

AFGHANISTAN

Assessment of Hard-to-Reach Districts

Nationwide Overview Factsheet
Round 5

April 2021



ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

HTR - R5 | 2021
AFGHANISTAN

Afghanistan Inter-Cluster Coordination Team



Afghanistan
Education in Emergencies Working Group (EIEWG)
گروپ کاری تعليم و تربيه در شرايط اضطراري، افغانستان



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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).

About REACH COVID-19 response:

As an initiative deployed in many vulnerable and crisis affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH has worked with sectors and partners to scale up its programming in response to this pandemic. Updates regarding REACH's response to COVID-19 can be found in a devoted thread on the REACH website.

Contact geneva@impactinitiatives.org for further information.



OCHA

INTER-CLUSTER COORDINATION TEAM

REACH

Informing
more effective
humanitarian action

CONTEXT

Afghanistan has endured conflict and war for decades. Yet, while peace talks have been initiated early 2020, violence has thus far remained a defining feature of the lives of many afghans. Indeed a 38% increase in civilian casualties was documented in the six months after the start of the peace talks in September 2020 in comparison to the same period a year earlier¹. Apart from this direct impact on the lives of average civilians, conflict also often obstructs the humanitarian response, as organisations face a range of challenges when moving staff and assets throughout the country. Outside of key transit routes, a challenging geographic environment - cumulating in the Hindu Kush - has resulted in a limited infrastructure network and physical obstacles to reaching many rural parts of Afghanistan. Inaccessibility has only been further exacerbated by the COVID-19 pandemic which started in March 2020.² Whilst movements were initially limited because of government lockdowns, humanitarian organisations have since self-restricted their own movements in line with the 'do no harm' principle, in order to limit the spread of the virus to remote, vulnerable communities.

While constraints on humanitarian access in Afghanistan are multi-layered and impact differently across districts, sectors, and individual organisations, there are common dimensions of inaccessibility that can help determine and distinguish Hard-to-Reach (HTR) areas across the country. Since 2019, the Humanitarian Access Group (HAG) has led a coordinated effort to identify Afghanistan's most HTR districts and defined them based on three factors of inaccessibility: (1) physical constraints, (2) conflict intensity and spread, and (3) complexity of actors. Based on these dimensions, HTR districts are identified as areas that humanitarian actors struggle to access and provide assistance to, due to (1) their remoteness and poor infrastructure, (2) on-going armed clashes, and / or (3) the presence of one or multiple armed actors that actively limits access to areas under their control.

From a humanitarian perspective, an organisation's aim or decision to provide assistance should be based on an impartial and neutral assessment of the corresponding needs of the people, rather than on a district's hard-to-reach status. This is not always possible, however, as security concerns often influence the ability of humanitarian actors to deliver aid. Unfortunately, conventional data collection techniques (face-to-face / telephone interviews), which facilitate an evidence-based humanitarian response, are equally limited and undermined by the access restrictions that implementing partners face. As a result, the humanitarian community in Afghanistan lacks reliable data and monitoring tools to assess and track needs and vulnerabilities of people in HTR areas.

ASSESSMENT FRAMEWORK

To address the limited insight into the needs of the population living in HTR areas, and in order to ensure an evidence-based humanitarian response in all areas of Afghanistan irrespective of access, REACH, in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the Inter-Cluster Coordination Team (ICCT), and the HAG, conducted the fifth round of the HTR needs assessment in April 2021, covering 133 districts classified as hard-to-reach.³

OBJECTIVES

The HTR assessment aims to identify and regularly monitor humanitarian needs and vulnerabilities of populations in HTR districts. The immediate objective of this assessment is to provide an evidence-base to inform the humanitarian response in Afghanistan towards the areas of greatest need, irrespective of access constraints, while keeping in mind that the response remains dependent on the ability of organisations to access such HTR areas.

