DONORS AND PARTNERS INVOLVED

Assessment conducted in the Framework of (8 partners):
Afghanistan Inter-Cluster Coordination Team
Afghanistan Education in Emergencies Working Group
Afghanistan Food Security Cluster
Health Cluster Afghanistan
Afghanistan Nutrition Cluster
Protection Cluster Afghanistan
Shelter Cluster Afghanistan
WASH Cluster

Assessment funded by (2 donors):
United Kingdom Department for International Development
United States Agency for International Development

Assessment supported by (12 partners):
Agency Coordinating Body for Afghan Relief (ACBAR)
Afghan Literacy Organization (ALO)
Hand in Hand Afghanistan
Human Rights Research and Advocacy Consortium (HRRAC)
Just for Afghan Capacity and Knowledge (JACK)
New Consultancy and Relief Organization (NCRO)
Organization for People's Health in Action (OPHA)
Organization for Relief Development (ORD)
Social Welfare and Rehabilitation Organization
Rehabilitation Association and Agriculture Development for Afghanistan (RAADA)
Village of Peace
Women and Children Legal Research Foundation (WCLRF)

ANNEX V: SAMPLING FRAMEWORK

Provinces	Non-Recent IDPs	Recent IDPs	Non-Recent Returnees	Recent Returnees	Vulnerable	Refugees	Total
Central	**556**	**364**	**284**	**292**	**N/A**	**N/A**	**1,672**
Bamyan	116	N/A	24	36	N/A	N/A	176
Daykundi	72	180	40	44	N/A	N/A	336
Kabul	100	N/A	40	20	N/A	N/A	160
Kapisa	96	N/A	28	40	N/A	N/A	164
Logar	32	156	92	40	N/A	N/A	320
M. Wardak	28	28	28	112	N/A	N/A	196
Panjsher	144	N/A	N/A	16	N/A	N/A	160
Parwan	84	N/A	56	20	N/A	N/A	160
Eastern	**484**	**628**	**52**	**88**	**280**	**N/A**	**1,532**
Kunar	92	204	N/A	72	N/A	N/A	368
Laghman	148	64	32	12	N/A	N/A	256
Nangarhar	140	168	20	4	280	N/A	612
Nuristan	104	192	N/A	N/A	N/A	N/A	296
North Eastern	**308**	**680**	**196**	**136**	**620**	**N/A**	**1,940**
Badakhshan	108	168	28	24	620	N/A	948
Baghlan	52	168	56	52	N/A	N/A	328
Kunduz	76	172	60	24	N/A	N/A	332
Takhar	72	172	52	36	N/A	N/A	332
Northern	**584**	**936**	**96**	**140**	**288**	**N/A**	**2,044**
Balkh	152	164	8	8	288	N/A	620
Faryab	100	180	40	20	N/A	N/A	340
Jawzjan	112	164	12	40	N/A	N/A	328
Samangan	132	272	4	28	N/A	N/A	436
Sar-e-Pul	88	156	32	44	N/A	N/A	320
South Eastern	**512**	**472**	**76**	**144**	**0**	**376**	**1,580**
Ghazni	204	16	20	24	N/A	N/A	264
Khost	152	160	4	4	N/A	264	584
Paktika	88	144	N/A	84	N/A	112	428
Paktya	68	148	56	32	N/A	N/A	304
Southern	**676**	**448**	**44**	**112**	**580**	**N/A**	**1,860**
Helmand	140	176	4	20	N/A	N/A	340
Kandahar	128	N/A	8	24	580	N/A	740
Nimroz	100	156	12	52	N/A	N/A	320
Uruzgan	184	N/A	N/A	N/A	N/A	N/A	184
Zabul	124	116	20	16	N/A	N/A	276
Western	**536**	**732**	**44**	**108**	**544**	**N/A**	**1,964**
Badghis	148	156	4	20	N/A	N/A	328

Farah	120	236	4	44	N/A	N/A	404
Ghor	92	168	36	32	N/A	N/A	328
Herat	176	172	N/A	12	544	N/A	904
Total	**3,656**	**4,260**	**792**	**1,020**	**2,312**	**376**	**12,592**

