AFGHANISTAN

Whole of Afghanistan

Multi-Sector Needs Assessment

Round II Assessment Report

July-September 2019

OCHA INTER-CLUSTER COORDINATION TEAM

REACH Informing more effective humanitarian action

Assessment conducted in the framework of:

Afghanistan Inter-Cluster Coordination Team

OCHA

Afghanistan Education in Emergencies Working Group (EiEWG)

Shelter Cluster Afghanistan
ShelterCluster.org
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MAP ACTION

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ADEO

AREA Agency for Rehabilitation & Energy Conservation in Afghanistan

AHDA

NCRO

RAADA

AOA

OHW Organization of Human Welfare

ORD Organization For Relief Development

Cover photo: Kabul, REACH Initiative, 2019

About REACH:

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

SUMMARY

Afghanistan remains a complex and protracted humanitarian emergency, fueled by the convergence of decades of conflict, the impact of natural disasters, and widespread economic challenges. Entrenched conflict and violence related to a growth in civilian-targeted attacks, an escalation of air strikes, and election-related violence in 2019 resulted in unprecedented levels of humanitarian need and the forced displacement of over 437,000 people.[1] The impacts of conflict were compounded by the damaging effects of natural disasters, specifically flash flooding in the first six months of 2019 and the lingering impact of years of severe drought. Decades of exposure to prolonged conflict and natural disaster have left the most vulnerable people with depleted economic resources and continuously facing challenges accessing basic services and ensuring their own survival. Understanding the needs of recently shock-affected and acutely vulnerable people is critical to providing a comprehensive humanitarian response, improving their living conditions, and strengthening their coping capacity.

A multi-sector Whole of Afghanistan Assessment (WoAA) was conducted in 2019 to provide an evidence base for the humanitarian community to better understand the sectoral, inter-sectoral and multi-sectoral needs of crisis-affected populations across Afghanistan. The WoAA was implemented through a nation-wide structured household survey conducted between 17 July and 19 September 2019 in accessible areas throughout all 34 provinces of Afghanistan. Over 30,000 interviews were carried out amongst a representative sample of displaced and non-displaced shock-affected households,[2] using random cluster sampling. The WoAA 2019 operated as one of the main data sources to inform strategic-level planning within the Humanitarian Programme Cycle (HPC) for 2020, providing evidence for the 2020 Humanitarian Needs Overview (HNO) and the updating of the Humanitarian Response Plan (HRP) 2018-2021. The assessment was conducted within the framework of the Inter-Cluster Coordination Team (ICCT) and facilitated by REACH, in close collaboration with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and all clusters present in Afghanistan.

This report presents the key findings of the WoAA generated through a Multi-Sector Needs Index (MSNI) analysis. The MSNI analytic framework incorporates elements of the draft Joint Inter-Sectoral Analysis Framework (JIAF) and is proposed by REACH as a standardised approach for the 2019 multi-sectoral needs assessments. The MSNI consists of calculating a multi-sectoral needs score based on a severity scale that categorises household needs as either minimal / no need (1), stress (2), severe (3), or extreme (4). Findings are statistically representative of the displaced population (IDP and cross-border returnee households) in each province, with a 95% confidence level and 5% margin of error, and for all population groups at the regional level with the same level of precision (95/5).[3] The findings presented in the report are subject to several limitations, including: interviews only being carried out with the head of household resulting in the perspective of female members being under-represented, security concerns preventing access to all areas and leading to half of the interviews in Farah province being conducted using paper form, findings not being generalisable to hard-to-reach areas, and a possible overestimation of needs by respondents expecting a consequent increase in assistance.[4]

Key Findings

Drivers of the crisis

The humanitarian crisis in Afghanistan was found to be primarily driven by conflict, as 79% of shock-affected households reported having experienced a major active conflict or violence event in the year prior to data collection, causing high levels of displacement, destruction of agricultural livelihoods, damage to basic services, and

[1] OCHA, 2019. Snapshot of Population Movements: Afghanistan. January 15, 2020. Available here.
[2] In total, nine crisis-affected population groups were assessed: recent internally displaced person (IDP) (<6 months), non-recent IDP (≥6 months), cross-border returnee, IDP returnee (in Badghis), Pakistani refugee (in South East), non-displaced conflict-affected, non-displaced natural disaster-affected, non-displaced conflict and natural disaster-affected, and host community households. In this report, the term "shock-affected households" will be used to refer to displaced households (recent IDP, non-recent IDP and cross-border returnee) and non-displaced households (conflict-affected, natural disaster-affected, and both).
[3] With the exception of host community households (95/10 at the national level only).
[4] A more detailed list of limitations and challenges of the assessment can be found in the methodology section of the report.

heightened protection risks. Natural disaster was also found to be an important contributor to the crisis, namely drought and flooding reported by 41% and 18% of shock-affected households respectively in the year prior to data collection, with detrimental effects for shock-affected households on WASH and shelter needs, and agricultural livelihoods. The complexity of the humantiarian crisis in Afghanistan is manifested by the large proportion of shock-affected households that reported having experienced multiple shocks in the year prior to data collection (41%). Furthermore, deep-rooted socio-economic vulnerabilities were found to underlay the crisis, with unemployment and poverty amongst the three most common factors reportedly driving displacement for both cross-border returnee and IDP households.

Current needs

The multitude of factors fuelling the crisis in Afghanistan were found to have left 70% of shock-affected households with severe or extreme humanitarian needs (MSNI score of 3 or 4). For the majority of these shock-affected households with severe or extreme needs (71%), their needs were driven by severe or extreme Living Standards Gap (LSG) scores in Water, Sanitation and Hygiene (WASH) and/or Food Security and Agriculture (FSA).[5] Despite sectoral needs in WASH and/or FSA being the most common driver, other drivers were important in shaping the needs of around a third of shock-affected households with severe or extreme humanitarian needs each: severe or extreme capacity gaps (score of 3 or 4), severe or extreme sectoral needs (LSG score of 3 or 4) in at least two of: Health, Protection, and/or Emergency Shelter and Non-Food Items (ESNFI) (32%), and severe or extreme impact of the shock combined with severe or extreme sectoral needs (LSG score of 3 or 4) in Health, Protection, or ESNFI (30%).[6]

A high proportion of households were found to have severe or extreme humantiarian needs (MSNI score of 3 or 4) across geographical locations, although some areas stood out as the worst-affected in terms of humanitarian need. The highest proportion of households with severe or extreme humanitarian needs was concentrated in the Western region (82%), where shock-affected households were also most likely to report experiencing multiple shocks (two or more) in the year prior to data collection (56%). The provinces with the highest proportions of households facing severe or extreme needs (MSNI score of 3 or 4) were Uruzgan (96%), Takhar (91%) and Nuristan (89%). Investigation of the main factors driving the needs in these three provinces conveys that there is notable variation in terms of the patterns of most common drivers across provinces. For example, despite these provinces having the highest proportions of shock-affected households with severe or extreme needs, the most common driver for Uruzgan province was combined sectoral Health, Protection, and/or ESNFI needs whilst the most common driver for Takhar province was sectoral WASH and/or FSA needs. This illustrates the necessity of implementing an integrated response that is specific to the context. Rural-urban geographical delineation was important in determing levels of need, with rural households more likely to have severe or extreme needs (78%) compared to households living in urban areas (63%).

Severe or extreme humanitarian needs (MSNI score of 3 or 4) were also found to be experienced by the majority of households in each population group, including for displaced populations: 74% of non-recent IDP households (≥6 months), 70% of recent IDP households (<6 months), 60% of cross-border returnee households, 91% of IDP returnee households, and 57% of Pakistani refugee households; and non-displaced populations: 69% of non-displaced natural disaster-affected households, 72% of non-displaced conflict-affected households, and 60% of host community households. The population group with the highest proportion of households with severe or extreme humanitarian needs was IDP returnee households in Badghis, with 91% found to have an MSNI score of severe or extreme (3 or 4), reflecting the cumulative impacts of conflict and/or drought, forced displacement, and poor living conditions in IDP settlements.

Finally, **shock-affected households with key vulnerabilities were found to be more likely to experience multi-sectoral needs** than other households, specifically female-headed households (77% compared to 70% for male-headed households), households headed by a member with a physical disability (79% compared to 68% for other households), households with no members owning a legal identification (81% compared to 69% for other households), and households living in informal settlements (90% compared to 66% for other households). The

[5] Living Standard Gap (LSG) are composite indicators classifying households by severity of sectoral need (minimal, stress, severe, extreme) in each respective sector. See annex 5 for details on how the LSG scores were calculated.
[6] Combined severe or extreme impact of shock and severe or extreme sectoral Health, ESNFI or Protection needs will be referred to as "impact of shock" in this report.

heightened needs of vulnerable households emphasises the importance of delivering an inter-sectoral response that is adapted to address the needs of specific vulnerable groups.

Forecasted Needs

Findings on displacement, movement intentions and winterisation trends provide an indication of future needs of shock-affected households. Reported movement intentions suggest that the majority of displaced households (89%) intend to remain in their location of displacement in the six months after data collection. Despite the prevalent intention to remain, **humanitarian needs, particularly WASH and ESNFI needs, are forecast to increase for recently displaced households remaining in their area of displacement**. This is based on evidence that a higher proportion of prolonged IDP households (6 months to <2 years) had a severe or extreme MSNI score (79%) compared to recent IDP households (<6 months) (70%), with these households also being notably more likely to have severe or extreme WASH and shelter LSG scores. On the other hand, return to area of origin is also likely to result in additional needs, particularly protection needs resulting from tension between communities, as a quarter of cross-border returnee households that had returned to their area of origin at the time of data collection reported their houses and properties being occupied upon return (25%). A higher proportion of female-headed displaced households reported their houses and properties being occupied (30% compared to 24% for female-headed households), indicating the potential vulnerability of specific groups upon return.

The WoAA 2019 also provides an indication of **future winterisation needs**. Based on reported access to insufficient blankets (less than one per household member) and usage of inadequate energy sources in the year prior to data collection,[7] **over half of shock-affected households (52%) would be predicted to have winterisation needs during the winter season**. These needs are forecast to be particularly concentrated in the Northern, Eastern, Western and North Eastern regions, and to affect a higher proportion of households living in rural areas and/or informal settlements.

Accountability to Affected Populations

Despite the high levels of need across the country, **the majority of shock-affected households (89%) reported lacking access to information about available assistance and how to access it**. Concurrently, the most common type of information shock-affected households wanted to receive from aid providers was how and where to register for humanitarian aid (69%), with a preference for receiving information about assistance via the phone (43%) or via a community leader (39%). Nevertheless, awareness of humanitarian assistance did not necessarily translate into access; 12% of shock-affected households reported being aware of but unable to access humanitarian assistance distribution in the six months prior to data collection. **The preferred modality of receiving humantarian assistance was through cash assistance** for 74% of shock-affected households with self-reported needs.[8] Key vulnerabilities should be considered in framing the cash response method, as lower proportions of female-headed households, households with no access to legal identification, and rural households reported having access to a registered sim card.

Key Conclusions

Overall, the WoAA findings outlined the need for the humantiarian crisis in Afghanistan to be understood as sustained by a plurality of drivers, with conflict acting as the final trigger pushing households into severe or extreme needs. The cumulative and compounded effects of conflict, natural disaster and socio-economic challenges were shown to have driven a high proportion of households to face complex needs, with the prevalence of food insecurity and WASH needs underpinned by a variety of other inter-sectoral drivers. These findings underline the necessity for the humanitarian response to be complemented by longer-term development assistance, supporting the broadened definition of humanitarian action that encompasses promoting people's well-being and resilience. Moreover, evidence of the divergence of patterns of need across geographic contexts, population groups and vulnerabilities, demonstrates the necessity of delivering a context-specific response adapted to the needs of specific groups. Finally, the report illustrated the utility of applying the MSNI framework to provide a holistic and nuanced understanding of the patterns of multi-sectoral needs faced by crisis-affected populations in Afghanistan. Building on the lessons learnt from this round, REACH will continue to facilitate the WoAA over the next few years to support the humanitarian community's objective of making programming in Afghanistan more evidence-based.

[7] Unimproved energy sources include: animal dung, paper waste, and wood or bushes.
[8] 100% of shock-affected households self-reported having at least one need.

CONTENTS

List of Acronyms

AAP	Accountability to Affected Populations
ACBAR	Agency Coordinating Body for Afghan Relief Development
AFN	Afghan Afghani
AOG	Armed Opposition Group
AoO	Area of Origin
DTM	Displacement Tracking Matrix
EiE	Education in Emergencies
ESNFI	Emergency Shelter and Non-food Items
FCS	Food Consumption Score
FDG	Focus Group Discussion
FSA	Food Security and Agriculture
HAG	Humanitarian Access Group
HCT	Humanitarian Country Team
HHS	Household Hunger Scale
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HTR	Hard-to-Reach
IDP	Internally Displaced Person/People
IED	Improvised Explosive Device
ICCT	Inter-Cluster Coordination Team
IPC	Integrated Phase Classification
JIAF	Joint Intersectoral -Analysis Framework
KII	Key Informant Interview
LCSI	Livelihood Coping Strategies Index
LSG	Living Standards Gap
MSNA	Multi Sector Needs Assessment
MSNI	Multi Sector Needs Index
MUAC	Mid-Upper Arm Circumference
OCHA	Office for the Coordination of Humanitarian Affairs
PiN	People in Need
PPIED	Pressure-Plate Improvised Explosive Device
SFO	Senior Field Officer
SFSA	Seasonal Food Security Assessment
UNFPA	United Nations Populations Fund
WASH	Water, Sanitation and Hygiene
WoAA	Whole of Afghanistan Assessment

Geographical Classifications

Region	Highest level of administrative boundaries below the national level. In Afghanistan there are 8 regions as of 2019.
Province	Administrative boundaries below the regional level. In Afghanistan there are 34 provinces as of 2019.
District	Lowest level of administrative boundaries. In Afghanistan there are 419 districts as of 2019.

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INTRODUCTION

Afghanistan remains a complex and protracted humanitarian emergency, fueled by the convergence of decades of conflict, the ongoing effects of natural disasters, and deep-rooted economic challenges. Entrenched conflict and violence drove unprecedented levels of humanitarian need in 2019, as the growing use of improvised explosive devices (IEDs), ground hostilities, and air strikes inflicted high levels of physical, psychological and socio-economic damage on communities. Despite this year witnessing the resumption of US-Taliban negotiations, it also saw a spike in violence largely triggered by election-related violence surrounding the contested September 2019 Presidential elections. As a result, more than 8,200 civilian casualties were reported between January and September 2019, with July being the deadliest month on record since 2009.[9] Conflict and violence triggered high levels of forced displacement, with 437,000 people reportedly displaced as a result of conflict in 2019,[10] and continues to sustain both immediate and cumulative humanitarian needs across sectors.

The devastating impacts of conflict were compounded for households affected by sudden-onset natural disasters, particularly in the first six months of 2019. Specifically, flash flooding and landslides resulting from unseasonal heavy rainfall affected an estimated 280,000 people in the western, northern and central areas of Afghanistan.[11] Furthermore, the effects of severe drought the previous year, which resulted in the displacement of over 200,000 people in 2018,[12] continued to linger and drive humanitarian need in early 2019. Decades of exposure to conflict and natural disasters have left much of the population with depleted economic resources and high levels of debt, both increasing their vulnerability to future shock and reducing their capacity to recover. The combination of these factors resulted in 9.4 million people in Afghanistan being estimated to require humanitarian assistance across all sectors, including Education in Emergencies (EiE), Emergency Shelter and Non-Food Items (ESNFI), Food Security and Agriculture (FSA), Health, Nutrition, Protection, and Water, Sanitation and Hygiene (WASH).[13]

Understanding the intersecting needs of recently shock-affected and acutely vulnerable people across Afghanistan is critical to implementing a comprehensive and integrated humanitarian response. A multi-sector Whole of Afghanistan Assessment (WoAA) was conducted in 2019 to provide such an evidence base and inform the 2020 Humanitarian Needs Overview (HNO) and the updating of the Humanitarian Response Plan (HRP) 2018-2021. The WoAA was conducted within the framework of the Inter-Cluster Coordination Team (ICCT) and facilitated by REACH, in close collaboration with the UN Office for the Coordination of Humanitarian Affairs (OCHA) and all clusters present in Afghanistan. This was the second year a country-wide multi-sectoral needs assessment was conducted, building on and allowing for comparison to findings from the 2018 WoAA.[14]

This report outlines the main findings from the Multi Sector Needs Index (MNSI) analysis of the WoAA 2019. Initially, the report summarises the methodology adopted in the WoAA. Subsequently, the findings of the analysis are structured into four main sections. The first section provides an overview of the crisis context, namely the primary drivers and effects, structural factors underlying the crisis, and relevant demographic information. The second section outlines current humanitarian needs, providing a breakdown of overall severity and by geographical and population groups, with a focus on areas of high need. Drawing on current displacement and winterisation trends, the third section then presents a forecast of potential future needs of specific population groups. The final section summarises findings on accountability to affected populations, particularly regarding access to assistance, information and communication needs, and preferred modality of assistance.