While most humanitarian organisations in Afghanistan have their own access profiles which often differ, the value of defining and assessing the proposed list of HTR districts included in this assessment is threefold. First, while individual organisations may have full or partial access in some of the included districts, the districts' general inaccessibility means they are among the least well understood areas of Afghanistan and require more thorough assessment. Second, as the districts are defined according to the three dimensions of inaccessibility outlined above, the research can outline whether and how vectors of inaccessibility may relate to humanitarian needs. A better understanding of the impact of particular inaccessibility factors will strengthen the humanitarian response strategy across the entire country, not just in the included districts. Third, this project aims to monitor the humanitarian needs in HTR districts every four months. This means there is some continuity in data collection over time, which makes it easier to spot trends, analyse the impact of shocks, and respond with humanitarian assistance accordingly.

¹ Quarterly Report on the Protection of Civilians in Armed Conflict in Afghanistan 2021, UNAMA (April 2021)

² C-19 Access Impediment Report, OCHA (August 2020)

³ This assessment is the fifth round of the HTR Monitoring assessment. Findings from the first round conducted in August 2019 can be found [here](#), from the second round (February 2020) [here](#), from the third round (July 2020) [here](#) and from the fourth round (January 2021) [here](#).

SCOPE AND COVERAGE

Since July 2019, the HAG has been measuring and ranking all Afghan districts on a biannual basis according to the inaccessibility dimensions mentioned above. Based on these discussions, a new list of the 100 districts with the highest inaccessibility/HTR scores is released every six months.

In August 2019, February 2020 and April 2021, REACH updated and extended its existing portfolio of HTR districts,¹ including respectively 30, 20 and 15 new districts, based on the HTR lists released by the HAG. Overall, the current REACH portfolio of HTR districts includes 75 districts that were also included among the 100 districts of the February 2021 HAG HTR list. The 58 REACH portfolio districts that were not part of the HAG list were still included in the current assessment to allow for more comprehensive monitoring and trend analysis.

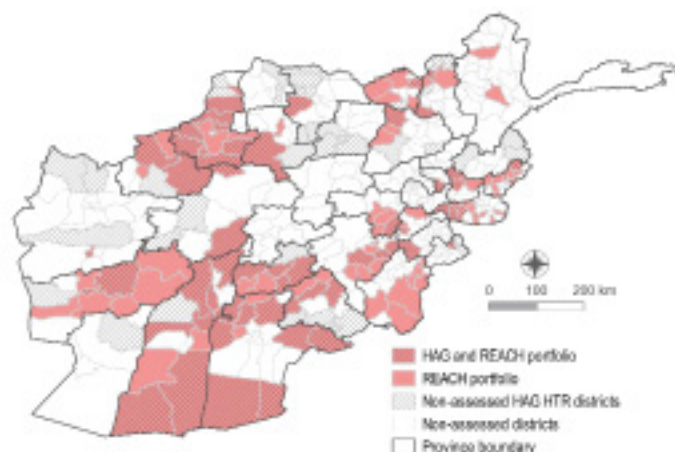
Table 1 below shows the percentage of HAG HTR districts assessed by REACH, per round of REACH HTR assessment.

Table 1: coverage of HAG HTR districts by REACH portfolio:

REACH HTR assessment rounds	# of districts assessed	% of HAG HTR districts assessed
August 2019	100	69 %
February 2020	120	88 %
July 2020	120	71 %
January 2021	120	59 %
April 2021	133 ²	75%

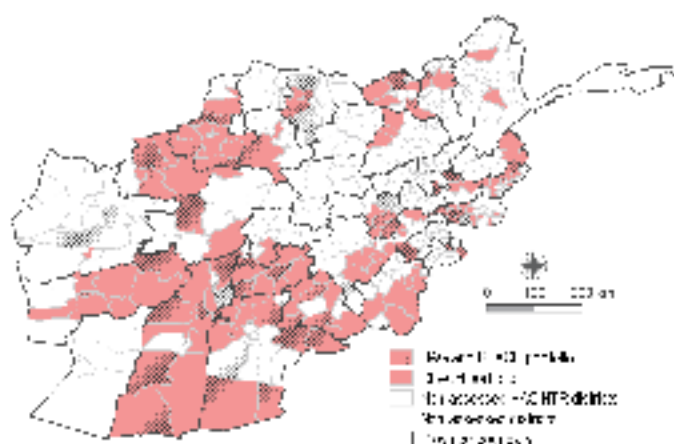
Coverage of REACH portfolio and HAG HTR districts

(January 2021)



Coverage of REACH portfolio and HAG HTR districts

(April 2021)



¹ REACH conducted a first assessment of HTR areas in Afghanistan in 2018 covering 70 districts. The HTR assessment report can be found [here](#).

