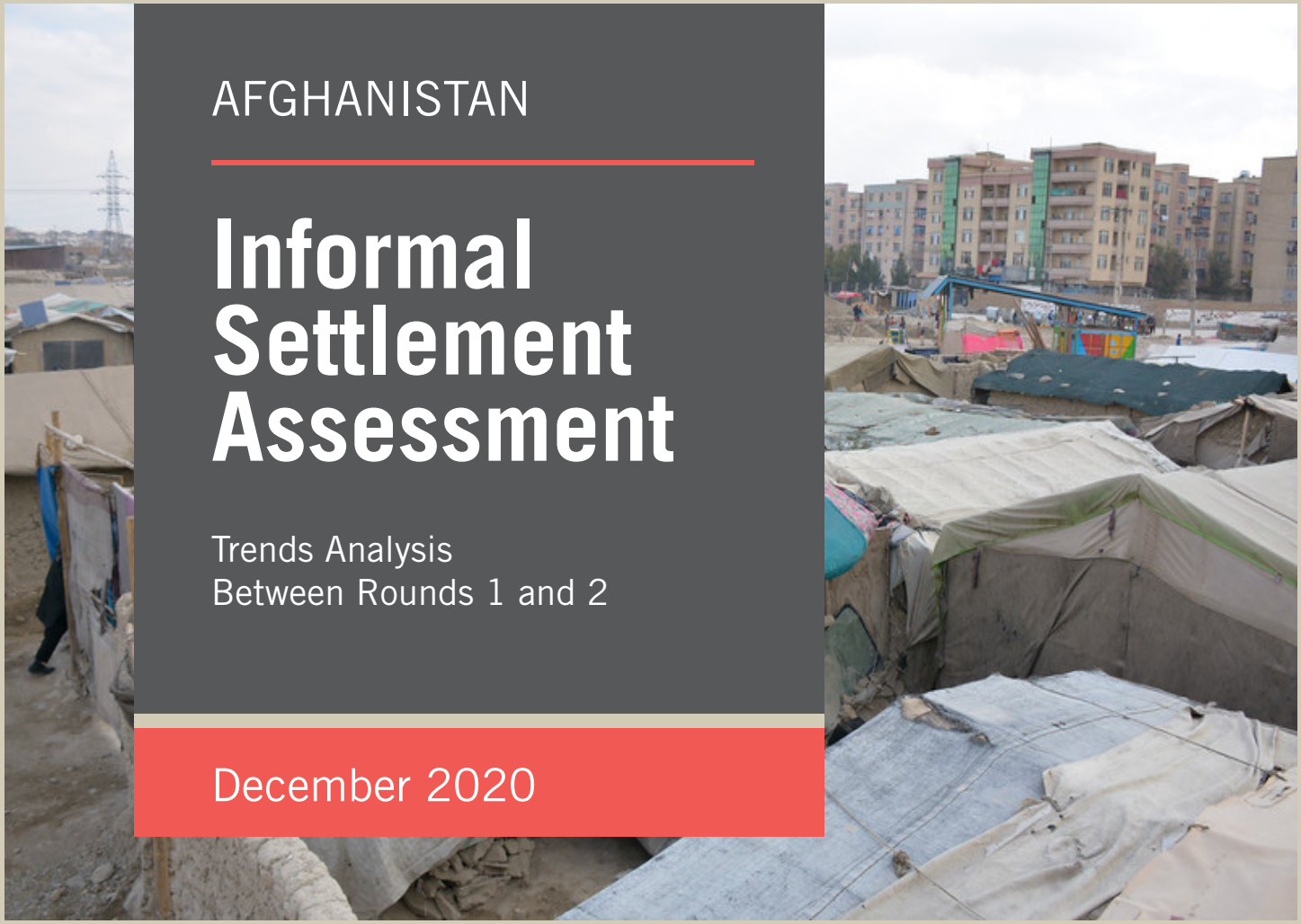
AFGHANISTAN

Informal Settlement Assessment

Trends Analysis
Between Rounds 1 and 2

December 2020



USAID
FROM THE AMERICAN PEOPLE

REACH Informing more effective humanitarian action

CONDUCTED WITH THE SUPPORT OF

FUNDED BY

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

Introduction

After more than forty years of conflict and natural disasters, Afghanistan is still in a state of humanitarian emergency According to the 2021 Humanitarian Response Plan (HRP), 18.4 million people are in need of humanitarian assistance, of which over 4.8 million have been displaced since 2012.[1] The situation of displaced persons continues to be a key concern. The 2021 Humanitarian Needs Overview (HNO) projected around 500,000 internally displaced persons (IDPs), 714,000 returnees, and 72,000 refugees and asylum seekers will need humanitarian assistance in 2021.[2]

While the humanitarian community regularly responds to the needs of recently displaced households through various programmes (e.g., Emergency Response Mechanism – ERM), longer term displaced households (especially those more than six months displaced) are often left out of such emergency responses. Longer term displaced households often settle into informal settlements (ISETs), displacement sites where many of the occupants lack sufficient access to services, secure living conditions, or acceptance with the local community. While definitions for informal settlements may vary, they are best categorized as settlements where migratory populations from outside the area tend to settle in which may not have the support of the surrounding area, poor service access, or a lack of legal status or right to live in the location. These locations are usually clearly identifiable by both the ISET population and the surrounding host community.

Households living in ISETs are often reluctant to or cannot invest in dwelling improvements, and local authorities may not always provide services.[3] [4] Consequently, ISET populations tend to have limited access to essential services and be vulnerable to eviction.[5] Much of this is due to the higher instances of insecure legal shelter and land tenure, poor infrastructure in ISETs, and a reliance on unskilled labour and the informal economy. Moreover, these sites move and disband quite regularly, making it more difficult to fully understand where all ISETs are and how to access them.

The 2020 HNO highlighted significant information gaps regarding ISETs. There have been some studies conducted in recent years, including country-wide studies by the International Organization for Migration Displacement Tracking Matrix (IOM DTM)[6], studies in Kabul by UN-Habitat[7] and the Norwegian Refugee Council[8], and a country wide assessment conducted by REACH in 2017[9]. However, there has been a lack of formal, standardized, and up-to-date data regarding ISETs across the country, limiting the ability of humanitarian and development partners to design responses to these dynamic communities.

A key document when considering the current situation of ISETs is the updated (in 2020 from 2018) Presidential Decree 108 (PD 108), a rights-based approach to land allocation.[10] Under PD 108, IDPs and returnees displaced in the last five years would be eligible to apply for land allocations and housing support from the government. Land allocations will be made in new settlements ("townships") on vacant land in peripheral urban areas that meet PD 108 criteria for sustainable settlements. This is relevant in the context of this assessment as it gives deeper insight into how many households could be eligible for land allocation under PD 108 and where they are located.

To build on current ISET-related research, REACH conducted its first round of ISET monitoring in May-June 2020, followed by a second round in December 2020. Together, these rounds aimed to develop a (non-exhaustive) list of ISETs in the country, in order to better understand the demographics and humanitarian situation of the populations living there, as well as the level of infrastructure services present in these sites. Key COVID-19 indicators were also incorporated in the data collection process to understand the impact of the pandemic on these ISETs. The purpose

[1] UNOCHA, "Humanitarian Response Plan", January 2021.
[2] UNOCHA, "Humanitarian Needs Overview", December 2020.
[3] UN-Habitat, OICT, and LTO Network, "First Open-Source Urban Land Registry Solution for Government of Afghanistan", Press Release, December 2020.
[4] It has been observed that a lack of legal tenure hinders a household's legal right to update shelter or land infrastructure.
[5] Afghanistan Research and Evaluation Unit (AREU), "Legalize informal s to give poor families the right to demand basic services", 2007.
[6] International Organization of Migration, "Displacement Tracking Matrix Afghanistan: Informal Settlements Infosheet" December 2019.
[7] UN Habitat, "COVID-19 vulnerability in informal settlements: A case study of an urban IDP community in Jalalabad, Afghanistan", June 2020
[8] Adboh, M. & Hirsch-Holland, A. "Stuck in the Mud: Urban displacement and tenure security in Kabul's Informal Sites", 2019.
[9] REACH "Informal Site Profiling" October, 2017.
[10] Afghanistan Protection Cluster Meeting Presentation, March 2, 2021 (unpublished)

of this report is to compare findings from both rounds and develop an overall understanding of the ISETs in 2020, and how conditions changed over the assessment period.

Both rounds of the ISETs monitoring were conducted in coordination with the Humanitarian Cluster System to help identify ISETs and key informants (KIs) to be interviewed, and give input on the questionnaire, and in particular the following clusters, sub-clusters, task force and working groups: Housing Land and Property (HLP), Water Sanitation and Hygiene (WASH), Health, Food Security and Agriculture (FSA), Protection, Shelter, Gender Based Violence (GBV), and Mental Health and Psychosocial Support (MHPSS). Specifically, the HLP Task Force was significantly involved in developing the tools and guiding the overall structure of the assessment. These assessments were funded by the United States Bureau for Humanitarian Assistance (BHA).[11]

The ISET monitoring exercises were based on key informant interviews (KIIs). KIIs were conducted in 1,148 sites in round 1 (R1), and 1,130 sites in round 2 (R2), based on site information shared to REACH from partners. This was done across 28 provinces, and 133 (135 in R2) districts in Afghanistan. REACH implemented a 4-step methodology for these exercises: 1) secondary data review, 2) site verification, 3) site profiling, and 4) site mapping (this was conducted in R2 only). Data was collected in May-June 2020 (R1) and December 2020 (R2). In R1, 3 KIs were interviewed for sites with over 750 people, while in R2, to ensure time and resources were available for site mapping, only 1 KI was interviewed, regardless of ISET size. Analysis between rounds was conducted only between the same indicators used in both rounds. It is important to note that while data collection for R2 was face-to-face, R1 data collection was conducted remotely. This could have had implications for some of the trends observed in the data between both rounds and further research may be need to confirm and further explain some key findings.

It is important to note that REACH's ISET list is not exhaustive. Additionally, KIs were purposively selected, meaning that the results are indicative only of the situation of the populations living in the assessed ISETs and may have bias from the KIs themselves. As KIs were primarily traditional community leaders, KIs and enumerators were almost all older and male. Moreover, data was reported at site level but aggregated to district level for confidentiality and protection reasons.

Key Findings

Key characteristics and Demographics:

- A majority of assessed ISETs were classified as either existing for five or more years (88% both rounds), having mixed populations (73% in R1, 85% in R2)[12], and being small in size[13] (87% in R1, 93% in R2), indicating that most ISETs are well-established.
- ISET populations were found to have become more integrated with the surrounding host community over time. This was especially evident in smaller ISETs, which constituted a majority of the assessed sites (87% in R1, 93% in R2). An exception to this was in the West in round 2, where only 54% of smaller ISETs were reportedly integrated.
- KIs in a majority of assessed ISETs in both rounds reported most ISET residents had been living on the site for at least five years (88% both rounds) and that no resident had plans to move in the month post data collection (79% in R2; similar in R1). This suggests that many of the residents would be eligible to apply for land allocations in accordance with PD 108.

Service access and gaps

- The proportion of assessed ISETs in which KIs reported barriers to accessing potable water and health care increased in R2, implying ISET populations had a harder time accessing basic services, especially women and girls. Waterpoints became less accessible to women and girls between both rounds, with KIs reporting that 16% of assessed ISETs in round 1 and 25% of assessed ISETs in round 2 reporting waterpoints are safely and easily accessible to women and girls.

[11] Formerly called the United States Office for Foreign Disaster Assistance (OFDA)
[12] I.e. host community households are also living on the site.
[13] Less than 750 households living on the site.

- In R2, KIs in only 31% of assessed sites reported schools to be closed due to health concerns and movement restrictions related to the pandemic, as compared to 97% of KIs in R1, indicating that many schools have reopened since the COVID-19 lockdown.

Changes in site needs and vulnerabilities

- KIs in more than half of assessed ISETs indicated that most households in their sites were not able to afford food to meet daily needs in both rounds (64% in R1, 63% in R2). This is likely related to increase in food prices, and the fact that the most reported income generating activity for ISET populations was unskilled daily labour, job opportunities for which were reported to have severely contracted due to COVID-19 lockdown measures.[14]
- A higher proportion of ISETs were reported as tenure insecure in R2, as evidenced by the increase in the proportion of assessed ISETs reporting verbal tenure as the most common tenure agreement for shelters in their settlements (24% in R1 to 41% in R2) and decrease in the proportion of ISETs reporting written tenure (secure tenure) (66% in R1 to 50% in R2). The increase in tenure insecurity could be due to the large influx of IDPs that fled to major population centres following a dramatic rise in insecurity in the latter half of 2020, between rounds 1 and 2 of monitoring.[15] However, further research is needed to confirm this and better understand why tenure security is perceived to have worsened between the two rounds.
- The proportion of assessed ISETs where threats of eviction were reported increased in R2 (6% in R1 to 11% in R2), while the proportion reporting actual eviction stayed stable (13% in R1, 11% in R2). Even though eviction rates did not change, the rise in eviction threats indicates that ISET residents were overall more subjected to intimidation and harassment, putting them in an even more vulnerable situation.

Risks and needs as a result of the COVID-19 pandemic

- KIs in almost all assessed ISETs reported most residents in the site being aware of the COVID-19 pandemic and taking measures to prevent contracting COVID-19 in both rounds (in 90% of assessed ISETs, KIs reported that most residents in their ISET were aware; in 10%, KIs reported that some residents in their ISET were aware).
- ISET populations were found to be vulnerable to the COVID-19 pandemic, based on the COVID-19 vulnerability index developed by REACH, which took into account three main factors: susceptibility to the disease, coping capacity, and adaptive capacity (refer to Annex 3 and 4). More than half of ISETs were classified to be in either the moderate-high or higher risk category (69% in R1, 71% in R2), in relation to vulnerability to the COVID-19 pandemic.
- KIs in the assessed sites reported waterpoints were not being sanitized on a routine basis, and KIs in a lower proportion of ISETs reported the availability of soap and water in round 2. Sanitizing frequently touched spaces (such as waterpoints) and washing hands with soap on a regular basis are two measures that the World Health Organization (WHO) has encouraged the public to adhere to, to increase resilience to the pandemic.[16] The fact that ISET populations faced obstacles to carry out these actions, increased their vulnerability to the pandemic.
- As the pandemic continued, KIs in the vast majority of assessed ISETs reported a perception of increased poverty/no income as a result of the COVID-19 related lockdowns (98% in R2; similar in R1), high levels of unstable sources of income (KIs in 51% of assessed ISETs reported unskilled daily labour without contract in R2; similar in R1), and borrowing money and taking on debt (96% in R2; similar in R1). This was likely linked to the heavy reliance on unskilled daily labour, for which job opportunities were reporting to have been unstable and became worse during the pandemic. The COVID-19 pandemic led to the government instituting lockdowns, which decreased economic activity and reduced available job opportunities.[17]

[14] UNDP, "Afghanistan Socio-Economic Impact Assessment", July 2020
[15] UNOCHA, "Humanitarian Needs Overview", December 2020.
[16] WHO, "Advice for the public", March 2021 (last updated)
[17] UNDP, "Socio-Economic Impacts of COVID-19 in Afghanistan", November 2020

CONTENTS

List of Acronyms

IDP	Internally Displaced Person
ISET	Informal Settlement
KI	Key Informant
KII	Key Informant Interview
ERM	Emergency Response Mechanism
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
GOIRA	Government of the Islamic Republic of Afghanistan
WASH	Water, Sanitation, and Hygiene
SGBV	Sexual and Gender Based Violence

Geographical Classifications

Region[18]	Highest level of administrative boundaries below the national level. In Afghanistan there are 8 regions as of 2021
Province	Administrative boundaries below the regional level. In Afghanistan, there are 34 provinces as of 2021
District	Administrative boundaries below the province level. In Afghanistan, there are 419 districts as of 2021

List of Tables and Figures

[18] Regions are informal administrative boundaries agreed upon by the humanitarian community in Afghanistan for coordination purposes.

INTRODUCTION

Following over 40 years of conflict and natural disaster induced displacement, Afghanistan remains one of the world's most complex humanitarian emergencies. According to the 2021 Humanitarian Response Plan (HRP), 18.4 million people need humanitarian assistance, of which over 4.8 million have been displaced since 2012.[19]

In 2020 the situation of displaced persons in Afghanistan remained a key concern. According to the 2021 Humanitarian Needs Overview (HNO), it is projected that around 500,000 internally displaced persons (IDPs), 714,000 returnees, and 72,000 refugees and asylum seekers will be in need of humanitarian assistance in 2021 in Afghanistan.[20] In addition to the increase in the number of IDPs, conflict has continued to be a daily risk for civilians across the country, and regional economic decline has continued to impact the country, which has led to 866,000 undocumented persons returning to Afghanistan from Iran and Pakistan in 2020.[21] This was the largest return year on record for undocumented Afghan migrants.[22] The COVID-19 pandemic exacerbated the economic and humanitarian situation.[23]

The humanitarian community regularly responds to the needs of recently displaced households through a variety of programmes, most notably the Emergency Response Mechanism (ERM).[24] However, longer-term displaced households often settle into informal settlements (ISETs): displacement sites where many of the occupants lack sufficient access to services, secure living conditions, or acceptance with the local community. While definitions for informal settlements may vary, they are best categorized as settlements where migratory populations from outside the area tend to settle in which may not have the support of the surrounding area, poor service access, or a lack of legal status or right to live in the location. These locations are usually clearly identifiable by both the ISET population and the surrounding host community. Unclear or unstable living conditions can severely constrain economic and social development as inhabitants have no legal claim to their site, which consequentially can hinder their access to basic services. Households become reluctant to invest in dwelling improvements and local authorities do not provide services.[25] As such, these sites tend to have limited access to essential services, such as water and health care, and are vulnerable to eviction.[26]

Vulnerability to the COVID-19 pandemic is heightened in ISETs due to low capacity and sharing of Water, Sanitation and Hygiene (WASH) infrastructure, insecure livelihoods, food insecurity and limited access to health, social and economic services.[27] A recent study by UN-HABITAT on COVID-19 vulnerabilities in ISETs in Jalalabad, Afghanistan, households were found to live in crowded conditions, making social distancing or self-isolation difficult for people to avoid spreading the disease.[28] As the pandemic has expanded, this crisis has threatened to compound migration, displacement, and service gaps in ISETs. Furthermore, vulnerability is exacerbated by disruptions to both market prices and livelihoods access, partly caused from lockdown conditions in Afghanistan. This crisis has heightened the need for information on ISET populations to better inform immediate responses for humanitarian aid providers and beneficiaries.

A key document to consider in relation to ISETs, is the newly updated Presidential Decree 108 (PD 108), a rights-based approach to land allocation.[29] In 2018, the Government of the Islamic Republic of Afghanistan (GOIRA) promulgated Presidential Decree 305 (PD 305) which would provide returnees and IDPs the legal right to apply for land allocations and housing support from the government. In November 2020, PD 305 was replaced by PD 108.[30] Under PD 108, IDPs and returnees displaced in the last 5 years would be eligible for land and relocation. Land

[19] UNOCHA, "Humanitarian Response Plan", January 2021.
[20] UNOCHA, "Humanitarian Needs Overview", December 2020.
[21] UNOCHA, "Humanitarian Needs Overview", December 2020.
[22] UNOCHA, "Humanitarian Response Plan", January 2021.
[23] UNOCHA, "Humanitarian Needs Overview", December 2020.
[24] Emergency Response Mechanism Consortium, "Afghanistan: Emergency Response Mechanism Protection Analysis Report" September, 2020.
[25] UN-Habitat, OICT, and LTO Network, "First Open-Source Urban Land Registry Solution for Government of Afghanistan", Press Release, December 2020.
[26] Afghanistan Research and Evaluation Unit (AREU), "Legalize informal sites to give poor families the right to demand basic services", 2007.
[27] UN Habitat, " COVID-19 vulnerability in informal sites: A case study of an urban IDP community in Jalalabad, Afghanistan", June 2020.
[28] UN-HABITAT, "COVID-19 Vulnerability in Informal Settlements: A Case Study of an Urban IDP Community in Jalalabad, Afghanistan", June 2020.
[29] Afghanistan Protection Cluster Meeting Presentation, March 2, 2021 (unpublished)
[30] Afghanistan Housing Land and Property (HLP) Task Force Meeting Presentation, February 9, 2021 (unpublished)

allocations will be made in new settlements ("townships") on vacant land in peripheral urban areas that meet PD 108 criteria for sustainable settlements. This is relevant to ISETs, and the assessment gives deeper insight into how many households in each district may be eligible for land allocation.

A renewed focus on ISETs following the 2020 HRP highlighted significant information gaps. Only a few needs assessments have been conducted in recent years, including IOM's Displacement Tracking Matrix (DTM)[31] program, two 2019 studies in Kabul by UN-Habitat[32] and Norwegian Refugee Council (NRC)[33], a REACH pilot of ISET profiling in Kabul and Nangarhar in 2017[34], and a country-wide assessment also conducted by REACH in 2017.[35] This most recent country-wide assessment sought to catalogue and identify the full number of ISETs in the country, but no formal updates have been made until the present research. The lack of formal, standardized, and up to date data limits the ability of humanitarian and development partners to design responses to these long under-served communities. As such, REACH conducted its first round of ISET monitoring in May-June 2020 and a second round in December 2020. These assessments are meant to build on the existing DTM and UN-HABITAT site level work. This report will focus on understanding the trends observed between Rounds 1 and 2.

Both rounds of the ISET assessment were conducted by REACH, in coordination with the following partners, who helped identify ISETs, key informants (KIs), and gave guidance on developing the questionnaire: WASH Cluster, Health Cluster, Food Security and Agriculture (FSA) Cluster, Protection Cluster, Shelter Cluster, Housing Land and Property (HLP) Task Force, Gender Based Violence (GBV) Sub-cluster, and the Mental Health and Psychosocial Support (MHPSS) Working Group. The exercise was funded by the United States Bureau for Humanitarian Assistance (BHA).[36]

This report provides a detailed summary of the key trends and findings from these assessments. In the following sections, REACH first outlines the methodology used, followed by a description of the data analysis framework. Then key findings related to demographics, movement and intentions, WASH, health, protection, shelter, food security and livelihoods, education, and COVID-19 are outlined; finally followed by a conclusion.

