

# Household Emergency Assessment Tool (HEAT) Afghanistan

ERM 10 - December 2020

## Overview

The Household Emergency Assessment Tool (HEAT) is a standardised emergency assessment tool adopted by the Afghanistan Humanitarian Country Team, and includes indicators illustrating demographics and a household's vulnerability in the following sectors: food security, shelter, water, sanitation and hygiene (WASH), education and livelihoods.

The HEAT is used as part of the ECHO funded Emergency Response Mechanism (ERM), to assess the eligibility of conflict and shock-affected communities for one-time multi-purpose cash and WASH assistance. The Danish Refugee Council (DRC) led consortium includes two other implementing partners, ACTED and International Rescue Committee (IRC). The response is also supported by the Danish Committee for Aid to Afghan Refugees (DAACAR) for WASH related assistance. This factsheet summarises key indicators from the HEAT assessments carried out by partners in December 2020.

## Methodology

The primary data for this factsheet was collected by partner organisations within the ERM through household interviews within conflict and shock-affected communities. REACH combined and analysed the collected partner HEAT data in order to present key findings in this factsheet for the purpose of informing future ERM programming and advocacy. The findings are representative of the assessed households and are not to be interpreted as statistically generalisable to the whole population.

### Limitations

All data was collected by ERM partners through their own channels, as such there was not one standardised methodology used. While efforts were made to consolidate the data as much as possible, this should be kept in mind whilst reviewing these findings.

### Exceptions

Due to the impact of the floods that occurred in August, a short version of the HEAT was deployed to rapidly assess shock-affected households. Data from the short tool are not reported in this factsheet.

## Assessment Coverage

Households:<sup>1</sup> 1,507

Individuals: 9,633

Provinces: 19

% of households found eligible to receive assistance in December:<sup>1</sup> 99%

## Provinces Covered

Badakhshan, Badghis, Baghlan, Balkh, Farah, Faryab, Ghor, Herat, Jawzjan, Kabul, Kandahar, Khost, Kunduz, Nangarhar, Nimroz, Paktya, Panjshir, Sar-e-pul, and Takhar.

## Household Demographics

Average household size: 6.4 individuals

% of household members by sex and age:

Female (53%)	Age	Male (47%)
2%	60+	1%
18%	18-59	14%
21%	6-17	20%
12%	0-5	12%

% of households by key vulnerability indicators:<sup>3</sup>

- 14% At least one member with a disability<sup>4</sup>
- 4% More than 10 household members
- 72% Exhibiting health seeking behaviour<sup>5</sup>
- 92% Debt greater than 8,000 AFN
- 8% Elderly headed households
- 1% Child headed households
- 24% Female headed households

## Displacement profile and movement intentions

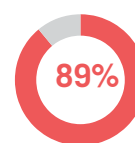
% of households by displacement profile:



Displaced households\*

\*The remaining 1% of assessed households were reportedly shock-affected non-displaced.

% of households that reported intending to remain in the Area of Displacement (AoD) in the three months after data collection:



Households intending to remain in the AoD

% of displaced households by reason:<sup>2</sup>

Active conflict	99%
Anticipated conflict	26%
Other	1%

10% of the displaced households reported wanting to return to their Area of Origin (AoO) in the 6 months after data collection.

80% of the displaced households reported that their AoO is in a different district within the same province.

## Income, Debt and Livelihoods

Reported main source of income since shock:

Small business	4%
Agriculture and livestock	5%
Daily unskilled labour	56%
Daily skilled labour	3%
Other	6%

% of households that reported being in debt:

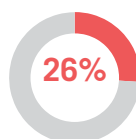


Households that reported being in debt, with an overall average debt of 31,700 AFN

Most frequently reported reasons for contracted debt:<sup>2,6</sup>

- 94% Food
- 65% Healthcare
- 60% Rent

% of households that reported having no source of income:



Households that reported having no source of income in the 30 days prior to data collection

Average reported monthly income from adult employment for those HHs with income: 1,415 AFN

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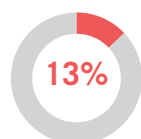
## WASH

% of households that reported using an unimproved water source<sup>7</sup> at the time of the interview:



Using unimproved water source for domestic use

% of households that reported not having enough water for domestic use at the time of the interview:



Households reporting not having enough water for drinking, cooking or bathing

89% of households reported their main water source to be further than 500 metres away.

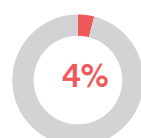
33% of households reported not having hand washing facilities available

85% of households reported not having access to soap or hand sanitizer

16% of households reported using an unimproved latrine type, or open defecation<sup>8</sup>

## Health

% of households that reported a functional health facility is not within 2 hours of their house:



No functional health facility within 2 hours

95% of households reported facing at least one barrier to accessing healthcare. The most frequently reported barriers were:<sup>2</sup>

- 75% Cost of medicines
- 61% Cost of healthcare
- 54% Cost of transport
- 8% Insufficient capacity
- 8% Distance and travel time

64% of households reported that they had delayed seeking medical care for critical health problems to save money in the 30 days prior to data collection.