² Originally 135 districts were assessed during the fifth round of the assessment. However the data for 2 districts was removed due to inconsistencies during the data cleaning process.

SAMPLING

The sampling frame was designed to strengthen the insights users can draw from the HTR data. First, in order to ensure all areas and populations of a HTR district were adequately taken into account, a mapping exercise was conducted with community representatives to identify Basic Service Units (BSUs). BSUs were identified and mapped as geographic areas that have common demographic/socio-economic features and in which communities rely on the same basic services and facilities, such as health facilities, markets, and schools. BSU mapping was done to ensure that settlements assessed are representative of the diverse social and economic situation of communities across each district. Following the mapping, key informants (KIs) were identified through snowballing from existing networks and purposefully sampled, based on their knowledge of the community. KIs commonly included community elders, teachers, nurses, or maliks (village chiefs).¹ Once BSUs were identified, KI interviews (KIs) were conducted in all areas that relied on the same set of basic services - allowing for an efficient, yet comprehensive, data collection coverage. Each KI was conducted in a separate settlement and at least 18% of each district's settlements were covered.

As part of a COVID-19 mitigation strategy, phone interviews were conducted in areas where a reliable network was accessible. In all but 36 districts, the assessment was conducted within the district by local enumerators. In 36 districts, data collection was not possible via the phone or in person due to the lack of a reliable phone network and to security restrictions. For those districts, the assessment relied on an Area of Knowledge (AoK) approach which involves interviewing Internally Displaced Persons (IDPs) that had recently left from their district of origin and were currently residing in neighbouring accessible areas.² The assumption in the AoK approach is that these IDPs have the most up-to-date, accessible knowledge of the HTR district.

DATA COLLECTION

Using Open Data Kit (Kobo Toolbox), 133 REACH enumerators conducted 3,915 KIs across 3,818 settlements between 21 and 29 April 2021. Of these, 1,999 were conducted face-to-face, while 1,916 were conducted over the phone.

Senior Field Officers (SFOs) monitored the collection of data and followed up with enumerators on issues, challenges and delays on a regular basis. Additionally, settlement data was cleaned on a daily basis, with recommendations for improvements regularly fed back to enumerators and data changes logged for transparency purposes.

In order to ensure the safety of enumerators doing face-to-face data collection during the COVID-19 pandemic, a number of measures were taken:

- Personal Protective Equipment (PPE) was provided for all enumerators and transport to assessed settlement was allowed only in personal vehicles.
- Guidelines on COVID-19 preventive measures were provided to all enumerators and all enumerators were provided with daily follow-up, reminders, and tracking of face-to-face data collection.

ANALYSIS

The unit of analysis that each KI was asked to report upon was their settlement of residence. Findings and data hence reflect the needs of settlements as a whole, and cannot be used to infer information about specific population groups or at the household level. Findings can be aggregated to the district or national level and can be compared across districts with different inaccessibility scores for the three dimensions of hard to reach: (1) Physical Constraints, (2) Conflict Intensity and Spread, (3) Complexity of Actors.

Analysis of the HTR data was conducted using R's statistical packages. As there was no reliable information on the exact population within individual settlements, the analysis weighted the data by the number of settlements within a district, rather than the population within a district.

LIMITATIONS

- Findings rely on the knowledge of KIs with respect to their settlements. The findings are therefore indicative and may not always reflect fully the situation on the ground.
- Weighting of data by the number of settlements within a district, rather than by population, may result in an under- or over-representation of any particular settlement population.
- While the settlement functions well as a 'unit of analysis' for issues related to access to services, it is difficult to adequately assess aspects such as nutrition and food consumption for a settlement as a whole. Therefore, for certain indicators, high proportions of settlements with needs may not automatically translate to high proportions of the population with needs and vice versa.
- Originally 135 HTR districts were assessed. However the data collected for 2 districts was found unreliable during the cleaning process and removed. The removed districts are Andkhoy, located in the province of Faryab, and Sozmaqala located in Sar-e Pul province. Thus the current portfolio presents the findings for 133 districts.