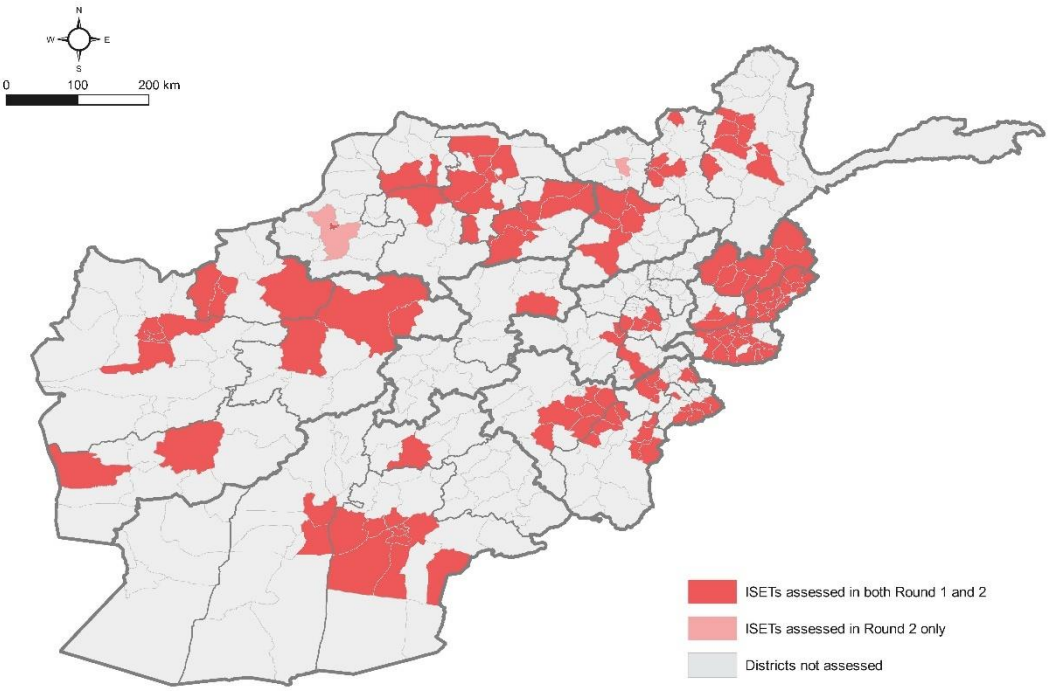
[31] International Organization of Migration, "Displacement Tracking Matrix Afghanistan: Informal Settlements Infosheet" December 2019.
[32] UN Habitat, "COVID-19 vulnerability in informal settlements: A case study of an urban IDP community in Jalalabad, Afghanistan", June 2020
[33] Adboh, M. & Hirsch-Holland, A. "Stuck in the Mud: Urban displacement and tenure security in Kabul's Informal Sites", 2019.
[34] REACH "Nangahar Informal Site Profiling", January, 2017.
[35] REACH "Informal Site Profiling" October, 2017.
[36] Formerly called the United States Office for Foreign Disaster Assistance (OFDA)

METHODOLOGY

Geographical scope

The Informal Settlements Monitoring Assessment (ISETs assessment) spanned across 28 provinces, and 133 (135 in round 2) districts across Afghanistan (Figure 1). Round 1 (R1) assessed 1,148 ISETs, while Round 2 (R2) assessed 1,130. The ISETs assessed were in urban, suburban, and rural areas. It is important to note that the ISETs assessment does not cover every ISET in Afghanistan, but only those which were identified by REACH and participating partners in the ISETs and KI verification phrase, detailed below.

Figure 1: Map of assessed districts in both rounds of the ISET assessments



Sampling strategy

To build and maintain a comprehensive database of ISETs in Afghanistan, REACH developed a 4-step methodology:

Secondary data review: This was done in coordination with partners to compile a list of known ISET locations and contacts in the country. In April 2020, REACH reached out to clusters and partners to obtain lists of existing ISETs and related KI data. In total 14 organizations were able to provide REACH information on this. Additionally, data from the 2017 REACH country wide assessment on ISETs was used to help put together the site list and KI contact information list. No updated information was provided for R2. Due to the COVID-19 pandemic, REACH had to conduct the secondary data review, ISET and KI verification, and site profiling interviews remotely.

ISET and KI verification: This was done remotely using a short quantitative tool programmed on smart phones using Kobo. KIs were called to confirm site existence, record KI contact details, and provide some key demographic details (e.g. number of households present and presence of migration populations). Enumerators used snowball sampling to identify new ISETs in the area beyond the contacts and sites given to REACH by partners in the secondary data review and the site list from the 2017 REACH ISET assessment. The sites where migrant population presence was reported were kept for profiling. Sites that were reported to no longer exist in 2020 were removed

from the list. From this, the final ISET list was compiled. Due to the COVID-19 pandemic, site verification had to be done remotely.

ISET profiling via KI Interviews: Enumerators interviewed KIs on the demographics and access to basic services in multiple sectors in the ISETs, based on a kobo survey. The survey was 112 questions long in R1 and 114 questions in R2. In R1 this was done remotely due to COVID-19, but in R2 most enumerators were able to conduct face to face interviews (in 1,019 ISETs), based on security and health safety recommendations; 111 KI interviews had to be conducted remotely. In R1, 3 KIs were interviewed per site (i.e. 3 forms per site were submitted) if there were 750+ households present, which were then aggregated to site level. In R2 only 1 KI was interviewed per site, as on-ground data collection was possible; additional robustness was not necessary, and REACH needed to direct resources towards mapping.

Site mapping: This consisted of mapping the boundaries of each ISET and various infrastructure service points. The boundary mapping kobo tool asked the enumerator to walk with the KI around the perimeter of the site, so that the boundaries could be overlaid onto a map. The infrastructure mapping kobo tool asked enumerators to record the GPS points of water points, markets, schools, health facilities, and mosques used by the site community, and answer some follow up questions about the GPS points recorded. Both the boundary and infrastructure mapping exercises took place at the same time as the site profiling interviews. Site mapping was not possible in R1, but in R2, 484 ISETs were found to be secure enough to conduct on the ground GPS mapping. The aim of this mapping exercise was to be able to produce maps that would outline the precise location of the informal site and the infrastructure services used so that organizations working in ISETs could target their interventions at the sub-community level.

Data collection methods

Data for the ISET assessment was collected primarily through KI interviews in both rounds, and GPS mapping in the second round. Information was gathered at the site level. In total, 4 kobo survey tools were developed: site verification form, site profiling, boundary mapping, and infrastructure mapping. The site verification form was used only in R1, as no new sites were mentioned by partner organisations in R2; while both mapping tools were only used for R2 when it was possible to go to the ISET in person. Site profiling was done in both rounds and was developed in coordination with REACH's partners. The site profiling tool for the second round was modified and included a few new questions – but was largely the same as R1 to make the data from the two rounds comparable. The questionnaires can be found in Annex 1 and 2.

In R1, data collection took place from May 10th – Jun 19th, 2020 in 1,148 sites, while R2 took place from December 6th – 28th 2020 in 1,130 sites. All identified and accessible ISETs were assessed. While no new sites were added during R2, the number of sites assessed did decrease due to a mixture of security issues and the fact that some sites ceased to exist between both rounds.

Furthermore, given the pandemic context, strict protocols were taken to keep all parties involved safe and healthy during in-person data collection throughout data collection in accordance with IMPACT Initiative's COVID-19 SOPs:[37]

- Maintain the recommended distance apart (at least 1 meter) at all times,
- Avoid 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
- If possible, avoid interviewing elderly persons or persons with chronic illnesses
- After data collection, wash hands for at least 20 seconds
- Inform field teams immediately if enumerators experience symptoms of COVID-19 or have been in contact with anyone who tested positive for COVID-19.

[37] IMPACT Initiative COVID-19 SOPs, 2020

Analysis

In accordance with the methodology outlined above, the ISET assessment was a purposive sampling exercise, meaning the data is indicative and therefore non-representative. As such there was no weighting applied to the data during the analysis.

In the first round of ISETs, if 750 or more households were present on the site, 3 KI site profiling interviews were conducted, and thus were aggregated to site level during the analysis phase of the exercise. In the case where there was no consensus between the 3 KIs, if logical, some responses were weighted more highly than others due to presumed asymmetric information between KIs in the ISET, while in other cases of no consensus, the response would be recorded as "no consensus" in the final dataset.

In R2, with the addition of conducting the infrastructure mapping tool, some questions relating to water points, marketplaces, and schools/education centres were also asked as in the site profiling tool. In the infrastructure tool these questions were asked for each water point/marketplace/school in each ISET, while in the site profiling tool, the same questions were asked once per ISET. If mapping was being conducted in an ISET, the questions was be asked only in the infrastructure tool – not in the site profiling tool. As such aggregation measures were taken for these infrastructure questions to be included in the final dataset based on site profiling – essentially to aggregate together the responses for all the water points/marketplaces/schools as one row (of data) per ISET.

To understand the data from a variety of lenses, REACH applied 5 non-geographic related dis-aggregations to the ISET assessment data in both rounds. They are as follows:

Table 1: Key Dis-aggregation Groups

Disaggregation	Group 1	Group 2
Tenure security	Insecure tenure: KIs reported most households held either verbal or no tenure, or preferred not to answer	Secure tenure: KIs reported most households held written tenure
Shelter condition	Adequate shelter: KIs reported most households living in either transitional shelters, permanent mud shelters, or permanent brick shelters (pakhsa)	Inadequate shelter: KIs reported most households living in either tents (emergency shelter), makeshift shelter, collective centre (building not intended for living), unfinished shelter (house), damaged house, or open space (no shelter).
Site existence	Less than 5 years: KIs reported a majority of the households have been living on the ISET for less than 5 years	5 or more years: KIs reported a majority of households have been living on the ISET for 5 or more years
Population	Mixed: KIs reported the site contained host community households	Discrete: KIs reported the site did not contain host community households
Site Size	Large: sites containing 750 or more households	Small: sites containing less than 750 households

Table 2 below gives the number and percentage of ISETs that were classified into the non-geographic dis-aggregations.

Table 2: Distribution of ISETs in Non-Geographic Dis-aggregations

	Group	R1 Number	R1 Percentage	R1 Number	R2 Percentage
Dis-aggregations by site characteristics	Secure tenure	751	66%	568	50%
	Insecure tenure	384	34%	562	50%
	Adequate shelter	1,057	92%	1,067	94%
	Inadequate shelter	88	8%	63	6%
	Less than 5 years	143	12%	135	12%
	5 years or more	1,002	88%	995	88%
	Mixed	835	73%	957	85%
	Discrete	312	27%	173	15%
	Small	995	87%	1,055	93%
	Large	150	13%	75	7%

Furthermore, a trends analysis was conducted comparing findings between Rounds 1 and 2. Common indicators from the Demographics, COVID-19, WASH, Health, Protection, Shelter, Food Security and Livelihoods, and Education sections from both rounds were compared in this analysis. For the scope of this report, analysis was done only at the national level and other non-geographic dis-aggregations groups. Additionally, a COVID-19 vulnerability index was developed to understand the vulnerability of ISET communities to the ongoing pandemic. The index considers three components of vulnerability: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long term societal change to reduce future vulnerability. There are four categories of risk that can be calculated: higher risk, moderate-high risk, moderate risk, and lower risk. The COVID-19 vulnerability index calculation was updated in R2. To ensure comparisons were accurate, results of the index from R1 were recalculated using the updated formula for R2. For more information, please refer to Annexes 3 and 4.

Challenges and Limitations

Since KIs were purposively selected, this implies that the results collected are indicative only of the situation of populations living in assessed ISETs based on what KIs reported, so differences in reporting between rounds may be due to a change in KI perspective rather than material changes in the ISET. Moreover, REACH was only able to collect information from sites made known to REACH from partners and KIs; as such, the assessment did not include all ISET in Afghanistan and findings cannot be generalized to all populations living in all ISETs in Afghanistan. Regarding the KIs and enumerators, they were almost entirely male, thus the views of women are under-represented in this assessment.

Furthermore, it should be noted that while each site functions well as a "unit of analysis" for issues relating to access to services, it was difficult to adequately assess behavioural practices (e.g. hand washing and mask wearing). As such, these indicators should be considered with caution.

In addition to limitations of the research design, both rounds saw other challenges in conducting the assessment. In R1, the REACH team had to adapt the methodology and data collection methods considerably in response to the COVID-19 pandemic. All site verification and data collection had to be conducted remotely, and mapping had to be postponed to R2. In R2, when some face to face data collection and mapping was allowed, in the context of the dynamic security and public health Afghan context, REACH was able to responsibly conduct face to face data collection in 1,021 (90%), and mapping in 484 (43%) of the 1,130 sites. Conducting remote data collection sometimes led to situations where it was difficult to verify the quality of the data collected. Additionally, while the survey stayed relatively the same, some indicators did change or get replaced by new ones. This report compares the indicators that remained the same between the two rounds but due to the difference in person/ remote between the two rounds, trends observed in the data should be considered with caution and further research may be needed to confirm and further explain some of the key findings.

FINDINGS

Key Dis-aggregations

Most ISETs have been established for more than 5 years and have become increasingly integrated with the existing host communities. Of most concern, however, was the observed trend of an increase in the proportion of ISETs being identified with most residents having insecure tenure. However, further research might be needed to further confirm this finding and better understand why tenure insecurity may have worsened between the past rounds.

Table 2 (in previous section) provides important high-level insight of overall characteristics of the ISETs assessed. From these observations, it can be inferred that most ISETs have protracted IDPs, IDPs who have been displaced for more than 2 years, and most ISETs have been in existence for at least 5 years. These ISETs are likely to be more integrated with the host community around them. Most ISETs were classified to be small in size with less than 750 households in the site, which likely made it easier for migrant populations to integrate in as they were outnumbered by host community populations (refer to the Demographics section for more details). Additionally, a majority of residents in most ISETs were classified as having adequate physical shelter, also indicating a sense of most residents being settled in their current location/site. These trends only grew stronger in round 2.

The table also shows that more ISETs became tenure insecure in the 6-7-month gap between rounds 1 and 2. In R1, KIs in 384 (34%) of assessed ISETs reported that the majority of their resident's tenure was insecure. This increased to 562 (50%) ISETs in R2. The increase in tenure insecurity is most likely due to the large influx of IDPs that fled to major population centres following a dramatic rise in insecurity in the latter half of 2020, between rounds 1 and 2 of monitoring.[38]

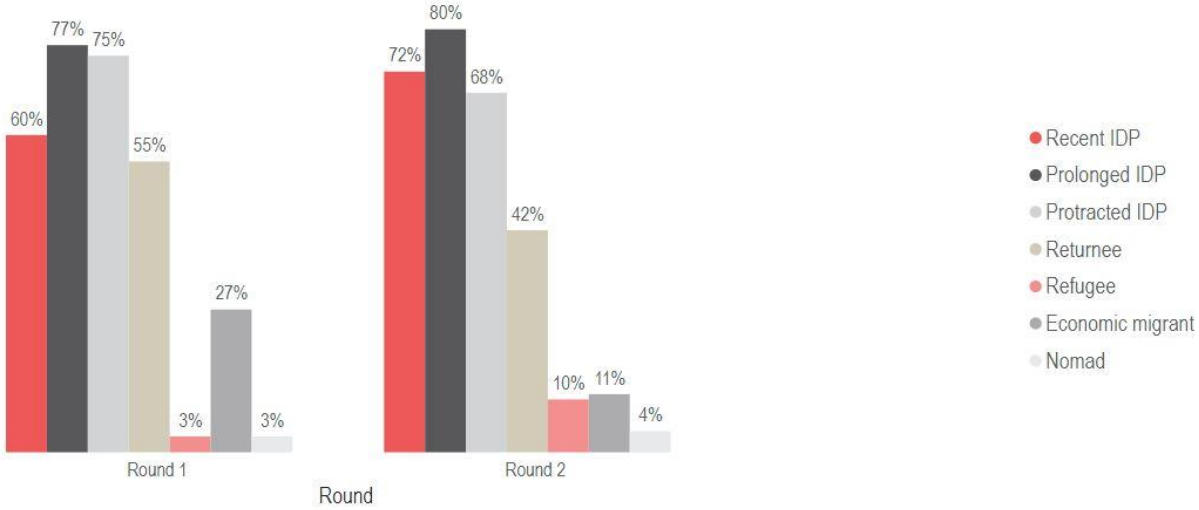
[38] UNOCHA, "Humanitarian Needs Overview", December 2020.

Demographics

In general, **displaced populations who come to ISETs tend to stay and become prolonged or protracted IDPs.** As they stay longer, **these ISETs are more likely to become integrated with the host communities around them**.

ISET populations have a large presence of both migrant and host populations and are increasingly becoming more mixed. In both rounds, the distribution of migration population presence[39] stayed similar, with prolonged IDPs, protracted IDPs, and recent IDPs as the top 3 reported groups in the assessed sites (Figure 2). However, it is worth noting that a higher proportion of assessed sites showed the presence of recent IDPs in R2, and fewer showed a presence of protracted IDPs in R2, suggesting some increase in humanitarian response caseloads.

Figure 2: % of ISETs by reported migrant groups living in the site[40]



Population estimates[41] collected in both rounds showed host populations to be the largest population group, followed by protracted IDPs, prolonged IDPs, returnees, and recent IDPs (Figure 2). Total host population numbers reported by KIs tended to be larger in small sites than large sites in both rounds. Smaller ISETs were reported by KIs to have had overall smaller numbers of migrant population, which were likely absorbed by the surrounding host community, making them more likely to be integrated with the surrounding communities, whereas in large ISETs there seemed to be a higher number of migrant populations, implying potentially that host community members may have been unable to absorb and support the displaced population.

When the percent change[42] between reported population estimates is examined, a few things are immediately noticed (figure 3). First, KIs reported a large increase in refugee population by threefold, likely due to people coming in from Pakistan as most of these population increases where seen in ISETs in the North and East. Also, large ISETs were reported by KIs to have had a drop in economic migrants and nomads. This could have been for either a lack of economic opportunities in such large ISETs, or possible difficulties in integrating large migrant populations in such ISETs.

[39] Respondents could select multiple options.
[40] In the figures throughout the report R1 refers to round 1, and R2 refers to round 2.
[41] Please note that population estimates are indicative and based on KI knowledge only. They are by no means official numbers.
[42] Please note that there were 18 less ISETs assessed in R2.

Figure 3: Population Estimates

Population Group	National		Small		Large	
	Round 1	Round 2	Round 1	Round 2	Round 1	Round 2
Recent IDP	71,849	43,244	37,894	28,564	33,955	14,680
Prolonged IDP	103,807	65,198	55,311	41,333	48,496	23,865
Protracted IDP	176,503	141,582	72,288	57,588	104,215	83,994
Refugee	**3,205**	**13,519**	**1,505**	**5,474**	**1,700**	**8,045**
Returnee	81,581	52,075	29,421	17,097	52,160	34,978
Economic migrant	**30,763**	**7,758**	11,658	3,223	**19,105**	**4,535**
Nomad	7,699	2,049	1,144	1,169	**6,525**	**880**
Host community	295,030	337,708	216,026	279,454	78,944	58,254
IDP arrived in past 3 months	16,575	23,676	10,291	16,744	6,284	6,932
Returnee arrived in past 3 months	4,951	2,707	3,111	1,966	1,840	741

Table 3: % Change in ISET population between rounds

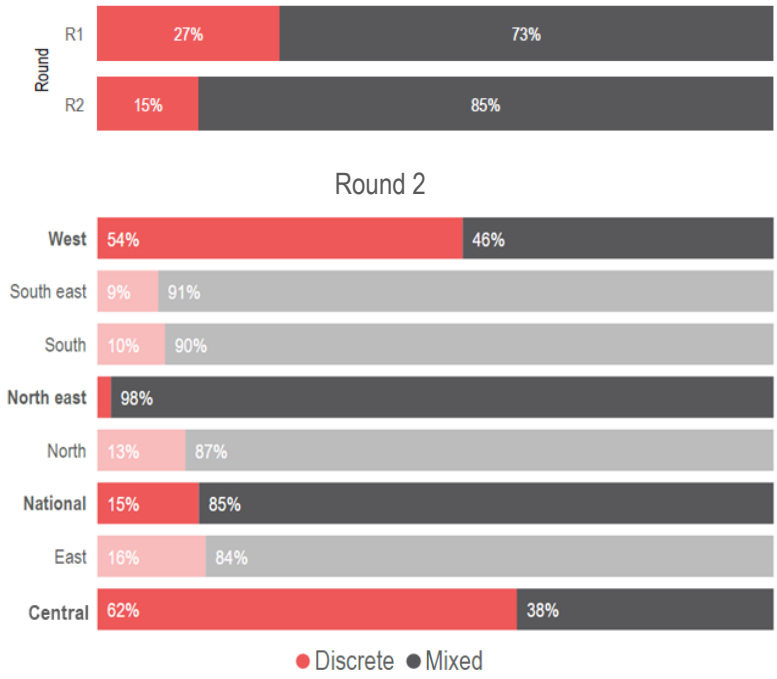
	National	Small	Large
Recent IDP	-40%	-25%	-57%
Prolonged IDP	-37%	-25%	-51%
Protracted IDP	-20%	-20%	-19%
Refugee	322%	264%	373%
Returnee	-36%	-42%	-33%
Economic migrant	-75%	-72%	-76%
Nomad	-73%	2%	-87%
Host community	14%	29%	-26%
IDP arrived in past 3 months	43%	63%	10%
Returnee arrived in past 3 months	-45%	-37%	-60%

Furthermore, ISETs were reported by KIs to have an increase in the percentage of mixed ISET populations, from 73% (R1) to 85% (R2) (Figure 3). The biggest increase was reported in ISETs that existed for less than 5 years. In R1, ISETs in 48% of assessed sites were reported by KIs to have mixed populations; this increased to 76% in R2. Overall, the diverse presence of migrant populations, distribution of host community populations, and reports of more mixed ISET populations, all indicate that ISETs are increasingly becoming more integrated within host communities, and that most ISET populations are unlikely to return home in the foreseeable future.[43] As these populations become more integrated into their host communities, this implies that responses targeting such ISETs will have to account for this level of integration. An exception to this trend was reported in ISETs in the West, where the opposite happened: According to KIs, ISETs became discrete in R2 (20% increase). This was likely due to contextual reasons, as the host community in that region was perceived to be unsupportive towards migrant populations,[44] resulting in migrant populations wanting to stick together as integrating into the local community was seen as difficult. It is also interesting to note that ISETs in the Central region were the most likely to report discrete sites of all the regions, as reported by KIs in 62% of the assessed sites in round 2 (Figure 4). This is likely due to the fact that 93% of ISETs in the Central region were classified as small sites (less than 750 households), and a majority of discrete ISETs were also found to be small sites (84% in R2).