ANNEX VI: IDENTIFICATION OF SECTORAL NEED AND CG

The sectoral need composite for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the MPI aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **guidance on how to produce the aggregation using household-level data.**

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identified critical indicators that, on their own, indicate a gap in the sector overall;

3) Identified individual indicator scores (0 or 1) for each household, once data had been collected;

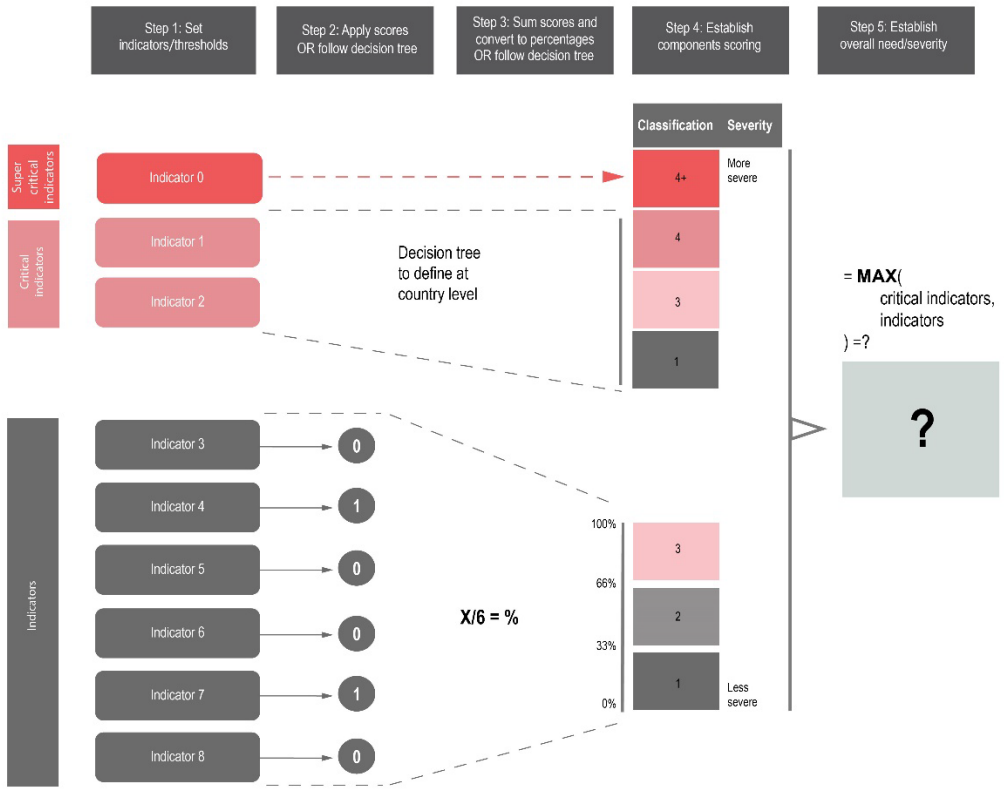
4) Calculated the severity score for each household, based on the following decision tree (tailored to each sector);

a. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;

b. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

c. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure X below;

Figure X: Identifying sectoral needs per sector with scoring approach – example



5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having need in that sector;

6) Identified households that do not have a sectoral need but that do have a CG;

   a. Identified individual indicators scores (0 or 1) for all CG indicators, amongst households with a severity score of 1 or 2;

   b. If any CG indicator has a score of 1, the household is categorised as having a CG;

7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

ANNEX VII: ESTIMATING OVERALL SEVERITY OF NEEDS

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity of sectoral severity scores identified in each household.

The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral need is calculated per household, as outlined in the annex 2.
2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral scores identified in each household.

- As shown in the example in Figure X below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all sectoral needs within that household.

Figure X: Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

Key limitation: regardless of whether a household has a very severe sectoral need in just one sector (e.g. WASH for HH2 above) OR co-occurring severe needs across multiple sectors (e.g. food security, health, WASH, protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude of severity between households. To do that, additional analysis outputs have been produced, as shown on page 3.