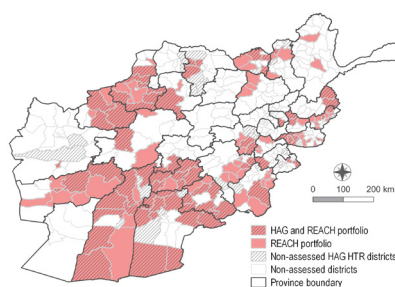
¹ More information on Basic Service Units mapping can be found in the map collection: for [North and North-East](#), for [South](#), for [Capital and South-East](#), for [West](#) and for [East](#).

² The AoK approach was used in districts in Farah (Gulistan, Pur Chaman), Ghor (Charsadra), Hilmand (Baghran, Garmser, Musa Qala, Nawzad, Reg-e Khan Nishin, Sangin, Washer), Kandahar (Arghestan, Ghorak, Khakrez, Maiwand, Maruf, Nesh, Reg, Shah Wali Kot, Shorabak, Sheray), Nangarhar (Hesarak, Sherzad), Paktika (Wazakhwah, Wormamay), Uruzgan (Chinarito, Chora, Dehraoud, Gizab, Khas Uruzgan, Shahid-e Hassas) and Zabul (Arghandab, Atghar, Kakar, Mizan, Shamul Zay, Shinkay) provinces.

Nation-wide Overview

135 Hard-to-Reach districts

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of assessed settlements:
3,818 out of 20,402

★ PRIORITY NEEDS

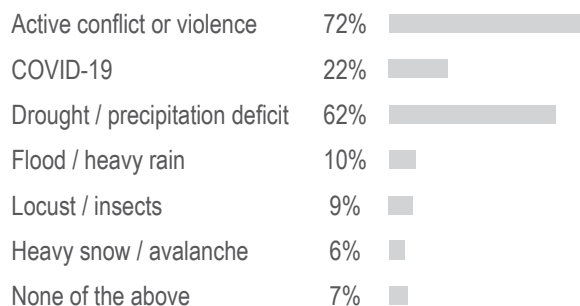
Top 3 reported priority needs in assessed settlements in the 3 months prior to data collection.¹



➔ EVENT / SHOCK & DISPLACEMENT

Event / Shock

% of assessed settlements reportedly impacted by event or shock, in the 3 months prior to data collection:²

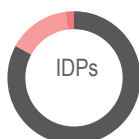


Displacement

In **53%** of assessed settlements, KIs reported **at least one household** had reportedly been displaced due to an event or shock in the 3 months prior to data collection.³

% of assessed settlements by estimated prevalence of IDP and returnee households that had reportedly arrived in the 3 months prior to data collection:

None 83%
Few 15%
Some 2%
Many 0%



None 94%
Few 6%
Some 0%
Many 0%



1) Three options maximum could be selected.

2) Multiple options could be selected.

3) In settlements reportedly impacted by at least an event or shock in the 3 months prior to data collection.

4) In settlements where the presence of areas that women and children avoid due to security reasons was reported.

🛡️ PROTECTION

Protection incidents

% of assessed settlements by reported protection incidents that have affected men, women, and children, in the 3 months prior to data collection:²

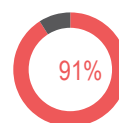
	Men	Women	Children
Assaulted with a weapon	27%	3%	4%
Assaulted without a weapon	46%	16%	27%
Hindered to move freely	34%	39%	28%
Verbally threatened or intimidated	62%	33%	46%
None of the above	23%	42%	38%

In **37%** of assessed settlements, **at least one health care worker** had reportedly been affected by a protection incident in the 3 months prior to data collection.