[43] UNOCHA, "Humanitarian Needs Overview", December 2020.
[44] Norwegian Refugee Council, "Forced Eviction Monitoring Report", October 2019.

Most ISET residents were reported by KIs to be unlikely to move from their current location in the short or medium term. Most residents had been living in the ISET for 5 or more years, according to Kis, and when asked if any of their residents had plans to move elsewhere in the month following data collection, ISETs were reported by KIs in both rounds to have no plans to move. This trend in both indicators was seen across disaggregation groups, implying that even the worsening situation in the country did not change this trend in the last six months of 2020.

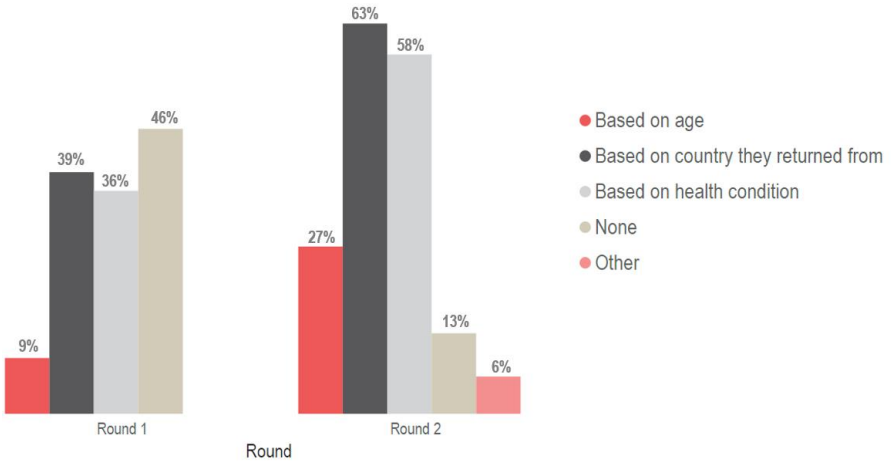
Figure 4: % of sites by reported integration with the host community[45]



ISETs with recent returnees[46] were reported by KIs to face challenges in a higher proportion of assessed ISETs in R2 than in R1. In R1, 46% of ISETs were reported by KIs to have recent returnees that faced no challenges in integrating into the site (Figure 5). By R2, this decreased significantly to only 13% of ISETs. The decaying economic situation, service access and overall living conditions in ISETs likely contributed to this as recent returnees who arrived within the three months prior to data collection would have only added more strain to the ISET community. Country of return and health conditions were the top 2 selected reasons as to why recent returnees faced challenges, signalling that potentially politics or people sick or infectious faced greater challenges integrating into the site. Moreover, the fact that recent returnees faced greater challenges integrating into the site could also partially explain why IDPs do not intend to leave ISETs either, since they may have experience with the difficulties in integrating into a new location in the current situation.

[45] Emphasis on particular graphs is shown to accentuate specific regions with high proportions of 'discrete' sites.
[46] In these assessments, a recent returnee was defined as someone who came back to Afghanistan to the ISET from abroad within the three months prior to data collection.

Figure 5: % of ISETs in which KIs reported that returnees faced challenged integrating into the site, by challenge, of ISETs in which KIs reported returnees arriving in the site in the 3 months prior to data collection

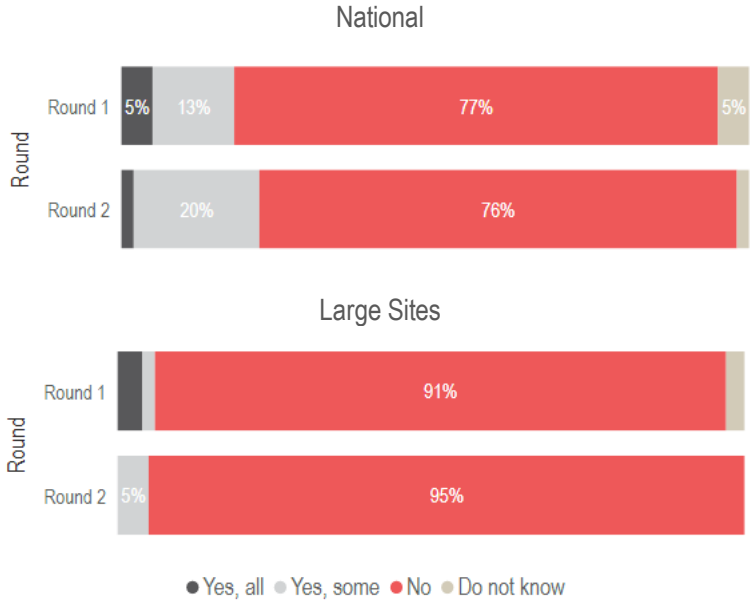


WASH

Assessed ISETs were reported by KIs to have an **increased in vulnerability to the COVID-19 pandemic** in the WASH sector, while at the same time **overall access to water reportedly declined in the six months between the two rounds of data collection. It was reported that in a majority of ISETs, most water points had not been sanitized on a daily basis** in the seven days prior to data collection, and there was a reported **lack of soap and water at handwashing facilities** in most assessed ISETs – meaning that not only had people been touching and using the waterpoints on a daily basis, they also have been limited in being able to wash hands in public spaces where COVID-19 transmission is of particular concern. **Access to clean drinking water also became a larger issue,** as indicated by the reduction in the proportion of assessed ISETs where no barriers were reported. The main reported reasons were long waiting times, waterpoints being too far, and low capacity of water at the water points themselves – all of which are not conducive to maintaining social distancing during this pandemic. They may also explain why accessing waterpoints was reported in most ISETs to have become more difficult for women and girls as well – which in itself brings Sexual and Gender Based Violence (SGBV) concerns.

The current WASH infrastructure in the assessed ISETs was reported by KIs to not be conducive to residents being able to adhere to COVID-19 prevention. A majority of ISETs, both overall and in the other non-geographic dis-aggregation groups, showed no functional water points in their site were being sanitized on a daily basis in the seven days prior to data collection in both rounds of data collection (Figure 6). This was seen especially in large sites, where it was reported by KIs that none of the functional water points were being sanitized was relatively higher than the other dis-aggregation groups; in 91% of assessed sites in R1, and 95% in R2 (figure 6). Overall, this indicates that sanitizing water points was either not a priority or not feasible to do systematically in most ISETs, increasing the potential for transmission of COVID-19.

Figure 6: % of ISETs by whether the infrastructure at the functional waterpoints have been reportedly cleaned or disinfected daily in the seven days prior to data collection

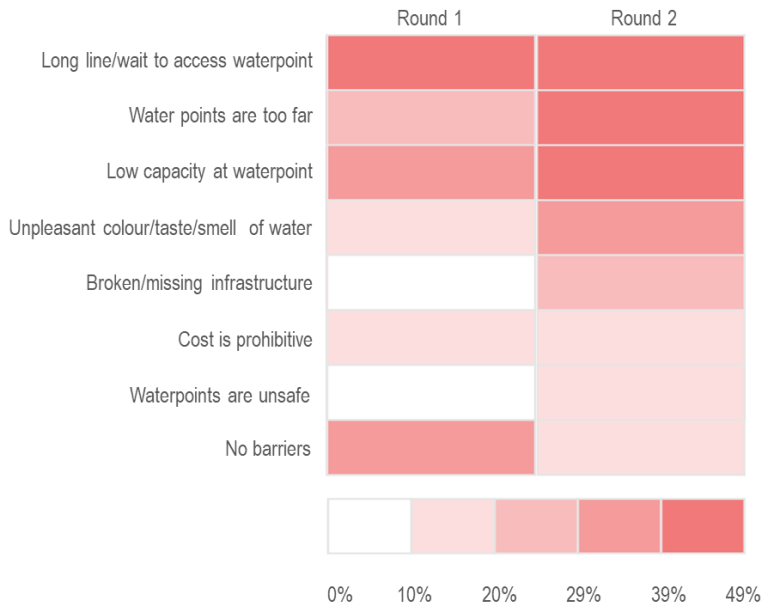


In addition to sanitizing water points, handwashing is another important measure that can help reduce the spread of COVID-19. This is why it is important for ISET residents to have access to both soap and water at public handwashing facilities. However, R2 ISETs were noted by KIs to have experienced a large proportional increase (from 26% to 64%), in the likelihood that most handwashing facilities did not have soap nor water available. This suggests that handwashing frequently in public spaces, especially when people are interacting with other households, became much harder for many ISET residents, and left the ISET community in a situation that would make it easier for COVID-19 to transmit.

Water points in ISETs were reported by KIs to have become less accessible to most women and girls in R2, raising potential SGBV concerns. Access to water points for most females became was reported to have been more problematic in R2, where 25% of assessed ISETs reported water points to not be safely and easily accessible for women and girls, compared to 16% of sites in R1. This trend was seen at similar proportions throughout the various dis-aggregations. Potentially, this could be due to the overall deterioration of perceived security (discussed in greater detail in the protection section). Water points also tended to be far away (as discussed in the following paragraph), which could limit most women and girls' ability to access them if their movements are limited due to security or other norms. But what this does more likely indicate is increased SGBV concerns associated with women and girls having less access to water as it increases their vulnerability and decreases their mobility.[47]

The main reported barrier to accessing clean drinking water for most residents in ISETs was reported by KIs to be long lines and waiting times to access water points. In almost half of the assessed ISETs, the top select barrier was reported to be long lines/waiting times (Figure 7).[48] This barrier on its own raises public health concerns, as it implies that groups of people had to wait in relatively close proximity for a long time to access potable water. The second most reported response in R1 was low water capacity at water points (31%). In R2, there was a tie for the most selected response with water points being too far, as reported in 49% of assessed sites; this was followed by water points having low capacity, as reported to be in 44% of assessed ISETs in R2. Moreover, it is worth noting that in R2, the proportion of ISETs where KIs reported no barriers decreased from 30% to 19%, indicating that lately, ISET communities have been facing greater difficulties to access clean drinking water. This is most likely due to the added stress that increasing populations have put on water systems in urban areas.[49]

Figure 7: % of ISETs in which KIs reported residents faced barriers to access drinking water, by barrier



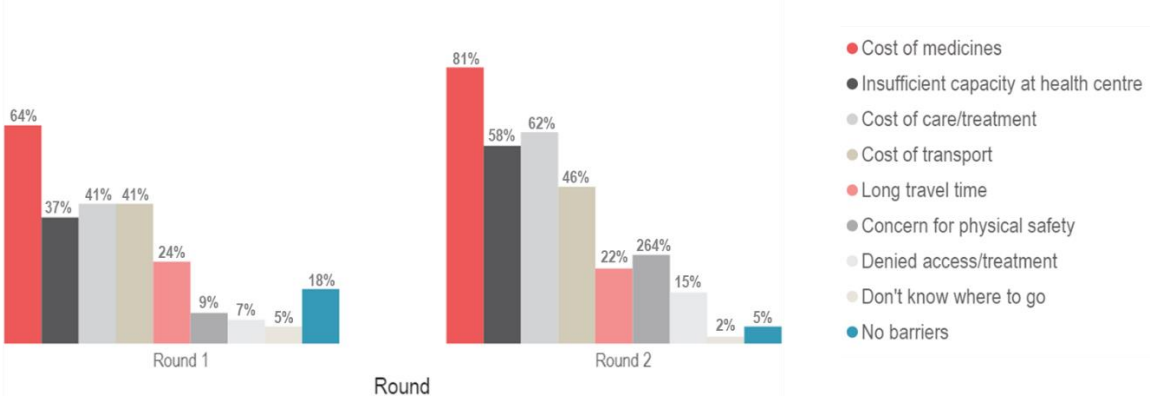
[47] Global Protection Cluster, "Tip Sheet: Addressing Gender-based Violence (GBV)-related Risks in WASH Assessments and Initial Programme Design"
[48] Respondents could select multiple options unless they selected "No barriers".
[49] Glinski, S., "As Afghanistan's capital grows, its residents scramble or clean water," The New Humanitarian, 19 February 2019.

Health

In the six months between the two rounds, overall access to health care services in assessed ISETs was reported by KIs to have become more difficult for ISET residents. With the decline of the Afghan economy, residents in many assessed sites were reportedly unable to afford medicines or treatments. Additionally, it was commonly reported in ISETs that health centres have insufficient capacity to deal with the demand for their services. Nevertheless, there seemed to be a greater awareness of the different mental health services available in most ISETs, suggesting that KIs in ISETs were aware of different options residents could go to for help.

Access to health care services in ISETs was reported to be less affordable, and health centres were reportedly not able to keep up with demand in the second half of 2020. In ISETs where it was reported people had accessed health centres since the beginning of the COVID-19 pandemic (900 ISETs), the barriers to access health care at the nearest health centre were also inquired upon.[50] The proportion of assessed ISETs where it was reported that most residents faced no barriers in this situation dropped from 18% to 5% in R2 (Figure 8). In those ISETs where barriers were reported, the top 3 barriers reported were cost of medicines, cost of treatment, and insufficient capacity at health care centres. In R1, the cost of transportation was also tied into the top 3 reported barriers. These barriers imply that affordability played a big role in hindering people's access to health care. This was likely linked to the declining economy and the lockdown. The lockdown not only reduced sources of income generation, but it also may have restricted supply lines related to health services, playing a role in reducing the capacity of health centres. Also, the insufficient capacity at health centres indicates that there may be a shortage of staff and that health centres in general were working at their limits with their normal caseload.

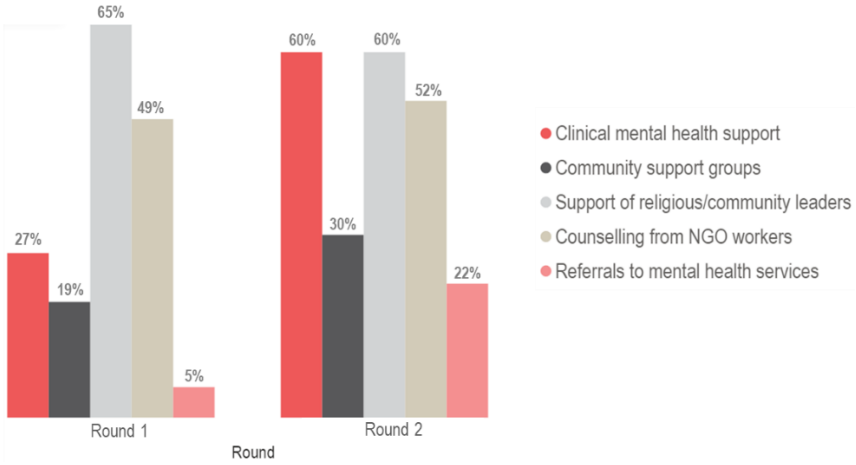
Figure 8: % of ISETs reporting the following barriers to accessing health care, of those where KIs reported that residents used the nearest health centre since the beginning of the COVID-19 pandemic



Most ISETs were reported to have a greater variety of available mental health and psychosocial services in R2. While the percentage of assessed sites in R1 (17%) and R2 (18%) were reported by KIs to be aware of community-based support for those suffering from stress or lack of well-being (Figure 9), the percentage of sites where it was reported that the type of mental health services that were available varied considerably.[51] Interestingly, when enumerators asked KIs afterwards which services they were aware of in their ISET, more ISETs were reported by KIs to have many more services in the assessed ISETs in R2 than in R1. This could be because either more services were available during R2 of data collection, or because the awareness of the interviewed KIs had grown. However, further assessments would be needed to better understand the reason. The top 3 reported services by in the assessed ISETs in both rounds were emotional support from religious community leaders, counselling from NGO workers, and clinical and mental health support.

[50] Respondents could select multiple options unless they selected "No barriers".
[51] Respondents could select multiple options

Figure 9: % of ISETs in which KIs reported types of services available, in ISETs where KIs reporting being aware of community-based support

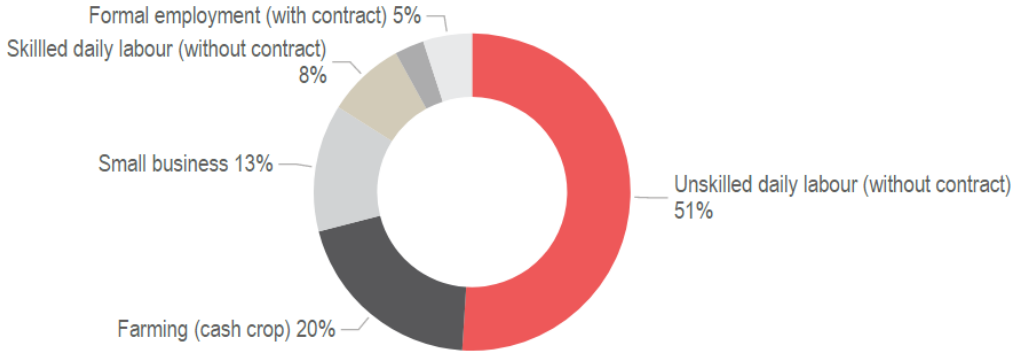


Food, Security, and Livelihoods

Economic vulnerability and increased food insecurity in the assessed ISET communities was a big concern highlighted by KIs in both rounds of the assessment. As the Afghan and regional economies declined throughout the course of the COVID-19 pandemic and the country-wide conflict worsened, more ISET populations were reportedly forced to take unreliable and low paying jobs, while at the same time opportunities were also limited by the worsening economy, and to take on more debt. This led to most people not being able to keep up with the increasing market prices, and thus not able to afford enough food to meet daily needs.

The degrading economic situation in the country was reported by KIs to have led a majority of ISET residents in most informal settlements to be unable secure a reliable source of income generation, which in turn led many to take on debt and become even more financially vulnerable. In both rounds of the assessment, the top most select response on the main income generating activity for most residents of ISETs was reported to be unskilled daily labour (without contract) (Figure 10)[52]. Unskilled daily labour without a contract is not usually the top choice of income generation, as it is unstable and doesn't have much job security, implying that many ISET residents were likely forced to take on such jobs based on what opportunities were available in their sites. This implies that most ISET residents were heavily dependent on markets for job opportunities, low-paying unstable ones, which have been sensitive to the impacts of both the ongoing conflict and the COVID-19 pandemic.

Figure 10: % of ISETs, by reported income-generating activity most people in the site engage in: Round 2[53]

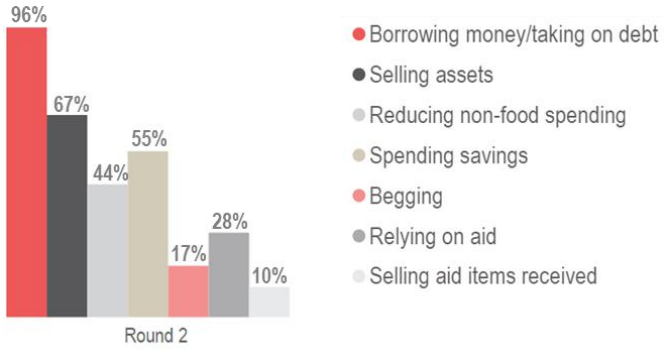


The top reported unemployment coping strategy for most ISET residents in both rounds was reported by KIs to be borrowing money and taking on debt, reported in almost all assessed sites in both rounds; followed by selling assets

[52] In all the dis-aggregations and regional breakdowns, unskilled labour was usually the top reported source of income generation.
[53] Findings were similar in R1.

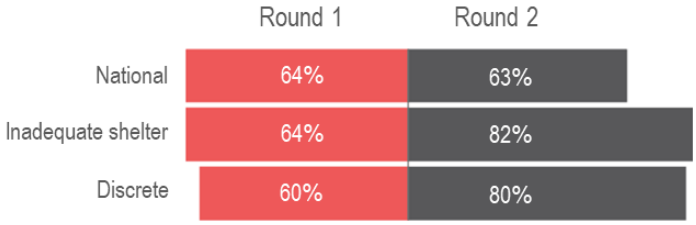
(Figure 11) – suggesting that the unstable and unreliable source of income had forced much of the population to take on debt, increasing their vulnerability. This trend was also observed by the other dis-aggregations and regional breakdowns, with the exception of the West region, where the other main reported unemployment coping mechanism was relying on aid items – as seen in about two thirds of the assessed ISETs in R2.[54] As the economic situation of the country worsened during the pandemic and the ongoing conflict in 2020, livelihoods opportunities in ISETs, particularly around the labour market, were reported to have been affected as well.

Figure 11: % of ISETs by reported coping mechanisms residents took as a result of unemployment[55]



Food security was a large concern reported in ISETs. In R2, 63% of assessed ISETs (similar in R1) were reported by KIs to have a majority of members of their site unable to afford enough food to meet daily needs in the three months prior to data collection (Figure 12). Furthermore, the top market barrier was that market prices were reportedly unaffordable (figure 13). This indicates that while, as reported by REACH's Joint Market Monitoring Initiative, market prices have increased,[56] ISET populations were not able to maintain a stable level of income to keep up, forcing many to take on debt.

