

## KEY SECTORAL FINDINGS

October 2022  
AFGHANISTAN

## CONTEXT

Endemic poverty and decades of conflict have converged with COVID-19, natural disasters, as well as political instability and subsequent economic crisis generating high levels of needs and vulnerabilities within Afghanistan. To ensure an evidence-based identification and prioritization of needs in the country, it is important to conduct a nationwide multi-sectoral assessment of humanitarian needs to inform programming.

To that end, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)-led Inter-Cluster Coordination Team (ICCT) implemented the 6th round of the WoAA (the annual WoAA 2022), facilitated by REACH Initiative (REACH). First conducted in 2018, the assessment, timed with key milestones in the Humanitarian Programme Cycle (HPC), aims to provide high-quality, representative data to humanitarian decision-makers and implementers on sectoral and intersectoral humanitarian needs of the most vulnerable populations in Afghanistan. For more information, please consult the annual WoAA 2022 Terms of Reference ([ToR](#)).

## METHODOLOGY

Target population groups included urban and rural populations, recent internally displaced persons (IDPs), recent cross-border (CB) returnees and Pakistani refugees.<sup>1</sup> Additionally, the WoAA also interviewed female household members of male-headed households as a separate population group to ensure the inclusion of female voices. Their results are presented in a separate analysis, comparing needs profiles from the perspective of male heads of household and female household members (the dual household analysis can be found [here](#)).

The annual WoAA 2022 relied on a quantitative methodology assessing household-level needs. Findings from the annual WoAA 2022 were triangulated with indicative findings from the Key Informant Interviews (KIIs), conducted under REACH's separate assessment titled Humanitarian Situation Monitoring (HSM).<sup>2</sup> Data for the annual WoAA 2022 and HSM was collected from 30 July until 7 September by REACH and 8 partner organisations (see page 22).

At provincial level, findings are representative with a 90% confidence level and 9% margin of error for urban and rural households and a 90% confidence level and 7% margin of error for refugees households. The Kandahar urban

population being the only exception as data could not be collected due to access constraints. Findings from the general population living in urban areas, rural areas, from recent IDPs, recent CB returnees, refugees as well as the host community are representative at a 95% confidence level and 5% margin of error at the national level. The same precision levels apply for female head of households. Findings from the KIIs (extracted from the HSM) can only be considered indicative (and not statistically representative).

The annual WoAA 2022 and HSM questionnaires included indicators covering all 11 clusters and working groups in Afghanistan, including: Food Security and Agriculture (FSAC), Health, Nutrition, Water, Sanitation and Hygiene (WASH), Protection and its sub-clusters, Emergency Shelter and Non-Food Items (ES-NFI), Education in Emergencies (EiE). The ICCT, clusters and working groups were consulted on the questionnaire. To the extent possible, indicators were aligned with the Afghanistan Joint Inter-Sectoral Analysis Framework for 2022 (JIAF). See annex 1.

**Note:** WoAA and HSM (KI) findings are presented separately on each factsheet. Key sectoral indicators are illustrated through severity maps.

## Sample

Households (WoAA) 17,219

## Location-based

- Rural Households<sup>3</sup> 7,728
- Urban Households<sup>3</sup> 7,225

## Displacement-based

- Recent IDPs 671
- Recent (CB) returnees 684
- Pakistani refugees 911
- Host communities<sup>4</sup> 12,371

## Gender of HoH

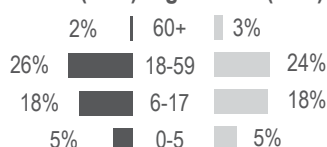
- Female 3,393
- Male 13,226

Key Informants (HSM) 10,529

## Demographics

## Composition of Assessed Households

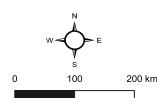
Female (50%) Age Male (50%)



