Community Mapping Process

Step 1: Identify a group of Informal Settlements (ISETs)

An Afghanistan pilot, as part of the global pilot, was conducted in a group of ISETs, selected for their programmatic relevance within Kabul and their geographical proximity to each other. As such, a group of four ISETs, located 500 metres from each other were selected on the East side of Kabul. These ISETs had clear boundaries and were surrounded by host communities¹, with the overall area spanning more than 2km².

To test whether these ISETs and the surrounding host households comprised a community based on shared services, four Mapping Focus Group Discussions (MFGDs) were conducted in the ISETs and four with host communities.

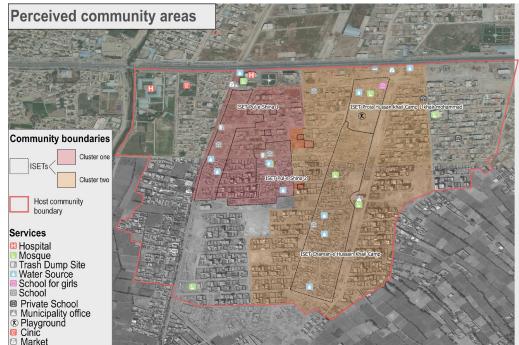
Location of the four ISETs assessed and nearby services | ISET PUT STIMULE | ISET PUT ST

Host communities can encompass the ISETs or simply neighbour it. They have interactions with them and can be impacted by their presence

Step 2: Drawing the boundary of the community

MFGDs indicated that demographic characteristics and access to services typically tied communities together. However, community members do not rank these characteristics equally, as detailed below, and differences in the extension of the community boundaries exist.

MFGDs in ISETs revealed that displaced persons consider shared services to be the main factor that tied them with people outside their ISET, as they acutely perceive differences with host communities due to their displace nature, indicating social integration concerns. ISETs were found to be more isolated, focused on two smaller community areas in close proximity to the ISET boundary. On the contrary, host communities are more settled and shared similar sociodemographic characteristics with the neighbourhood around the ISETs. Their community area is wider and less fragmented.







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Social Network Analysis

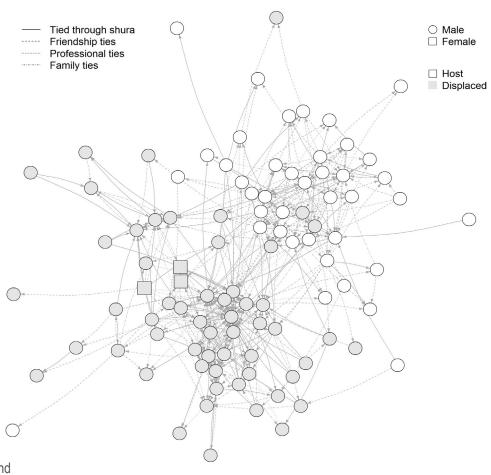
For the selected group of ISETs and their surrounding community area, 114 Community Key Informants (KIs), 49 knowledgeable female KIs on women and child services living in Chaman-e Hussain Khail ISET and 36 Water Sanitation and Hygiene (WASH) focused KIs were identified for participation. Based on their area of knowledge, these KIs were interviewed on three topics: general knowledge of their community, WASH service provision in their community and access to women and child services in the area.

Social network inside the community:

Given the society structure and cultural barriers found in Afghanistan, the KI network was found to be predominantly male, with only three female community KIs identified. Regarding displacement status, 58% were Internally Displaced Persons (IDPs) or returnees while 42% belong to the host community. The majority of KIs (67%) identified themselves as community representative, a general term referring to knowledgeable community members who often represent the community during discussions with government officials or NGOs. They are well established in the community, they share the daily life of other inhabitants and thus are recognized as local leaders. Those people can be shop keepers or people with high education (doctors, engineers, attorneys). The two other main profiles represent typical Afghan community leaders, whose expertise is drawn upon in humanitarian data collection on a wide scale: community elders and profiles linked to the Shura².

The majority of social exchanges within the network were found to be between displaced KIs (64%), 19% were exclusively between host KIs and the remaining 17% between KIs of varied status. Most commonly, these relationships form either through the Shura (44%) or through natural friendships (32%). One of the most important findings indicates a low percentage of exchanges between those residing within and outside ISETs revealing **two distinct sub-communities within the broader community.**

The reliability of KI knowledge was tested, revealing that members of shura, elders and community representatives provided the most accurate information. Regarding displacement status, findings reveal that displaced KIs provided more accurate answers than host community members. Regarding WASH services, answers of six KIs working in the WASH sector and 29 non professional KIs have been compared. Interestingly, non professional KIs were found to be more reliable than the professional WASH KIs. Finally, when asked about women and child services, female KIs in Chaman-e Hussain Khail ISET were found to be significantly more knowledgeable than male KIs with a reliability score of 2.15 compared to 2.03 for men.



² Shuras are the traditional Afghan local assemblies and play an imporant role in social life, conflict solving and local decision making.

Kabul, Afghanistan

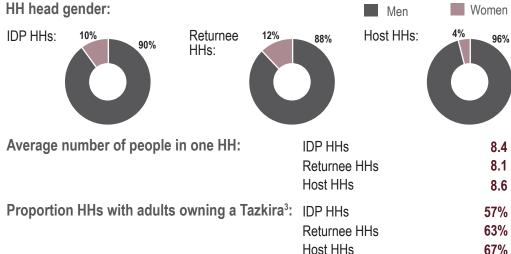
Data Collected via General Household Survey

All household (HH) level data for this assessment was collected between 12 December 2017 and 4 January 2018. The sampling strategy was designed to allow comparison between returnee, internally displaced person (IDP) and host HHs with a 95% confidence level and 5% margin of error.