[9] United Nations Assistance Mission in Afghanistan (UNAMA), 2019. Quarterly Report on the Protection of Civilians in Armed Conflict, October, 2019. Available here.
[10] OCHA, 2019. Snapshot of Population Movements: Afghanistan. January 15, 2020. Available here.
[11] OCHA, 2019. Humanitarian Response Plan Afghanistan: 2018-2021. December, 2019. Available here.
[12] OCHA, 2019. Afghanistan Humanitarian Needs Overview 2020. December, 2019. Available here.
[13] *Ibid*.
[14] The Whole of Afghanistan Assessment report (August, 2018) is available on the REACH Resource Centre.

METHODOLOGY

Assessment objectives and research questions

The overall aim of the WoAA was to assess and identify sectoral, multi-sectoral, and inter-sectoral needs[15] of crisis-affected populations in Afghanistan and how they differ across different geographic locations and population groups. Specifically, the objective was to inform multi-cluster humanitarian programming for the Afghanistan response by providing an evidence base for the 2020 Humanitarian Needs Overview (HNO) and the updating of the Humanitarian Response Plan (HRP) 2018-2021.

The WoAA was conducted in accordance with the following research questions:

1. What are the multi- and inter-sectoral humanitarian needs of crisis-affected populations?
2. How do these multi- and inter-sectoral humanitarian needs vary between different crisis-affected population groups and different geographical areas?
3. What are the priority areas and population groups in need based on sectoral and inter-sectoral severity of need indices?

This report presents the findings of a MSNI analysis of WoAA data. The MSNI is a holistic, inter-sectoral analytic framework proposed by REACH as a standardised approach for assessing humanitarian need to inform strategic response planning. The MSNI approach incorporates elements of the draft global Joint Inter-Sectoral Analysis Framework (JIAF) for humanitarian needs analyses and is intended to apply across contexts irrespective of the type of crisis. The report aims to pilot the MSNI framework as a method of identifying inter-sectoral and multi-sectoral needs in Afghanistan.

Scope of the assessment

Geographical scope

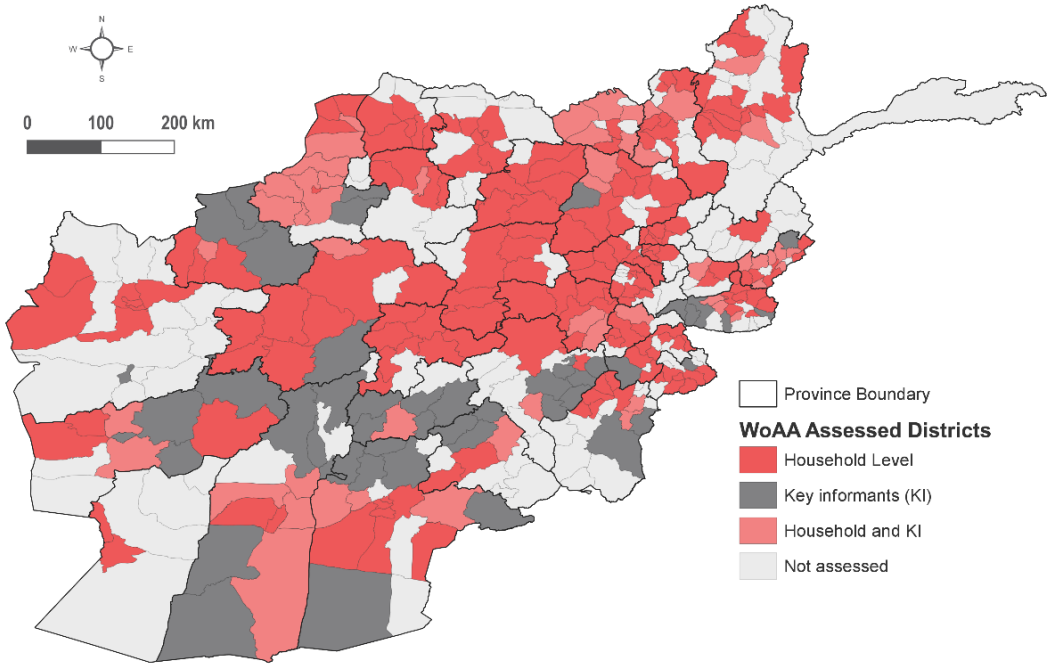
Household-level surveys were conducted in accessible areas across all 34 provinces of Afghanistan (Map 1). The purpose of assessing households in all provinces was to obtain a nation-wide statistically representative sample of the humanitarian caseload. To complement the household surveys and provide in-depth qualitative detail on key findings, Focus Group Discussions (FGDs) were conducted in all 34 provinces. Two FGDs were carried out in each province, one with exclusively female participants and another with only male participants, to enable the collection of indicative, qualitative information across the various humanitarian contexts nation-wide.

Assessed population groups

The WoAA was conducted amongst a representative sample of displaced and shock-affected non-displaced households, selected and agreed on with the ICCT in May 2019. These targeted population groups were determined by the humanitarian community to be the most vulnerable population groups in Afghanistan and therefore prioritised in humanitarian planning and programming. The groups covered by the household assessment include: recent IDP (< 6 months), non-recent IDP (≥ 6 months), cross-border returnee, non-displaced conflict-affected, non-displaced natural disaster-affected, non-displaced conflict- and natural disaster-affected,[16] host community, refugee (in the South East only)[17], and IDP returnee (in Badghis province only)[18] households.[19] In this report, the term "shock-affected households" will be used to refer to displaced households (recent IDP, non-recent IDP, cross-border returnee) and non-displaced households (conflict-affected, natural disaster-affected, and both).

[15] Relevant sectors include: EiE, ESNFI, FSA, Health, Nutrition, Protection, and WASH.
[16] Non-displaced households were sampled in provinces identified to have been affected by conflict (10 provinces), natural disaster (10 provinces), and both (2 provinces) in the six months prior to data collection.
[17] Pakistani refugee households were sampled in the two provinces known to be hosting this protracted refugee group: Khost and Paktika.
[18] IDP returnee households were a unique caseload included at the request of the ICCT and sampled in Badghis province where this population was known to reside.
[19] See annex 6 for a list of definitions of each population group.

Map 1: Whole of Afghanistan Assessment 2019 Coverage[20]



Thematic scope

The WoAA household questionnaire and FGD tools were designed together with all clusters active in Afghanistan to cover seven thematic sectors: EiE, ESNFI, FSA, Health, Nutrition, Protection, and WASH. Within the protection sector, specific questions addressing sub-sector themes were also included, on: mine action, child protection, gender-based violence, and housing, land and property (HLP). The integration of nutrition-related indicators, including Mid-Upper Arm Circumference (MUAC) measurements of children under five, were piloted in this year's assessment and the resultant data was shared with the Nutrition cluster for joint review. However, this was not included in the analysis as the reliability is yet to be verified and confirmed.

To complement the sectoral findings, various cross-cutting themes were integrated into the WoAA tools to gain an understanding of how these factors influenced sector-specific findings. These cross-cutting themes comprised of: displacement and movement intentions, impact of shock events, vulnerability, livelihoods and employment, coping strategies, and accountability to affected populations (AAP).

Sampling strategy

Household surveys were based on random cluster sampling, stratified by the population groups selected by the ICCT.[21] The sampling framework was drawn from a variety of data sources including: the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), the International NGO Safety Organisation (INSO) event data, the OCHA natural disaster tracking database, and the United Nations Population Fund (UNFPA) Flowminder dataset 2019. The sampling framework was designed to obtain statistically representative data for:

- Displaced populations (IDPs and cross-border returnees) at province level with a 95% confidence level and 5% margin of error,
- For all population groups at the regional level with the same level of precision.[22]

[20] Due to security concerns, household surveys were not feasible in several Hard-to-Reach (HTR) areas of Afghanistan. To identify the needs in these areas, 3,100 Key Informant (KI) interviews were conducted across 100 HTR districts in a separate assessment.
[21] See annex 4 for an overview of the sampling framework.
[22] There are several exceptions in the final dataset: host community households, for which the data has a 95% confidence level and 10% margin of error, some of the data for Farah province, as shorter paper-based surveys were used for around half of households due to security restrictions (see challenges and limitations section), Pakistani refugee households for which the data has a 95% confidence level

Finally, as the impact of vulnerabilities was of key interest, a large enough overall sample was drawn to allow for statistically representative findings for households with key vulnerabilities, such as female-headed and elderly-headed households, with a 95% confidence level and 10% margin of error at the national level.

FGD participants were purposively sampled in each province to total around six to eight participants in each of the 68 FGDs, one female and one male FGD in each province. Participants were purposively selected and contacted to participate based primarily on their knowledge of their community. Selected participants were often acting as key representatives in their community, such as teachers, elders and community leaders. This FGD sampling strategy was implemented through existing REACH and partner networks and enumerator observations in the field.

Primary data collection

Training of enumerators

In-depth training was provided for enumerators within provincial bases on data collection methods and the content of the WoAA household questionnaire. A substantive aspect of the training involved the practical running-through of the questionnaire as well as reviewing ethical procedures and responsibility: enumerator code of conduct, security considerations, and appropriate behaviour in the field. Several sessions were designed and initially delivered by external partners, such as from the Health and Nutrition clusters to ensure proper training on SMART[23] methodology to collect MUAC and mortality data. Separate FGD trainings were conducted for all enumerators by REACH staff on qualitative data collection methods, with specific sessions on how to integrate the humanitarian do no harm principle into FGD facilitation and the enumerator code of conduct.

Ethical considerations & mitigation measures

Aside from training on ethical procedures, measures were taken to minimise ethical risks for both enumerators and respondents. Prior to the start of interviews, enumerators sought the informed consent of each respondent, through a standardised question built into the tool, and interviews were discontinued where consent was not given. Additionally, contacted details for Awaaz[24] were distributed to respondents to assist the household in raising complaints through an independent third party mechanism. To prioritise the safety and security of enumerators, insecure areas were excluded from the sample when drawing up the sampling framework. The security situation in sampled locations was monitored and data collection was paused when violence erupted or security threats were received. Security issues were discussed and, where necessary, data collection was either delayed, the sample was readjusted, or data collection methods were altered, such as in Farah province where paper-based surveys were used for half the interviews. Finally, data protection principles were followed with access to identifiable household information (e.g. GPS points and contact information) limited to only one member of the assessment team for data checking and cleaning purposes.

Primary data collection methodology

Household-level survey data was collected between 17 July and 19 September 2019 by enumerators from REACH and eight partner organisations.[25] The household questionnaire was initially piloted and refined according to feedback from the enumerators. Subsequently, 41,625 structured household interviews were carried out by

and 5% margin of error for the South East region only, as these households were sampled in the two provinces known to have a caseload (Khost and Paktika), and IDP returnee households, a unique caseload which was sampled at the request of the ICCT in Badghis province (95/5 for Badghis province only).

[23] Standardized Monitoring and Assessment for Relief and Transitions (SMART) is a global, standardized household-level survey methodology used to understand the severity and magnitude of a public health situation.

[24] Awaaz is a humanitarian helpline that provides crisis-affected populations with information on assistance and an avenue for reporting feedback or complaints about interactions with the humanitarian community.

[25] Partner organisations were: Afghanistan Development & Education Organization (ADEO), Agency for Humanitarian & Development Assistance for Afghanistan (AHDAA), Accessibility Organisation for Afghan Disabled (AOAD), Agency for Rehabilitation & Energy Conservation in Afghanistan (AREA), Rehabilitation Association & Agricultural Development for Afghanistan (RAADA), Organisation for Relief Development (ORD), Organisation of Human Welfare (OHW), and New Consultancy & Relief Organisation (NCRO).

enumerators using Open Data Kit (Kobo Toolbox).[26] The precise sample for each population group in every settlement location was given to enumerators to enable a random selection of households. Senior Field Officers (SFOs) monitored the collection of data and followed up with enumerators on issues, challenges and delays on a regular basis, to ensure the collection of high quality data. Additionally, household data was cleaned on a daily basis, with recommendations for improvements regularly fed back to enumerators and data changes logged for transparency purposes. The final total number of household interviews was 31,343 following a rigorous process of data cleaning and deletion during which 10,282 interviews were deleted.

FGDs were carried out in September 2019 by REACH enumerators. Two enumerators of the same gender as participants conducted each FGD, with one taking on the role of moderator and the other of note-taker. Moderators first collected demographic data of each participant using a standardised participant form, and then reviewed the rules and ethical principles of participating in the group. The discussion was facilitated by the moderator according to a list of main and follow-up questions, whilst the note-taker recorded responses and notable group dynamics and interactions. Upon completion of the session, a debriefing form was completed by the two enumerators to record the details of the FGD, feedback and impressions, and concluding remarks. Finally, FGD notes and debriefing forms were translated by SFOs into English and shared with the assessment team.

MSNI Analysis Framework

Overview

The analysis of the WoAA data was conducted based on indicators endorsed by the ICCT during the design phase and through bilateral discussions with clusters following data collection. The analysis consisted of three main stages, all of which were carried out using R statistical packages.

- The first stage consisted of a **sectoral analysis**. Descriptive findings were provided for individual indicators, disaggregated by geographical factors (region, province, urban-rural), population group, and vulnerability criteria.[27] Composite indicators were developed bilaterally with clusters to determine the proportion of households facing sectoral needs in each sector. The results were made available to clusters and OCHA as an evidence base for informing PiN calculations and the HNO narrative.
- The second phase involved **inter-sectoral and multi-sectoral analyses**. Firstly, following discussions at the Joint Analysis Workshop, selected WoAA indicators were disaggregated by province to inform the HNO inter-sectoral severity mapping analysis. Additionally, an inter-sectoral analysis of WoAA data was carried out to determine the proportion of households facing multiple needs simultaneously, the most frequently overlapping sectors, and which vulnerabilities corresponded to heightened multi-sectoral needs. This analysis was used as a basis to inform the inter-sectoral analysis included within the HNO.
- Finally, for the purpose of this report, a **Multi Sector Needs Index (MSNI) analysis** was conducted in line with the draft JIAF to provide an inter-sectoral overview of the level of humanitarian needs in Afghanistan. The framework structuring the MSNI analysis is outlined below.

MSNI Analysis Process

The main analytic output presented in this report is the MSNI analysis of the WoAA, conducted to provide an inter-sectoral overview of humanitarian needs in Afghanistan. The MSNI framework consists of calculating a multi-sectoral needs score based on a severity scale aligned with draft global JIAF guidance (1 for minimal or no need, 2 for stress, 3 for severe, and 4 for extreme).[28,29] The score is calculated through the interaction of multiple composite scores: Living Standard Gaps (LSG), capacity gaps, and impact of shock:

[26] With the exception of half the interviews in Farah which were conducted via paper-based survey due to security reasons.
[27] Province-level findings are published in a WoAA 2019 factsheet booklet available for download on the REACH Resource Centre.
[28] For details on how the MSNI was calculated, please see annex 5.
[29] Although the JIAF severity scale ranges from 1 to 5, the MSNI framework used in this analysis has only four scales as data that would allow for the classification of a household as facing catastrophic needs (JIAF score of 5) was not collected in the WoAA household questionnaire.

- **Living standard gaps (LSG)**: composite indicators classified households by severity of sectoral need in each respective sector: Education, ESNFI, Food security, Health, Protection, and WASH.
- **Capacity gaps**: this sub-pillar categorised households according to their reliance on negative coping strategies and the type of coping mechanisms used. This was measured using the Livelihood Coping Strategies Index (LCSI)[30] integrated into the household questionnaire tool.
- **Impact**: households were scored according to the severity of the impact of shock events. The composite score comprised of indicators demonstrating impact on people (e.g. reported injury as a result of conflict or natural disaster), impact on access to services for households (e.g. removal of children from school due to shock), and impact on humanitarian access (e.g. reported inability to access assistance due to insecurity).

The stages within the MSNI analysis were fourfold. First, severity scores were calculated at the household level for each individual component making up the MSNI framework using the same one to four severity scale set at relevant thresholds. Subsequently, based on a standardised MSNI decision-tree, an overall MSNI score of one to four was calculated for each individual household by comparing severity scores for the MSNI components against each other at the household level. Based on household scores, proportions of households falling within each severity category was calculated, proving information on the overall severity of humanitarian needs. Finally, MSNI data was disaggregated by geographical, population group and vulnerability breakdowns to identify the profile of households facing the highest needs.