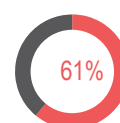
Child work and marriage

% of assessed settlements in which **at least one child under the age of 16** had reportedly been working in the 3 months prior to data collection.

Boys



Girls

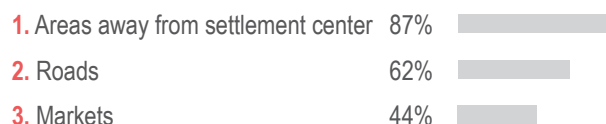


In **53%** of assessed settlements, KIs reported **at least one girl under the age of 16** had been married in the 3 months prior to data collection.

Gender-Based Violence

In **57%** of assessed settlements, KIs reported the presence of areas in and around the settlement that women and children avoid due to security reasons in the 3 months prior to data collection.

Top 3 reported areas that women and children avoid due to security reasons in assessed settlements, in the 3 months prior to data collection:^{2,4}



Explosive hazards

In **39%** of assessed settlements, KIs reported the presence of explosive hazards in or within 5km of the settlement in the 3 months prior to data collection.

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135 Hard-to-Reach districts

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LIVELIHOODS AND IMPACT

Livelihoods

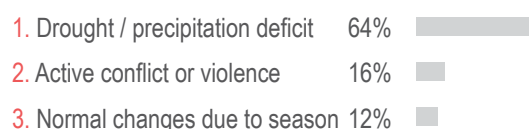
Top 3 reported main sources of income in assessed settlements, in the 3 months prior to data collection:⁵



Impact on farming

In 48% of assessed settlements, KIs reported more than a quarter of households experienced a large decrease in the volume of their production in the 3 months prior to data collection.^{6,7}

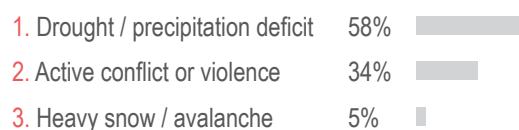
Top 3 reported reasons that households experienced a large decrease in the volume of their production in assessed settlements, in the 3 months prior to data collection:⁸



Impact on livestock

In 30% of assessed settlements, KIs reported more than a quarter of households experienced a large decrease in the number of livestock owned, in the 3 months prior to data collection.^{6,7}

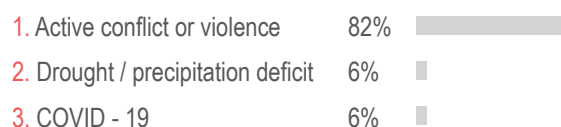
Top 3 reported reasons that households experienced a large decrease in the number of livestock owned in assessed settlements in the 3 months prior to data collection:⁸



Impact on employment

In 19% of assessed settlements, KIs reported more than a quarter of households experienced a large decrease in availability of work in the 3 months prior to data collection.^{6,7}

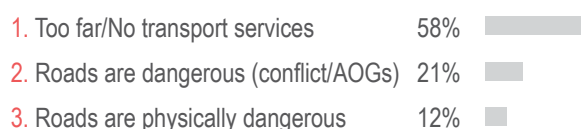
Top 3 reported reasons that households experienced a large decrease in availability of work in assessed settlements, in the 3 months prior to data collection:⁸



ACCESS TO MARKET

In 40% of assessed settlements, KIs reported most residents did not have access to a market with NFI and winterization materials accessible within a one hour walking distance in the 3 months prior to data collection.

In those settlements, the most commonly reported reasons for no market access were:⁵



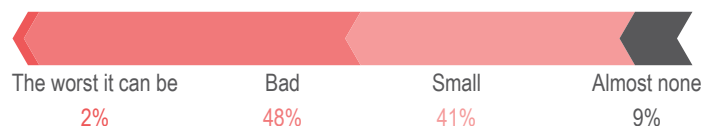
In 96% of assessed settlements, KIs reported an increase in the price of staple food in the settlement in the 3 months prior to data collection.