## Key Informants

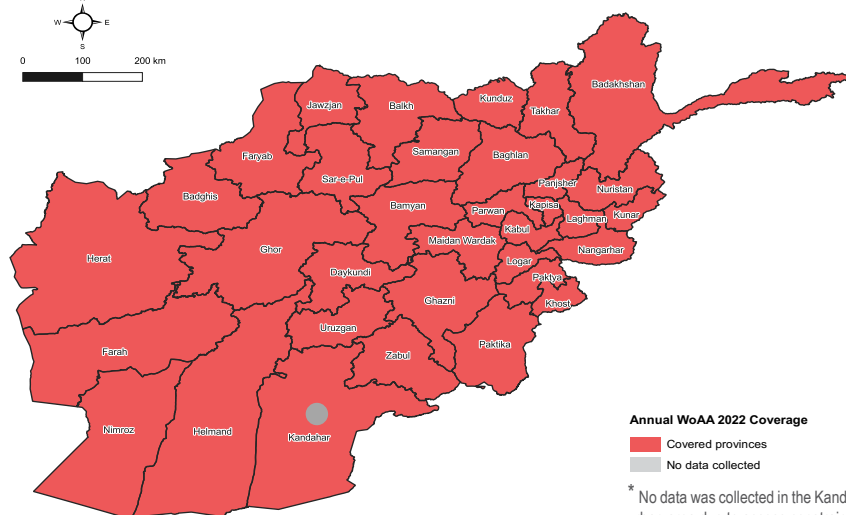
- Female (9%), Male (91%)
- 18-39 yrs (31%), 40-59 yrs (55%), 60-79 (14%)
- Disability (1%), No Disability (99%)<sup>5</sup>

## Coverage map



Household surveys: 308 districts in 34 provinces

Key informant interviews: 401 districts in 34 provinces



<sup>1</sup> Recent IDPs and returnees refer to households displaced/returned within 6 months prior to data collection. Pakistani refugees for this assessment include Pakistani households residing in Khost and Paktika provinces.

<sup>2</sup> HSM findings are at settlement level. At least 3 KIIs per Basic Service Unit (BSU) are conducted - each one in a different settlement, while ensuring a minimum of 10% of settlements are covered per district. [See the ToR here](#)

<sup>3</sup> For this assessment urban/rural households included only host community households.

<sup>4</sup> Host community for this assessment consists of non-displaced households, non-recent returnees, and non-recent IDPs.

<sup>5</sup> Disability status was self-reported when respondents were presented with the Washington Group Short Set (WGSS) questions. Disability is defined as a lot of difficulty/cannot do at least one of the following functions: communicating, hearing, remembering, seeing, self-care/personal hygiene, and walking.