Institutional Framework and Partnership

The WoAA was conducted in close coordination with OCHA and clusters at all stages of the assessment and with the support of eight local partner organisations at the data collection stage. The geographical, demographic and thematic scope of the assessment were initially determined in coordination with the OCHA-led ICCT. Subsequently, REACH, through the ICCT, consulted with all 11 clusters and sub-clusters active in Afghanistan to develop the WoAA tools and indicators. Household-level data collection was conducted with eight national organisations partnered with REACH through the Agency Coordinating Body for Afghan Relief Development (ACBAR) Twinning Programme in 2018. During the data collection stage, members of the ICCT attended two FGD sessions in Mazar to observe the discussions. Preliminary findings were shared with and presented to each cluster and the ICCT, following which REACH coordinated with OCHA and clusters on a second round of sectoral and inter-sectoral analysis to inform strategic-level planning in the HNO/HRP process.

MSNA Dissemination

In September 2019, preliminary findings were presented to members of the ICCT, including OCHA representatives and cluster coordinators, co-coordinators, and information management officers. The aim was to familiarise members with the data and the various ways in which it could be analysed. A short overview of strategically-relevant preliminary findings was also presented to the Humanitarian Country Team (HCT). Following these presentations, a factsheet was produced and shared with ICCT members to outline the main sectoral, multi-sectoral, and cross-thematic findings. Alongside the factsheets, a final cleaned dataset was shared with OCHA and cluster leads.

To support the HNO analysis, sectoral data with geographical and population group breakdowns was distributed to each cluster, and thematic briefs with findings on cross-cutting topics were provided to OCHA. Findings on specific indicators were shared as part of the HNO Joint Analysis Workshop to inform the HNO inter-sectoral severity maps. Aside from dissemination for HNO purposes, WoAA findings relating to different themes and sectors were presented to a variety of audiences (donors, clusters, thematic working groups, humanitarian organisations, etc.). Finally, the weighted dataset was published on the REACH Resource Centre to be accessible for public use.[31]

[30] The LCSI measures coping strategies adopted by households struggling to access or pay for food.
[31] The published WoAA 2019 weighted dataset can be accessed on the REACH Resource Centre.

Challenges and limitations

- With the household heads being predominantly male in Afghanistan, questions about the situation or concerns of women who were not household heads themselves were commonly answered by male respondents (92% of households were male-headed). Accordingly, the needs and vulnerabilities of female members of households may have been under- or mis-represented. To address this shortcoming, an entirely female FGD was conducted in each province of Afghanistan.
- Security and physical accessibility challenges restricted the possibility of carrying out household interviews in many of the districts considered to be hard-to-reach by the Humanitarian Access Group (HAG). To ensure that the needs in these areas were nevertheless assessed, REACH conducted a Hard-to-Reach (HTR) assessment involving 3,114 Key Informant Interviews (KIIs) in 100 HTR districts, spread across 23 provinces.[32]
- Security restrictions in Farah province hindered the national NGO partner from fully completing the WoAA data collection using the phone-based Kobo Toolbox. Around half of the household interviews were therefore conducted using a shorter paper-based survey. Accordingly, the humanitarian needs in Farah province may be underrepresented.
- It is possible that results are overestimated in terms of needs and underestimated in terms of household access to humanitarian assistance, as respondents may have felt this would increase their likelihood of receiving assistance. To minimise this, all household-level interviews were conducted in person and began with a clear explanation that the assessment is not linked to any direct assistance.
- Findings relating to population subsets may have a lower confidence level and a wider margin of error.

[32] The findings of the HTR Assessment Round I (August 2019) can be accessed here.

FINDINGS

Event / shock

The multifaceted and prolonged nature of the crisis in Afghanistan continues to sustain a complex humanitarian situation driven by a multitude of factors. To be able to understand and interpret the findings on current needs summarised within this report, it is therefore necessary to first outline the various primary and secondary factors driving the crisis. This section explores three components of the crisis to provide such an overview: the main drivers and effects of the crisis, the underlying factors driven by the protracted nature of the crisis, and, finally, the key demographic and vulnerability profiles exacerbating its impacts.

Primary drivers and effects of the humanitarian crisis

Armed conflict and violence

Conflict stood out as the primary factor perpetuating the crisis, with the vast majority of shock-affected households (79%) reporting having experienced major active conflict or violence in the year prior to data collection. Indeed, in the WoAA, conflict and/or violence was found to be prevalent across all regions in Afghanistan, as over half the shock-affected households in every region reported experiencing conflict or violence in the year prior to data collection. The highest proportion of households experiencing conflict or violence were located in the North (91%) and South-East (88%). Similar to the WoAA 2018 finding, a higher proportion of IDP households reported having been affected by active conflict or violence in the year prior to data collection (83%) compared to host community households (47%), likely related to the fact that the majority of these households have displaced from locations affected by active conflict or violence in the year prior to data collection.

Primary effects of the conflict on households included destruction of agricultural livelihoods, damage to shelter, physical injury, and damage to or closure of community facilities. This is exemplified by the reported impacts of conflict on non-displaced conflict-affected households; almost all non-displaced conflict-affected households reported experiencing a major shock event in the year prior to data collection,[33] with the majority of these households reporting negative impacts on practiced farming (74%) and on livestock (74%). This may have contributed to reduced food availability, as 55% of non-displaced conflict-affected households reported the major shock event limiting their access to food. Conflict also impacted shelter structures; 27% of shock-affected households reported shelter damage in the six months prior to data collection as a result of conflict, with the majority unable to make repairs (78%). At the community level, of the 8% of shock-affected households that reported health facilities used by members of their household becoming dysfunctional in the year prior to data collection 40% reported the health facility damaged beyond use by conflict. Finally, personal injuries were also an outcome of conflict, as 4% of shock-affected households reported at least one adult member physically injured in the three months prior to data collection, with the majority of these households reporting the injury as a result of conflict (59%).

Natural disasters: drought and flooding

Afghanistan is also a country highly susceptible to natural disaster, namely drought, flooding, and earthquakes. Although the proportion of households reportedly affected by drought was lower this year compared to findings of the WoAA 2018, the effects of drought continue to be substantial. Furthermore, this year witnessed a higher proportion of households experiencing flooding due to unseasonably heavy rainfall. The WoAA found that 41% of shock-affected households reported having experienced drought and 18% reported experiencing flooding in the year prior to data collection. The Western region was most affected by the drought, with 57% of households reportedly experiencing drought in the year prior to data collection. Concurrently, 96% of IDP returnee households in Badghis reported having experienced drought, which was more than any other population group. In terms of flooding, the North-Eastern region had the highest proportion of households affected in the previous year (28%).

[33] The major shock events listed as response options within the WoAA household-level questionnaire were: active conflict or violence, earthquake, flood, avalanche / heavy snowfall, drought, and other.

The key primary impacts of natural disaster on households were related to WASH, shelter and agricultural livelihoods. Shock-affected households reporting damage to or destruction of water sources in the six months prior to data collection (16%) most commonly stated drought as the main cause of damage or destruction (56%). In terms of shelter, 22% of shock-affected households reported shelter damage as a result of natural disaster in the year prior to data collection, and non-displaced natural disaster-affected households were more likely than any other population group to report shelter repairs as the primary reason behind taking on debt (33%). Finally, effects of natural disaster on agricultural livelihoods are illustrated by reported impacts of shock on the agricultural production of non-displaced natural disaster-affected households; of the 98% of non-displaced natural disaster-affected households that were affected by a major shock event in the prior year, 65% reported a negative impact on practiced farming and 62% reported a negative impact on livestock, mainly the death of livestock.

Multiple shocks

The complexity of the humanitarian crisis in Afghanistan is manifested by the large proportion of shock-affected households that experienced multiple shocks. More than a quarter (29%) of shock-affected households reported experiencing two major shock events in the year prior to data collection and 12% reported as many as three or more. The Western region was most affected in this regard, with 56% of shock-affected households experiencing two or more major shock events the previous year. This is related to the West having been the hardest hit region by the drought, which led to the displacement of more than 300,000 people to Badghis, Ghor and Herat,[34] alongside the continued presence of active violence in the region.

Secondary effects of the crisis

A major secondary impact of the crisis in Afghanistan is internal and cross-border displacement. According to OCHA figures, more than 437,000 people were newly displaced within Afghanistan between January and December 2019, an increase on the previous year (350,700), and close to 456,300 people returned from Iran and Pakistan.[35] In the WoAA, 15% of displaced households reported having experienced multiple displacements and these households were found to be particularly economically vulnerable; they were more likely to report the household having debt (79%) compared to households displaced only once (70%), and they were more likely to have a greater percentage of their average income coming from unsustainable sources[36] in the 30 days prior to data collection (29% for households displaced multiple times compared to 20% for other households).

The WoAA found that the main trigger of displacement across all regions was active conflict or violence in or close to the community, as it was reported as the single push factor for the displacement of 72% of IDP households within Afghanistan and of 67% of cross-border returnee households to another country. In terms of natural disasters, a considerably lower proportion of IDP households reported drought as the single factor driving displacement (15%). Nevertheless, the drought played a role in over a third of household's (39%) decision to displace as one of several factors. Drought was mostly a driver of displacement in the Western region, where 22% of IDP households reported drought as the single cause. This corresponds to evidence that the effects of the drought have been particularly pronounced in the Western region, displacing more 200,000 people in this region in 2018.[37] Similarly, flooding had a more minor impact on displacement with 3% reporting this as the main factor motivating displacement and 11% reporting flooding as one of several reasons. Therefore, the findings suggest that whilst conflict and violence are the main factors that households report as driving their displacement, it is likely that the cumulative impact of multiple shocks, including natural disaster events and a challenging economic situation, are consistently wearing out household resources until the final shock, most commonly conflict or violence, triggers their displacement.

Other secondary effects of the crisis include the depletion of household financial and emotional resources. The majority of the 93% of shock-affected households that reported experiencing a major shock event in the previous

[34] Food and Agricultural Organization of the United Nations (FAO), 2019. Communities affected by drought in Afghanistan are struggling with hunger. March 27, 2019. Available here.
[35] OCHA, 2019. Snapshot of Population Movements: Afghanistan. January 15, 2019. Available here.
[36] Unsustainable income sources include: government benefits, humanitarian assistance, remittances, borrowing / loans, and selling of household assets.
[37] OCHA, 2019. Afghanistan Humanitarian Needs Overview 2020. December 2019. Available here.

year reported a diminished or lost source of income as a result (83%). According to FGD participants, displaced women were especially affected as limited access to employment and security or cultural constraints restricting them to the home were argued to prevent them from continuing the income-generating activities they had previously conducted in their area of origin (AoO). In terms of emotional resources, 38% of shock-affected households reported at least one member having experienced behavioural change[38] in the year prior to data collection, mostly as a result of conflict activities. Reduced psychological well-being was both the main protection concern reported by shock-affected households (22%), and the main reported impact of the presence of explosive hazards (mines, ERWs, PPIEDs) for households aware of them in their current location (66%).[39] These psychological impacts are likely to have long-lasting effects which, according to FGD participants, include decreased functional and coping ability, intra-familial tensions and violence, and drug abuse.

Underlying factors: unemployment, poverty and debt

Underlying the primary drivers of the protracted crisis in Afghanistan are deep-rooted structural socio-economic factors, sustained by and further perpetuating the humanitarian situation. The difficult economic situation in Afghanistan proved to be an important factor motivating households to displace. Unemployment and poverty was the second most common reason influencing the most recent displacement of cross-border returnee households out of Afghanistan when reported as part of a multitude of drivers (39%), and was reported as the single main factor that led to the cross-border displacement of households for 22% of cross-border returnee households. Additionally, unemployment or poverty was the third most commonly reported factor by IDP households as the single main driver for displacement (8%).

High levels of debt were also prevalent across shock-affected households, with 70% of shock-affected households reporting having debt and 30% of shock-affected households reporting high levels of debt (≥ 50,000 AFN).[40] The primary reason for debt was reported to be food expenses, for 39% of shock-affected households in debt, although for the 5% of shock-affected households that reported the highest levels of debt (>200,000 AFN) the most commonly reported primary reason for household debt was health care expenses (for 29% of these households). Indebtedness undermines the resilience of households to further shock, and, moreover, was found to increase with length of displacement during the first two years of displacement, creating a cycle that reduces the capacity of displaced communities to recover.

Demographics and pre-existing vulnerabilities

Afghanistan has a predominantly young crisis-affected population, with the majority of the assessed population found to be aged 18 or under (58%), just over a third aged 19-59 (39%) and the remaining 3% aged 60 and over. These findings were almost equivalent for displaced and other non-displaced shock-affected populations, and reflect findings by OCHA that the majority of the population internally displaced between January and December 2019 were children under the age of 18 (58%).[41] Despite a low proportion of the population being elderly, it was found that 7% of households were headed by an elderly member of household (aged over 65). The proportion of males to females across all age groups was similar, with an overall percentage of 48% females and 52% males.

Despite equal proportions of males and females in the population, the WoAA found that 8% of shock-affected households were headed by a female member. Female-headed households were less resilient to shock as security and cultural restrictions limit their access to employment opportunities and basic services; for example, a third of female-headed households (33%) reported no members working outside the home, compared to 14% of male-headed households. Secondly, according to estimations, at least 11% of the population in Afghanistan are living

[38] Behavioural change included: complaints about headaches or upset stomach, repeated nightmares / bedwetting, excessive emotional outbursts, changes in appetite / eating habits, social isolation / inability to be alone, substance or drug abuse.
[39] Nine percent of shock-affected households reported being aware of explosive hazards (mines, ERWs, PPIEDs) in or closely around their current location, and 25% of displaced households reported being aware of explosive hazards in their previous location only.
[40] On 1st September 2019, the official exchange rate was AFN 77.9 for USD 1, see http://dab.gov.af/en/DAB/currency. This exchange rate is applied throughout the report.
[41] OCHA, 2019. Snapshot of Population Movements: Afghanistan. January 15, 2019. Available here.

with a disability,[42] commonly as a result of conflict, natural disaster or due to a lack of access to healthcare. The WoAA found that 17% of shock-affected households were headed by a person living with a physical disability,[43] and that these households were also less economically resilient to shock; their most common source of income being borrowing or loans in the 30 days preceding data collection.

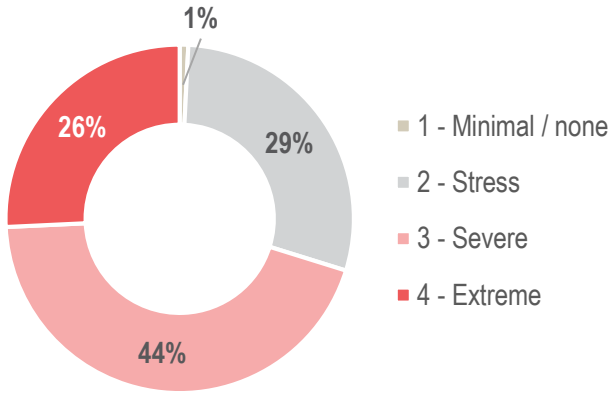
Other important vulnerability profiles in Afghanistan are households that lack legal access to secure land or identification documents. Around one-fifth of shock-affected households (20%) were reported to live in informal settlements, most commonly non-recent IDP households (<6 months) (26%) and non-displaced conflict-affected households (26%), and a higher proportion of these shock-affected households reported experiencing a major shock event in the year prior to data collection, particularly active conflict or violence. 10% of shock-affected households reported no members owning legal identification documents (tazkira), and resultantly faced lower access to employment and services,[44] most notably healthcare. Of particular significance in compounding the effects of the crisis, key vulnerabilities tended to overlap as households often reported multiple key vulnerability criteria simultaneously. For example, nearly double the proportion of female-headed shock-affected households (18%) reported not a single household member owning a tazkira compared to male-headed households (9%), and over three times the proportion of shock-affected households headed by an elderly person also reported the head of household having a physical disability (50% compared to 14%).

Current needs

MSNI Overview

The multitude of overlapping factors fueling a protracted crisis in Afghanistan have left a **considerable proportion of shock-affected households facing humanitarian needs**. The WoAA analysis identified 70% of shock-affected households as having an MSNI score of severe or extreme (3 or 4) (Figure 1). In contrast, the low percentage of households scoring within the MSNI category of minimal or no need (1%) indicates that the widespread nature of the crisis is resulting in the presence of some level of need for almost every shock-affected household in Afghanistan.