Figure 12: % of ISETs by whether residents were reportedly able to afford enough food to meet daily needs in the three months prior to data collection

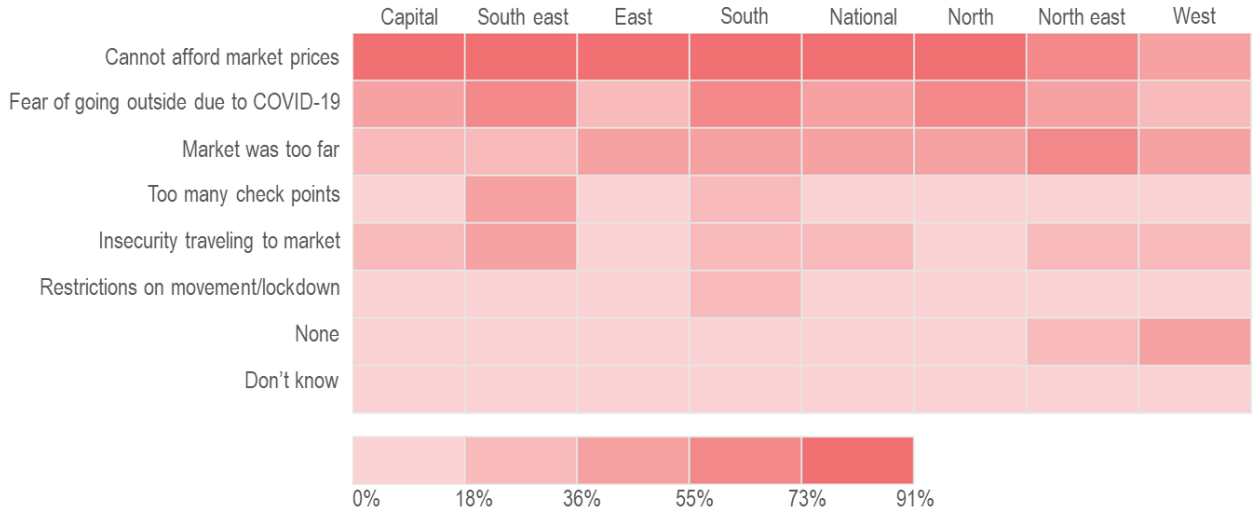


[54] This doesn't necessarily mean that other regions were not receiving aid, but only that the level of dependence on aid items was perceived to be much higher in the West.

[55] Findings were similar in R1.

[56] REACH, Afghanistan: Joint Market Monitoring Initiative, 10-24 December 2020.

Figure 13: % of ISETs by reported market barriers, round 2[57]



The proportion of assessed ISETs with inadequately sheltered populations were reported to have risen by 20 percentage points between R1 and R2, highlighting a worsening situation for households in these ISETs. Those in inadequately sheltered ISETs already indicated that they were not able to afford better housing, and the increasing market prices might have exacerbated pre-existing challenges in repairing their shelters. Discrete population ISETs in general were reported to have weaker relations with the surrounding host community as they have less interaction (more details in the protection section), and perhaps received less support from them to cope with this situation. Moreover, in R2, in both of these dis-aggregations, the main food sources were reported to be markets outside the settlement (above 80% in both cases) followed by markets inside the settlement (~57% in both cases). This preference possibly could have been because of prices. Figure 13 shows that other highly reported market barriers were a fear of going outside due to COVID-19, that markets were too far, and in some regions, there were too many checkpoints or insecurity was an issue. These all explain why it could be harder for populations in inadequate and discrete ISETs to access their main food source of markets outside their site, and why food security in these sites may be worse off.

Shelter

Overall, most assessed ISETs were reported by KIs to have a majority of residents living in adequate shelter conditions, mainly permanent mud or brick shelters, and tended to be either owner occupiers or tenants. But ISETs in the Central and West regions were reported by KIs to be worse off in both regards, as they had a higher prevalence of tents and makeshift shelters. Furthermore, shelters in these regions were reported to have fewer rooms for people to sleep in. Together, these points indicate that these two regions were more vulnerable to COVID-19 transmission as adhering to social distancing and self-isolation protocols would be harder in these conditions.

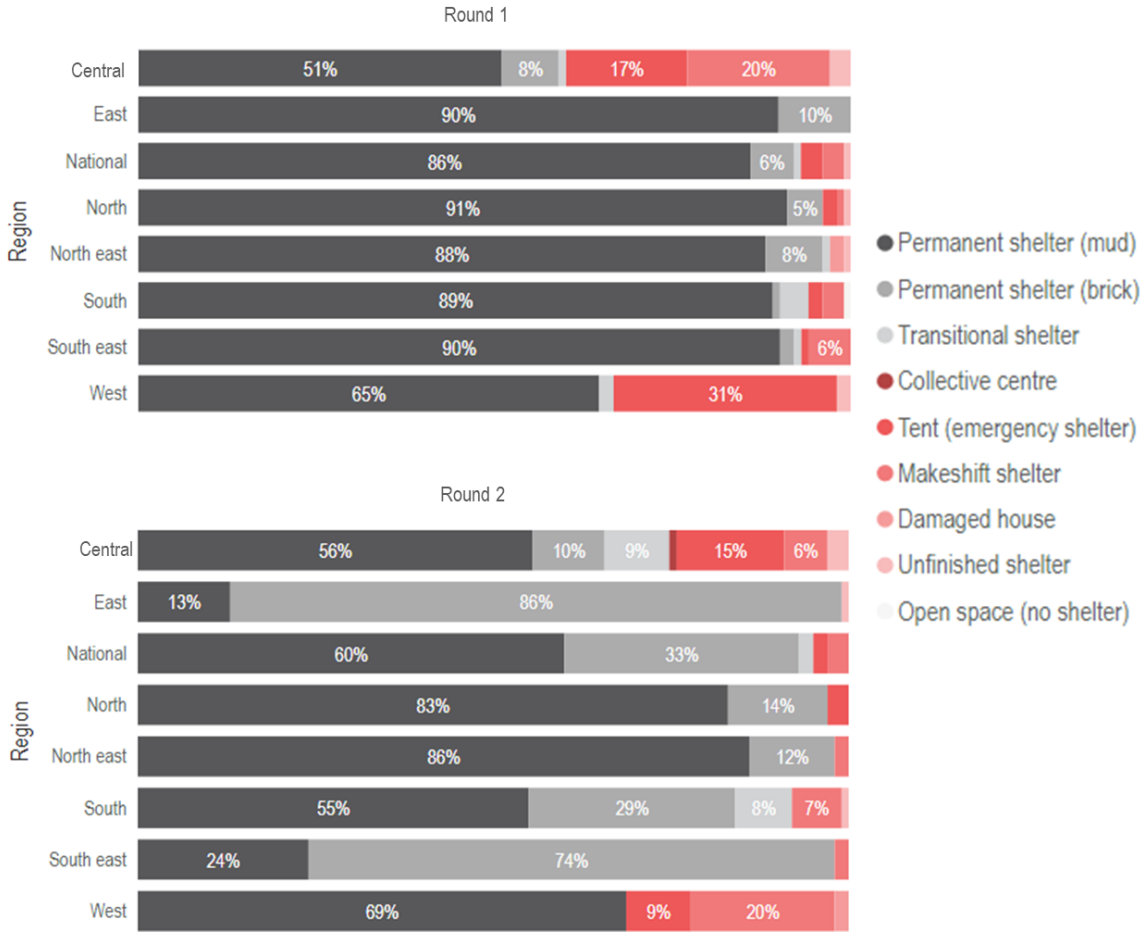
The other main observation was that assessed ISETs were reported by KIs to have overall ISET populations that had become more tenure insecure, regardless of region or shelter type, as verbal agreements replaced written agreements as the most common type of tenure arrangements in R2 compared to R1. And even in ISETs where written tenure was prominent, the type of written tenure overall became less secure as tenancy, rather than owner occupier, was reported to be the most common type of home ownership in assessed ISETs. However, further research is needed to further confirm this finding and better understand why verbal agreements have become more common in the period between the two rounds.

However, further research might be needed to further confirm this finding and better understand why tenure insecurity may have worsened between the past rounds.

[57] This indicator was not included in R1.

Permanent mud and brick shelters were reported to be the most common shelter types used by residents in assessed ISETs, except in the Central and West regions. Moreover, these two regions, along with discrete population ISETs, were found to have less rooms for household members to sleep in, indicating increased difficulties for residents in these ISETs to adhere to COVID-19 prevention measures. In R1, the most selected response for the type of shelter most residents in the ISET live in was permanent shelters made of mud (Figure 14). This suggest an intent for long term habitation, and a lack of quality materials as they resorted to using mud. In R2, permanent mud shelters were still the top reported shelter type, but there was a 27% point increase in the proportion of assessed ISETs where permanent shelters made of bricks were reported as the main shelter type.[58] Looking at the below figure, this was likely driven by the increases in the proportion of assessed ISETs where KIs reported permanent brick shelters in the East, South east, and the South, although it is unclear why this is; further research is needed to understand why this may have occurred.

Figure 14: % of ISETs in which KIs reported the most common shelter type for most residents



Less adequate forms of shelter, such as tents and makeshift shelters, were more likely to be reported as the most common shelter in the assessed ISETs the Central and West regions, though both regions also showed an increase in more adequate forms of shelter, i.e. permanent mud and brick shelters (figure 14). This shows that most of the ISETs that have been classified as having inadequate shelters, come from these two regions. In the Central region there seemed to be a reported drop in makeshift shelters, which were reportedly replaced by an increase in transitional shelters in R2. In the West, the reported drop in ISETs where most residents were using tents seemed to have been driven by the increase in makeshift shelters. The relatively higher reported prevalence of such shelter types as the majority shelter type by residents in assessed ISETs in the Central and West, in comparison to the rest of the regions, does indicate a higher potential concern of vulnerability to the COVID-19 pandemic, as a household's shelter type can play an important role in their ability to follow COVID-19 prevention measures.

[58] A similar trend was observed in the other non-geographic dis-aggregations.

Another aspect of living conditions related to dealing with the COVID-19 pandemic, is the proximity of household members in their shelter. KIs were asked the average number of rooms in which household members sleep in in each of the assessed ISETs. The national average was reported to be 3 rooms, but did differ a bit depending on the region and certain ISET characteristics.

In the South, the average number of rooms was reported to be 4, higher than every other region and the national average. As could be expected, inadequate ISETs were found to have a lower average number of rooms, 2 (Table 4). This was also seen in assessed ISETs in the Central and West regions, which, as mentioned earlier, were also found to have a higher prevalence of inadequate housing. In the East, the average number of rooms reported was also 2. This region saw one of the highest jumps in permanent brick shelters (from mud ones). The reasoning behind this is unclear, and requires further research into ISET communities in the East.

The only dis-aggregation where a decrease in the average number of rooms per shelter was reported by KIs in discrete population ISETs. Discrete population ISETs were reported to have a similar breakdown of top reported shelter types at the national level, so the drop is less likely related to an increase in inadequate shelters, and more likely had to do with the fact that KIs reported that, as in many ISETs, there was an increase in permanent brick shelters, which relatively costs more money, which may have limited the number of rooms that could be built. Overall, this indicator exposes the potential vulnerability different ISETs have in comparison to one another when it comes to COVID-19 transmission. Those ISETs with less rooms per shelter on average, such as in the Central, West, and discrete population ISETs, were found more vulnerable to transmission as people had less rooms to sleep in (and potentially self-isolate in) compared to the national or Southern averages of 3 and 4 rooms respectively.

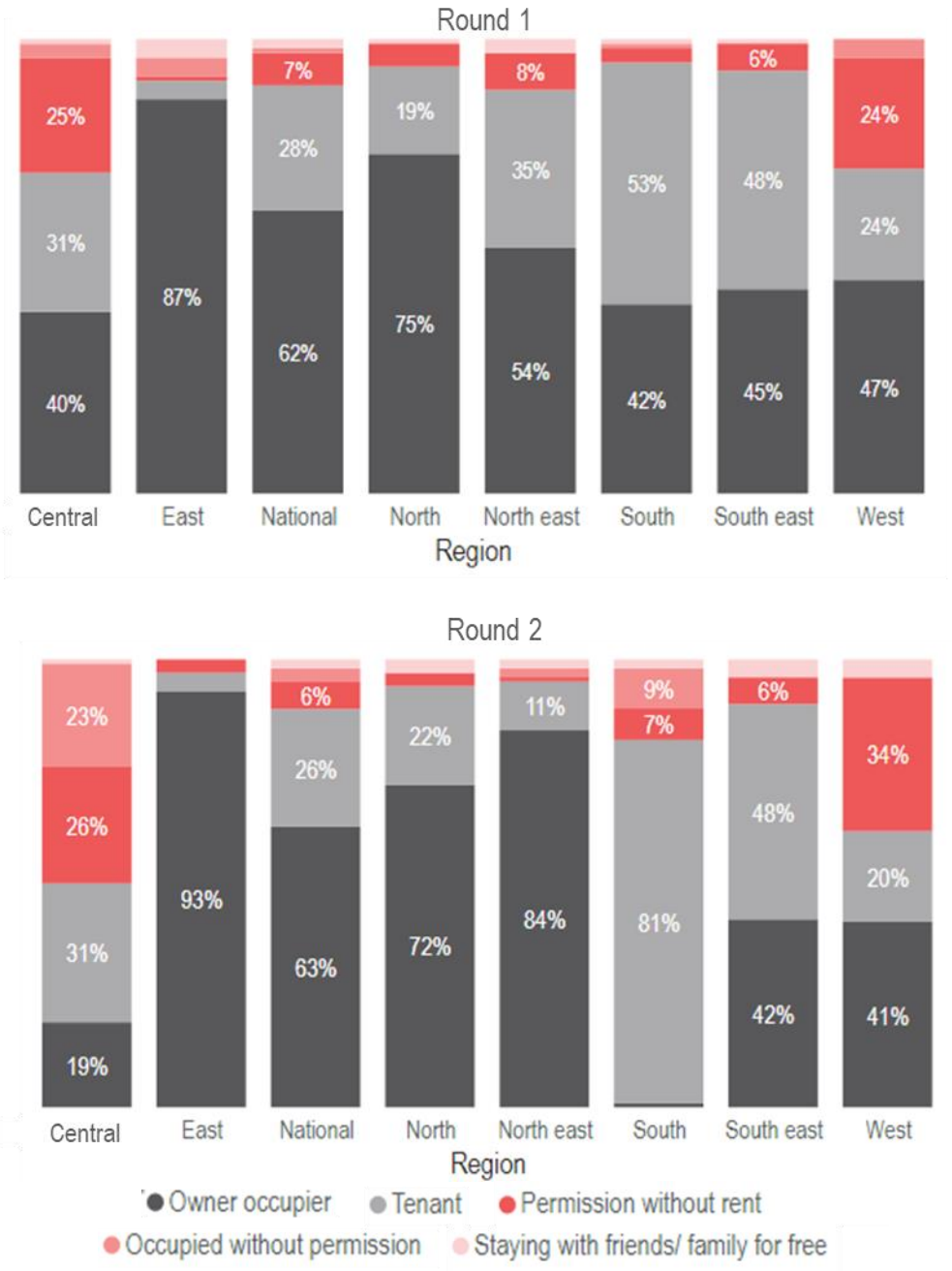
Table 4: Average number of rooms KIs reported households having to sleep in

Region	R1	R2
National	**3**	**3**
Central	**2**	**2**
East	**2**	**2**
North	3	3
North east	3	3
South	**4**	**4**
South east	3	3
West	**2**	**2**
Dis-aggregation group		
Secure tenure	3	3
Insecure tenure	3	3
Adequate shelter	3	3
Inadequate shelter	**2**	**2**
Less than 5 years	3	3
5 or more years	3	3
Mixed	3	3
Discrete	**3**	**2**
Small	3	3
Large	3	3

The most common accommodation types reported in the assessed ISETs were reported by KIs to have secure tenancy, except in ISETs classified as having inadequate shelters where a higher proportion of ISETs reported that most of the population had less secure forms of tenancy. At the national level, the most common accommodation type reported at the site level was owner occupier or tenant, two relatively tenure secure types of accommodations (Figure 15). However, in ISETs classified as having inadequate shelter, where the distribution of accommodation types differed from other dis-aggregation groups, the top two most common responses in the assessed ISETs were reported to be tenant and permission without rent. Specifically, permission

without rent implies insecure tenure. Residents in this situation would have no written document proving that they are allowed to live in their specific shelter or on the land and are at greater risk of eviction. This indicates a higher level of tenure insecurity in inadequate shelters.

Figure 15: % of ISETs in which KIs reported the most common accommodation arrangement for most residents

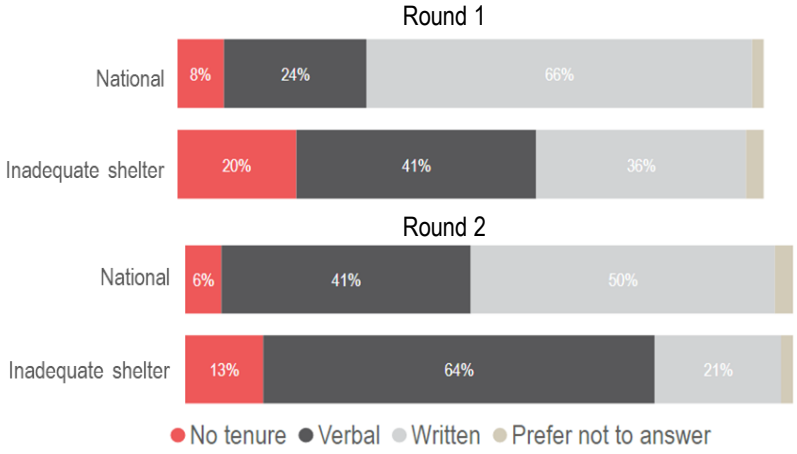


At a regional level, again assessed ISETs in the Central and West were found to be worse off than in the other regions. While the Central region reportedly had a relatively higher proportion of sites with most people reported to have permission without paying rent, there was a large decrease in the proportion of assessed ISETs where it was reported that the majority of residents were owner occupiers. This was replaced by an increase in the proportion of assessed ISETs where it was reported that a majority of residents were occupying shelters without permission, indicating that many ISETs in the Central region had become more tenure insecure. The West saw a 10% increase in the proportion of assessed ISETs where most ISET residents reportedly have permission without rent, which

drove the decrease seen in R2 in owner occupiers and tenants – again signalling that ISET population in this region as well became more tenure insecure. This is most likely due to the large influx of newly arrived IDPs reported in assessed ISETs in R2; these newly displaced households often have not yet developed adequate coping mechanisms, or been able to find secure tenure, and therefore are more likely to have insecure tenure arrangements. These may be ameliorated over time as IDP households integrate with the surrounding population and become more settled. As conflict worsened throughout the second half of 2020, this trend intensified.[59] One other region that also fared differently was the South, which saw a large reduction in the proportion of assessed ISETs where it was reported that most residents on their site to be owner occupiers, and a large increase in tenants.

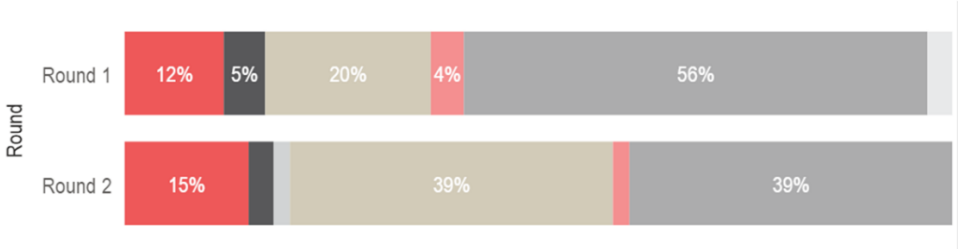
Overall, the living situation for most of the population in many assessed ISETs became less secure, as a decrease in written tenure and increase in verbal tenure between rounds was observed. In both rounds, written tenure was reported to be the type of tenure most residents had in each ISET. However, it is important to be aware that the proportion of this response being chosen decreased between rounds (Figure 16). In R1, 65% of assessed sites were reported to have a majority of residents with written tenure - this went down to 50% in R2. In contrast, the proportion of ISETs where a majority of residents were reported to have verbal agreements increased between rounds, from 24% of sites in R1 to 41% of sites in R2. This trend became even stronger in ISETs with inadequate shelters, which already had relatively higher proportion of sites where most residents had verbal and no tenure. Essentially this means that the majority population of ISETs in general became more tenure insecure in the second half of 2020, with written agreements being replaced by verbal agreements.

Figure 16: % of ISETs in which KIs reported the most common form of tenure for most residents



Of the KIs who reported secure, written tenure to be the most common tenure form for a majority of ISET residents, they were then posed the question on the exact document type most households in the ISET possess. The top 2 selected responses were customary tenure document and rental agreement (Figure 17). This makes sense, as the top two accommodation types (overall) discussed earlier were owner occupiers and tenants.

Figure 17: % of ISETs in which KIs reported the document most households possess, of the ISETs reporting written tenure as the most common form of tenure for residents[60]



[59] UNOCHA, Afghanistan: Conflict Induced Displacements, Actual displacements between 1 April 2014 and 24 July 2021, 08 August 2021.
[60] In R1, 3 KIs were interviewed per ISET. Their answers were then aggregated. If their answers did not match up, the response for that ISET was marked as "No consensus"

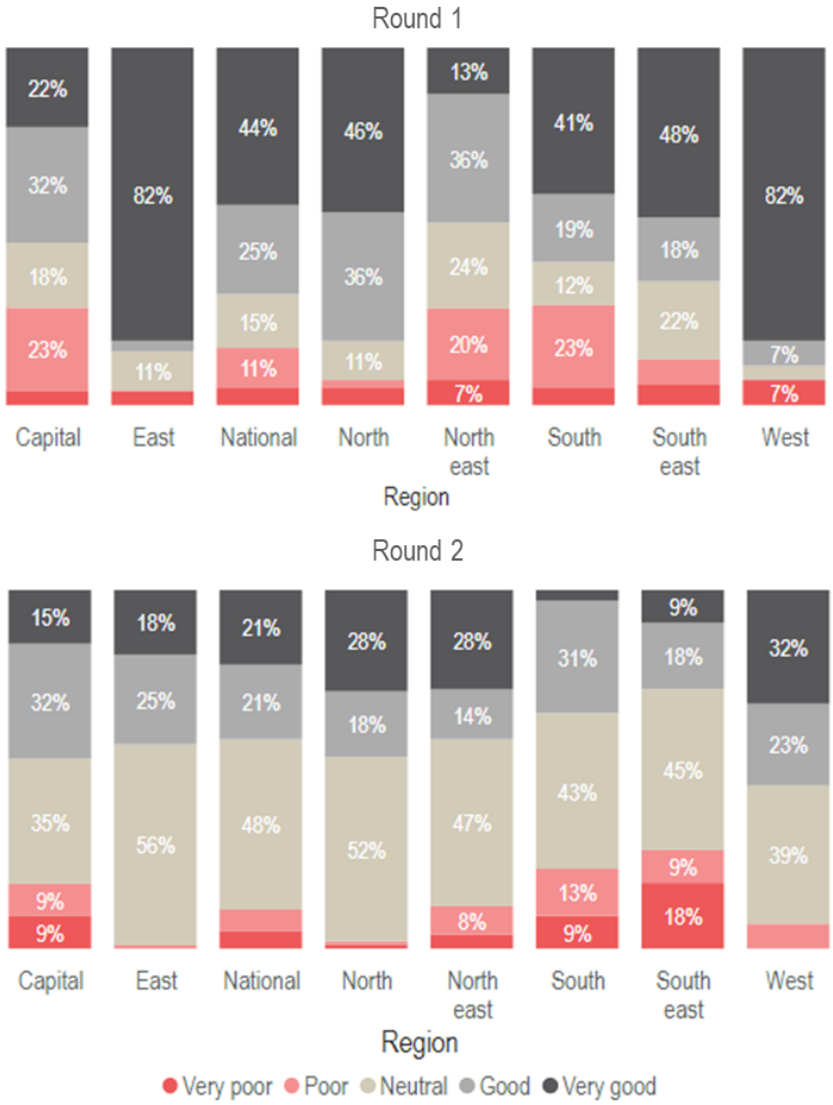
Protection

Protection concerns in the assessed ISETs seem to have become more serious as 2020 progressed. The overall perception of security and safety worsened in he assessed ISETs, especially in the North, East, and West of the country. This was likely linked to the current security situation in the country. While host relations in the assessed ISETs were found to have improved overall, residents were reported by KIs to have experienced greater intimidation in the form of eviction threats in the latter part of 2020, likely playing a contributing factor to a worse perceived view of their overall security and safety.