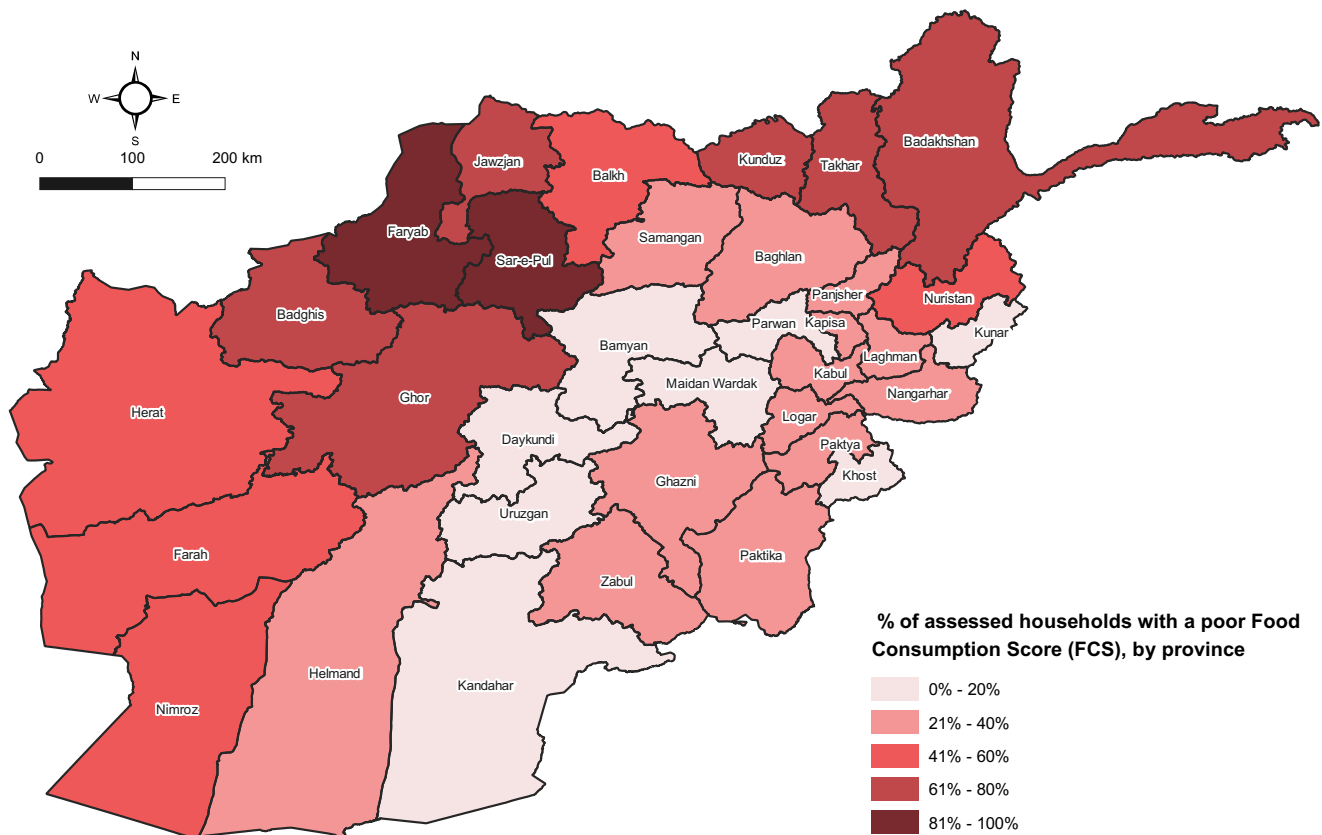


## Key Findings:

Findings indicate that food insecurity is spread throughout the country with a slightly higher concentration in the northwestern provinces of Afghanistan. Overall, 41% of households had a “poor” Food Consumption Score (FCS).<sup>1</sup> About 25% of the households also relied on “emergency” livelihood coping strategies (LCS).<sup>2</sup> While a higher proportion of urban households were classified as having moderate hunger - with rural ones potentially supported by seasonal harvest-, a higher share of rural households reported using emergency coping strategies, highlighting different vulnerability profiles among the two population groups.

Overall, female-headed households were found to be more food insecure compared to male-headed households with higher proportions having a poor FCS (48% vs 39%) and moderate hunger (42% vs 33%). Financial barriers (high costs of food and non-food items) emerged as primary barrier to markets for all population groups, while rural households additionally faced physical barriers (far distance or difficulties reaching markets).

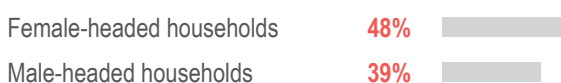
## % of households with a poor Food Consumption Score (FCS), by province:



## % of households per FCS score:



## % of households with a poor FCS score, per gender of head of household:



## % of households per Household Hunger Scale (HHS) score:<sup>3</sup>



## % of households with a moderate HHS score, by urbanity:



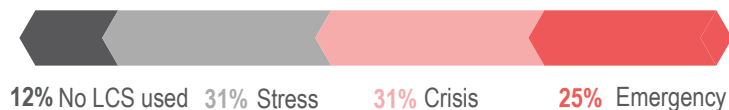
<sup>1</sup> The Food Consumption Score (FCS) measures the frequency of consumption of different food groups consumed by a household in the 7 days prior to data collection. FCS calculation was based on methods set out in [FSC Indicator Handbook](#)

<sup>2</sup> The Livelihood Coping Strategy (LCS) measures the extent of livelihood coping households need to utilize as a response to lack of food or money to purchase food. (FSL Indicator Handbook). Selling of house or land, migration of entire household and begging or relying on charity are considered as emergency livelihood coping strategies.

<sup>3</sup> The Household Hunger Scale (HHS) measures household hunger during the 30 days prior to data collection. 'Little or none' is to be interpreted positively. ([FSC Indicator Handbook](#))



% of households per Livelihood Coping Strategy (LCS) category:



% of households in the emergency LCS category, by urbanity:



**34%** of households with at least one member with disability were found to rely on emergency Livelihood Coping Strategy (LCS) compared to **24%** of households WITHOUT a member with disability.<sup>1</sup>

**1%** of households reported having married their daughters earlier than intended to cope with limited access to livelihoods in the 30 days prior to data collection, and **2%** of households had already exhausted their use of this strategy.