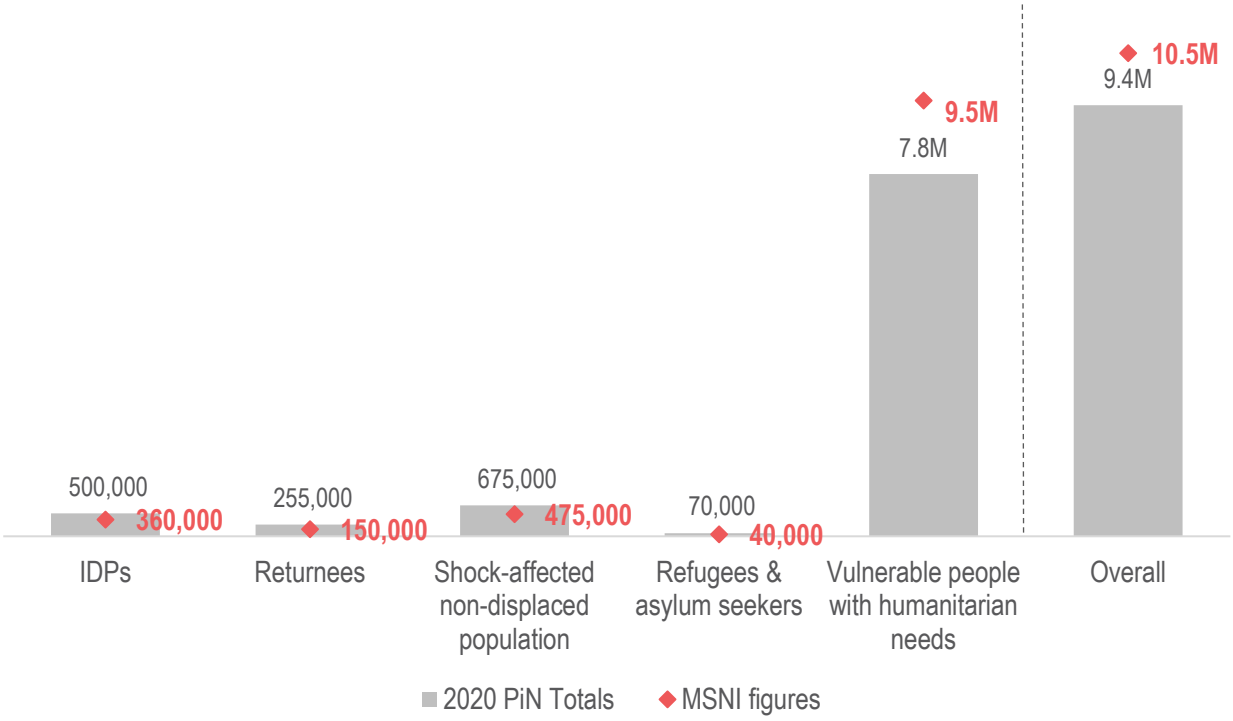
Figure 1: % of shock-affected households by MSNI severity score



When extrapolated to the estimated population of humanitarian caseloads included in the Humanitarian Needs Overview (HNO) for 2020, the number of people with a severe or extreme MSNI score was approximately 10.5 million. This was close to the total projected number of People in Need (PiN) calculated in the HNO as the most likely scenario for 2020, which was 9.4 million (Figure 2).[45]

[42] REACH, 2018. Protection Assessment of Conflict-Affected Populations (PACAP), May 2018. Available here.
[43] 'Disability' was determined through reported difficulties walking, climbing steps, or self-care (washing or dressing).
[44] A tazkira is the main legal personal identification document in Afghanistan and is essential for gaining access to a variety of government services, as well as for employment in the government sector and many private sector firms. For more details, see the report: Samuel Hall and the Norwegian Refugee Council (NRC), 2016. Access to Tazkera and other civil documentation in Afghanistan. November, 2016. Available here.
[45] All PiN figures and population groups included in this report were drawn from the Afghanistan 2020 HNO.

Figure 2: Estimated 2020 PiN compared to severe or extreme MSNI figures, by population group



The figures based on the MSNI were roughly similar to the PiN and in fact slightly lower across all population groups, and for all but 'vulnerable people with humanitarian need'. The MSNI figures were reached by using the average percentage of the relevant WoAA population group with severe of extreme MSNI scores (3 or 4), to calculate the number of the respective HNO population group that might have humanitarian needs. However, where there are differences, these can be explained, in part, by the differing methodologies and approaches to these two projections.

Firstly, with the MSNI, as an inter-sectoral analysis framework, any 'outliers' in terms of high or low numbers of people with severe needs in one sector will have less impact on the overall figure. This is in contrast to the PiN projections that apply a maximization technique, in that the final figure is taken from the highest estimate of people in need. Furthermore, the MSNI analysis was conducted using only the WoA dataset, as opposed to triangulation with multiple data sources conducted through a joint analysis workshop that informs the PiN (which took place in September 2019).

Finally, whilst many of the population groups are comparable, there were some differences in the definitions of population groups across the HNO and WoAA. This is perhaps most significant in explaining the larger difference in figures for 'vulnerable people with humanitarian need' when comparing the PiN and MSNI projections. For the HNO, this 'vulnerable people' population group was added in September 2019 to account for vulnerable people who have humanitarian needs after years of compounded shock, and not only those that are immediately displaced and/or shock affected. The population size (13.5 million) was drawn from the Integrated Phase Classification (IPC) analysis for 2019/2020 conducted using the Seasonal Food Security Assessment (SFSA), facilitated by the Food Security and Agriculture (FSA) Cluster, in July 2019.[46]

Whereas in the HNO, the PiN was calculated at 7.9 million (59%), as those in IPC phase 4 and IPC phase 3 and using negative coping strategies according to the livelihoods Coping Strategy Index (ICSI), MSNI projections estimate 9.5 million of this population to have extreme or severe MSNI scores (70%) (see Table 1). The corresponding population group used from the WoAA was 'overall shock-affected people', which was used as a

[46] The Afghanistan FSA Cluster Report on the SFSA 2019 can be found here. The 13.5 million is the total population found to be in phase 3 and 4 IPC.

proxy for the purposes of these calculations, but is not directly comparable. However, whilst these differences are important to bear in mind when conducting any comparison, that such a considerable proportion of this population group (70%) was found to be in severe or extreme humanitarian need through the MSNI analytical framework further validates the decision to include them within the humanitarian caseload in Afghanistan.

Table 1: Projected PiN figures from the 2020 HNO and estimated figures of people with severe or extreme MSNI figures, per population group

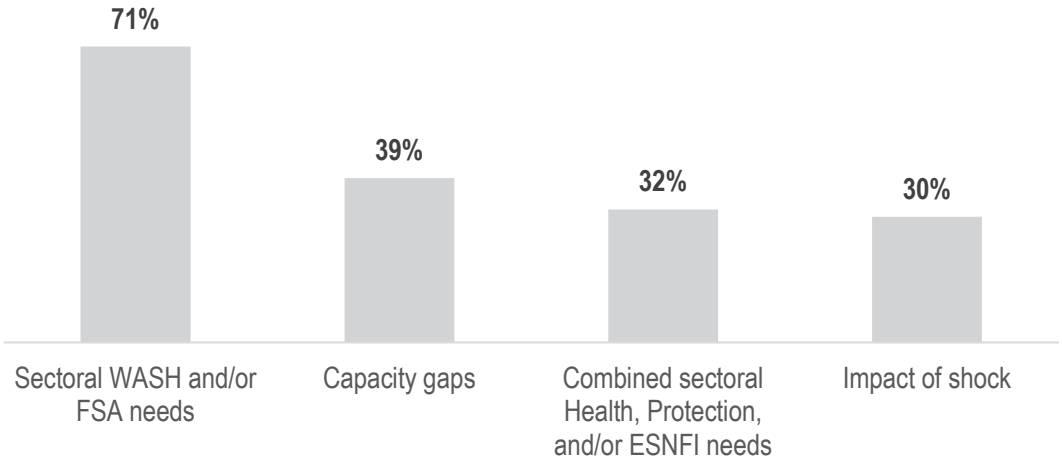
HNO 2020 Population Group	2020 Population	2020 PiN totals	MSNI equivalent population	% of HHs with MSNI 3/4	MSNI figures
IDPs (due to conflict in 2020/21)[47]	500,000	**500,000**	Non-recent and recent IDPs	72%	**360,000**
Returnees (new in 2020/21)[48]	255,000	**255,000**	Cross-border returnees	60%	**151,874**
Shock-affected non-displaced population (new in 2020/21)[49]	200,000	**674,548**	Natural disaster and conflict-affected	70%	**474,942**
Refugees & asylum seekers[50]	50,400	**72,360**	Pakistani refugees	57%	**41,323**
Vulnerable people with humanitarian needs	13,500,000	**7,874,388**	Shock-affected overall	70%	**9,476,641**
	14,505,400	**9,376,296**			**10,504,781**

Drivers of Severity of Need

For the majority of shock-affected households with severe or extreme humanitarian needs (MSNI score of 3 or 4) (71%), their needs were being driven by severe or extreme LSG scores in WASH and/or FSA (Figure 3).[51] The cumulative impact of prolonged conflict, periods of drought and flooding, coupled with widespread economic deprivation, have left households struggling to address their basic needs. Indeed, the WoAA revealed food insecurity to be pervasive, as almost half of shock-affected households (46%) were found to have a poor Food Consumption Score (FCS).[52] This reflects the high levels of food security and hunger captured in the Integrated Food Security Phase Classification (IPC) analysis for 2019/2020 and outlined in the 2020 HNO as being driven by high levels of unemployment, ongoing conflict, flooding and ongoing drought effects, and loss of livelihoods.[53] Concurrently, 53% of shock-affected households self-reported having insufficient or barely enough water in the seven days prior to data collection, most commonly reported as a result of waterpoints being too far or difficult to reach. This highlights both the lack of infrastructure and impact of the crisis in damaging existing infrastructure.

[47] In the HNO, this is comprised of the estimated number of persons projected to be internally displaced due to conflict in 2020/21, assuming an increase from 400,000/year in 2018/19
[48] In the HNO, this includes estimates for 2020/21 of: undocumented returnees from Iran (20% of expected returnees), undocumented returnees from Pakistan (100% of expected returnees), refugee returns from Iran and Pakistan, and deportees from Europe and Turkey.
[49] In the HNO, this includes the estimated number of people expected to be natural disaster-affected in 2020/21 based on the average number affected per year since 2012 (excluding 2016-2018 due to extreme drought and earthquakes) and conflict-affected non-displaced people. The initial 200,000 projection did not include conflict-affected non-displaced people. However, these were targeted by the Health Cluster under Trauma Care (574,548) and so were added to the initial estimated numbers, leading to a PiN of 674,548).
[50] This includes 50,000 Pakistani refugees and 400 refugees from other countries. The final PiN of 72,360 was calculated based on the planned response of the FSA Cluster.
[51] This driver of need will be referred to throughout the report as "sectoral WASH and/or FSA needs". See annex 5 for details on how the LSG composite indicator scores were calculated.
[52] FCS measures the frequency and variety of food consumed by households using a classification of: poor, borderline, and acceptable.
[53] OCHA, 2019. Afghanistan Humanitarian Needs Overview 2020. December 2019. Available here.

Figure 3: Of the shock-affected households with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need



Households were found to be adopting negative strategies to cope with their situation, as over a third of shock-affected households with a severe or extreme MSNI score (3 or 4) had severe or extreme capacity gaps (39%).[54] The most commonly reported coping strategy for the 41% of shock-affected households that reported struggling to obtain food or money for food in the 30 days prior to data collection was borrowing food or money for food (for 83% of these households).[55] This corresponds to the finding that 70% of shock-affected households reported the household having debt, with the primary reason behind debt being food for 39% of these households. FGD participants in nearly half the provinces in Afghanistan mentioned that adults had reduced the quantity and quality of food eaten as a coping strategy and a means to ensure the household had sufficient food for the children.

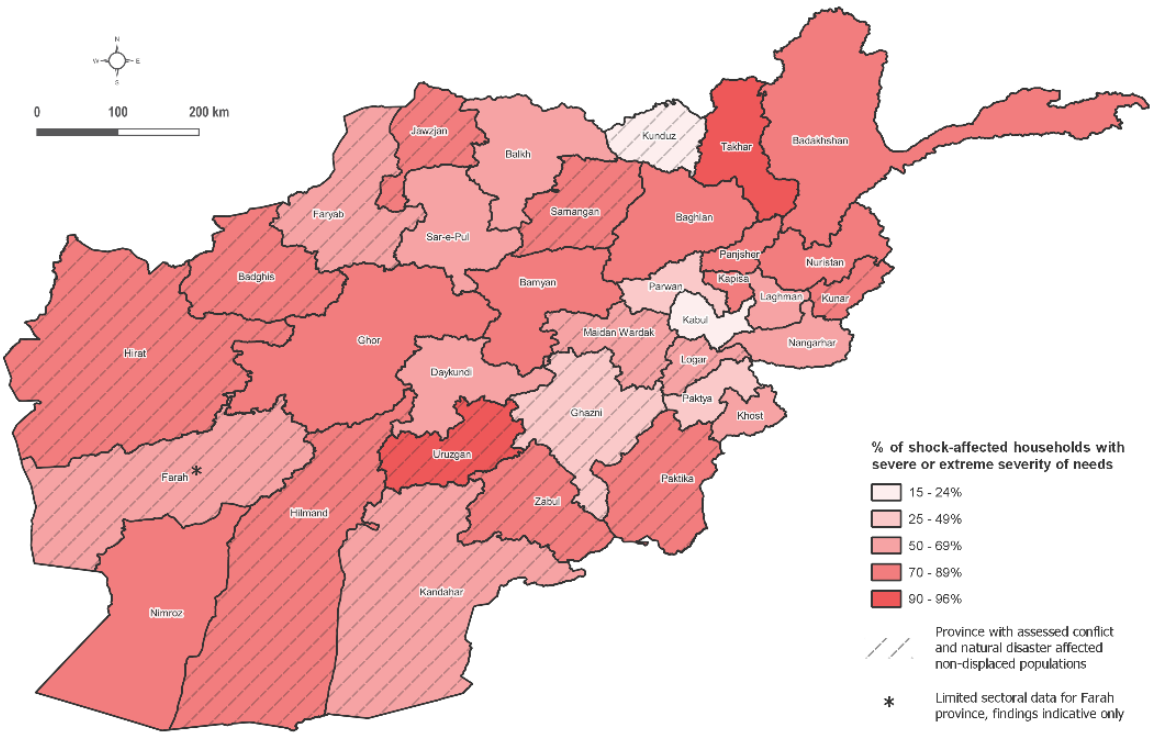
Aside from the inability to meet WASH and FSA needs and reduced resilience for a high proportion of households, **other drivers were also important in shaping the need**. Almost a third of shock-affected households with severe or extreme humanitarian needs (MSNI score of 3 or 4) were found to have severe or extreme sectoral needs (LSG score of 3 or 4) in at least two of: Health, Protection, and/or ESNFI (32%).[56]. Finally, 30% of households with a severe or extreme MSNI score reported their needs being driven by the severe or extreme impact of shock combined with severe or extreme sectoral needs (LSG score of 3 or 4) in Heath, Protection, or ESNFI (30%).[57] The thresholds for impact of shock were relatively high, covering damage to services (e.g. healthcare, water, shelter), restricted access to assistance, and impacts on physical or mental well-being and livelihoods, suggesting that for almost a third of these households the effects of shock have been largely debilitating.

MSNI across geographical areas

The widespread nature of the crisis in Afghanistan is demonstrated by the fact that **high levels of need were prevalent across geographical areas** (Map 2). Over half of shock-affected households in the majority of provinces were found to have a severe or extreme MSNI score (3 or 4). The Western region had the highest proportion of households with a severe or extreme MSNI score (3 or 4) (82%). This corresponds to the fact that shock-affected households in the West were also most likely to report experiencing multiple shocks in the year prior to data collection (56%), compounding the humanitarian needs faced by these households. **The drivers of need found to be the most frequent varied across contexts**, even amongst provinces with the most severe needs. This was demonstrated when breaking down the drivers of need for the three provinces where the highest proportion of shock-affected households were found to have severe or extreme humanitarian needs (MSNI score of 3 or 4): Uruzgan (96%), Takhar (91%), and Nuristan (89%). Evidence of variation in the drivers shaping the need across these contexts illustrates the necessity of **implementing a context-specific integrated response**.