## Food Security

% of households by Food Consumption Score (FCS):<sup>9</sup>



97% Poor  
3% Borderline  
0% Acceptable

% of households by reduced Coping Strategy Index (rCSI) score:<sup>10</sup>



90% High  
10% Medium  
0% Low

% of households by Livelihood Coping Strategies (LCS) score:<sup>11</sup>



23% Emergency  
51% Crisis  
25% Stress  
2% None

## Education

% of households that reported school aged children (aged 6 to 17) to not be attending formal school/education:



99% Girls out of school



98% Boys out of school

Of the 99% of households that reported they had school aged children not attending school, the most frequently reported reasons were:<sup>2,12</sup>

- 81% Lack of documentation
- 30% Costs
- 8% Work
- 4% Distance
- 3% COVID-19 school closure/ outbreak

19% of households reported that they had stopped sending children to school so that they could work for economic gain or productive activities.

## Shelter

% of households by reported shelter type occupied at the time of interview:

Tent or makeshift shelter	67%
Concrete house	32%
Unfinished building	1%
Open space	0%
Non-residential shelter	0%

82% of households reported renting the shelter they occupied at the time of interview.

% of households by most frequently reported shelter concerns:

- 72% Eviction
- 11% Size
- 7% No insulation
- 4% Landlord problems
- 1% Safety

On average, households reported 7 persons living in the shelter they occupied at the time of interview.

## NFI Non Food Items (NFIs)

Of the 100% of households reported being in need of at least one key NFI, the reported items needed were:<sup>2</sup>

- 94% Clothing
- 94% Cooking pots
- 77% Female sanitary items
- 95% Gas cylinders
- 4% Mobile or assistive device
- 93% Plastic tarpaulin
- 98% Sleeping mats or mattresses
- 88% Stainless steel cups
- 92% Water storage containers

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## Protection

% of households that reported at least one member had experienced a protection incident or is at risk:



At least one member experienced a protection incident or is at risk

% of households that reported a female member has experienced or is at risk of the following protection incidents:<sup>2</sup>

5%	Physical violence or harassment
11%	Denial of resources or access to services
4%	Marriage earlier than otherwise planned
0%	Drug addiction or exposure to illegal drug use

% of households that reported a male member has experienced or is at risk of the following protection incidents:<sup>2</sup>

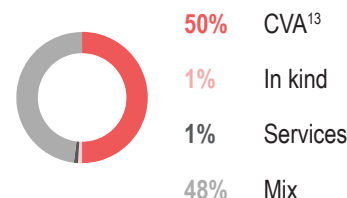
8%	Physical violence or harassment
13%	Denial of resources or access to services
0%	Marriage earlier than otherwise planned
1%	Drug addiction or exposure to illegal drug use

% of households that reported a child member has experienced or is at risk of the following protection incidents:<sup>2</sup>

4%	Physical violence or harassment
9%	Denial of resources or access to services
0%	Marriage earlier than otherwise planned
0%	Drug addiction or exposure to illegal drug use

## Accountability to Affected Populations

% of households by reported preferred type of assistance:

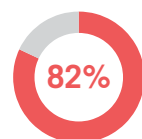


% of households by reported preferred method of communicating feedback or complaints:

Call Awaaz <sup>14</sup>	43%
In person	29%
Calling the agency	13%
Through authorities	9%
Community leaders	1%
Other	5%

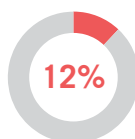
## Network and accessibility

% of households that reported having access to a phone:



Household that reported having access to a phone

% of households that would support the use of internet and mobiles for accessing distance learning opportunities:



Households that reported they would support the use of internet and mobiles to have access to distance learning opportunities

% of those households that reported having access to mobile network coverage, by self-reported quality of available services:

Good/reliable	22%
Average	54%
Bad/unreliable	24%

1% of households reported having access to an internet network.

0% of households reported having access to computers or smartphones.

1% of households reported having no access to mobile network communications and tools.

## End Notes

- The number of households reported corresponds exclusively to those assessed with the entire HEAT tool. Additional households were assessed with a short-tool due to extremely dire conditions and just on an exceptional basis.
- Respondents could report multiple options. Findings may therefore exceed 100%.
- Vulnerability indicators listed correspond to household characteristics that make up part of the ERM multi-purpose cash assistance (MPCA) eligibility criteria.
- Disability is counted as at least one member of the household reported to have a severe disability, based on Washington Group questions, where the individual either 'cannot do at all', or has 'a lot of difficulty doing' any of the following: seeing, hearing, walking, remembering, self care (such as washing or dressing), or communicating. For more information see [here](#).
- Health seeking behaviour is qualified as any household reporting that there has been a household member with a health issue for which they have wanted to seek medical care.
- Most frequently reported reasons for accruing debt from households who reported being in debt.
- Households were asked to report their main source of water for domestic use. Improved water sources include: hand pump/ bore well, piped water, protected spring, or purchased water. Unimproved sources include: dug well, stream/river, kandas, unprotected spring, pond/lake, or other. For more information see [here](#).
- Households were asked to report the type of latrine they had access to. Improved latrine types include family latrine, family VIP latrine. Unimproved latrine types include community latrine, no latrine, or other. For more information see [here](#).
- The Food Consumption Score (FCS) is calculated using the frequency of a household's consumption of different food groups during the 7 days before the survey. For more information see [here](#).
- The Reduced Coping Strategies Index (rCSI) is based on the rate that households with food consumption problems relied on negative coping strategies during the 7 days before the survey. For more information see [here](#).
- The Livelihoods Coping Strategy Index (LCSI) score is a measure of reliance on livelihood-based coping mechanisms to cope with lack of food. For more information see [here](#).
- Data was collected during closure of schools due to COVID-19 which may have affected reporting.
- Cash and Voucher Assistance (CVA)
- Awaaz, is an humanitarian helpline connecting Afghans (IDPs, returnees) and refugees affected by conflict and natural disaster with information on assistance modalities.