The overall feelings of security for most ISETs residents in the assessed ISETs was reported by KIs to have decreased in the second half of 2020. This was supported by the overall deteriorating security situation across the country. The overall safety and security from crime and conflict deteriorated according to KIs. In R2, more sites reported the security situation to be neutral, rather than good or very good (Figure 18). While there wasn't much variation when the data was dis-aggregated using the non-geographic classifications, there was variation when the data was dis-aggregated by region. In particular, overall perception of security and safety for most ISET residents was found to have worsened in assessed ISETs in the North, East, and West regions where tensions and conflict activity increased considerably in the last six months of 2020.[61] The fact that the overall feeling of security has worsened could give some indication as to why for example womens' access to water points and markets worsened in R2, why people have not been moving in and out of ISETs once they arrive, and also why physical safety was reported as a concern and barrier to accessing healthcare services.

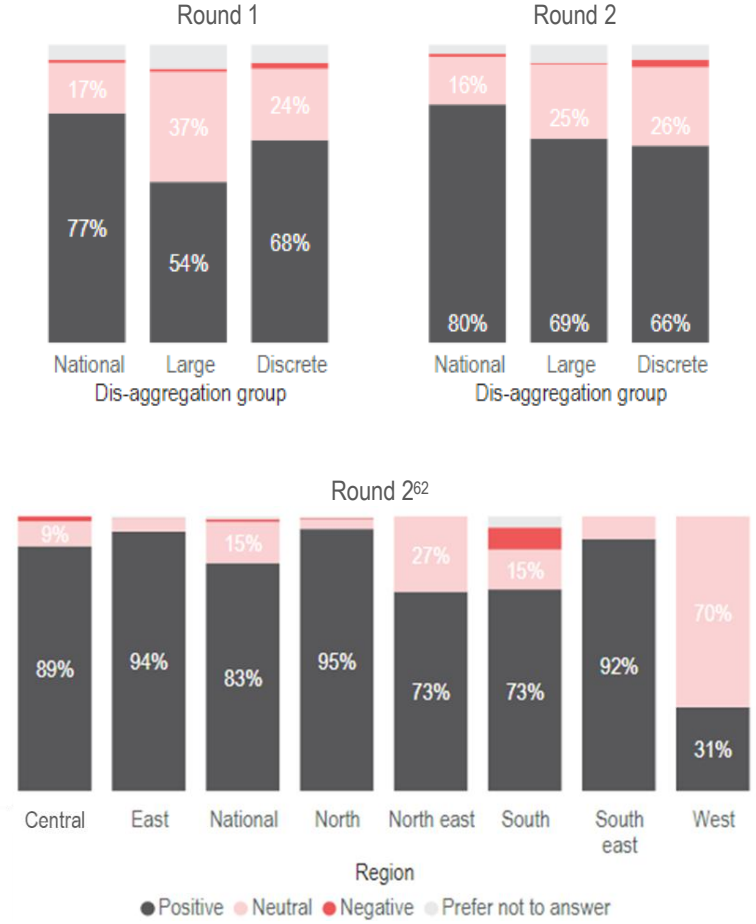
[61] UNOCHA, Afghanistan: Conflict Induced Displacements, Actual displacements between 1 April 2014 and 24 July 2021, 08 August 2021.

Figure 18: % of ISETs in which KIs reported how most residents would rate the safety and security from crime and conflict in the site in the three months prior to data collection



Relations between IDPs and host communities were found to have improved in the assessed ISETs throughout the country, but in the North east and West regions, relations stayed relatively worse off than in the rest of the country. In both rounds, a majority of assessed sites reported that host relations were positive overall (Figure 19). Interestingly, in large sites, relations were found to have improved between both rounds. As mentioned previously, larger sites also tended to have lower host community populations. In these cases, it may have been that host communities assimilated with the local migrant population which led to increased positive relations, or it could potentially be related to leadership structures, that are likely to be either more structured or formalized in large sites, knowing that they have to work with local authorities and host community members to ensure that residents in the assessed ISETs are given access to basic services in a more systematic manner due to the larger population.

Figure 19: % of ISETs, by reported social relationship between the ISET and host community



In discrete population ISETs though, it was reported that relations in a greater proportion of assessed sites were neutral. Discrete ISETs in general tended to have less interaction with the host community due to the lack of integration. Perhaps there was a lack of support or want to support for the host community to adequately support ISETs. This may explain why relations are less positive in such ISETs compared to others.

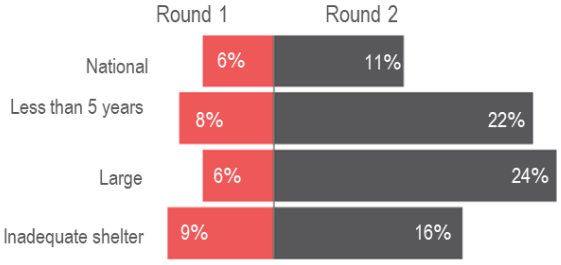
ISETs in the North east and West of the country were also reported by KIs to have had relatively less positive relations compared to the rest of the country; the West being worst off. These two regions happen to be close to the Pakistani and Iranian borders and likely have experienced many influxes of populations moving in and out in the past years. Perhaps this could have led to increased fatigue and frustration with migrant populations in time, making the base line perception of migrant populations in these regions relatively lower to begin with.[63]

It was reported ISETs that there had been an increase in instances where someone had experienced an eviction threat, similar rates of actual eviction, and a decrease in relocation efforts by the government or local authorities in the two years prior to data collection. At the national level, 6% of ISETs were reported by KIs that reported threats of eviction in their site in the three months prior to data collection, in R1 (Figure 20). In R2, this reported proportion of ISETs increased to 11%. This proportion increase was larger in inadequate shelter ISETs (7% point increase), ISETs existing for less than five years (14% point increase), and large ISETs (18% point increase). ISETs that have inadequate shelters are likely to look like slums, decreasing the property value of the land. Landowners may use eviction to increase leverage on the residents they allow to stay there, in case they want to sell their land. To those conducting eviction threats, it may seem easier to try evict less established ISETs and return their community to what it was. This could be why eviction threats to residents in ISETs existing less than

[62] Results from R1 were very similar to R2.
[63] Norwegian Refugee Council, Forced Eviction Monitoring Report: Shahrak-e-Sabz (Zone A and B) Informal Site, Herat Province, October 2019

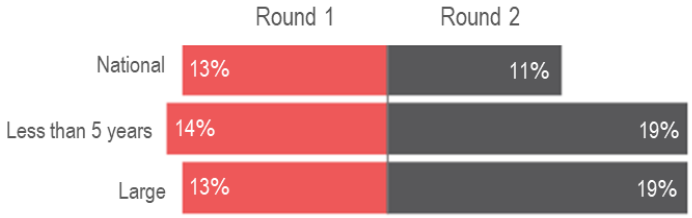
five years increased. Large ISETs, which were reported by KIs to have less integrated populations, may have contributed to greater animosity towards their populations.

Figure 20: % of ISETs, by whether any households in the site were threatened with eviction in the three months prior to data collection



Reports of actual evictions occurring in the assessed settlements in the three months prior to data collection stayed similar in both rounds, at 13% in R1 and 11% in R2 (Figure 21). In ISETs existing less than five years and large ISETs, the proportion of ISETs was reporting evictions was reported by KIs to have increased by 5 and 6 percentage points, respectively, meaning that in these ISETs the increase of eviction threats was being more followed through, indicating a greater desire to not let new ISETs establish and to dismantle large ones.

Figure 21: % of ISETs, by whether any households in the site were evicted in the three months prior to data collection



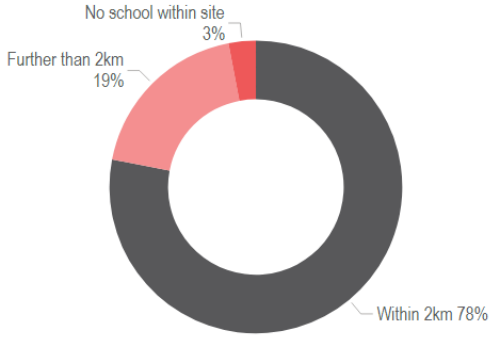
Education

Regarding education concerns, the populations in most assessed ISETs in both assessments were reported by KIs to have had access to at least one school; and in most cases the schools were located within 2 km from the site. Additionally, most assessed settlements where schools that were reported by KIs to be closed due to COVID-19 restrictions in R1 (May-June 2020), opened in R2 (December 2020), indicating that restrictions have eased, and more students are back in the classroom. It should be noted that the education portion of the survey changed considerably in R2. The only indicator that stayed the same between rounds and can be directly compared was the indicator asking whether schools were closed at the time of data collection due to health concerns and movement restrictions related to the COVID-19 pandemic.

In R1, it was reported by KIs in a majority of assessed ISETs that most residents had access to school within 2 km from the site, while on average KIs reported that most of the residents in the assessed ISETs had access to one school in R2.[64] In R1, 78% of sites reported schools being within 2 km of the site, 19% indicated further than 2km, and 3% of assessed sites reported no school was available (Figure 22). This observation was seen across the regions and non-geographic locations. For R2, on average, one school was reported by to be accessible for a majority of people in each site. In large sites this number went up to three schools. Together these two indicators tell us that most people in a majority of ISETs did have access to at least one school that was nearby.

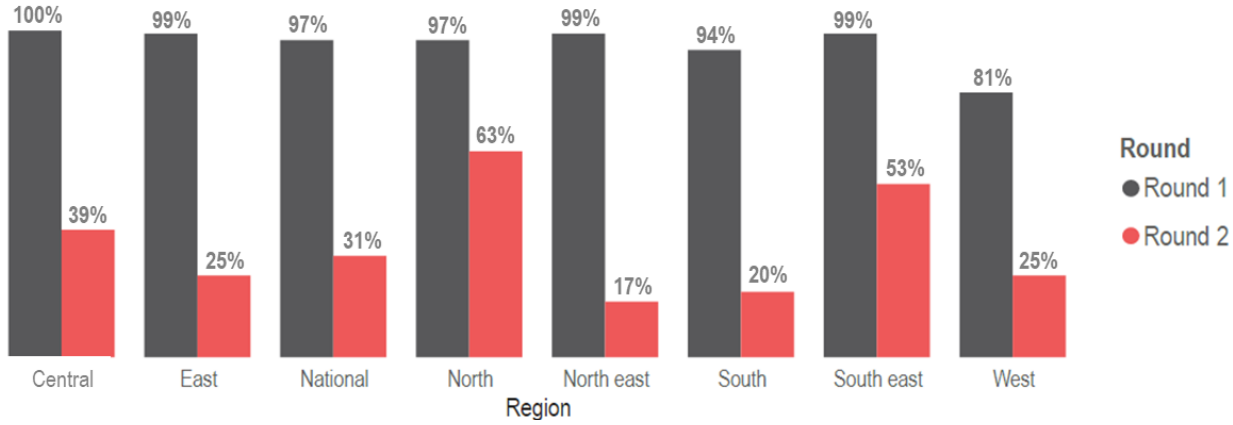
[64] Moreover, in R2, the number of school sites available for the ISET population to use was asked. This indicator is most comparable to the R1 indicator asking whether schools were within 2 kilometres (km) of the site and village, further than 2 km but still in the village, and no schools present in the village. Both indicators refer to schools that ISETs can use.

Figure 22: % of ISETs in which KIs reported distance to an accessible school – Round 1



More schools were opened in R2 compared to R1, according to KIs in assessed ISETs. In R1, 97% of assessed ISETs reported schools to be closed due to health concerns and movement restrictions related to the COVID-19 pandemic; in R2, this proportion decreased to 31% (Figure 23). This trend was seen in most regions, apart from the North, South east, and Central regions. In the Central region, it is more likely due to COVID-19 regulations still being enforced by the government in a region where they had relatively more control.

Figure 23: % of ISETs, by whether any of the schools were still closed at the time of data collection, due to health concerns or movement restrictions relating to COVID-19, of the ISETs that reported schools to be available for residents' use



COVID-19

While there was overall a high level of reported awareness by KIs in assessed settlements of the COVID-19 pandemic, and efforts taken to prevent contraction, there was a reported sense of fatigue that became stronger by the end of 2020. The combination of the declining economy, access to livelihoods, and access to services, took a mental toll on ISET populations reportedly leading people to become more socially withdrawed, and behave more angrily and aggressively. Resilience that was noted in R1 had clearly eroded by R2, as concerns for SGBV related issues rose.

Almost all KIs reported most ISET residents were aware of the COVID-19 pandemic, and were taking preventative measures (figure 24, table 5). The top two reported actions reported in both rounds were washing hands frequently and practicing social distancing (table 5).[65] However, it is worth noting that the proportion of assessed ISETs where KIs reported that most residents practicing social distancing and avoiding large crowds and gatherings decreased in R2. It is also possible that practicing social distancing and avoiding large crowds

[65] Respondents could selected multiple options, unless they selected "None"

increasingly became more difficult to sustain continuously in the later part of 2020 as it became economically infeasible for lockdown measures to fully continue.

Figure 24: % of KIs by whether residents were aware of the pandemic, round 2[66]

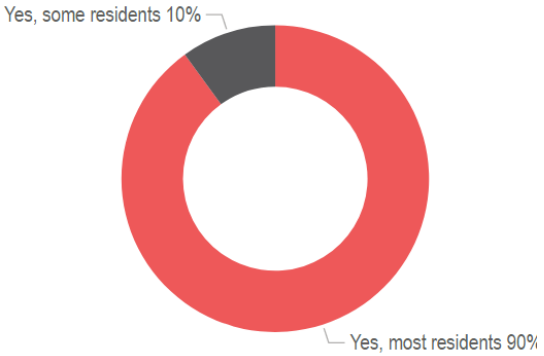


Table 5: Of ISETs where KIs reported either some or most residents have been taking preventative actions, % of ISETs where most residents are taking specific actions to prevent exposure to COVID-19

Preventative action	Round 1	Round 2
Wash hands frequently	**87%**	**92%**
Practice social distancing	**71%**	**65%**
Self-isolate if experiencing symptoms	56%	60%
Avoid large crowds and gatherings	61%	54%
Wear masks and gloves if experiencing symptoms	39%	66%
Wear masks and gloves in general	21%	50%
Not touching face	33%	39%
None	4%	0%

Most ISETs were found to have remained quite vulnerable to the COVID-19 pandemic as more than half of assessed ISETs were classified to be in the moderate-high or higher risk category based on the COVID-19 Vulnerability Index.[67] This signals that ISETs became more vulnerable and less able to cope with the COVID-19 pandemic in late 2020 (Figure 25).[68] A possible explanation could be related to the ISETs classified as having inadequate shelters. There were a higher percentage of such ISETs classified in the higher risk category in both rounds. This was likely due to more people in these ISETs being in packed shelters, inducing closer contact, making it harder to self-isolate in case someone became sick. Overall, the increasing vulnerability of ISETs to the pandemic is concerning.

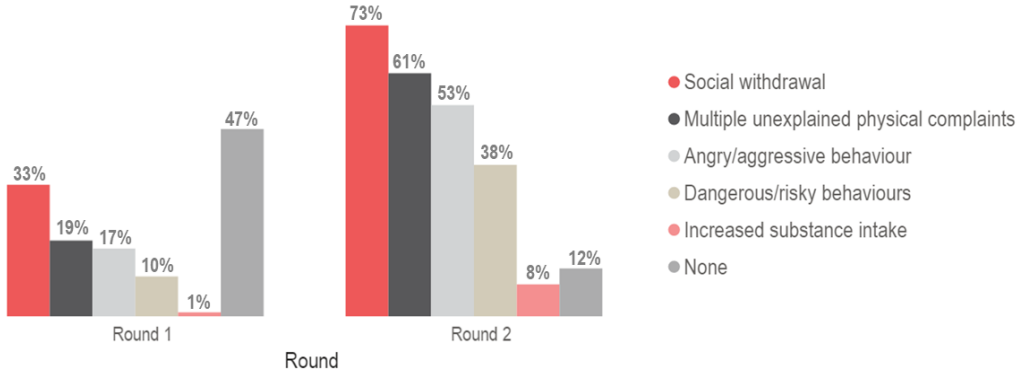
[66] Results for R1 were very similar, also showing almost all KIs indicating that their residents were aware of the COVID-19 pandemic.
[67] The COVID-19 indicator calculation from R1 was modified to match the updated calculation for R2 to make the composite indicator comparable between the two rounds. The formula used and updated results of R1 can be found in Annexes 3 and 4.
[68] This trend was observed in other dis-aggregation groups and regional breakdowns as well.

Figure 25: % of ISETs by vulnerability ranking to secondary impacts relating to COVID-19 and the related lockdowns

Negative coping behaviours resulting from the COVID-19 pandemic and its associated lockdowns (also referred to as, 'secondary impacts') on the economy, livelihoods and service access were found to have taken a toll on the mental health of ISET communities and raised SGBV concerns. In both rounds, KIs were asked if they had observed any of a series of negative coping behaviours of their ISET's residents to deal with the COVID-19 outbreak[69]. In R1, the top chosen response was that no behaviours had been observed, in 47% in the assessed sites; this decreased to 12% in R2, implying that by December 2020, the fatigue of dealing with COVID-19 was likely affecting some ISET resident's behaviours (Figure 26). The three most observed negative coping behaviours noted by KIs in the assessed ISETs were social withdrawal, multiple unexplained physical complaints, and angry/aggressive behaviour.

[69] Respondents could choose multiple options for this answer.

Figure 26: % of ISETs in which KIs reported behaviours in residents to deal with the coronavirus outbreak

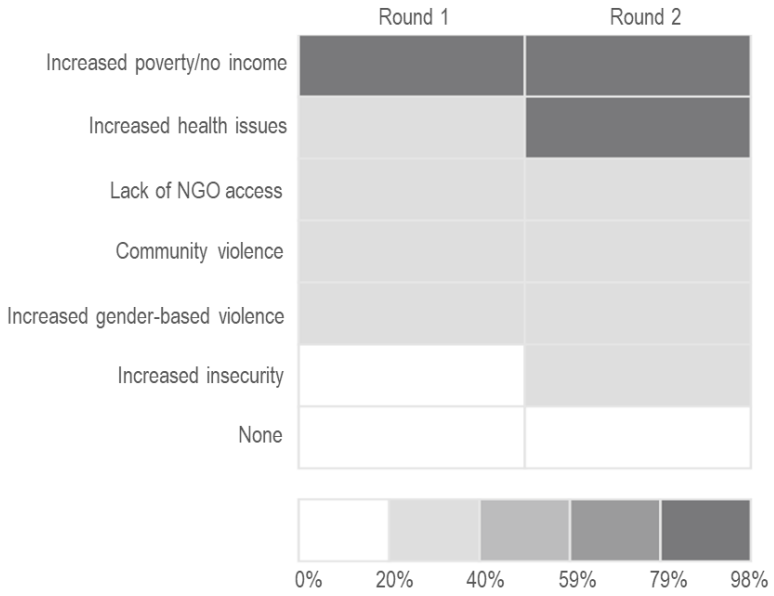


As the pandemic continued impacting the economy, livelihoods, and service access, KIs indicated mental toll taken on the population of the assessed ISETs, raising MHPSS concerns in these sites. In particular, the rise of social withdrawal and angry/aggressive behaviour raised concerns in both the public and private space. In the public space, increased tensions for the secondary impacts of the pandemic came at a time when political tensions were quite high as the talks in Doha had been taking place and violence against civilians increased in country.[70][71] These two factors in conjunction likely increased the reported overall community tensions in ISETs, taking a collective mental toll on the communities. But in the private space this also raises SGBV concerns. The reported increase in social withdrawal in assessed ISETs by KIs means that most people were likely staying home, especially with lockdown. The increase in angry/aggressive behaviour could potentially indicate a risk that home life became less safe for women and girls.

The main perceived secondary impact of the COVID-19 lockdown by in assessed ISETs by KIs was an increase in poverty. When asked in what ways the COVID-19 lockdown affected residents in their sites, almost all ISETs reported in both rounds that COVID-19 had increased the overall levels of poverty/no income[72] (Figure 27).[73] In R1 this was clearly the most chosen response, even though KIs could select multiple options. In R2, increased health issues was also chosen almost as often as well (Figure 27).[74] This is in line with other findings in this report that outlined how the economic situation degraded and led to less stable income generation opportunities, leading people unable to afford basic necessities such as food. The increase in reported health issues was also supported by the fact that reports of multiple unexplained physical complaints as a negative coping behaviour increased in R2. It is clear from not only this indicator, but throughout the report that the increase in poverty and inability to maintain a livelihood became a crucial issue for ISET populations.