FOOD SECURITY AND COPING STRATEGIES

Food security

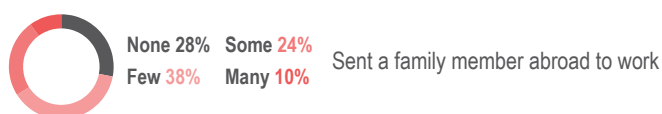
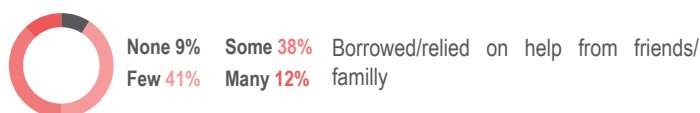
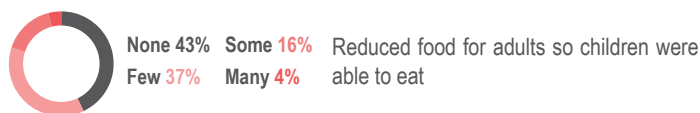
In 60% of assessed settlements, KIs reported that most residents were not able to access enough food to meet daily needs in the 3 months prior to data collection.

% of assessed settlements by reported level of hunger for most residents, in the 3 months prior to data collection:⁹



Coping strategies

% of assessed settlements in which KIs reported no, few, some, or many households were engaging in the following coping strategies when food or money to buy food was not available in the 3 months prior to data collection.¹⁰



5) Only one option could be selected.
6) In those settlements where KIs reported farming, livestock or employment as one of the 3 main income sources in the settlement.
7) A large decrease means a decrease of 50% or more of the volume of the production.
8) In settlements where at least one household reportedly experienced a decrease in the volume of production, number of livestock owned or availability of work.
9) Almost none: almost no hunger; small: hunger is small, strategies are available to cope with the reduced access to food; bad: hunger is bad, limited options to cope with the reduced access to food; worst: hunger is the worst it can be, it caused many deaths.
10) Few (1-25%); Some (26-50%); Many (more than 50%)

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135 Hard-to-Reach districts

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ACCESS TO BASIC SERVICES

Health

In **41%** of assessed settlements, KIs reported **most people did not have access to a health facility in or next to the settlement** in the 3 months prior to data collection.

Top 2 reported types of health facilities accessible from assessed settlements:^{5,11}

1. Public clinic (BHC, CHC) 76%
2. Public hospital 12%

Top 3 reported barriers to health services access, in the 3 months prior to data collection:^{2,12}

1. Cost of services / medicine too high 68%
2. Unable to reach (transport issues) 52%
3. Insufficient female medical staff 47%

% of assessed settlements in which KIs reported **most residents did not have access to medicine**, in the 3 months prior to data collection:



Nutrition

In **38%** of assessed settlements, KIs reported **being aware of the presence of a nutrition facility in the area**; in **26%** of those, **most residents were reportedly not able to access the facility** in the 3 months prior to data collection.

Top 2 reported barriers to nutrition treatment services access, in the 3 months prior to data collection:^{2,12}

1. Too far or difficult to access 40%
2. Services are not working 31%

Education

Most children were reportedly not able to attend a government school or a religious school respectively in **53%** and **46%** of assessed settlements in the 3 months prior to data collection. In **35%** of assessed settlements **most children were not able to attend neither school**.

Top 2 reported barriers for most children to access a government school, in the 3 months prior to data collection:⁵

1. No school in the area 41%
2. Closed due to seasonal vacation 32%

11) Basic Healthcare Center (BHC); Comprehensive Healthcare Center (CHC)

12) In those settlements where the presence of a facility was reported.

13) Emergency shelters (tents, huts, kodai, kapa); Open space or makeshift shelter (tents, huts, kodai, kapa); Collective center (building not intended for living); Transitional shelter build by NGOs (pakhsa, bricks); Permanent shelter with poor materials (pakhsa, sun-dried bricks), with robust materials (fired-bricks, concrete, stone).

14) Overcrowding (more than 4 persons in a single room) ; Substandard accommodation (no proper roof, doors, walls or windows).

15) A large number means more than 25% of the shelters in the settlement.

16) In those settlements which reportedly had received assistance.