% of households per reduced Coping Strategy Index (rCSI) category:<sup>2</sup>



% of households in the high rCSI category, by urbanity:



**14%** of households reported 1-2 hours distance to the closest market or grocery store using their normal mode of transportation.

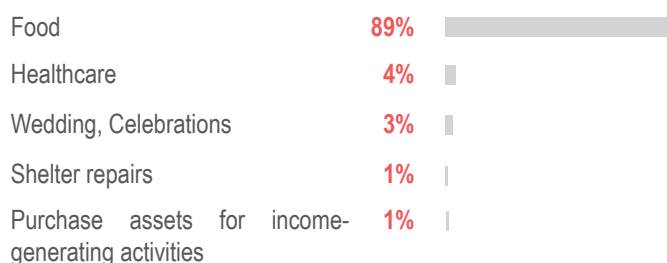
Households reporting on barriers to the closest market or grocery store, by urbanity:<sup>3</sup>

	Rural	Urban
Food items are too expensive	76%	80%
NFIs are too expensive	71%	59%
Market is too far/ difficult to reach	34%	6%
No barriers	10%	15%

## KEY INFORMANT (KI) - FSAC FINDINGS

% of assessed settlements where KIs reported the presence of adult female breadwinners **52%** in the settlement:

In **94%** of assessed settlements, KIs reported that the majority of HHs have debt and the most common reasons for taking debt were:



In **70%** of the assessed settlements, KIs reported having experienced 'a lot of increase' in staple food prices in the 30 days prior to data collection.

**!/\** KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.

In **62%** of assessed settlements, KIs reported agriculture as a primary and secondary income source. In **38%** of those settlements where agriculture was a main source, KIs reported perceiving agricultural production had decreased for "many" or "almost all" households in the 3 months prior to data collection.

In **49%** of assessed settlements, KIs reported livestock as a primary and secondary income source. In **26%** of those settlements where livestock was a main source, KIs reported perceiving livestock ownership had decreased for "many" or "almost all" households in the 3 months prior to data collection. KIs most commonly attributed this to a lack of food for animals, followed by a lack of cash and drought in district.

<sup>1</sup> Disability status was self-reported when respondents were presented with the Washington Group Short Set (WGSS) questions definition of disability. Disability is defined as a lot of difficulty/cannot do at least one of the following functions: communicating, hearing, remembering, seeing, self-care/personal hygiene, and walking. Overall 15% of households reported at least one member with a disability.