[70] Samuel Hall, "COVID-19 in Afghanistan: Knowledge, Attitudes, Practices, & Implications", July 2020
[71] International Rescue Committee, "Press Release: COVID-19 has taken a toll on all Afghans", November 2020
[72] Respondents could select multiple options.
[73] A reminder that this indicator is based on KIs' perceptions and does not statistically confirm the causality between the lockdowns and increased poverty.
[74] This was observed in the other dis-aggregation groups as well

Figure 27: % of ISETs in which KIs reported how the COVID-19 lockdown affected residents in the site, of the ISETs where KIs reported COVID-19 awareness



CONCLUSION

REACH's informal sites monitoring exercises aimed to develop a clearer understanding of the key characteristics, demographics, service access/gaps, and vulnerabilities of informal sites in Afghanistan towards the COVID-19 pandemic. The exercises were conducted using KII methodology and conducted in 1,148 (R1) and 1,130 (R2) sites in May-June and December 2020, respectively. Findings drawn from both rounds of ISET monitoring would be useful for humanitarian and development partners designing responses to ISET communities.

The analysis highlighted key characteristics and demographics of the assessed ISETs, service access and gaps, how site needs and vulnerabilities have changed, and risks of ISETs as a result of the COVID-19 pandemic. **Splitting the ISETs into different dis-aggregation groups revealed that most ISETs in both rounds had been in existence for 5 or more years, had adequate shelters, were composed of mixed populations, and were small in size**. **Tenure security was found to be generally good, but had decreased significantly between R1 and R2.**

Most IDPs intended to stay in the medium term in ISETs, and are unlikely to return to their place of origin anytime soon. As IDPs stay longer, these ISETs are becoming more integrated with the community around them. Together, this reveals that **migrant populations in ISETs have been increasingly integrating with host communities, and that most have been there for at least 5 years and have no plans on moving in the short term**.

REACH observed that ISET populations were highly vulnerable to a variety of issues. In the second half of 2020 as the economy, access to livelihoods, access to services, mental toll of the pandemic, and conflict increased, the overall situation for ISETs worsened.

Service access to clean drinking water and health care became worse in R2. The proportion of assessed ISETs where reported barriers to accessing such services increased in R2, as reported by KIs, and seem to have become more important for females. This may have been due to both a decline in the quality and capacity of services, and a rapid increase in the populations using them, overtaxing the existing services. **Access to educational facilities however, increased, as most schools that had been closed due to health/pandemic concerns, had reportedly opened by the time of R2 data collection due to the ease of lockdown measures.**

Site needs and vulnerabilities in certain sectors became clear. **Food insecurity was found to be a concern, with a majority of households unable to afford food to meet daily needs in most ISETs in both R1 and R2, as reported by KIs.** This was likely linked to most ISET residents' main form of income generation being unskilled daily labour – opportunities which reduced (partially due to lockdown and the worsening economy) – and increase in people taking on debt, which made it very hard for people to keep up with the increase market prices to afford food.

The proportion of assessed ISETs were reported by KIs to have had a majority of the populations that were tenure insecure increased between R1 and R2, which was accompanied by a higher percentage of assessed ISETs where eviction threats were reported. This is most likely due to large influxes of new IDPs displaced by a rise in conflict throughout the latter half of 2020; as more protracted displaced IDPs found a stable living conditions and livelihoods, they were replaced with newly displaced IDPs that lacked these stable conditions. While actual rates of eviction were not found to have changed, the assessment showed that more residents were getting harassed and intimidated.

In the 6-7-month gap between the two rounds of data collection, the needs and vulnerabilities directly linked to the COVID-19 pandemic became worse. Even though almost all KIs highlighted that ISET communities were aware of and taking preventative actions to prevent contracting COVID-19, **more than half of assessed ISETs were classified as moderate-high or higher risk in relation to being vulnerable to the COVID-19 pandemic**. Part of this could be attributed to a sense of fatigue, seen by the mental toll the pandemic has been taken on residents, and also to the worsening economy and political situation which resulted in leaving ISET

residents in more precarious situations. This was in line with various indicators showing potential vulnerability to dealing with the pandemic: the proportion of assessed ISETs where **barriers to accessing health care and drinkable water was reported by KIs to have increased, availability of soap and water to wash hands at the site was reported to have decreased, and there was no reported routine sanitization at water points in the site.** Assessed ISETs also reported by KIs to have **site populations that faced high levels of unstable income sources (unskilled daily labour), and their borrowing money/taking on debt to manage shortcomings was found to have increased.**

As much of the mentioned issues in ISETs are likely to increase given the current trends, both humanitarians and development partners should look for ways to coordinate on finding more durable solutions with these communities. **Current trends indicate that as the conflict in Afghanistan continues to spread, these ISETs will continue to grow, making ISETs critical areas of intervention as the context in Afghanistan develops.** Given the dynamic nature of ISETs, and the rapid rate at which population composition changes, additional monitoring exercises of the ISET population will need to be done to ensure that the information remains accurate and continues to reflect current trends and impacts on ISET populations.

ANNEXES

Annex 1: Questionnaire from Round 1

Research Question	Sector	Indicator	Questionnaire Question	Instruction	Questionnaire Responses
What is the current number of ISETs in Afghanistan, where are they located and what are their typologies	Demographics	Site location	In which province is this site located?	Select one	Cascading
What is the current number of ISETs in Afghanistan, where are they located and what are their typologies	Demographics	Site location	In which district is this site located?	Select one	Cascading
What is the current number of ISETs in Afghanistan, where are they located and what are their typologies	Demographics	Site location	In which village is this site located?	Select one (or text if too bulky for tool)	Cascading
What is the current number of ISETs in Afghanistan, where are they located and what are their typologies	Demographics	Site location	What is the name of this site?	Text	
What is the current number of ISETs in Afghanistan, where are they located and what are their typologies	Demographics	Site location	What is this site's ISET code as provided on the KI information form?	Text	
What is the current number of ISETs in Afghanistan, where are they located and what are their typologies	Demographics	Site location	Where is this site located?	Select one	Provincial capital District capital Other city Suburb Rural area / village Other
		Informed consent	My name is [[name]] and I work for ACTED. On behalf of OFDA, we are conducting an assessment of informal settlements across Afghanistan so that the humanitarian community can better understand these sites, their service access, and each community's needs, especially in relation to the COVID--19 emergency. The questions are specifically about site demographics, key infrastructure available, the quality of this infrastructure, and how access and quality of infrastructure has changed in the last 30 days. Any information that you provide will be confidential. This is voluntary and you can choose not to answer any or all of the questions; however we hope that you will participate since your views about and knowledge of your community are important. Participation in the survey does not have any impact on whether you or your		

			site receive assistance. Do you have any questions?		
		Informed consent	Do you consent to participate in this survey?	Select one	Yes No
		% of KIs, by gender	What is the gender of the KI?	Enumerator observation, Select one	Male Female
		% of KIs, by age range	What is your age?	Read options, Select one	18-29 30-39 40-49 50-59 60-69 70-79 80+
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	Is the population living in the site made up of only migrants (e.g. IDPs, returnees, refugees, etc), or is it sharing the same space with the host community?	Select one	Population is only migrants Population is mixed with migrants and host community
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	Which migrant populations are living in this site?	Read options, select multiple	IDP (displaced less than 6 months) Prolonged IDP (displaced 6 months - 2 years) Protracted IDP (displaced 2+ years) Refugee Returnee Economic migrant Nomad (e.g. Kuchi)
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If IDP reported in site] How many IDP individuals are living in the site? *For this assessment, an IDP is an Afghan National who has been forced to leave their homes **in the last 6 months.***	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If IDP reported in site] How many IDP households are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If prolonged IDP reported in site] How many PROLONGED IDP individuals are living in the site? *For this assessment, a prolonged IDP is an Afghan National who was forced to leave their homes **between 6 months and 2 years ago.***	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If prolonged IDP reported in site] How many PROLONGED IDP households are living in the site?	Integer	

			[If protracted IDP reported in site] How many PROTRACTED IDP individuals are living in the site?		
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	*For this assessment, a protracted IDP is an Afghan National who was forced to leave their homes a minimum of **2 years ago**, and have since reestablished their lives in new locations. They are now considered part of the host community.*	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If protracted IDP reported in site] How many PROTRACTED IDP households are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting IDP origins in last 3 months	[If IDP hhs = >0] How many of these IDP households (regardless of displacement length) arrived in the last 3 months?	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting IDP origins in last 3 months	[If IDPs reported >0] Which province have most IDPs come from in the last 3 months?	Select one	Province list
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting IDP origins in last 3 months	[If IDPs reported >0] Which district have most IDPs come from in the last 3 months?	Select one	District list
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If refugees reported in site] How many refugee individuals are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If refugees reported in site] How many refugee households are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting refugee origins in last 3 months	[If refugee hhs = >0] How many of these refugee households arrived in the last 3 months?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If returnees reported in site] How many returnee individuals are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If returnees reported in site] How many returnee households are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting returnee origins in last 3 months	[If returnee hhs = >0] How many of these returnee households arrived in the last 3 months?	Integer	
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	Demographics	% of KIs reporting returnee origins in last 3 months	[If >0 in last 3 months] From where did MOST of these returnees travel?	Select one	Iran Pakistan Turkmenistan Uzbekistan Tajikistan Turkey Other
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting returnee origins in last 3 months	[If Pakistan] What was the main province from which most returnees from Pakistan came?	Select one	Province list
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting returnee origins in last 3 months	[If Iran] What was the main province from which most returnees from Iran came?	Select one	Province list

What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	Protection	% of KIs reporting abuse of returnees due to COVID--19	[If yes, returnees in last 3 months] Have any of these returnees faced challenges in integrating into your site?	Select multiple	Yes, based on country from which they returned Yes, based on age Yes, based on health condition (showing cough, fever or other coronavirus symptoms) No challenges Yes, for other reasons
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If economic migrants reported in site] How many economic migrant individuals are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If economic migrants reported in site] How many economic migrant households (those moving in order to find work) are living in the site?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If nomads reported in site] How many nomad (e.g. Kuchi) individuals are living in the site permanently?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If nomads reported in site] How many nomad (e.g. Kuchi) households are living in the site permanently?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If 'mixed' community reported] How many host community individuals are living inside the site boundaries?	Integer	
What are the demographics of the populations in each ISET?	Demographics	Population types present in site	[If 'mixed' community reported] How many host community households are living inside the site boundaries?	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting vulnerable site residents	Approximately how many households in your site contain members that have a disability that prevents them from completing everyday tasks? *An individual may have a disability if they have difficulty seeing, hearing, walking or climbing steps, communicating or understanding conversation, or challenges with caring for themselves.*	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting vulnerable site residents	Approximately how many households in your site contain members that have a chronic illness that prevents them from completing everyday tasks? *Examples of chronic illness: heart disease, hypertension, diabetes, chronic respiratory diseases, cancer, moderate to severe asthma*	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting vulnerable site residents	Approximately how many INDIVIDUALS in your site are 60 years of age or older	Integer	
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting vulnerable site residents	Approximately how many households in your site have female heads of household?	Integer	

What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting ethnic groups present in their site	What ethnic groups comprise this site?	Select multiple	Aimaq Arab Baloch Hazara Jat Jogi Kochi Nuristani Pashtun Pashayee Tajik Turkmen Uzbek Other
Movement Tracking					
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting the majority of residents living in the site less than 5 years	Have most households in your site lived here more than 5 years?	Select one	Yes No Don't know
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting residents planning to move in next month	Do any residents of this site plan to move elsewhere within the next month?	Select one	Yes No Don't know
What are the demographics of the populations in each ISET?	Demographics	% of KIs reporting residents planning to move in next month, by reason	[If yes, plans to move] For what reason are households planning to move elsewhere?	Select multiple	Intimidation and harassment by host community / local authorities Land dispute forced them off land / shelter No work opportunities available here Moving to be with family / friends Threat of COVID- Better security where they are moving Better access to services where they are moving Other
AAP					
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	AAP	% of KIs reporting sites receiving COVID--19 health messaging	Are residents in this site aware of the new coronavirus disease, also known as COVID--19?	Select one	Yes Yes, some residents but not all No
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	AAP	% of KIs reporting coronavirus as a serious concern for their site	[If any yes, aware] Is the new coronavirus disease an important concern for MOST residents of your site?	Select one	Yes No Don't know
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	AAP	% of KIs reporting sites receiving COVID--19 health messaging, by prevention measures	[If any yes, aware] Are MOST site residents aware of prevention methods for the new coronavirus disease?	Select one	Yes Yes, some residents but not all No
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	AAP	% of KIs reporting sites receiving COVID--19 health messaging	[If any yes, aware of prevention] From where / from whom are MOST site residents getting their information about coronavirus and prevention?	Select multiple	Government; Community or religious leaders; UN, NGOs or INGOs Media (TV, radio) Text message alerts Healthcare workers; Family and friends; Other
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	AAP	% of KIs reporting sites receiving COVID--19 health messaging, by prevention measures	[If any yes, aware of prevention] What actions are most site residents taking to PREVENT EXPOSURE to the coronavirus?	Select multiple	Wash hands frequently, Practice physical distancing; Self-isolate if experiencing symptoms; Wear masks and gloves if experiencing symptoms; Wear masks and gloves in general; Do not touch your face; Avoid large crowds and gatherings; Other

What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	AAP	% of KIs reporting steps most residents would take if sick with COVID-19	[If any yes, aware] What actions would most site residents take if they THOUGHT THEY HAD coronavirus?	Select multiple	Nothing, continue daily life as normal Stay home but continue to interact with hh members Self-isolate from household members Self-medicate Speak to a religious or community leader Go to a pharmacy, doctors office or hospital Go to a traditional / local healer Other (specify) Not sure
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	Protection	% of KIs reporting abuse in the community due to COVID--19	[If any yes, aware] Have ANY residents of your community been discriminated or neglected by their family or community as a result of COVID--19?	Select multiple	Yes, women and girls Yes, men and boys Yes, children Yes, elderly persons Yes, people with chronic illness Yes, people living with disabilities Yes, returnees Yes, minority ethnic groups Yes, other No, no-one
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	Protection	% of KIs reporting abuse in the community due to COVID--19	[If yes, discrimination] What have been the consequences?	Select multiple	Evicted from the household; Evicted from the site Denied financial means and access to employment; Denied access to basic services i.e. education or healthcare; Experienced harassment and verbal abuse in public; Experienced harassment and physical abuse in public; Experienced domestic abuse; Other
WASH					
What services are accessible and what infrastructure and services are located inside the site?	Health	% of KIs reporting health centre farther than 2km	Is there an accessible collective water point within 2 km of your site?	Select one	Yes, within 2 km No, further than 2 km No, none accessible
What services are accessible and what infrastructure and services are located inside the site?	WASH	% of KIs reporting overcrowding at WASH facilities in their site	[If yes, within 2 km] How many functional collective water points (including taps) are available for site use within 2 km?	Integer	
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	WASH	% of KIs reporting overcrowding at WASH facilities in their site	Has the infrastructure at these functional collective water points (e.g. handle of handpump, tap) been cleaned or disinfected on a daily basis in the last 7 days?	Select one	Yes, all Yes, some No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting inaccessible handwashing facilities for women/girls in the site	Are these water points safely and easily accessible to women and girls? *For example, are they in safe, public and well-lit areas so that women and girls can collect water on their own without disturbance?*	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	WASH	% of KIs reporting type of handwashing facilities used by site	Where do site residents go to wash their hands?	Select multiple	At home (private sink) Community facility (e.g. school, health centre) Public source (handpump, tap, etc) Open source (stream or pond, etc) Don't know Other

			[If public source] What kind of handwashing device do most households usually use to wash their hands?		
What services are accessible and what infrastructure and services are located inside the site?	WASH	% of KIs reporting access to functioning handwashing facilities - by type of infrastructure	*A handwashing facility refers to a fixed or mobile device designed to contain, transport or regulate the flow of water to facilitate handwashing. They include sinks with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing as well as Aftaba*	Select one	Sink with tap water Buckets with taps Tippy tap Public handpump Other (specify) Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	WASH	% of KIs reporting no handwashing facilities	Is soap and water available for handwashing at most handwashing facilities?	Select one	Yes No Don't know
	WASH	% of KIs reporting frequency of site handwashing	Do MOST people in the site wash their hands: Before preparing a meal? After using the latrine or toilet? After coming back from outside the home?	Select one	Yes No Don't know
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	WASH	% of KIs reporting overcrowding at WASH facilities in their site	[If public facility or public source] Has overcrowding at these handwashing facilities been an issue in the last 7 days?	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	WASH	% of KIs reporting site access to potable water	Is the main source of potable or drinking water for your site within 2 km of your site?	Select one	Yes, within 2 km No, further than 2 km No, none accessible
What services are accessible and what infrastructure and services are located inside the site?	WASH	% of KIs reporting changes in accessing potable water	What is this source of potable or drinking water?	Select one	Hand pump (pumped well) - private Hand pump (pumped well) - public Piped water - public Spring, well, or kariz - protected Spring, well, or kariz - unprotected Surface water (stream/river/irrigation) Water trucking / tanking Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	WASH	% of KIs reporting changes in accessing potable water	Does your site face any barriers to accessing potable/drinking water?	Select multiple	Long line/wait to access water point Unpleasant colour/taste/smell of water Waterpoint has low capacity (runs out of water often) Waterpoints are unsafe Waterpoints are too far Cost is prohibitive i.e. water trucking Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	WASH	% of KIs reporting changes in accessing potable water since the start of the COVID- crisis	Are any specific groups more affected than others are by these barriers?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	WASH	% of KIs reporting changes in accessing potable water	[If yes, specific groups more affected] Which groups are more affected?	Select multiple	Yes, women and girls; Yes, men and boys; Yes, children; Yes, elderly persons; Yes, people with chronic illness; Yes, people living with disabilities; Yes, returnees; Yes, minority ethnic groups; Yes, other

HEALTH

What services are accessible and what infrastructure and services are located inside the site?	Health	% of KIs reporting health centre farther than 2km	Is there an accessible health centre within 2 km of your site?	Select one	Yes, within 2 km No, further than 2 km No, none accessible
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of Kis reporting health care source if o centre accessible	[If no health centre is accessible] Where do site residents seek treatment if they become sick or injured?	Select multiple	Go to pharmacy / self-medicate Drive to distant health centre Go to traditional healer Nothing, recover at home Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of Kis reporting health care source if o centre accessible	[If no health centre, would drive] How long, in minutes by driving, would it take to travel to the nearest accessible health centre?	Integer	
What services are accessible and what infrastructure and services are located inside the site?	Health	% of KIs reporting main health centre capacity	[If yes, or further than 2K] Does this health facility have female staff or health services to treat women and girls?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of KIs reporting poor quality of service at main health centres	[If yes, or further than 2K] In the last 3 months, has any resident of your site sought care at this health centre?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of KIs reporting poor quality of service at main health centres	[If yes, sought care] Were they satisfied with the quality of the healthcare they received there?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of KIs reporting poor quality of service at main health centres	[If no, not satisfied] What about the service was not to their satisfaction?	Select multiple	Health service opening hours not convenient Treatment expensive Drugs or supplies not available Health service staff behaviour is bad Clinic is crowded Other Don't know Prefer not to answer
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of KIs reporting poor quality of service at main health centres	[If yes, sought care] Did they face any barriers to accessing healthcare at this centre?	Select multiple	Don't know where to go; Cost of transport; Cost of care/ treatment; Cost of medicines; Cultural constraint; Concern for physical safety; Long travel time; Insufficient capacity of health centre; Denied access/ treatment; No barrier Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of KIs reporting poor quality of service at main health centres	Are any specific groups more affected than others by these barriers to healthcare?	Select one	Yes No Don't know

What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Health	% of KIs reporting poor quality of service at main health centres	[If yes, specific groups more affected] Which groups are more affected?	Select multiple	Yes, women and girls; Yes, men and boys; Yes, children; Yes, elderly persons; Yes, people with chronic illness; Yes, people living with disabilities; Yes, returnees; Yes, minority ethnic groups; Yes, other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting negative coping observed in response to COVID-	[If yes, aware of coronavirus] What behaviours, if any, have you observed in residents of your site to deal with the coronavirus outbreak?	Read options, Select multiple	Social withdrawal Angry / aggressive behaviour Dangerous/risky behaviours Multiple unexplained physical complaints (headaches, stomach pains etc.) Increased alcohol/opium/other drug intake No unusual behaviour Other
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting PSS available for their site	Are you aware of any community-based support available for people in your site suffering from stress or issues with wellbeing?	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting PSS available for their site, by service	[If yes, services available] What are these services?	Select multiple	Emotional support from religious or community leaders Counselling from NGO workers Community support groups (e.g. women's groups) Clinical mental health support (psychiatric – medication for mental health issues) Referrals to mental health services by HFs/NGOs Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting PSS available for their site, by use	[If yes, services available] Are they being used by residents of your site?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting PSS available for their site, by use	[If no, not using services] What is the main reason why MOST residents are they not using these services?	Select one	Health service opening hours not convenient Treatment expensive Health service staff behaviour is bad Clinic is crowded Other Don't know Prefer not to answer
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting secondary impacts of COVID-19 lockdown, by impact	What kind of secondary impacts do you foresee for people in your site due to the coronavirus disease lockdown?	Select multiple	Increased gender-based violence Increased poverty/no income Increased health issues Community violence Increased insecurity Lack of access for NGOs to provide services Other
PROTECTION					
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in site security since the start of the COVID- crisis	How would MOST people rate the safety and security from crime and conflict in your site in the past 3 months?	Select one	Very good (Completely stable situation and no criminality or conflict) Good (Stable situation and people are feeling safe. Only criminality but no conflict) Okay (Situation is good but can change at any time - unstable) Poor (Suicide attack, demonstration, explosion, but existence of some safer location. People are in danger from one party) Very poor (Ongoing fights,

					mines/explosions. People are in danger from both parties)
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in site security since the start of the COVID- crisis	Has the amount or severity of security incidents changed in the last 3 months?	Select one	Yes, incidents have increased Yes, incidents have decreased No change in number of incidents Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in violence against women since the start of the COVID- crisis	Approximately how many of these incidents were against women and girls specifically?	Integer	
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in violence against women since the start of the COVID- crisis	Are men and boys able to move freely in and out of the site?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in violence against women since the start of the COVID- crisis	[If no, cannot move freely] Why are men unable to move freely?	Select multiple	Discrimination / harassment from host community Socio-cultural barriers between site members and host community Government restrictions related to coronavirus Lack of Documentation Fear for Personal Safety Debt Related Concerns Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in violence against women since the start of the COVID- crisis	Are women and girls able to move freely in and out of the site?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting a change in violence against women since the start of the COVID- crisis	[If no, cannot move freely] Why are women unable to move freely?	Select multiple	Discrimination / harassment from host community Socio-cultural barriers between site members and host community Government restrictions related to coronavirus Lack of Documentation Fear for Personal Safety Debt Related Concerns Other
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting relationship quality between ISET and host community	How do you describe the social relationship between your site and the host community in your area?	Select one	Positive Neutral Negative Don't want to answer
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting no support for the site from host community	Has the Government or local authorities made any efforts to relocate the households in this site or forced residents to leave in the last 2 years?	Select one	Yes No