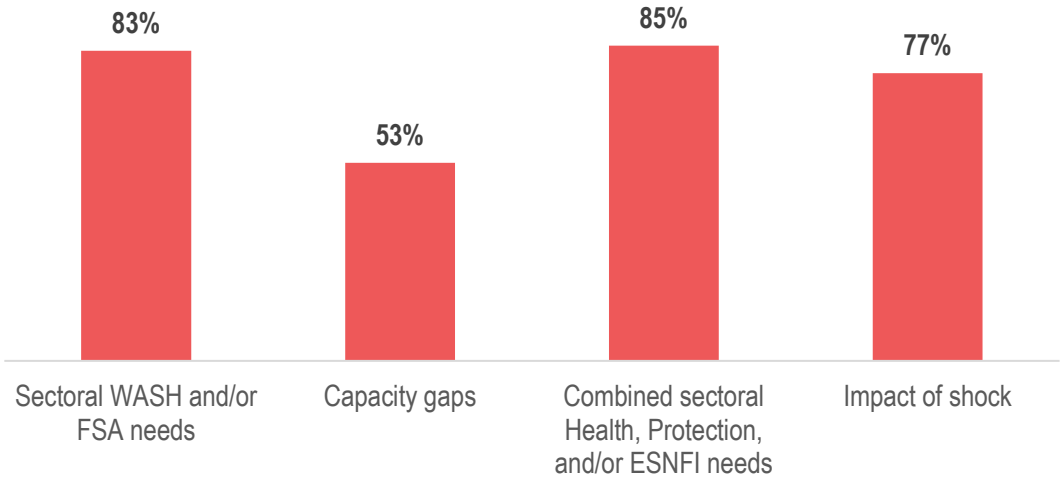
[54] Capacity gaps was measured using the LCSI. Details on how households were classified to have minimal, stress, severe or extreme capacity gaps are outlined in annex 5.
[55] This includes households that were either using or had exhausted the coping strategy in the 12 months prior to data collection.
[56] This driver of need will be referred to throughout the report as "combined health, protection, and/or ESNFI needs".
[57] Combined severe or extreme impact of shock and severe or extreme LSG sectoral health, ESNFI or protection needs will be referred to as "impact of shock" in this report.

Map 2: % of shock-affected households with a severe or extreme MSNI score (3 or 4), by province



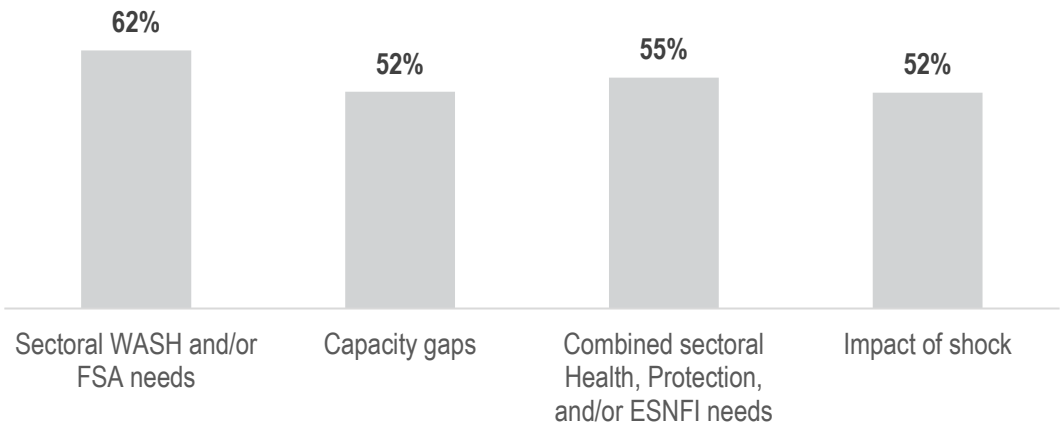
Uruzgan province was most severely affected by crises, with more than 96% of shock-affected households found to have a severe or extreme MSNI score. Needs were severe across all drivers as at least half of these shock-affected households in Uruzgan experienced each driver of need (Figure 4). The most frequently reported driver was combined sectoral Health, Protection and/or ESNFI needs (85%), likely linked to the fact that households in Uruzgan are severely affected by ongoing insecurity and conflict incidents associated with the prevalence of Armed Opposition Groups (AOGs). Indeed, Uruzgan province had the highest proportion of households reporting at least one protection incident in the three months prior to data collection out of all provinces (98%). This notably diverges from the overall findings for shock-affected households with severe or extreme MSNI scores for which WASH and/or FSA needs were the most commonly reported driver. Impact of shock was also notably more common in Uruzgan, corresponding to the fact that 83% of shock-affected households in Uruzgan reported experiencing multiple shocks in the year prior to data collection, with armed conflict or violence and drought being the most prevalent.

Figure 4: Of those shock-affected households in Uruzgan province with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need



The province with the second-highest level of need was **Takhar province**, where 91% of shock-affected households had a severe or extreme MSNI score. Despite Takhar also being highly affected by insecurity related to the activities of militia groups and AOGs, the drivers of need experienced by these households differed from Uruzgan (Figure 5). The most common driver was sectoral WASH and/or FSA needs, for 62% of shock-affected households with a high MSNI score (3 or 4). This is mostly explained by a large proportion of shock-affected households experiencing severe or extreme WASH LSG sectoral needs (43%), which is likely due to the fact that Takhar was particularly severely affected by drought in 2018 and 2019.[58] Over half of shock-affected households in Takhar (55%) self-reported insufficient access to water in the seven days prior to data collection, mostly due to water points not functioning or being dried up (52%). Similar proportions of households faced needs across the other three drivers, demonstrating that the needs in Takhar are shaped by a multitude of drivers which must be considered in framing the humanitarian response.

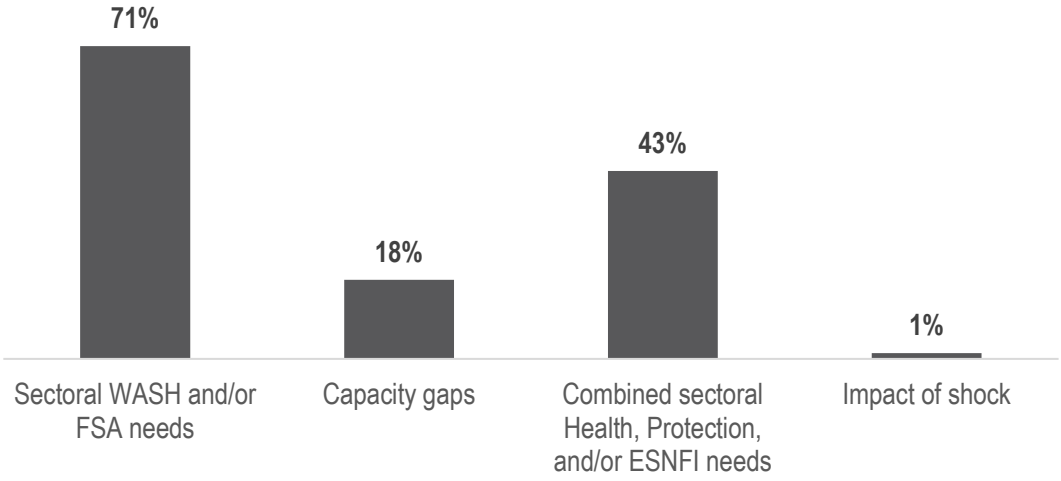
Figure 5: Of those shock-affected households in Takhar province with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need



Nuristan province was found to rank third in terms of severity of need, with 89% of shock-affected households found to have a severe or extreme MSNI score (3 or 4). Once again, these households were found to have very different patterns of need (Figure 6). Although sectoral WASH and/or FSA needs were similarly the most common (71% of these households), with severe acute food insecurity leading Nuristan to be classified as IPC Phase 4 in 2019,[59] capacity gaps and impact of shock were less common than the country-wide average. Instead, 43% of shock-affected households with a severe or extreme MSNI score (3 or 4) in Nuristan reported combined sectoral Health, Protection and/or ESNFI needs. This was mainly a result of the high proportion of shock-affected households found to have Health sectoral needs, corroborated by the Health sectoral analysis in the HNO that categorised Nuristan as having extreme health needs.[60] Nuristan is one of the most inaccessible provinces in Afghanistan, and is majorly underserved in terms of social infrastructure such as healthcare centres.[61] Indeed, out of all provinces, shock-affected households in Nuristan most commonly reported women being likely to give birth at home if pregnant (71%) exemplifying both the lack of health services and physical access barriers. Similarly in the FGDs, participants in Nuristan discussed a lack of access to health services and of professional doctors for households not living near the district centre.

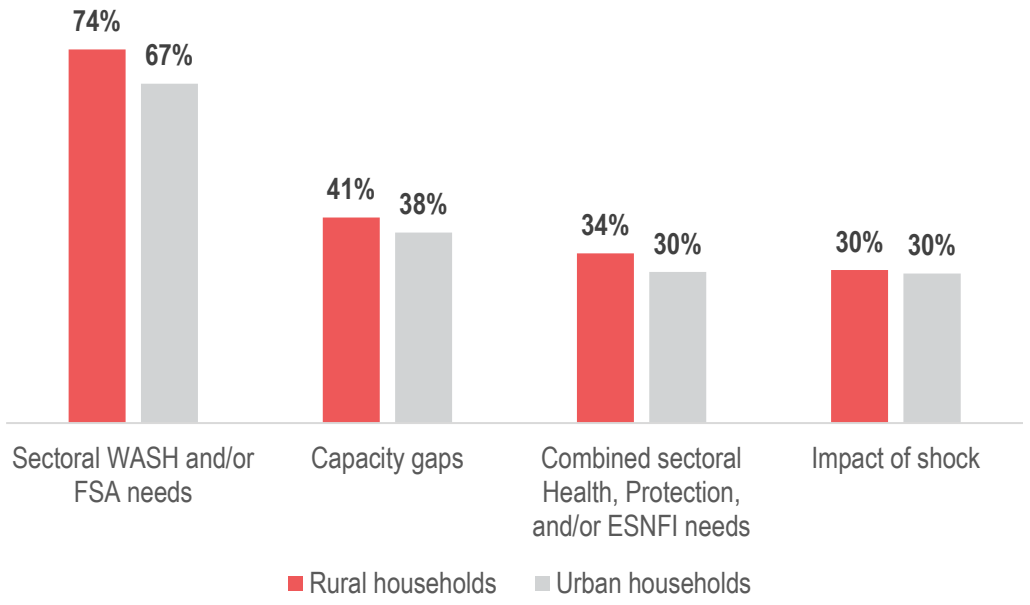
[58] International Federation of Red Cross and Red Crescent Societies (IFRC), 2018. Information bulletin: Afghanistan drought. May 2018. Available here.
[59] IPC Afghanistan, 2019. Integrated Food Security Phase Classification: August 2019-March 2020. September, 2019. Available here.
[60] OCHA, 2019. Afghanistan Humanitarian Needs Overview 2020. December 2019. Available here.
[61] Afghanistan Analysts Network (AAN), 2018. The 2018 election observed in Nuristan: Disenfranchisement and lack of data. November 17, 2018. Available here.

Figure 6: Of those shock-affected households in Nuristan province with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need



Rural-urban geographical delineation was also found to play an important role in determining levels of humanitarian need. Shock-affected households in rural areas were more likely to have a severe or extreme MSNI score (3 or 4) (78%) compared to shock-affected households in urban areas (63%). This is mainly the result of shock-affected households in rural areas more frequently experiencing each driver of need compared to urban households, rather than differences in the patterns of need observed (Figure 7). This may suggest that humanitarian assistance is more effectively reaching or addressing the needs of urban households. Alternatively, these findings highlight the heightened vulnerability of rural shock-affected households in terms of struggling to meet their needs and lacking access to basic services. In particular, the driver of need with the greatest difference between urban and rural households was sectoral WASH and/or FSA needs, largely reflecting a substantially higher proportion of shock-affected households with severe or extreme LSG sectoral needs in WASH for rural households (41%) compared to urban households (24%).

Figure 7: Of those shock-affected households with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need, by urban-rural delineation



MSNI across population groups

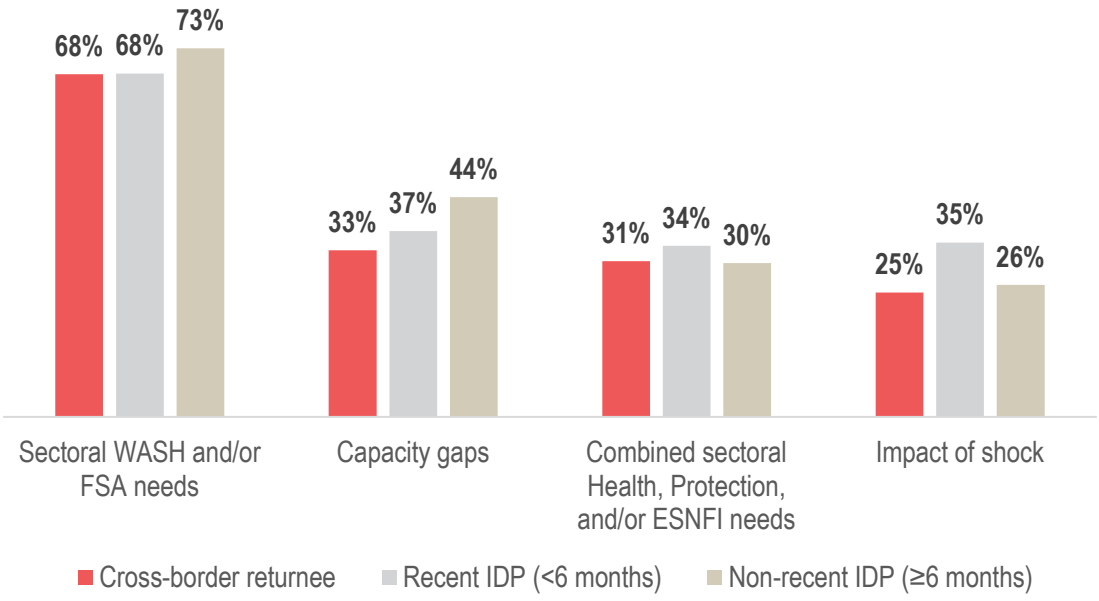
High proportions of households faced severe or extreme humanitarian needs across population groups, with similar proportions of displaced and non-displaced shock-affected households found to have severe or extreme MSNI scores (3 or 4) (Table 2). For almost every population group, **the most common driver was sectoral WASH and/or FSA needs**, reflecting the fact that food was also amongst the top two most commonly self-reported needs for households in all population groups. The exception was host community households, for which the driver of need experienced by the highest proportion of households with a severe or extreme MSNI score (3 or 4) was capacity gaps (51%). This suggests that even for those populations with better access to basic services, dealing with the influx of displaced persons and/or general economic or conflict-related stress is driving households to resort to negative strategies to respond to shocks. Notwithstanding the overall prominence of sectoral WASH and/or FSA needs, the WoAA also revealed **notable variation in terms of the factors driving needs across population groups**, further supporting the need for a targeted humanitarian response.

Table 2: % of households with severe or extreme needs (MSNI score of 3 or 4) and the proportion of these households found to experience each driver of need, by population group

Population Group	Households with a severe or extreme MSNI score (3 or 4)				
	Overall percentage	% with sectoral WASH and/or FSA needs	% with capacity gaps	% with combined sectoral Health, Protection and ESNFI needs	% experiencing impact of shock
Cross-border returnee	**60%**	68%	33%	31%	25%
Host community	**60%**	44%	51%	39%	21%
IDP returnee (in Badghis)	**91%**	81%	67%	36%	46%
Non-displaced conflict-affected	**72%**	68%	28%	41%	49%
Non-displaced natural disaster-affected	**69%**	67%	42%	38%	44%
Non-recent IDP (≥6 months)	**74%**	73%	44%	30%	26%
Pakistani refugee (in South East)	**57%**	68%	4%	49%	57%
Recent IDP (<6 months)	**70%**	68%	37%	34%	35%

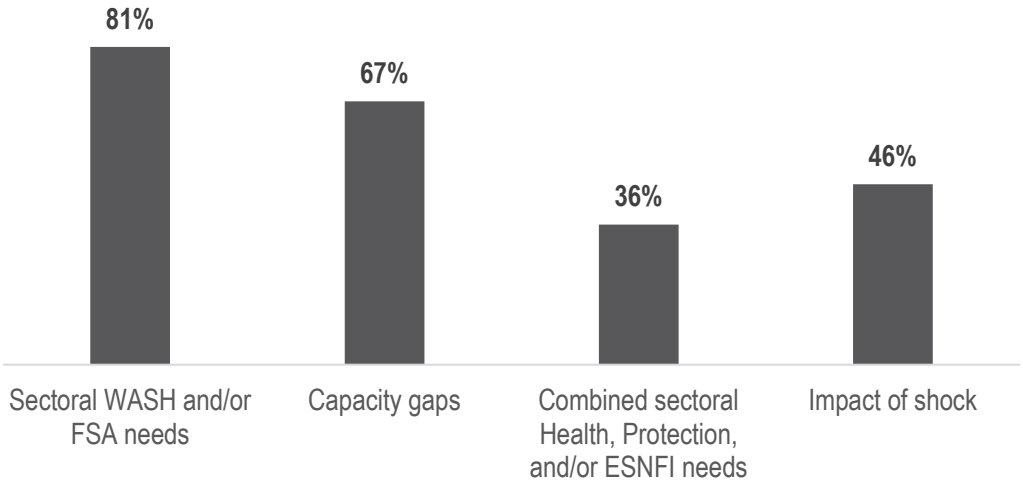
IDP households were mostly likely to have severe or extreme humanitarian needs (MSNI score of 3 or 4) out of displaced populations, as 74% of non-recent IDP (≥6 months) households and 70% of recent IDP (<6 months) households were found to have a severe or extreme MSNI score (3 or 4). The majority of cross-border returnee households (60%) were also found to have a severe or extreme MSNI score. The most frequently observed driver of need for displaced households was sectoral WASH and/or FSA needs (Figure 8). Capacity gaps were notably more commonly experienced by non-recent IDP (≥6 months) households with a severe or extreme MSNI score (3 or 4) (44%), conveying the impact of prolonged displacement on the ability of households to cope. Impact of shock was highest for recent IDP (<6 months) households, most likely as they still faced the immediate aftermaths of conflict or natural disaster events.