Assessment Sample	#	%
Returnee HHs interviewed	218	19
IDP HHs interviewed	463	40
Host community HHs interviewed	480	41
Total	1,161	100



Demographic Profile





Displacement

Timeframe of displacements of displaced HHs, at time of assessment:

	IDP HHs:	Returnee HHs:
Non-recently displaced (> 6 months)	72%	95%
Recently displaced (< 6 months)	28%	5% ■

³ Tazkira refers to the national identification card in Afghanistan.

Main reason of displacement:





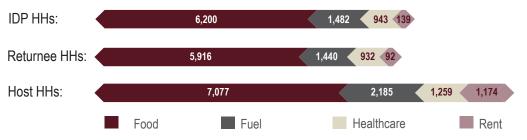
Socio-Economic Well-Being

Average income per household, in AFN ⁴ :	IDP HHs	9,240
	Returnee HHs	8,76
	Host HHs	13.233

Main source of income in the 30 days prior to data collection, reported by HHs:

	IDP HHs:	Returnee HHs:	Host HHs:
Unskilled daily labour	81%	71%	36%
Skilled daily labour	11%	17%	32%
Formal contract	2%	8%	18%
Private business and sales	2%	2%	10%

Average expenditure on essential items, in AFN, in the 30 days prior to data collection:



HH head with disability:

ISET HHs: 13% Host HHs: 8%

⁴ 1 United States Dollar (USD) = 69 Afghanis (AFN) - Da Afghanistan Bank Exchange Rate (February 2018).

Kabul, Afghanistan



Priority Needs and Assistance Received

Main three priority needs of HHs, at time of assessment:

	First need:		Second need:		Third need:	
IDP HHs	Food	72%	Winterisation items	23%	Shelter materials	4%
Returnee HHs	Food	63%	Winterisation items	34%	Education	2%
Host HHs	Winterisation items	33%	Food	26%	Education	13%

Main three types of assistance reportedly received by HHs, in the 6 months prior to data collection:

	First type:		Second type:		Third type:	
IDP HHs	Cash	72 %	Winterisation	22%	Food	2%
Returnee HHs	Cash	39%	Winterisation	27%	Food	4%
Host HHs	No assistance	100%				



Healthcare

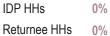
HHs reporting having access to emergency HHs reporting having access to a facilities, at time of assessment:

IDP HHs	69%	
Returnee HHs	88%	

practioner, at time of assessment:

IDP HHs	47%	
Returnee HHs	49%	

HHs reporting having access to nutritional support, at time of assessment:



HHs reporting having access to dental care facilities, at time of assessment:

IDP HHs	37%	
Returnee HHs	39%	

HHs reporting having access to midwifery facilities, at time of assessment:



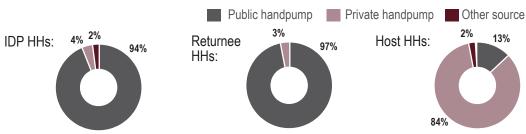
HHs reporting having access to prenatal care facilities, at time of assessment:

IDP HHs	90%	
Returnee HHs	92%	

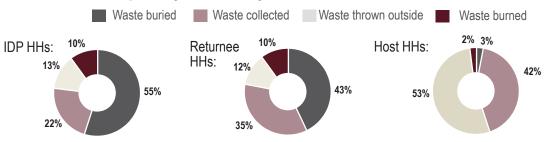


Water, Sanitation and Hygiene

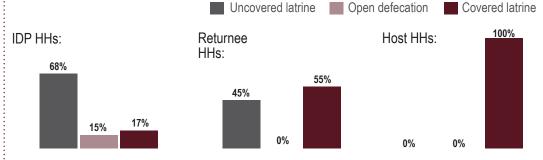
Main drinking water source used by HHs:



Main solid waste disposal system used by HHs:



Main public latrine type used by HHs:



Proportion of HHs reporting street trenches near their home being cleaned in the 6 months prior to data collection:

IDP HHs:	32%	Returnee HHs: 63%	Host HHs:	56%

Settlement Specific Household Survey Data: Chaman-E Hussain Khail Camp

A specific questionnaire was designed to capture access of HHs to women and child services within the largest ISET: Chaman-e Hussain Khail Camp. Overall, 427 HHs were interviewed in this ISET. The sampling strategy within this ISET allowed for generalisable findings for these settlement residents with a 95% confidence level and 5% margin of error.





Access of HHs to Women and Child Services

Reported barriers to women and newborn services:

Too far away	58%	
Too expensive	31%	
Insufficient number of services available	1%	I .

Proportion of HHs in which members can access the following services for newborns:

Emergency healthcare services	100%
Vaccination services	60%
General practitioner services	45%
Dental care services	4% —
Nutritional support services	0%

Proportion of HHs in which women can access the following services:

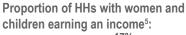
Emergency healthcare services	79%	
General practitioner services	48%	
Dental care services	38%	
Midwifery services	29%	
Prenatal care services	9%	
Nutritional support services	0%	
Postnatal care services	0%	

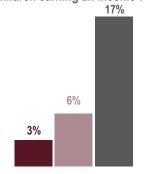
Women

Girls Boys

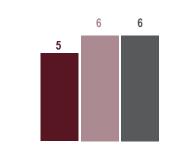


Women and Child Labour⁴





Average number of days worked per week by women and children reportedly working:



⁴ Labour refers to employment outside of the household.

⁵ A child is a person under 18 years old.