What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting no support for the site from host community	If a resident of your community had a serious dispute with somebody from the host community, to whom would they go for help?	Select multiple	Informal justice actors (Jirga or Shura) Community Development Council (CDC) Host community leaders Imam/Religious organisations Friends or neighbours Police Civil court house UN/NGO Other None Don't know Prefer not to answer
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of Kis reporting site is in need of community representation structures	Does your site have a community representation structure?	Select one	Yes No Don't Know
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting ownership of the land where the site sits	Do you know who owns the land on which this site sits?	Select one	Yes No Don't Know
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting ownership of the land where the site sits, by owner	[If yes, know ownership] Who owns the land?	Select multiple	Government; Private ownership UN / NGO designated Other
What services are accessible and what infrastructure and services are located inside the site?	Protection	% of KIs reporting site residents paying a fee to live in their shelters	Do residents have to pay any fees, monetary or in kind, to use the site land or live in shelters there?	Select one	Yes No Don't Know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting evictions in the last 3 months in their sites	In the last 3 months, have any households in your site experienced an eviction from their shelter?	Select one	Yes No Don't Know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting evictions in the last 3 months in their sites, by reason	[If yes, evictions] For what reason have the majority of these evictions occurred?	Select one	Unable to pay rent Disputes about rental price Dispute about ownership Other disagreements with landlord Dispute with host family This land is privately owned Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting threats of eviction in the last 3 months in their sites	In the last 3 months, have any households in your site been threatened with eviction from their shelter?	Select one	Yes No Don't Know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Protection	% of KIs reporting threats of eviction in the last 3 months in their sites, by source of threat	[If yes] In the last 3 months, who has been the source of these threats?	Select multiple	Local authorities Government Host community Other
ESNFI					
What services are accessible and what infrastructure and services are located inside the site?	ESNFI	% of KIs reporting main shelter type in site	What type of shelter did MOST people in your site live in?	Select one	Tents (emergency shelter) Makeshift Shelter Transitional Shelter Permanent shelter (mud) Permanent shelter (bricks) Collective centre (building not intended for living) Open space (no shelter) Unfinished shelter (house) Damaged House Other

What services are accessible and what infrastructure and services are located inside the site?	ESNFI	% of KIs reporting most common accommodation arrangements for households in their site	What is the accommodation arrangement for most families in your site?	Read options, Select one	Own shelter WITHOUT documentation Rent shelter Hosted in shelter by friends/family for free Staying in shelter for free WITH owner's consent Staying in shelter for free WITHOUT owner's consent Other Prefer not to answer
What services are accessible and what infrastructure and services are located inside the site?	ESNFI	% of KIs reporting most common tenure agreements for shelters in their site	Is the most common type of agreement for occupying the living space used by households written, verbal, or no agreement at all?	Select one	Written agreement Verbal agreement None (occupied without permission) Prefer not to answer
What services are accessible and what infrastructure and services are located inside the site?	ESNFI	% of KIs reporting most common tenure agreements for shelters in their site	[If written agreement] What written document do most households possess?	Read options, Select one	Land title deed issued by Court of Law Customary tenure document Letter of permission from Government Authorities Safayee Notebook Occupancy certificate Rental agreement Other Prefer not to answer
What services are accessible and what infrastructure and services are located inside the site?	ESNFI	% of Kis reporting average shelter size, by number of rooms	What is the average number of rooms in most shelters in which household members sleep?	Integer	
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	ESNFI	% of KIs reporting a large open space where temporary aid facilities could be erected	If someone in your site becomes sick with symptoms of coronavirus, what kind of shelter or accommodation support would MOST households in your site prefer?	Read options, Select one	Tools and materials (in cash/ in kind) to rapidly extend shelters to accommodate the sick Provision of tents to accommodate them inside the site Relocation of unsick family members to other relatives Construction of a large temporary shelter (plastic tarpaulin, plywood etc.) for 15-30 pax to accommodate all sick individuals within the site Renting of hotel/hostel to isolate sick individuals for 14 days Shelter repair support to upgrade and repair site shelters Other
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	ESNFI	% of KIs reporting community preference for shelter support if ill person in site, by available space	[If tools/materials, provision of tents, or large temp shelter] Do you have adequate land in your site where these additional humanitarian services can be constructed or set up?	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	ESNFI	% of KIs reporting community access to sim cards	Do MOST residents in your site have access to a sim card?	Select one	Yes No Don't know
FOOD SECURITY / LIVELIHOOD					
What services are accessible and what infrastructure and services are located inside the site?	Food Security and Livelihood	% of KIs reporting main employment activity for their site	Which income-generating activity do MOST residents in your site engage in?	Select one	Small business / sale of goods or services Unskilled daily labour (without contract) Skilled daily labour (without contract) Formal employment (with contract) Farming (livestock) Farming (cash crop) Borrowing / Loans / Humanitarian aid Other

What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	Food Security and Livelihood	% of KIs reporting lack of employment for site residents due to COVID--9	How has work for MOST site residents changed due to movement and economic restrictions related to health concerns in the last 3 months?	Select one	Completely stopped Partially stopped Continued without decline
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Food Security and Livelihood	% of KIs reporting negative coping mechanisms within their site due to unemployment	Are any of the following actions being taken by site residents as a result of lack of employment?	Select multiple	Spending savings Selling assets Borrowing money / taking on debt Reducing non-food spending (health, education, etc) Relying on aid from NGOs Selling assistance items received Begging Other Don't know
What services are accessible and what infrastructure and services are located inside the site?	Food Security and Livelihood	% of KIs reporting main markets outside the site	Is there an accessible market within 2 km of your site?	Select one	Yes, within 2 km No, further than 2 km No, none accessible
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Food Security and Livelihood	% of KIs reporting a change in availability of market supplies	Have materials in this market sold out or become more difficult to find in the last 3 months?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Food Security and Livelihood	% of KIs reporting a change in availability of market supplies	[If yes] Which materials have sold out or become harder to find?	Select multiple	Food Soap Hand sanitizer and other hygiene materials Heating materials / Fuel Construction materials (wood, nails, cement bricks, glass, etc) Clothing Tarpaulin sheets Buckets or other water containers Cooking / kitchen materials Blankets and quilts Other
What services are accessible and what infrastructure and services are located inside the site?	Food Security and Livelihood	% of KIs reporting main food sources for residents	What are the main sources of food for people in the site?	Select multiple	NGO food distributions Purchase in markets inside the site Purchase in markets outside the site Own production Provided from family and friends in the area Other Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Food Security and Livelihood	% of KIs reporting residents without enough food for their households	Have residents had sufficient access to food (financially) to meet the needs of their households in the past 3 months?	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	AAP	% of KIs reporting sites receiving humanitarian aid distributions	Do humanitarian agencies provide services to any households living in this informal settlement?	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	AAP	% of KIs reporting sites receiving humanitarian aid distributions, by aid type	[If yes] What types of services are provided?	Select multiple	Education Food Health Livelihood/vocational training WASH Protection Other

What services are accessible and what infrastructure and services are located inside the site?	AAP	% of Kis reporting changes to humanitarian aid in site in response to COVID- 19	Have there been efforts made by local government or authorities to inform or provide additional services to your site in relation to coronavirus risks?	Select one	Yes No Don't know
What services are accessible and what infrastructure and services are located inside the site?	AAP	% of Kis reporting changes to humanitarian aid in site in response to COVID- 19	[If yes, additional services] What is the main service provided?	Select one	Information on the coronavirus preventive measures at HOUSEHOLD level Information on the coronavirus preventive measures at COMMUNITY level Counselling for vulnerable residents Provision of additional WASH services Provision of additional Health services Food distribution Economic support (e.g. cash) Other
EDUCATION					
What services are accessible and what infrastructure and services are located inside the site?	Education	% of KIs reporting educational facilities within the site	Is there an accessible school within 2 km of your site?	Select one	Yes, within 2 km No, further than 2 km No, none accessible
What are the sector-specific threats and needs arising as a result of the COVID--19 emergency in informal settlements?	Education	% of KIs reporting closed educational facilities due to health concerns	Has this facility been closed in the last 3 months due to health concerns or movement restrictions?	Select one	Yes No Don't know
What is the current level of service provision in each ISET, and what are the major service gaps and priorities by location?	Education	% of KIs reporting closed educational facilities due to health concerns, by alternatives	[If closed] Are any other options for education available for children in your site?	Select multiple	Yes, classes in other facilities (mosques, community centre, etc) Yes, educated at home Yes, other No Don't know

Annex 2: Questionnaire from Round 2

Demographics	Site location	In which province is this site located?	Select one	Cascading
Demographics	Site location	In which district is this site located?	Select one	Cascading
Demographics	Site location	In which village is this site located?	Select one (or text if too bulky for tool)	Cascading
Demographics	Site location	What is the name of this site?	Text	
Demographics	Site location	What is this site's ISET code as provided on the KI information form?	Text	
Demographics	Site location	Where is this site located?	Select one	Provincial capital District capital Other city Suburb Rural area / village Other
	Informed consent	My name is [[name]] and I work for ACTED. On behalf of OFDA, we are conducting an assessment of informal settlements across Afghanistan so that the humanitarian community can better understand these sites, their service access, and each community's needs, especially in relation to the COVID-19 emergency. The questions are specifically about site demographics, key infrastructure available, the quality of these infrastructure, and how access and quality of infrastructure has changed in the last 30 days. Any information that you provide will be confidential. This is voluntary and you can choose not to answer any or all of the questions; however, we hope that you will participate since your views about and knowledge of your community are important. Participation in the survey does not have any impact on whether you or your site receive assistance. Do you have any questions?		
	Informed consent	Do you consent to participate in this survey?	Select one	Yes No
	% of KIs, by gender	What is the gender of the KI?	Enumerator observation, Select one	Male Female
	% of KIs, by age range	What is your age?	Read options, Select one	18-29 30-39 40-49 50-59 60-69 70-79 80+
Demographics	Population types present in site	Is the population living in the site made up of only migrants (e.g. IDPs, returnees, refugees, etc), or is it sharing the same space with the host community?	Select one	Population is only migrants Population is mixed with migrants and host community

Demographics	Population types present in site	Which migrant populations are living in this site?	Read options, select multiple	IDP (displaced less than 6 months) Prolonged IDP (displaced 6 months - 2 years) Protracted IDP (displaced 2+ years) Refugee Returnee Economic migrant Nomad (e.g. Kuchi)
Demographics	Population types present in site	[If IDP reported in site] How many IDP households are living in the site? For this assessment, an IDP is an Afghan National who has been forced to leave their homes in the last 6 months.	Integer	
Demographics	Population types present in site	[If prolonged IDP reported in site] How many PROLONGED IDP households are living in the site? For this assessment, a prolonged IDP is an Afghan National who was forced to leave their homes between 6 months and 2 years ago.	Integer	
Demographics	Population types present in site	[If protracted IDP reported in site] How many PROTRACTED IDP households are living in the site? *For this assessment, a protracted IDP is an Afghan National who was forced to leave their homes a minimum of **2 years ago**, and have since reestablished their lives in new locations. They are now considered part of the host community.*	Integer	
Demographics	% of KIs reporting IDP origins in last 3 months	[If IDP hhs = >0] How many of these IDP households (regardless of displacement length) arrived in the last 3 months?	Integer	
Demographics	% of KIs reporting IDP origins in last 3 months	[If IDPs reported >0] Which province have most IDPs come from in the last 3 months?	Select one	Province list
Demographics	Population types present in site	[If refugees reported in site] How many refugee households are living in the site?	Integer	
Demographics	% of KIs reporting refugee origins in last 3 months	[If refugee hhs = >0] How many of these refugee households arrived in the last 3 months?	Integer	
Demographics	Population types present in site	[If returnees reported in site] How many returnee households are living in the site?	Integer	
Demographics	% of KIs reporting returnee origins in last 3 months	[If returnee hhs = >0] How many of these returnee households arrived in the last 3 months?	Integer	
Demographics	% of KIs reporting returnee origins in last 3 months	[If >0 returnees] From where did MOST of these returnees travel from?	Select one	Iran Pakistan Turkmenistan Uzbekistan Tajikistan Turkey Other

Demographics	% of KIs reporting returnee origins in last 3 months	[If Pakistan] What was the main province from which most returnees from Pakistan came?	Select one	Kashmir Quetta Gilgit Islamabad Khyber Pakhtunkhaw Punjab Sindh
Demographics	% of KIs reporting returnee origins in last 3 months	[If Iran] What was the main province from which most returnees from Iran came?	Select one	Isfahan Kerman Mazandaran Qom Shiraz Mashhad Tehran
Demographics	% of KIs reporting returnee origins in last 3 months	[If Tajikistan] What was the main province from which most returnees from Tajikistan came?	Select one	Bandar abass Dushanba Bukhara Samarqan Qashqa darya
Protection	% of KIs reporting abuse of returnees due to COVID-19	[If yes, returnees present] Have any of these returnees faced challenges in integrating into your site?	Select multiple	Yes, based on country from which they returned Yes, based on age Yes, based on health condition (showing cough, fever or other coronavirus symptoms) No challenges Yes, for other reasons
Demographics	Population types present in site	[If economic migrants reported in site] How many economic migrant households (those moving in order to find work) are living in the site?	Integer	
Demographics	Population types present in site	[If nomads reported in site] How many nomad (e.g. Kuchi) households are living in the site permanently?	Integer	
Demographics	Population types present in site	[If 'mixed' community reported] How many host community households are living inside the site boundaries?	Integer	
Demographics	% of KIs reporting vulnerable site residents	Are there any households in the site which contain a person with a disability? *An individual may have a disability if they have difficulty seeing, hearing, walking or climbing steps, communicating or understanding conversation, or challenges with caring for themselves.*	Select one	None A few (less than 10%) Some (10-29%) Many (30-49%) More than half
Demographics	% of KIs reporting vulnerable site residents	Are there any households in the site which contain an individual with a chronic illness that prevents them from completing everyday tasks? *Examples of chronic illness: heart disease, hypertension, diabetes, chronic respiratory diseases, cancer, moderate to severe asthma*	Select one	None A few (less than 10%) Some (10-29%) Many (30-49%) More than half
Demographics	% of KIs reporting vulnerable site residents	Are there any households in the site which contain in individual 60 years of age or older?	Select one	None A few (less than 10%) Some (10-29%) Many (30-49%) More than half
Demographics	% of KIs reporting vulnerable site residents	Are there any households with a female heads in the site?	Select one	None A few (less than 10%) Some (10-29%) Many (30-49%) More than half

Demographics	% of KIs reporting ethnic groups present in their site	Which ethnic groups are present in this site?	Select multiple	Aimaq Arab Baloch Brahui Hazara Gujjar Jat Jogi Kochi Nuristani Pamiri Pashtun Pashayee Tajik Turkmen Uzbek
Demographics	% of KIs reporting the majority of residents living in the site less than 5 years	Have most households in your site lived here more than 5 years?	Select one	Yes No Don't know
Demographics	% of KIs reporting residents planning to move in next month	Do any residents of this site plan to move elsewhere within the next month?	Select one	Yes No Don't know
Demographics	% of KIs reporting residents planning to move in next month	[If yes, plans to move] For what reason are households planning to move elsewhere?	Select multiple	Intimidation and harassment by host community / local authorities Land dispute forced them off land / shelter No work opportunities available here Moving to be with family / friends Threat of COVID Better security where they are moving Better access to services where they are moving Better job opportunities Other
Demographics	% of KIs reporting residents planning to move in next month	[If yes, there are hhs planning to relocate in next month'] Where to these households plan to go?	Select multiple	Remain in current province but change district Place of origin Another province different to place of origin Leaving Afghanistan
AAP	% of KIs reporting sites receiving COVID-19 health messaging	Are residents in this site aware of the new coronavirus disease, also known as COVID-19?	Select one	Yes Yes, some residents but not all No
AAP	% of KIs reporting coronavirus as a serious concern for their site	Is the new coronavirus disease an important concern for MOST residents of your site?	Select one	Yes No Don't know
AAP	% of KIs reporting most site residents using prevention methods for the new coronavirus disease?	Are MOST site residents using prevention methods for the new coronavirus disease, such as wearing masks, hand washing, or practicing social distancing?	Select one	Yes Yes, some residents but not all No
AAP	% of KIs reporting sites receiving COVID-19 health messaging	[If any yes, using of prevention] From where / from whom are MOST site residents getting their information about coronavirus and prevention?	Select multiple	Government; Community or religious leaders; UN, NGOs or INGOs Media (TV, radio) Text message alerts Healthcare workers; Family and friends; Message over loudspeaker

AAP	% of Kis reporting preferred communication methods for the site	Regardless of COVID-19, what is the PREFFERED means of obtaining information used by MOST people in your site?	Select one	Face-to-face communication (e.g. from friends) Community group discussions/ meeting Television Phone communications i.e. voice call or SMS/text Radio Printed information (Notice board and poster / Newspaper or magazines /Printed leaflet) Loud speaker Other Do not know / Do not want to answer
Protection	% of KIs reporting inaccessible handwashing facilities for women/girls in the site	Are these water points safely and easily accessible to women and girls? *For example, are they in safe, public and well-lit areas so that women and girls can collect water on their own without disturbance.*	Select one	Yes No Don't know
WASH	% of KIs reporting type of handwashing facilities used by site	Where do site residents go to wash their hands?	Select multiple	At home (private sink) Community facility (e.g. school, health centre) Public source (handpump, tap, etc) Open source (stream or pond, etc) Don't know Other
WASH	# (%) of people having access to collective handwashing stations with C-19 prevention physical distancing promoted when queuing	In the last 7 days, have residents been seen to keep at least one meter away from each other when waiting to use these handwashing facilities?"	Select one	Yes, always Yes, sometimes No, no one stands one meter apart Don't know
WASH	% of KIs reporting no handwashing facilities	Is soap and water available for handwashing at most handwashing facilities?	Select one	Yes No Don't know
WASH	% of KIs reporting overcrowding at WASH facilities in their site	Has the infrastructure at functional collective water points (e.g. handle of handpump, tap) been cleaned or disinfected on a daily basis in the last 7 days?	Select one	Yes, all Yes, some No Don't know
WASH	% of KIs reporting changes in accessing potable water	Does your site face any barriers to accessing potable/drinking water?	Select multiple	Long line/wait to access waterpoint Unpleasant colour/taste/smell of water Waterpoint has low capacity (runs out of water often) Waterpoints are unsafe Waterpoints are too far Cost is prohibitive i.e. water trucking Other
Health	% of KI reporting health concerns for residents in their sites	Have there been any major outbreaks of disease amongst the residents of this site in the last 3 months (COVID-19, acute watery diarrhoea, etc)?	Select one	Yes No Don't know
Health	% of KIS reporting service quality at accessible health centres	Have residents made use of nearby health services since the beginning of the COVID-19 pandemic?	Select one	Yes No Don't know

Health	% of KIS reporting service quality at accessible health centres	Do residents face any barriers to accessing healthcare at the nearest centre?	Select multuple	Don't know where to go; Cost of transport; Cost of care/ treatment; Cost of medicines; Cultural constraint; Concern for physical safety; Long travel time; Insufficient capacity of health centre; Denied access/ treatment; No barrier
Protection	% of KIs reporting negative coping observed in response to COVID	What behaviours, if any, have you observed in residents of your site to deal with the coronavirus outbreak?	Read options, Select multiple	Social withdrawal Angry / aggressive behaviour Dangerous/risky behaviours Multiple unexplained physical complaints (headaches, stomach pains etc.) Increased alcohol/opium/other drug intake No unusual behaviour Other
Protection	% of KIs reporting PSS available for their site	Are you aware of any community-based support available for people in your site suffering from stress or issues with wellbeing?	Select one	Yes No Don't know
Protection	% of KIs reporting PSS available for their site, by service	[If yes, services available] What are these services?	Select multiple	Emotional support from religious or community leaders Counselling from NGO workers Community support groups (e.g. women's groups) Clinical mental health support (psychiatric – medication for mental health issues) Referrals to mental health services by HFs/NGOs Other
Protection	% of KIs reporting secondary impacts of COVID19 lockdown, by impact	What kind of secondary impacts do you foresee for people in your site due to the coronavirus disease lockdown?	Select multiple	Increased gender-based violence Increased poverty/no income Increased health issues Community violence Increased insecurity Lack of access for NGOs to provide services Other
Protection	% of Kis reporting tazkira ownership amongst site population	In the past 3 months, what proportion of households in your site had AT LEAST ONE member with a Tazkira?	Select one	No households (0%) Few households (1 - 25%) Some households (26 - 50%) Many households (51 - 75%) Almost all / all households (76 - 100%) Do no know/do not want to answer
Protection	% of KIs reporting a change in site security since the start of the COVID crisis	How would MOST people rate the safety and security from crime and conflict in your site in the past 3 months?	Select one	Very good (Completely stable situation and no criminality or conflict) Good (Stable situation and people are feeling safe. Only criminality but no conflict) Okay (Situation is good but can change at any time - unstable) Poor (Suicide attack, demonstration, explosion, but existence of some safer location. People are in danger from one partie) Very poor (Ongoing fights, mines/explosions. People are in danger from both parties)