Figure 8: Of those displaced households with a severe or extreme MSNI score (3 or 4), the proportion found to experience each driver of need, by population group



The population group with the highest proportion of households found to have severe or extreme humanitarian needs (MSNI score of 3 or 4) was IDP returnee households sampled in Badghis (91%). This reflects the cumulative impacts of conflict and/or drought, forced displacement, and poor living conditions in IDP settlements, the latter of which has been reported as a direct factor motivating households to return.[62] Of these households, 81% were found to have a sectoral WASH and/or FSA need, and around two-thirds (67%) were found to have a capacity gap (Figure 9). The prominence of capacity gaps links to the fact that the need to repay debt was among the top three most commonly self-reported needs for IDP returnee households (47%). Pakistani refugee households in the South East were the population group with the lowest proportion of households found to have a severe or extreme MSNI score (3 or 4). Even so, over half of these households (57%) had a severe or extreme MSNI score (3 or 4), with the most common driver of need being sectoral WASH and/or FSA needs (68%).

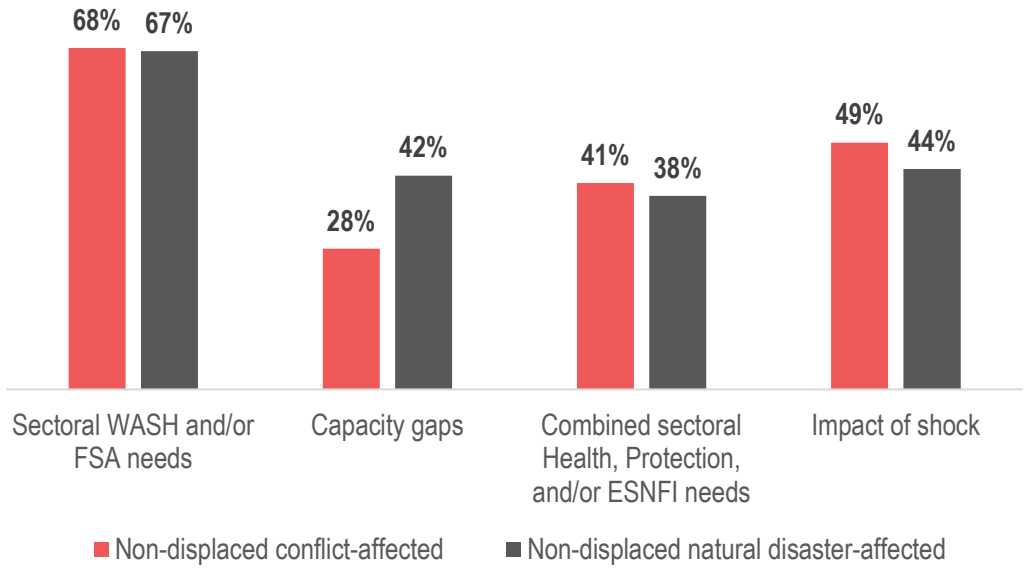
Figure 9: Of those IDP returnee households in Badghis with a severe or extreme MSNI score (3 or 4), the proportion found to experience each driver of need



[62] Samuel Hall, 2019. A long way home: Obstacles and opportunities for IDP return in Afghanistan. December 31, 2019. Available here.

A similar proportion of **non-displaced shock-affected households** were found to have a severe or extreme MSNI score (3 or 4) compared to displaced populations. Specifically, 69% of non-displaced natural disaster-affected households and 72% of non-displaced conflict-affected households had severe or extreme needs (MSNI score of 3 or 4). Sectoral WASH and/or FSA needs were also the most common driver, however, a main difference was that the impact of shock and combined sectoral Health, Protection and/or ESNFI needs were more likely to be a driver for non-displaced households with a severe or extreme MSNI score (3 or 4) (41% and 38% for non-displaced conflict- and natural-disaster-affected households respectively, compared to below 35% for displaced households) (Figure 10). This may relate to these households not having displaced to areas where some level of support is accessible and remaining vulnerable to the impact of ongoing conflict or the aftermath of natural disasters. A notable difference amongst non-displaced households was that capacity gaps were more common for non-displaced natural disaster-affected households with severe or extreme needs (42%) compared to non-displaced conflict-affected households (28%). This illustrates the drastic depletion of household resources in the attempt to rebuild livelihoods and address basic needs following natural disaster events. Indeed, a higher proportion of non-displaced natural disaster-affected households reported having debt (63%) compared to non-displaced conflict-affected households (56%), and this was the only population group that most frequently reported shelter repair as the primary reason behind debt.

Figure 10: Of those non-displaced shock-affected households with a severe or extreme MSNI score (3 or 4), the proportion found to experience each driver of need, by population group



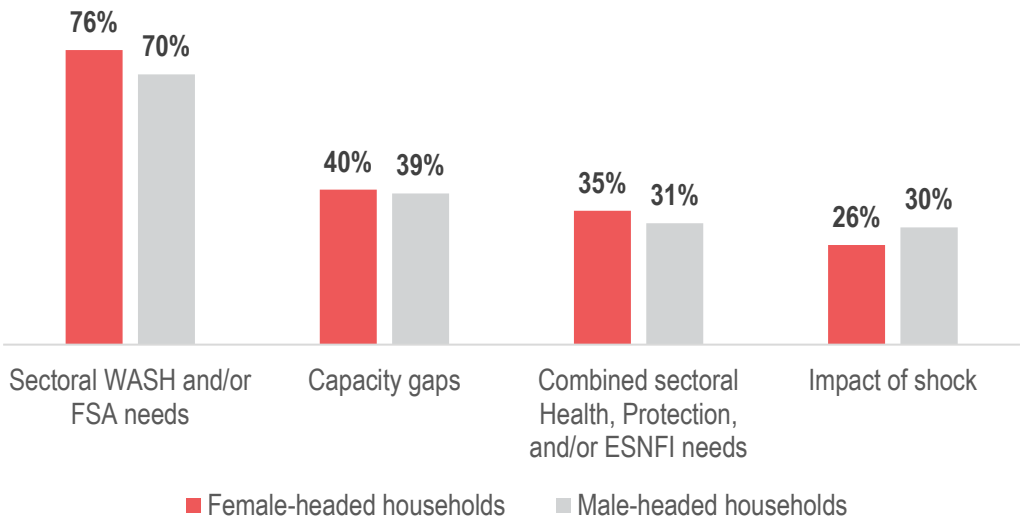
Vulnerable groups

Shock-affected households with key vulnerabilities were found to be more likely to experience multi-sectoral needs than other households. The key vulnerabilities found to heighten the need across sectors included: female-headed households, households headed by a person with a disability, lack of legal identification documents (tazkira) and living in informal settlements. Moreover, there was found to be a difference across vulnerable groups in terms of the most frequent drivers that heightened their needs in comparison to those of other households. This emphasises the **importance of delivering an inter-sectoral response that is adapted to address the needs of specific vulnerable groups**.

The vulnerability of **female-headed shock-affected households** was reflected in a higher proportion of these households having a severe or extreme MSNI score (77%) compared to male-headed households (70%). Female-headed households most commonly experienced sectoral WASH and/or FSA needs as the most common driver of need, and were more likely to have LSG sectoral needs in both these sectors than male-headed households (Figure 11). Specifically, for food security this was largely driven by a higher proportion of female-headed households reporting to lack access to a marketplace in the seven days prior to data collection (46% compared to 35%) and to have a poor FCS (56% compared to 45%). The larger proportion of female-headed shock-affected households

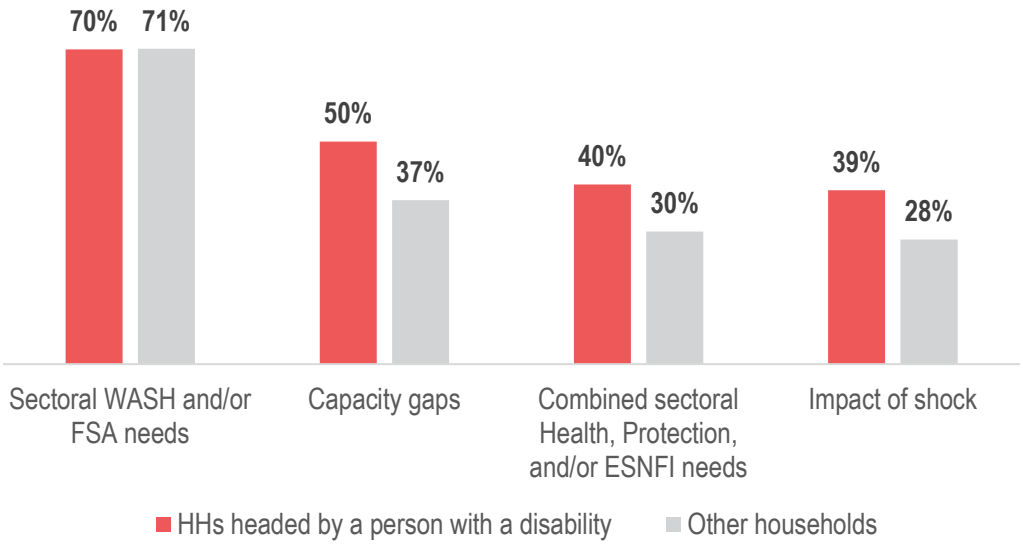
found to have gaps in WASH living standards was largely the result of a higher proportion of these households reporting lacking access to hygiene items, namely soap (44% compared to 29% of male-headed households).

Figure 11: Of those shock-affected households with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need, by sex of head of household



Disability was a key vulnerability, with 79% of shock-affected households headed by a person with a disability found to have a severe or extreme MSNI score (3 or 4) compared to 68% other households. The most commonly experienced driver of need was WASH and/or FSA needs for both households, however, households headed by a person with a disability were notably more likely to have capacity gaps (50%) compared to other households (37%) (Figure 12). This was corroborated by FGD participants explaining that persons with a disability often had no choice but to rely on borrowing or financial support from relatives and neighbours, or to engage children in contributing to the family income. In particular, this was argued to be the case for women with disabilities, highlighting the impact of cross-cutting vulnerabilities. Overall, shock-affected households headed by a person with a disability were more likely than other households to have needs in several sectors, with a higher proportion of these households being found to have combined sectoral Health, Protection and/or ESNFI needs (40% compared to 30%), as well as to have been severely or extremely impacted by shock (39% compared to 28%)

Figure 12: Of those shock-affected households with a severe or extreme MSNI score (3 or 4), the proportion of households found to experience each driver of need, by head of household physical disability



Access to legal identification (tazkira) was also an important vulnerability-related determinant of need, and 81% of shock-affected households with no members owning a tazkira were found to have a severe or extreme MSNI score (3 or 4) compared to 69% of other households. This difference was largely related to 36% of households with no members owning a tazkira experiencing the impact of shock compared to 29% of other households. Finally, shock-affected households **living in informal settlements** were acutely vulnerable as 90% had a severe or extreme MSNI score (3 or 4) contrary to 66% of other households. Poor living conditions in informal settlements are reflected in these households being found to have be more likely to report sectoral WASH and/or FSA needs (78% compared to 69%) as well as combined sectoral Health, Protection and/or ESNFI needs (41% compared to 29%). Moreover, it is probable that these two vulnerabilities – ownership of legal documentation and living in informal settlements – interact to heighten the need, as a higher proportion of households living in informal settlements reported no household members owning a tazkira (22%) compared to other households (7%).

Forecasted needs

The humanitarian crisis in Afghanistan is driven by a highly volatile conflict situation and influenced by a number of environmental, political, and socio-economic factors, making it challenging to predict future needs. Although the most likely conflict scenario forecast by the humanitarian community is a continuation of the status quo, several factors could lead the security situation to either improve or deteriorate in the near future, with ensuing effects on humanitarian needs. This includes the ramifications of the US-Taliban preliminary deal and continuation of negotiations, further withdrawal of international military forces, and ongoing tensions related to the contested elections.[63] Aside from the devastating effects of conflict, Afghanistan is also prone to numerous types of slow and sudden onset natural disasters, affecting on average 200,000 people every year.[64] Whilst the on-set of natural disasters are difficult to predict, low levels of disaster preparedness increases the risk and prospective impact for vulnerable populations.

Despite the challenge in foreseeing conflict- and natural disaster-related contextual changes, WoAA 2019 findings on displacement and winterisation trends provide some indication of future needs of crisis-affected households. Specifically, displacement trends and movement intentions indicate a potential increase in needs for households displaced for prolonged periods, and the projected risk of community tensions for households intending to return to their area of origin. Secondly, as Afghanistan is a predominantly mountainous country that has a consistently cold winter season, it is possible to envisage which regions and households are most likely to have winterisation needs.

Displacement patterns and movement intentions

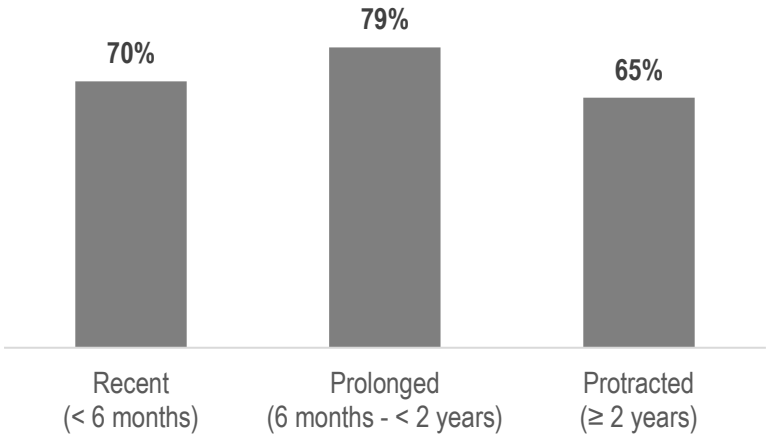
The WoAA provided insight into future needs of displaced populations, according to movement intentions, displacement patterns and the security context. Firstly, it is forecast that if the security situation does not change drastically, **the majority of displaced households will remain in their location of displacement despite their high levels of need**. The majority of displaced households (89%) reported intending to remain in their current location in the six months after data collection across most geographical locations. Over half of these households (55%) reported that they had no intention to return regardless of any kind of support to address basic needs. The main factors that households reported would help them return to their area of origin was increased safety and security in the area of origin, for 32% of displaced households not intending to return. Similarly, the majority of FGD participants across all provinces indicated that peace and a more stable security situation was the most important incentive for return to their area of origin. In light of the prediction by the humanitarian community that conflict levels will not drastically reduce over the coming months,[65] it is likely these households will remain displaced in the near future.

Secondly, **needs are predicted to increase for recently displaced households**. Sectoral and inter-sectoral needs were found to initially increase with length of displacement, with prevalence of severe and extreme MSNI needs only appearing to decline after two years in displacement: 79% of prolonged IDP households (6 months to <2 years) were found to have severe or extreme MSNI scores (3 or 4), compared to 70% of recent IDP households

[63] OCHA, 2019. Afghanstan Humanitarian Needs Overview 2020. December 2019. Available here.
[64] OCHA, 2019. Natural Disasters Interactive Dashboard. Available here.
[65] OCHA, 2019. Afghanistan Humanitarian Needs Overview 2020. December 2019. Available here.

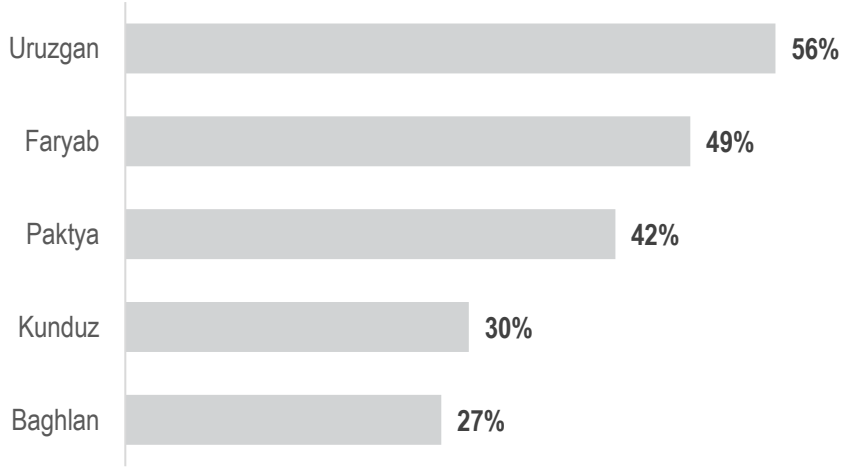
(<6 months) and 65% of protracted IDP households (≥ 2 years) (Figure 13). This suggests that the life-saving assistance provided in the immediate outset of an emergency may not have the durability necessary to support long-term displacement. It also reveals that displacement initially compounds the needs of households, necessitating a humanitarian response that more gradually phases households out of life-saving assistance. For recent IDP households intending to remain in their current location (87%) needs are therefore forecast to increase, particularly WASH and ESNFI needs as a notably higher proportion of prolonged IDP households were found to have severe or extreme LSG sectoral needs in WASH (45%) and ESNFI (41%) compared to recent IDP households (26% for WASH, 30% for ESNFI).