SHELTER

Top 3 reported shelter types used by most residents in assessed settlements, in the 3 months prior to data collection:^{5,13}

1. Permanent shelter (poor materials) 58%
2. Transitional shelter 32%
3. Open space or makeshift shelter 4%

Top 3 reported shelter-related concerns among residents in assessed settlements, in the 3 months prior to data collection:^{2,14}

1. Overcrowding 52%
2. Leaks during light or heavy rain 50%
3. No private space for women / girls 44%

In **10%** of assessed settlements, **a large number of shelters had been reportedly destroyed or severely damaged** in the 3 months prior to data collection.¹⁵ In **67%** of assessed settlements, **none of the destroyed shelters have reportedly been repaired**.

WATER, HYGIENE & SANITATION

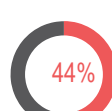
Top 3 reported water sources used by most residents in assessed settlements, in the 3 months prior to data collection:⁵

1. Spring, well or kariz (unprotected) 23%
2. Handpump (pumped well) - private 21%
3. Surface water 20%

% of assessed settlements in which KIs reported **most people were not able to access soap in the market** in the 3 months prior to data collection:



% of assessed settlements in which KIs reported **most people did not have access to a functional latrine facility**, in the 3 months prior to data collection:



ACCOUNTABILITY TO AFFECTED POPULATION

In **25%** of assessed settlements, KIs reported that **at least one resident had received assistance** in the 3 months prior to data collection.

Top 3 reported types of assistance received in the 3 months prior to data collection:^{2,16}

1. Food (In-kind) 89%
2. Cash / Vouchers 24%
3. Health (In-kind) 19%

In **34%** of assessed settlements, KIs reported **face-to-face communication as the most preferred means of obtaining information** in the 3 months prior to data collection.

ANNEX 1: DIMENSIONS OF INACCESSIBILITY

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Since July 2019, the HAG has been measuring and ranking all Afghan districts on a biannual basis according to three factors of inaccessibility: (1) physical constraints, (2) conflict intensity and spread, and (3) complexity of actors. Based on these dimensions, HTR districts are identified as areas that humanitarian actors struggle to access and provide assistance to, due to (1) their remoteness and poor infrastructure, (2) on-going armed clashes, and / or (3) the presence of one or multiple armed actors that actively limits access to areas under their control. The weighted indicators used as from January 2021 by the HAG to determine the inaccessibility score of all Afghan districts are listed below.

Indicators	Weight
Physical Constraints:	15%
Distance to DAC ¹ (population access)	20%
Distance to DAC ¹ (programme location)	30%
Phone coverage (area)	10%
Phone coverage (duration)	10%
Distance to airport	30%
Conflict Intensity and Spread:	35%
Conflict intensity	75%
# Kinetic Incidents (by political actors)	25%
# Deaths Conflict actors (10%) Civilian causality (30%)	40%
# Airstrikes/IDF incidents	10%
# IED/UXO incidents (detonations and discoveries)	10%
Active/Disputed Control	15%
Conflict spread - Scope of populated areas affected by conflict	25%
Stakeholder Complexity:	50%
Presence of IS-K	20%
Access negotiation (time taken)	10%
Access negotiation (# times)	10%
Access negotiation level	15%
Access by female national staff	9%
Access by international staff	6%
Access by male national staff	15%
Interferences by conflict actors	15%

¹ District Administrative Center

Hard-to-Reach Monitoring Assessment Ressources

General

[Terms of reference](#)

Maps

[District services maps collection by regions](#)

Round 1 (August 2019)

[Dataset](#)

[Nationwide & district-levels factsheet booklet \(English\)](#)

Round 2 (February 2020)

[Dataset](#)

[Nationwide & district-level factsheet booklets by region \(English\)](#)

Round 3 (July 2020)

[Dataset & tabulated analysis](#)

[Nationwide & district levels factsheet booklet \(English\)](#)

[Impact of COVID-19 on Hard-to-Reach districts factsheet \(English\)](#)

Round 4 (January 2021)

[Dataset](#)

[Nationwide & district-levels factsheet booklet \(English\)](#)

Round 5 (May 2021)

[Dataset & tabulated analysis](#)