Protection	% of KIs reporting a the security situation for men in the the site	In the past 3 months, are you aware of ANY men (18 or older) subject to ANY of the following protection incidents? Multiple answers possible.	Select multiple	Verbally threatened or intimidated Assaulted without a weapon (hit, slapped, punched) Assaulted with a weapon (beaten, stabbed, attacked, shot) Hindered to move freely within or outside your site Forced to work Forcibly detained Forced recruitment None of the above Do not know / do not want to answer
Protection	% of KIs reporting a the security situation for women in the the site	In the past 3 months, are you aware of ANY women (18 or older) subject to ANY of the following protection incidents Multiple answers possible.	Select multiple	Verbally threatened or intimidated Assaulted without a weapon (hit, slapped, punched) Assaulted with a weapon (beaten, stabbed, attacked, shot) Hindered to move freely within or outside your site Forced to work Forcibly detained Forced recruitment None of the above Do not know / do not want to answer
Protection	% of KIs reporting a the security situation for boys in the the site	In the past 3 months, are you aware of ANY boys (17 or younger) subject to ANY of the following protection incidents in the past 3 months? Multiple answers possible.	Select multiple	Verbally threatened or intimidated Assaulted without a weapon (hit, slapped, punched) Assaulted with a weapon (beaten, stabbed, attacked, shot) Hindered to move freely within or outside your site Forced to work Forcibly detained Forced recruitment None of the above Do not know / do not want to answer
Protection	% of KIs reporting a the security situation for girls in the the site	In the past 3 months, are you aware of ANY girls (17 or younger) subject to ANY of the following protection incidents in the past 3 months? Multiple answers possible.	Select multiple	Verbally threatened or intimidated Assaulted without a weapon (hit, slapped, punched) Assaulted with a weapon (beaten, stabbed, attacked, shot) Hindered to move freely within or outside your site Forced to work Forcibly detained Forced recruitment None of the above Do not know / do not want to answer
Protection	% of KIs reporting a the security situation for girls in the the site	In the past 3 months, have you been aware of ANY girls in your site that got married under the age of 16 ?	Select one	Yes No Don't Know
Protection	% of Kis reporting the threat/impact of explosives for their sites	In the past 3 months, have you been aware of the presence of ANY explosive hazards (mines, ERWs, PPIEDs) in or within 5km of your site?	Select one	Yes No Don't Know
Protection	% of Kis reporting the threat/impact of explosives for their sites	If yes, have this presence impacted the population of the site in ANY of the following ways in the past 3 months? Multiple answers possible.	Select multiple	Constrained the access to basic services (for example school, hospital, mosque) Restricted access to playing and recreation (for children) Negative Impact on livelihood/income Impact on psychological wellbeing (for example fear, stress, anxiety) Incident - death or disability of family member None of the above Do not know / do not want to answer

AAP	% of Kis reported preferred mechanism for complaints	How would people most people in your site prefer to make a complaint about a sensitive topic like being hurt by a humanitarian worker or corruption by an aid agency?	Select one	Informal justice actors (Jirga or Shura) Community Development Council (CDC) Host community leaders Imam/Religious organisations Friends or neighbours Police Civil court house UN/NGO AOG No one ; manage privately
AAP	% of KIs reporting	Do people in your site participate in decision-making about humanitarian aid programmes that they use?	Select one	Yes No Don't know
Protection	% of KIs reporting relationship quality between ISET and host community	How do you describe the social relationship between your site and the host community in your area?	Select one	Positive Neutral Negative Don't want to answer
Protection	% of KIs reporting no support for the site from host community	Has the Government or local authorities made any efforts to relocate the households in this site or forced residents to leave in the last 2 years?	Select one	Yes No
Protection	% of KIs reporting no support for the site from host community	If a resident of your community had a serious dispute with somebody from the host community, who would they go to for help?	Select multiple	Informal justice actors (Jirga or Shura) Community Development Council (CDC) Host community leaders Imam/Religious organisations Friends or neighbours Police Civil court house UN/NGO AOG No one ; manage privately
Protection	% of KIs reporting ownership of the land where the site sits	Do you know who owns the land on which this site sits?	Select one	Yes No Don't Know
Protection	% of KIs reporting ownership of the land where the site sits, by owner	[If yes, know ownership] Who owns the land?	Select multiple	Government; Private ownership UN / NGO designated Communal
Protection	% of KIs reporting site residents paying a fee to live in their shelters	Do residents have to pay any fees, monitary or in kind, to use the site land or live in shelters there?	Select one	Yes No Don't Know
Protection	% of KIs reporting evictions in the last 3 months in their sites	In the last 3 months, have any households in your site experienced an eviction from their shelter?	Select one	Yes No Don't Know
Protection	% of KIs reporting threats of eviction in the last 3 months in their sites, by source of threat	[If yes] In the last 3 months, who has enforced these evictions?	Select multiple	Local authorities Government Host community Other
Protection	% of KIs reporting evictions in the last 3 months in their sites, by reason	[If yes, evictions] For what reason have the majority of these evictions occurred?	Select one	Unable to pay rent Disputes about rental price Dispute about ownership Other disagreements with landlord Dispute with host family This land is privately owned Other
Protection	% of KIs reporting threats of eviction in the last 3	In the last 3 months, have any households in your site been threatened with eviction from their shelter?	Select one	Yes No Don't Know

	months in their sites			
ESNFI	% of KIs reporting main shelter type in site	What type of shelter do MOST people in your site live in?	Select one	Tents (emergency shelter) Makeshift Shelter Transitional Shelter Permanent shelter (pakhsa) Permanent shelter (mud and bricks) Collective centre (building not intended for living) Open space (no shelter) Unfinished shelter (house) Damaged House
ESNFI	% of KIs reporting most common accommodation arrangements for households in their site	What is the accommodation arrangement for most families in your site?	Read options, Select one	Own shelter WITH documentation Own shelter WITHOUT documentation Rent shelter Hosted in shelter by friends/family for free (co-living with host) Staying in shelter for free WITH owner's consent (not co-living) Staying in shelter for free WITHOUT owner's consent Prefer not to answer
ESNFI	% of KIs reporting most common tenure agreements for shelters in their site	Is the most common type of agreement for occupying the living space used by households written, verbal, or no agreement at all?	Select one	Written agreement Verbal agreement None (occupied without permission) Prefer not to answer
ESNFI	% of KIs reporting most common tenure agreements for shelters in their site	[If written agreement] What written document do most households poses?	Read options, Select one	Land title deed issued by Court of Law Customary tenure document Letter of permission from Government Authorities Safayee Notebook Occupancy certificate Rental agreement Prefer not to answer
ESNFI	% of Kis reporting average shelter size, by number of rooms	What is the average number of rooms in most shelters in which household members sleep?	Integer	
ESNFI	% of KIs reporting community access to sim cards	Do MOST residents in your site have access to a sim card?	Select one	Yes No Don't know
Shock Events	% of KIs reporting the impact of shock events on their sites	In the past 3 months, has your site been directly subject to ANY of the following events? Multiple answers possible.	Select multiple	Active conflict or violence Earthquake Flood / heavy rain Drought / precipitation deficit COVID - 19 None Do not know/ Do not want to answer
Shock Events	% of KIs reporting the impact of shock events on their sites	In the past 3 months, did MOST of the people in your site experienced a loss of income due these events?	Select one	Yes No Don't know
Shock Events	% of KIs reporting the impact of shock events on their sites	In the past 3 months, did MOST people in your site lost or had a severe damage to their shelter due these events?	Select one	Yes No Don't know
Food Security and Livelihood	% of KIs reporting main employment activity for their site	Which income-generating activity do MOST residents in your site engage in?	Select one	Small business / sale of goods or services Unskilled daily labour (without contract) Skilled daily labour (without contract) Formal employment (with contract) Farming (livestock) Farming (cash crop) Borrowing / Loans / Humanitarian aid Other
Food Security and Livelihood	% of KIs reporting lack of employment for	How has work for MOST site residents changed in the last 3 months?	Select one	Increased for all residents Increased for some residents Remained consistent

	site residents due to COVID-9			Decreased for some residents Decreased for all residents
Food Security and Livelihood	% of KIs reporting negative coping mechanisms within their site due to unemployment	[If reduction in work] What actions are site residents taking to cope with the reduction in work?	Select multiple	Spending savings Selling assets Borrowing money / taking on debt Reducing non-food spending (health, education, etc) Relying on aid from NGOs Selling assistance items received Begging None Don't know
Food Security and Livelihood	% of KIs reporting main food sources for residents	What is the main source of food for people in the site?	Select one	NGO food distributions Purchase in markets inside the site Purchase in markets outside the site Own production Provided from family and friends in the area Other Don't know
Food Security and Livelihood	% of KIs reporting residents without enough food for their households	In the past 3 months, were MOST members of your site able to afford enough food to meet daily needs?	Select one	Yes No Don't know
Food Security and Livelihood	% of KIs reporting barriers to accessing the market in their site	What, if any, do you think are the barriers consumers have faced in accessing the market in the past 30 days?	Select multiple	Insecurity travelling to or at the market Market too far Restrictions on movement/lockdown Fear of going outside due to COVID-19 Cannot afford market prices Too many checkpoints to cross before the market Other None Don't know
Nutrition	% of KIs reporting change in food consumption	In the past month, have you been aware of ANY member of your site that reduced food consumption for adult so that small children are able to eat when food or money to buy food is not available?	Select one	Yes No Don't know
Nutrition	% of KIs reporting change in food consumption	If yes, what proportion of households in your site had to rely on such coping strategy to eat when food or money to buy food is not available?	Select one	Few households (1 - 25%) Some households (26 - 50%) Many households (51 - 75%) Almost all / all households (76 - 100%) Do no know/do not want to answer
Education	% of KIs reporting closed educational facilities due to health concerns, by alternatives	What barriers, if any, do children in the site face to accessing education at your nearest schools?	Select multiple	School is not open after COVID-19 lockdowns Route to school or school site is unsafe Cannot afford fees to attend Higher learning facilities unavailable (e.g. secondary school)

Annex 3: Round 1 COVID-19 vulnerability index calculations based on round 2 formula

Region	Province	District	% of ISETs by vulnerability ranking to secondary impacts relating to COVID-19 and the related lockdowns			
			Higher risk	Moderate-high risk	Moderate risk	Lower risk
Overall (country-wide)			8	61	28	3
Central		**Overall**	**14**	**58**	**26**	**1**
	Bamyan	**Overall**	**0**	**0**	**100**	**0**
		Bamyan	0	0	100	0
	Kabul	**Overall**	**14**	**55**	**29**	**2**
		Bagrami	16	44	32	8
		Deh Sabz	0	50	50	0
		Kabul	14	58	28	0
		Paghman	0	100	0	0
	Logar	**Overall**	**17**	**75**	**8**	**0**
		Pul e Alam	17	75	8	0
	Maidan Wardak	**Overall**	**17**	**83**	**0**	**0**
		Maydan shahr	0	100	0	0
		Nerkh	100	0	0	0
East		**Overall**	**9**	**73**	**19**	**0**
	Kunar	**Overall**	**6**	**80**	**14**	**0**
		Asad Abad	9	74	17	0
		Bar Kunar	0	100	0	0
		Chapa Dara	20	80	0	0
		Chawkay	0	67	33	0
		Dangam	0	100	0	0
		Dara e Pech	10	90	0	0
		Ghazi Abad	0	80	20	0
		Khas	0	67	33	0
		Marawara	0	100	0	0
		Narang	0	78	22	0
		Nari	0	100	0	0
		Nurgal	0	100	0	0
		Sar Kani	0	100	0	0
		Shigal	0	83	17	0
		Watapur	25	25	50	0
	Laghman	**Overall**	**6**	**74**	**20**	**0**
		Mehtarlam	4	74	22	0
		Qarghayi	9	74	17	0
	Nangarhar	**Overall**	**9**	**69**	**22**	**0**
		Achin	25	75	0	0
		Bati Kot	0	0	100	0
		Behsud	2	68	29	0
		Chaparhar	7	93	0	0
		Deh Bala	0	100	0	0
		Dur Baba	50	50	0	0
		Jalalabad	0	71	29	0
		Kama	0	0	100	0
		Khogyani	0	83	17	0
		Muhmand Dara	50	50	0	0
		Nazyan	0	100	0	0
		Pachir wa Agam	0	100	0	0

	Nuristan	Rodat	14	50	36	0
		Shinwar	50	50	0	0
		Surkh Rod	3	70	27	0
		Overall	**28**	**64**	**8**	**0**
		Barg e Matal	0	50	50	0
		Duab	67	0	33	0
		Kamdesh	20	80	0	0
		Mandol	100	0	0	0
		Nurgaram	0	100	0	0
		Parun	0	100	0	0
		Wama	33	67	0	0
		Waygal	50	50	0	0
		Overall	**5**	**50**	**45**	**1**
North	Balkh	**Overall**	**3**	**41**	**56**	**0**
		Balkh	0	0	100	0
		Chemtal	0	0	100	0
		Dawlatabad	0	0	100	0
		Dehdadi	7	36	57	0
		Mazar e Sharif	0	60	40	0
		Nahr e Shahi	3	42	55	0
		Sholgareh	0	67	33	0
		Zari	0	0	100	0
	Faryab	**Overall**	**11**	**61**	**29**	**0**
		Maymana	11	61	29	0
	Jawzjan	**Overall**	**9**	**77**	**15**	**0**
		Aqcha	0	100	0	0
		Sheberghan	9	76	15	0
	Sar-e-Pul	**Overall**	**2**	**40**	**56**	**1**
		Sar e Pul	2	40	56	1
	Samangan	**Overall**	**2**	**45**	**52**	**2**
		Aybak	3	56	38	3
		Dara e Suf e Bala	0	50	50	0
		Dara e Suf e Payin	0	0	100	0
		Hazrat e Sultan	0	29	71	0
		Overall	**11**	**63**	**25**	**2**
North-East	Badakhshan	**Overall**	**24**	**50**	**26**	**0**
		Argo	100	0	0	0
		Baharak	10	60	30	0
		Faiz Abad	40	33	27	0
		Jorm	0	100	0	0
		Keshem	0	100	0	0
		Kohestan	0	0	100	0
		Yaftal e Sufla	50	50	0	0
		Yawan	0	100	0	0
	Baghlan	**Overall**	**7**	**69**	**24**	**0**
		Baghlan e Jadid	14	50	36	0
		Burka	0	86	14	0
		Doshi	0	83	17	0
		Nahrin	0	100	0	0

	Kunduz	Pul e Khumri	6	72	22	0
		Overall	**7**	**66**	**21**	**6**
		Kunduz	7	66	21	6
		Overall	**11**	**59**	**30**	**0**
	Takhar	Baharak	0	0	100	0
		Bangi	0	57	43	0
		Taloqan	13	60	27	0
		Yangi Qala	0	50	50	0
		Overall	**6**	**59**	**24**	**11**
South	Helmand	**Overall**	**5**	**80**	**15**	**0**
		Lashkargah	9	79	12	0
		Nahr e Saraj	0	81	19	0
	Kandahar	**Overall**	**7**	**54**	**27**	**12**
		Arghandab	0	71	29	0
		Daman	0	69	19	13
		Dand	0	0	50	50
		Kandahar	7	55	28	10
		Maywand	0	30	40	30
		Panjwayi	36	27	0	36
		Spin Boldak	0	67	33	0
		Zheray	6	61	28	6
	Uruzgan	**Overall**	**0**	**22**	**11**	**67**
		Tirinkot	0	22	11	67
		Overall	**9**	**58**	**28**	**6**
South-East	Ghazni	**Overall**	**24**	**47**	**29**	**0**
		Andar	50	0	50	0
		Deh Yak	0	100	0	0
		Ghazni	11	67	22	0
		Giro	100	0	0	0
		Muqur	50	50	0	0
		Qarabagh	0	0	100	0
		Waghaz	0	0	100	0
	Khost	**Overall**	**6**	**63**	**22**	**10**
		Gurbuz	14	14	43	29
		Mandozayi	0	82	18	0
		Matun	7	69	21	3
		Qalandar	0	0	0	100
		Tani	0	100	0	0
		Terezayi	0	0	0	100
	Paktika	**Overall**	**0**	**67**	**33**	**0**
		Barmal	0	0	100	0
		Mata Khan	0	100	0	0
		Sharan	0	50	50	0
		Surobi	0	100	0	0
		Urgun	0	100	0	0
		Yosuf Khel	0	100	0	0
		Zarghun Shahr	0	100	0	0
		Ziruk	0	100	0	0
	Paktya	**Overall**	**9**	**50**	**36**	**5**

		Ahmadaba	0	100	0	0
		Dand wa Patan	0	100	0	0
		Gardez	15	23	54	8
		Samkani	0	100	0	0
		Sayed Karam	0	100	0	0
		Shawak	0	50	50	0
		Overall	**7**	**63**	**30**	**0**
West		**Overall**	**0**	**91**	**9**	**0**
	Badghis	Ab Kamari	0	100	0	0
		Jawand	0	100	0	0
		Muqur	0	67	33	0
		Qala e Naw	0	100	0	0
		Overall	**0**	**67**	**33**	**0**
	Farah	Bala Buluk	0	100	0	0
		Qala e Kah	0	0	100	0
		Overall	**0**	**64**	**36**	**0**
	Ghor	Dawlatyar	0	0	100	0
		Faros Koh	0	67	33	0
		Shirak	0	100	0	0
		Overall	**14**	**52**	**34**	**0**
	Herat	Guar	0	50	50	0
		Herat	0	75	25	0
		Anji	22	50	28	0
		Karukh	0	33	67	0

Dis-aggregations by site characteristics	Secure tenure	8	60	29	4
	Insecure tenure	9	62	28	1
	Adequate shelter	7	60	30	3
	Inadequate shelter	17	71	11	0
	Less than 5 years	11	70	19	1
	5 years or more	8	59	30	3
	Mixed population	9	63	26	2
	Separate population	6	57	33	4
	Suburb	10	59	29	2
	Rural	9	60	29	2
	Urban	7	62	28	3
	Less 750 households	9	61	27	3
	750+ households	6	58	32	4

Annex 4: COVID-19 Vulnerability Index Calculation for Round 2

COVID-19 Vulnerability Index Calculation

Vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This vulnerability index has categorized 14 indicators from the ISETs profiling tool into the three vulnerability components: susceptibility, coping capacity, and adaptive capacity. To ensure each category is equally represented in the calculation, a weight has been added to each indicator.

Step 1: Multiply the scores of the individual factors by their respective weights
Step 2: Add up the multiplied scored of all factors
Step 3: Divide the sum by 36
Step 4: The higher the site's score, the higher their vulnerability

Ranking
0 – 0.25 = Low risk of secondary impacts (vulnerability and needs) due to COVID-19
0.26 – 0.5 = Moderate risk of secondary impacts (vulnerability and needs) due to COVID-19
0.51 – 0.75 = High risk of secondary impacts (vulnerability and needs) due to COVID-19
0.76 – 1 = Extreme risk of secondary impacts (vulnerability and needs) due to COVID-19

Vulnerability component	Questionnaire Question	Response options	Answer Scoring	Weight
CROSS SECTOR				
Susceptibility	Are there any households in the site which contain an individual with a chronic illness that prevents them from completing everyday tasks?	More than half Many(30-49%) Some (10-29%)	1	2
		A few (less than 10%) None	0	
Susceptibility	Are there any households in the site which contain an individual 60 years of age or older?	More than half Many(30-49%) Some (10-29%)	1	2
		A few (less than 10%) None	0	
Susceptibility	Are there any female-headed households in the site?	More than half Many(30-49%) Some (10-29%)	1	2
		A few (less than 10%) None	0	
WASH				
Coping capacity	Are soap and water available for handwashing at most handwashing facilities?	No	1	3
		Yes	0	
		Don't know	N/A	
Coping capacity	In the last 7 days, have residents been seen to keep at least one meter away from each other when waiting to use handwashing facilities?	No, no one stands one meter apart	1	3
		Yes, sometimes Yes, always	0	
		Don't know	N/A	
HEALTH				

Coping capacity	How long does it take you to reach the nearest active health care center by walking?	More than 3 hours Less than 3 hours Less than 1 hour	1	3
		Less than 30 mins Less than 15 mins	0	
Coping capacity	[If any site resident sought care at health centre in last 3 months] Did they face any barriers to accessing healthcare at this centre?	Don't know where to go Cost of transport Cost of service Cost of medicines Cultural constrain Concern for physical safety Long travel time Insufficient capacity of health centre Denied access/ treatment Other	1	3
		No barrier	0	
PROTECTION				
Adaptive Capacity	What behaviours, if any, have you observed in residents of your site to deal with the coronavirus outbreak?	Social withdrawal Angry / aggressive behaviour Dangerous/risky behaviours Multiple unexplained physical complaints (headaches, stomach pains etc.) Increased alcohol/snuff/opium/other drug intake Other	1	3
		No unusual behaviour	0	
Adaptive Capacity	What kind of secondary impacts do you foresee for people in your site due to the coronavirus disease lockdown?	Increased gender-based violence Increased poverty/no income Increased health issues Community violence Increased insecurity Lack of access for NGOs to provide services Other Not answered because respondent unaware of coronavirus	1	3
		None	0	
Adaptive Capacity	Has the government or local authorities made any efforts to relocate the households in this site or forced residents to leave in the last 2 years?	Yes	1	3
		No	0	
ESNFI				
Susceptibility	What type of shelter did MOST people in your site live in?	Tents (emergency shelter) Makeshift Shelter Transitional Shelter	1	2

		Collective centre (building not intended for living) Open space (no shelter) Unfinished shelter (house) Damaged House		
		Permanent shelter (mud) Permanent shelter (bricks)	0	
		Other	N/A	
FOOD SECURITY AND LIVELIHOOD				
Susceptibility	Which income-generating activity do MOST residents in your site engage in?	Unskilled daily labour (without contract) Borrowing / loans / aid Small business / sale of goods or services Skilled daily labour (without contract)	1	2
		Formal employment (with contract) Farming (livestock) Farming (cash crop)	0	
		Other	N/A	
Susceptibility	How has work for MOST site residents changed due to movement and economic restrictions related to health concerns in the last 3 months?	Decreased for all residents Decreased for some residents	1	2
		Remained consistent Increased for some residents Increased for all residents	0	
COVID-19				
Adaptive capacity	What actions are most site residents taking to PREVENT EXPOSURE to the coronavirus?	None	1	3
		Wash hands frequently Practice physical distancing Self-isolate if experiencing symptoms Wear masks and gloves if experiencing symptoms Wear masks and gloves in general Do not touch your face Avoid large crowds and gatherings Other	0	