Figure 13: % of IDP households with a severe or extreme MSNI score (3 or 4), by displacement length



Thirdly, **displaced households intending to return to their area of origin are likely to experience needs upon return**. Although continued displacement presents humanitarian concerns, so too does future return. The process of return and reintegration is likely to result in new or additional needs, compounding an already grave humanitarian situation for these households. Potential concerns relating to return to area of origin largely fall under the remit of protection, such as the risk of returns resulting in the creation of tensions between communities. The main experiences reported by cross-border and IDP returnee households that returned to their area of origin were: their house and property being occupied by other persons (25%), valuables or property missing in their homes (17%), and pressure to repay debt (15%). Moreover, a higher proportion of female-headed households found their house or property occupied on return (30%) compared to male-headed households (24%), indicating the potential vulnerability of specific groups.

Figure 14: % of displaced households intending to return to their AoO in the six months after data collection, by the top five provinces



Although the majority of displaced households reported intending to remain in their current location across almost all geographical areas, there was one notable exception. In Uruzgan province 56% of displaced households reported intending to return to their area of origin and 19% to relocate inside Afghanistan. This is more likely to relate to the poor security situation or the high levels of needs faced by displaced populations in Uruzgan rather than security improvements in their area of origin, as conflict continues to be ongoing and widespread in the South region.[66] Other provinces with at least a quarter of displaced households intending to return to their area of origin were Faryab, Paktya, Kunduz, and Baghlan (Figure 14). It is predicted that households returning from these areas may require further support for reintegration into communities and protection-related needs upon return.

Climate conditions

The **effects of harsh climatic conditions in the winter are an important factor proliferating the humanitarian needs of households** in Afghanistan. The WoAA 2019 included indicators on access to blankets and energy sources used by households, allowing for the prediction of which households would be most likely to face heightened needs during the winter season. Specifically, the 52% of shock-affected households that reported lacking access to a sufficient number of blankets and reported using lower quality fuel sources the winter prior to data collection were forecast to have winterisation needs.[67] Findings suggest that the impact of harsh weather conditions during winter would be particularly concentrated around the Northern, Eastern, Western and North Eastern regions, where winterisation needs amongst shock-affected households were found to be highest. The provinces with the highest proportions of shock-affected households reporting to have winterisation needs were Herat in the Western region (83%), and Takhar and Badakhshan in the North East (80% and 76%, respectively). The winterisation needs forecast to affect the majority of shock-affected households in Herat are compounded by the high proportion of shock-affected households in Herat living in unimproved shelter types, with 45% reporting to live in tents (emergency shelter) and 19% in makeshift shelter at the time of data collection.

The WoAA 2019 findings also suggest that **higher proportions of households living in rural areas and informal settlements would have winterisation needs**. A higher proportion of shock-affected households living in rural areas are predicted to have winterisation needs (61%) compared to shock-affected households in urban areas (44%). This was driven both by rural households being more likely to own an insufficient number of blankets[68] (69% compared to 56%), and to report having used wood or bushes as the main energy source in the winter prior to data collection. Shock-affected households living in informal settlements will also likely be particularly affected, as 67% of these households were found to have winterisation needs, compared to 48% of households not reporting living in an informal settlement. This difference was mainly driven by households in informal settlements being more likely to report paper waste as a main energy source (32% compared to 12%) and having access to an insufficient number of blankets (74% compared to 59%).

Accountability to affected populations

Access to humanitarian assistance

Despite high levels of current and forecast needs, **the WoAA found that several households nevertheless face challenges in accessing humanitarian aid**, as 12% of shock-affected households reported being aware of but unable to access humanitarian assistance distribution in the six months prior to data collection. This was highest for IDP returnee households in Badghis, 36% of whom reported an inability to access available assistance they were informed of. Of the shock-affected households unable to access assistance, almost half (49%) reported that being unaware of the eligibility criteria was the main barrier. A further 35% reported an inability to access the distribution site due to physical, social, or security restrictions in travelling to the area. This included a lack of transport to the distribution, the site being too far, security challenges accessing the area, or social restrictions.[69] Vulnerable households faced particular access constraints, with double the proportion of households headed by a

[66] OCHA, 2019. Afghanistan Weekly Humanitarian Update. September, 2019. Available here.
[67] A household was considered to have winterisation needs when reporting to own less than one blanket per household member and to have used unimproved energy source (animal dung, paper waste, or wood or bushes) in the winter prior to data collection.
[68] An insufficient number of blankets is defined by owning less than one blanket per household member.
[69] Social restrictions refer to socio-cultural norms or social restrictions by AoGs that prevent men and women from moving or travelling freely outside the home or specifically from accessing humanitarian aid.

member with a disability reported being aware of but unable to reach assistance (20%) compared to other households (10%), a difference partly driven by barriers travelling to the distribution site (too far or lack of transport).

Information and communication preferences

A main barrier to accessing assistance was found to be information deficits; the majority of shock-affected households (89%) reporting feeling inadequately informed about available assistance and how to access it. This was mostly consistent across population groups, although a lower proportion of IDP returnee households (56%) felt inadequately informed, reflecting the previous finding that these households were most likely to be aware of assistance yet unable to access it. Correspondingly, the most common type of information households wanted to receive from aid providers, for 69% of shock-affected households, was how and where to register for humanitarian aid. The second-most reported response was the associated preference for information on how to access basic services (41%), specifically shelter for Pakistani refugee households (63%), although IDP returnee and non-displaced conflict-affected households preferred information about the conflict or natural disaster situation in second place (44% and 57% respectively).

The two main communication preferences reported by shock-affected households, both in terms of receiving information from aid workers and communicating about needs or assistance received, were via the phone (43% and 45%, respectively) and via a community leader (39% and 36%, respectively). Notably, non-displaced and displaced shock-affected households differed in their preferred communication means, with non-displaced households tending to prefer communicating via a community leader, whilst displaced households reported a preference for communicating via the phone (Table 3). This may suggest that community leaders did not always displace with their community or that community leaders play a more prominent role in non-displaced communities potentially due to greater social cohesion. Rural shock-affected household had a notable preference for communicating via the phone (51% compared to 40% of urban households), suggesting this communication means is more suited to households living in remoter areas despite low network coverage in areas with reduced physical access and rural households being less likely to report access to a registered sim card.

FGDs revealed the presence of specific communication channels and barriers for women. Specifically, women were indicated to often lack access to communication means (e.g. phone) to express concerns outside of their family. This mostly results in women having to communicate needs to their husbands or household elders, with substantial concerns then further shared with religious or community leaders. Additionally, several female participants mentioned a preference to write letters to the Directorate of Women's Affairs for support on intra-familial issues, due to its direct connections with humanitarian organisations assisting women and girls.

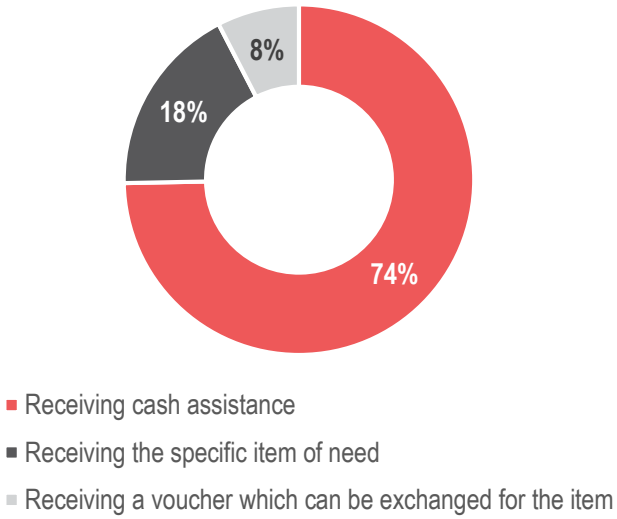
Table 3: Most commonly reported information needs and communication preferences, by population group

	Non-displaced conflict-affected	Non-displaced disaster-affected	Cross-border returnee	Non-recent IDP	Recent IDP
Top two information preferences	Registering for aid (68%)	Registering for aid (67%)	Registering for aid (64%)	Registering for aid (72%)	Registering for aid (63%)
	News on conflict / natural disaster situation (57%)	Accessing basic services (33%)	Accessing basic services (42%)	Accessing basic services (44%)	Accessing basic services (36%)
Preferred method for receiving information	Via a community leader (49%)	Via a community leader (47%)	Via the phone (call/sms) (42%)	Via the phone (call/sms) (46%)	Via the phone (call/sms) (43%)
Preferred communication means	Via a community leader (50%)	Via a community leader (41%)	Via the phone (call/sms) (44%)	Via the phone (call/sms) (50%)	Via the phone (call/sms) (45%)

Preferred modality of assistance

For the majority of shock-affected households with self-reported needs, **the preferred modality of receiving humanitarian assistance was through cash assistance** (74%) (Figure 15). This was consistent across vulnerable groups as well as population groups, including host communities, with the exception of Pakistani refugee households in the South East that had a preference for receiving a voucher (44%). This outlier for Pakistani refugee households could be the result of household exposure to and therefore familiarity with specific modalities of assistance (i.e. vouchers) in the past. Despite the majority of households in every region reporting a preference for cash there was some geographical discrepancy, as a higher proportion of shock-affected households preferred receiving cash assistance in the Northern (88%) and North-Eastern region (85%), as compared to the Central, Southern and South-Eastern regions where 57% of households in each of these regions had a preference for cash assistance.

Figure 15: Preferred method of receiving humanitarian assistance for shock-affected households with self-reported needs



The WoAA also assessed the feasibility of cash transfer methods through the inclusion of indicators on household access to a registered bank account and household ownership of a phone with a registered sim card. The vast majority of shock-affected households (95%) reported no household member having a registered bank account, thus limiting the value of registered bank accounts as a mode of distribution. A lower proportion of shock-affected households (47%) reported lacking access to a registered sim card suggesting that the use of phone-based technology in facilitating the cash intervention may be more appropriate. However, this is likely to disadvantage key vulnerable groups as shock-affected households with specific vulnerability profiles were less likely to own a phone with a registered sim card, namely female-headed households (60%), households with no members owning a tazkira (67%), and rural households (52%), . Accordingly, alongside the widespread preference for cash assistance, the impact of key vulnerabilities is important to consider in cash assistance interventions.

CONCLUSION

The WoAA 2019 assessed and identified the humanitarian needs of crisis-affected populations across Afghanistan, providing a key evidence base to inform the 2020 Afghanistan HNO and the updating of the Afghanistan HRP 2018-2021. Using WoAA data, this report piloted the MSNI framework as an analytical method for identifying the severity of inter-sectoral and multi-sectoral humanitarian needs of crisis-affected households and discerning how these needs differ in terms of driver and severity across different geographic locations and population groups. Consequently, the report provides insight into the primary and underlying factors driving the crisis, the main geographical areas and household profiles that were most likely to face severe or extreme humanitarian needs, and the potential directions in which these needs could evolve for specific groups in the months following data collection. This conclusion summarises the main findings of this analysis, and examines their implications for the future strategic planning of the humanitarian response in Afghanistan.

The humanitarian crisis in Afghanistan was found to be predominantly precipitated by conflict, with active conflict and violence presenting as both the most commonly reported shock event experienced by shock-affected households in the year prior to data collection (79%), as well as the single main push factor triggering the displacement of IDP households (72%) and cross-border returnee households (67%). However, consideration of the various drivers and underlying factors of the crisis demonstrated the situation to be much more complex. Over a third of shock-affected households reported having experienced multiple shock events in the year prior to data collection (41%), indicating the compounding impact of natural disaster events, namely flash flooding and the lingering impact of drought, in exhausting the resources of a population that is often already adversely affected by conflict. Moreover, deep-rooted socio-economic challenges were found to underlie the primary drivers and perpetuate the crisis, with unemployment or poverty amongst the top three most commonly reported reasons motivating the displacement of both IDP and cross-border returnee households. This suggests the need for the humanitarian community to conceive of the protracted crisis in Afghanistan as sustained by a plurality of drivers, with major conflict events most likely acting as the final trigger shifting households into the humanitarian caseload. This has important implications for future caseloads as households that are not currently experiencing severe or extreme needs could rapidly shift into this category should there be a continuation of the status quo.

The WoAA 2019 found that these multi-layered drivers of the crisis have left a high proportion of shock-affected households facing humanitarian needs across geographical areas and population groups. Overall, the assessment determined that 70% of shock-affected households had severe or extreme humanitarian needs (MSNI score of 3 or 4). The most common driver of need experienced by these households was FSA and/or WASH needs (71%), apparent in high levels of food insecurity and reported household lack of access to sufficient and safe drinking water. The widespread prevalence of chronic food insecurity – almost half of shock-affected households (46%) were found to have a poor FCS – reflects the impact of decades of cumulative shock events on a population already afflicted by economic hardship and limited basic infrastructure. Foremost, this highlights the continued urgency of delivering life-saving humanitarian assistance to ensure households are able to meet their basic needs. Additionally, it supports the humanitarian community's widening of the definition of humanitarian need to include supporting vulnerable populations that are unable to access basic services.[70]

Nevertheless, aside from the prevalence of FSA and WASH needs, the MSNI analysis also demonstrated that the situation of shock-affected households is much more intricate, with a variety of other drivers also found to be underpinning humanitarian needs. This is demonstrated by the fact that at least a third of the shock-affected households with severe or extreme humanitarian needs were found to experience each driver of need, including capacity gaps (39%), combined Health, Protection and/or ESNFI needs (32%) and the impact of shock (30%). Accordingly, the humanitarian situation in Afghanistan may be better understood as a multi-sectoral crisis in which food insecurity is a manifestation of the broader lack of access to basic services across multiple sectors and the long-term exhaustion of household resources in the face of multiple shocks. The findings indicate the need for the immediate humanitarian response to be complemented by longer-term development support to restore the capacity of households, promote livelihoods, and build basic infrastructure, not only as a means to address immediate household needs but also as a way of increasing household resilience to further shock. This reiterates the legitimacy

[70] OCHA, 2019. Afghanistan Humanitarian Needs Overview 2020. December 2019. Available here.

of a broadened definition of humanitarian action that moves beyond ensuring survival to promoting people's dignity, well-being and coping capacity.

Aside from needs being complex and multi-layered at the national level, the findings showed that the patterns of the most commonly experienced drivers of need notably diverged across geographic contexts, population groups and key vulnerabilities. This was highlighted by the fact that the provinces found to have the highest proportion of households with severe or extreme needs, Uruzgan (96%), Takhar (91%) and Nuristan (89%), showed clear differences in the proportions of these households facing each driver of need. For example, whilst severe or extreme needs for households in Uruzgan province were most commonly driven by combined sectoral Health, Protection and/or ESNFI needs (85%), the most frequent driver of need in Takhar was sectoral WASH and/or FSA needs (62%). Differences in patterns of drivers of need were similarly observed between displaced and non-displaced shock-affected households and across different vulnerable groups. This finding supports the need for a context-specific, tailored response that is adapted to the needs of specific population groups and key vulnerability profiles.

The WoAA 2019 findings allowed for the identification of households that would particularly benefit from an integrated context-specific humanitarian response. Firstly, IDP households were most likely to experience severe or extreme humanitarian needs out of all households, primarily non-recent IDP households (≥ 6 months) (74%) and IDP returnee households in Badghis (91%). Furthermore, the needs of recent IDP households (<6 months) are predicted to increase in the first two years of displacement, as a higher proportion of prolonged IDP households (6 months to <2 years) were found to have severe or extreme needs compared to recent IDP households (<6 months). Accordingly, recent IDP households are a population group that could particularly benefit from a response that combines early life-saving assistance with the gradual phasing in of longer-term development support. Secondly, shock-affected households with key vulnerabilities were found to be more likely to have severe or extreme humanitarian needs compared to other households, namely female-headed households, households with no members owning legal identification documents (tazkira), households headed by a person with a disability, and households living in informal settlements. Finally, households in rural areas were found to be more likely to have severe or extreme humanitarian needs than urban households (78% compared to 63%). Households with these vulnerable profiles should therefore be considered for prioritisation in planning the humanitarian response.

Finally, a principal objective of the report was to pilot the MSNI framework and assess its effectiveness in identifying the severity of humanitarian needs in Afghanistan. The findings have demonstrated the utility of applying a holistic analytical approach that amalgamates a range of sectoral and cross-sectoral indicators to classify crisis-affected households, allowing for the comparison of severity of multi-sectoral needs across contexts. Moreover, the MSNI framework proved particularly useful in understanding the nuances and differences in the patterns of drivers of need across different geographical areas, population groups and vulnerability profiles.

Moving forward, some key information gaps should be considered in framing the next round of WoAA. Firstly, as a key objective of this report was to pilot the MSNI framework as an approach for multi-sectoral analysis, there was limited scope for comparison to the inter-sectoral findings from the WoAA 2018 which used a different analytical framework. Nevertheless, the next round of WoAA would benefit from conducting longitudinal and trend analysis to provide overview of changes in the humanitarian context over time. Secondly, the limitations and challenges summarised in the methodology section will need to be addressed, particularly the under-representation of female perspectives resulting from interviews being predominantly answered by male respondents (as 92% of heads of household were male). Thirdly, findings from the HTR assessment will need to be better aligned or compared with the analysis of household-level data to gain a more holistic understanding of needs across both accessible and non-accessible locations in Afghanistan.

REACH will facilitate another WoAA in 2020 and over the next few years to identify the needs of crisis-affected populations nation-wide and thereby support the humanitarian community's objective of making programming in Afghanistan more evidence-based. Ultimately these assessments should allow for the longitudinal analysis of needs overtime and therefore provide a deeper understanding of contextual trends. In supporting subsequent assessments, REACH aims to continue to build upon lessons learnt, experiment with different analytical frameworks, and thereby strengthen the reliability of the assessment findings.

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ANNEXES

Annex 1. Links to technical documentation

Available resources:

- Household-level dataset available on the REACH Resource Centre.
- WoAA 2019 province-level factsheet booklet available on the REACH Resource Centre.
- Hard-to-Reach assessment dataset available on the REACH Resource Centre.
- Hard-to-Reach assessment district-level factsheets available on the REACH Resource Centre.

Upcoming:

- Terms of Reference for the WoAA 2019.

Annex 2. Enumerator Training Schedule

The WoAA enumerator training agenda and contents is outlined below:

Background and Introduction

- Introduction to REACH
- Background of the WoAA
- Objective and research questions
- Methodology overview
- Coverage: geography and population groups
- Key definitions

Security and Research Ethics

- Dealing with security issues: risks and mitigation
- Working with vulnerable people
- Code of conduct for enumerators
- Reporting protection concerns
- Respondent complaints (information about Awaaz)

Data Collection Methodology

- Interview guidelines
- Random household selection
- Kobo Tool application
- Introduction to enumerator booklet

Interview practice

- Questionnaire run through
- Practical Kobo Tool session

Thematic sessions (facilitated by external experts)

- Information on health indicators
- MUAC interviews
- Information about Awaaz

Annex 3. List of partners

The following partners were involved in the WoAA 2019 at different stages of the research cycle:

Research Design (endorsed by ICCT)

- OCHA.
- Clusters: Education in Emergencies (EiE), Emergency Shelter and Non-Food Items (ESNFI), Food Security and Agriculture (FSA), Nutrition, Health, Protection, and Water, Sanitation and Hygiene (WASH).
- Sub-clusters: Child Protection (CP), Gender-based Violence (GBV), Housing, Land and Property (HLP), and Mine Action.

Data collection

- Afghanistan Development and Educational Organisation (ADEO).
- Agency for Humanitarian and Development Assistance for Afghanistan (AHDAA).
- Accessibility Organisation for Afghan Disabled (AOAD).
- Agency for Rehabilitation and Energy Conservation in Afghanistan (AREA).
- Organisation of Human Welfare (OHW), Organisation for Relief Development (ORD).
- Rehabilitation Association for Agriculture Development for Afghanistan (RAADA).
- New Consultancy and Relief Organisation (NCRO).

Data analysis

- Clusters and sub-clusters.
- Map Action.

Dissemination

- OCHA.
- ICCT.
- Clusters and sub-clusters.
- Humanitarian Coordination Team (HCT).
- Agency Coordinating Body for Afghan Relief (ACBAR).

Annex 4. Sampling framework

Table 4: WoAA 2019 Sampling Framework

Provinces	Non-recent IDP	Recent IDP	Returnee	Host community	IDP returnee	Refugee	Non-displaced	Total
Central	**1,906**	**784**	**1,903**	**38**	**N/A**	**N/A**	**1,077**	**5,708**
Bamyan	340	31	399	4	N/A	N/A	N/A	774
Daykundi	211	N/A	328	18	N/A	N/A	N/A	557
Kabul	52	526	36	12	N/A	N/A	N/A	626
Kapisa	320	8	217	4	N/A	N/A	N/A	549
Logar	218	31	322	N/A	N/A	N/A	529	1,100
M. Wardak	308	N/A	267	N/A	N/A	N/A	548	1,123
Panjsher	229	186	30	N/A	N/A	N/A	N/A	445
Parwan	228	2	304	N/A	N/A	N/A	N/A	534
Eastern	**1,053**	**585**	**560**	**135**	**N/A**	**N/A**	**1,044**	**3,377**
Kunar	72	422	82	66	N/A	N/A	1,044	1,686
Laghman	298	N/A	243	N/A	N/A	N/A	N/A	541
Nangarhar	164	163	235	69	N/A	N/A	N/A	631
Nuristan	519	N/A	N/A	N/A	N/A	N/A	N/A	519
North Eastern	**524**	**790**	**759**	**106**	**N/A**	**N/A**	**534**	**2,713**
Badakhshan	174	108	230	8	N/A	N/A	N/A	520
Baghlan	158	176	177	3	N/A	N/A	N/A	514
Kunduz	128	230	168	22	N/A	N/A	534	1,082
Takhar	64	276	184	73	N/A	N/A	N/A	597
Northern	**1,284**	**938**	**690**	**88**	**N/A**	**N/A**	**2,311**	**5,311**
Balkh	196	243	75	10	N/A	N/A	N/A	524
Faryab	197	141	215	12	N/A	N/A	682	1247
Jawzjan	323	289	145	N/A	N/A	N/A	1,139	1,896
Samangan	340	63	123	48	N/A	N/A	490	1,064
Sar-e-Pul	228	202	132	18	N/A	N/A	N/A	580
South Eastern	**895**	**666**	**848**	**8**	**N/A**	**588**	**1,736**	**4,741**
Ghazni	69	587	56	N/A	N/A	N/A	673	1,385
Khost	481	58	53	4	N/A	555	N/A	1,151
Paktika	168	N/A	430	4	N/A	33	528	1,163
Paktya	177	21	309	N/A	N/A	N/A	535	1,042
Southern	**1,045**	**1,085**	**615**	**4**	**N/A**	**N/A**	**2,138**	**4,887**
Helmand	221	242	84	N/A	N/A	N/A	528	1,075
Kandahar	113	419	48	N/A	N/A	N/A	585	1,165
Nimroz	180	116	212	4	N/A	N/A	N/A	512
Uruzgan	418	132	N/A	N/A	N/A	N/A	509	1,059
Zabul	113	176	271	N/A	N/A	N/A	516	1,076
Western	**1,263**	**578**	**547**	**22**	**590**	**N/A**	**1,606**	**4,606**
Badghis	373	179	75	N/A	590	N/A	528	1,745
Farah	215	193	140	N/A	N/A	N/A	561	1,109
Ghor	263	8	288	5	N/A	N/A	N/A	564
Herat	412	198	44	17	N/A	N/A	517	1,188
Total	**7,970**	**5,426**	**5,922**	**401**	**590**	**588**	**10,446**	**31,343**

Annex 5. MSNI Analysis Methodology

This Annex comprises of the three main steps of the MSNI calculation:

- Step 1: The list of indicators per pillar, relevant conditions, and assigned scores;
- Step 2: The severity thresholds for each pillar on a severity scale of 1 to 4; and
- Step 3: The MSNI decision tree indicating the logic of how severity scales were applied to determine the overall MSNI score.

MSNI Analysis Step 1

Table 5: MSNI pillars, conditions, and assigned scores

Pillar		Condition	Score
Impact	Impact on people	HH experienced multiple (≥ 2) shock events	3
		HH experienced one shock event	1
		HH reports reduced agricultural production by 76-100%	2
		HH reports reduced agricultural production by 51-75%	1
		HH reports livestock dying or being left unattended due to displacement	1
		HH reports incident (death or disability) as a result of the presence of explosive hazards	3
		HH reports other impacts of presence of explosive hazards	2
		HH reports child or adult member injured	3
		HH reports shelter damage	2
	Impact on services	HHs reports ≥1 school-aged child removed from school due to event / shock	1
		HH reports health facility becoming dysfunctional and remaining damaged / closed	1
		HH reports water source being damaged, destroyed or dried up and still not functioning	2
	Impact on humanitarian access	HH reports security and protection barriers to accessing humanitarian assistance	2
		HH reports social restriction or distance barriers to accessing humanitarian assistance	1
Humanitarian condition (HC) - capacity gap		HH with an extreme LCSI score	4
		HH with a severe LCSI score	3
		HH with a stress LCSI score	2
		HH with a minimal LCSI score	1
HC - Living standard gap (LSG) / Food security		Food Consumption Score (FCS) - Poor	3
		FCS - Borderline	2
		Household Hunger Scale (HHS) - Severe	3
		Household Hunger Scale (HHS) - Moderate	2
		HH primary food source is assistance or gift or borrowed	3
		HH does not have access to marketplace or distance is more than 10km	3
		HH distance to marketplace is 6-10km	2
HC - LSG / ESNFI		HH lives in open space	3
		HH lives in tent, makeshift shelter or collective centre	2
		HH shelter fully destroyed and HH is unable to make repairs	3
		HH shelter has significant damage and HH is unable to make repairs	2

	HH has < 1 blanket per HH member and uses animal waste, paper waste or wood / bushes as main energy source	3
	HH has daily access to < 3 NFIs	3
	HH has daily access to 3-5 NFIs	2
HC - LSG / Health	HH does not have access to comprehensive health centre	3
	HH distance to closest healthcare facility is more than 10km or none	3
	HH distance to closest healthcare facility is 6-10km	2
	HH reports at least one member experiencing behavioural change	3
	HH reports female members most likely giving birth outside or at least one child (< 5) with AWD	3
	HH reports female members most likely giving birth at home or at least one child (< 5) with AWD	2
HC - LSG / Protection	HH reports member exposed to at least one of: assault with weapon, forced to work, forcibly detained, hindered to move within or outside settlement	4
	HH reports member exposed to at least one of: verbal threats / intimidation, assault without weapon, hindered to move to another district or province	3
	HH reports GBV incidents or threats, including child marriage	3
	HH reports ≥ 1 protection concern	3
	HH safety and security is very poor or poor	2
HC - LSG / WASH	HH primary drinking water source is surface water	3
	HH primary drinking water source is water trucking or unprotected spring	2
	Household does not own soap	3
	HH does not have waste disposal facility and main latrine is open space or community latrine	3
	HH uses family pit latrine without slab and burning as main waste disposal method	2
	HH distance to primary water source is over 1km	3
	HH distance to primary water source is 500m to 1km	2
HC - LSG / Education	HH reports 75-100% of children not attending school	4
	HH reports 50-74.9% of children not attending school	3
	HH reports 25-49.9% of children not attending school	2
	HH reports 0-24.9% of children not attending school	1
	HH reports no member having formal or CBE education	2
	HH reports primary education is highest education level	1
	HH reports security concerns or work as barrier to school attendance	3
	HH reports cultural reasons or lack of facilities as barrier to school attendance	2
	HH reports lack of financial resources, documentation or teachers as barrier to school attendance	1

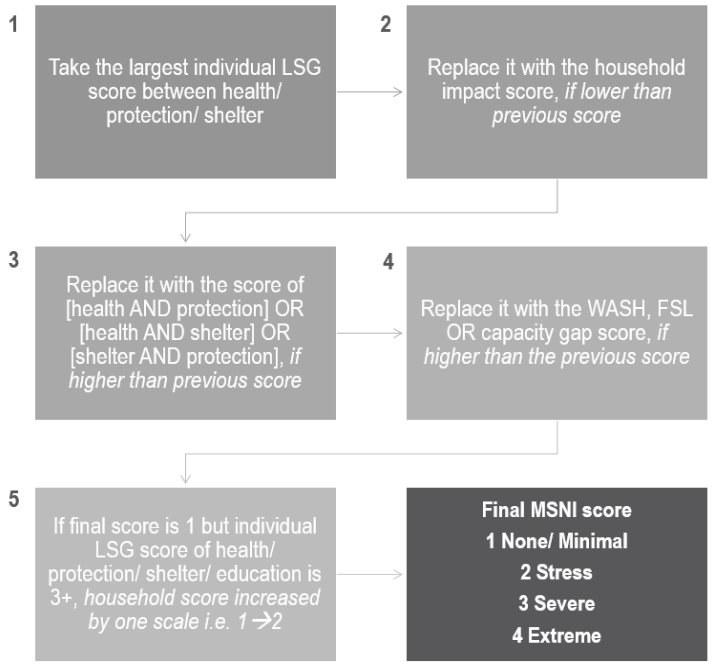
MSNI Analysis Step 2

Table 6: Pillar scores and assigned severity thresholds

Component	Total Household Score	Severity Threshold
Impact	0 - 2	1 - minimal / none
	3 - 5	2 - stress
	6 - 8	3 - severe
	≥ 9	4 - extreme
Capacity gap	1	1 - minimal / none
	2	2 - stress
	3	3 - severe
	4	4 - extreme
HC - LSG (all sectors)	0 - 2	1 - minimal / none
	3 - 5	2 - stress
	6 - 8	3 - severe
	≥ 9	4 - extreme

MSNI Analysis Step 3

Figure 16: MSNI Decision Tree



The MSNI decision tree defines severity based on the following five components:[71]

- Household has living standard gaps (LSG) in FSA or WASH; **OR**
- Household has a Capacity Gap; **OR**
- Household has co-occurring LSG in Health and ESNFI, or ESNFI and Protection, or Protection and Health; **OR**
- Household has LSG in Health / ESNFI / Protection and has been impacted by event / shock; **OR**
- Household has severe or extreme LSG in Health / ESFNI / Protection / EiE.

[71] The report outlines the findings for the first four components of the MSNI decision tree. The fifth component, "severe or extreme LSG in Health / ESNFI / Protection / EiE" was not presented in this report as the needs of almost all shock-affected households were covered by the other four components.

Annex 6. Key Concepts and Definitions

Cross-border returnee household – An Afghan household in which the majority of the household member previously felt forced to leave their home to live in another country, typically but not always Pakistan or Iran, and have since returned to Afghanistan.[72]

Host community – Communities that host large populations of refugees or internally displaced persons, typically in camps or integrated into households directly.

Household – A housing unit in which there is one clearly defined head, with all other individuals living within the boundaries of the housing unit. Members of the household typically share meals. The household can consist of multiple families and can include directly related and nonrelated members provided they are permanent residents at the time of the interview.

Household head – The decision maker in the household; the primary decider regarding financial allocation, wellbeing of household members and movement decisions. They need not be the sole decision maker, provided they have the final say. While they need not be the primary breadwinner, in Afghanistan this is often the case.

IDP returnee household – An Afghan household in which the majority of the household members were previously forced to flee or leave their home due to persecution, war, violence and/or natural or human-made disasters, and have since returned to their Area of Origin (AoO). This population group was only sampled in Badghis province.

Non-displaced conflict affected household – An Afghan household which remained in its AoO despite having directly experienced conflict in the last 6 months. This population group was only sampled in districts which were reported to have had the highest number of conflict casualties in the 6 months prior to data collection.

Non-Recent IDP household – An Afghan household in which the majority of the household member were forced to flee or leave their home due to persecution, war, violence and/or natural or human-made disasters more than six months prior to data collection.

Non-displaced natural disaster affected household – An Afghan household which remained in its AoO despite having directly experienced natural disaster in the last 6 months. This population group was only sampled in districts worst affected by flooding in the 6 months prior to the assessment period.

Refugee household – A non-Afghan household, forced to flee its country of origin due to persecution, war, violence or natural or human-made disasters, now residing within Afghanistan. This population group was only sampled in Khost and Paktya provinces.

Recent IDP household – An Afghan household in which the majority of the household member were forced to flee or leave their home due to persecution, war, violence and/or natural or human-made disasters, in the six months prior to data collection.

[72] These definitions are included in the WoAA 2019 Term of Reference (ToR) and were agreed upon by the ICCT.