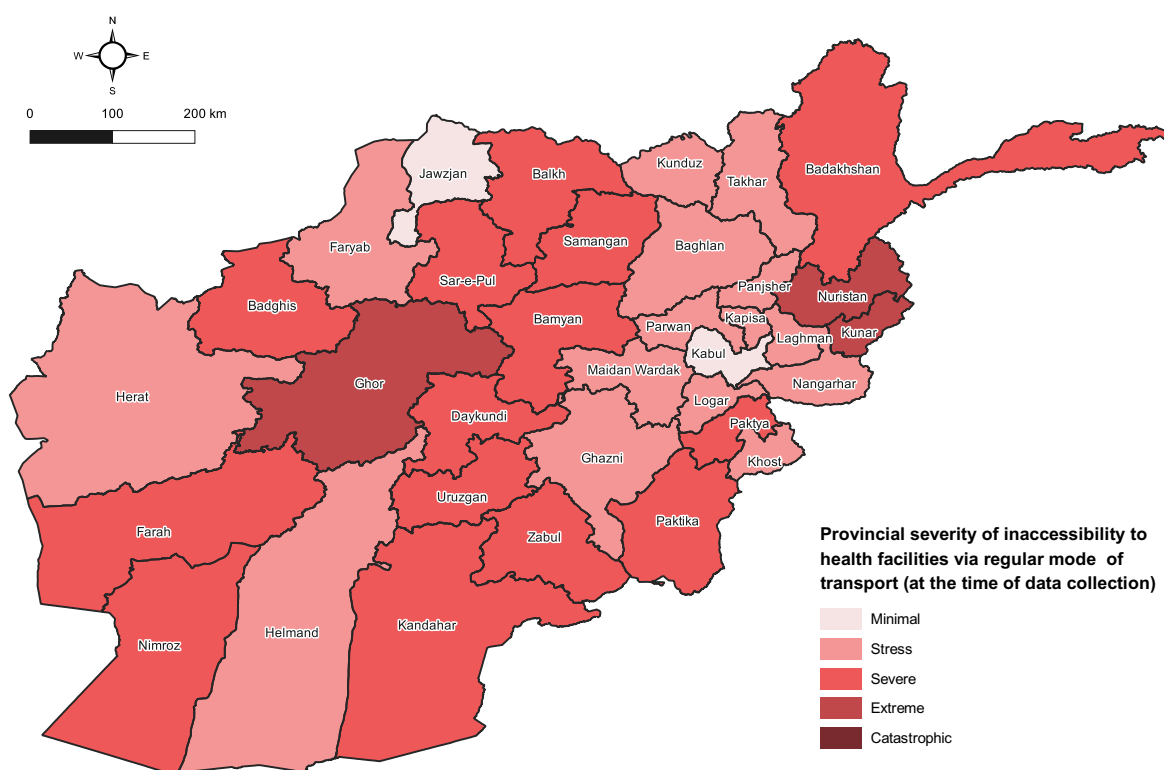
<sup>2</sup> The reduced Coping Strategy Index (rCSI) measures coping mechanisms used by households when there was not enough food or money to buy food in the 7 days prior to data collection.

<sup>3</sup> 'Low' is to be interpreted positively.

<sup>3</sup> Here and throughout the factsheets, there are instances where multiple options could be selected and findings may therefore exceed 100%.

**Key Findings:**

The vast majority of households (82%) reported that one of their members had a healthcare need in the 3 months prior to data collection. The most reported healthcare needs were consultation or drugs for acute illness (69%), followed by consultation or drugs for chronic illness (38%) and preventative consultation/check-up (26%). Findings indicate a more concerning healthcare situation among rural households, where 38% of households reported that there was no functional health facility nearby or too far away and 16% stated that household members were unable to obtain healthcare when they needed it, compared to 6% and 8% of urban households respectively. While healthcare facilities were more readily available for urban households, half reported that they were facing financial barriers (medicine or treatment too expensive) to access them.

**Severity scale:****Provincial severity of inaccessibility to health facilities via regular mode of transport (at the time of data collection):<sup>1</sup>****% of households that can access a health facility, per severity score and by urbanity:**

	1	2	3	4	5
Rural	37%	32%	23%	7%	N/A
Urban	82%	17%	1%	0%	N/A

**% of children (0 - 5 years) that experienced Acute Watery Diarrhoea (AWD) in the 2 weeks prior to data collection, per severity score and per population group:<sup>2</sup>**

	Category	Percentage
Rural	Extreme	52%
Urban	Extreme	42%
Recent IDPs	Extreme	55%
Recent returnees	Extreme	47%
Refugees	Severe	38%
Host community	Extreme	50%

<sup>1</sup> To align with the global JIAF, the annual WoAA 2022 asked households the length of time needed to access the nearest health facility via the household's regular mode of transportation - not the length of time needed to walk to the nearest health facility. Each household was assigned a severity score based on length of time needed to access the facility via the household's regular mode of transportation. See indicator #17 in Annex 1 for details.

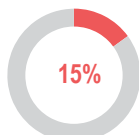
<sup>2</sup> The AWD related findings are calculated based on the total number of children under 5 (n=8,616).

**Note:** Applying the 25% JIAF rule, the cumulative sum from right to left was added up, until reaching at least 25% of the population to produce a severity class. Relevant cells were then highlighted on this factsheet and all the rest (wherever applicable).

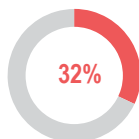
### Most common places where pregnant women get check-up (pre-natal care):



### % of households who were unable to obtain health care when they felt they needed it:<sup>1</sup>



### % of households reporting no access to trauma care within 24 hours of the emergency/ injury (for example, care for loss of a limb, broken bone, etc):

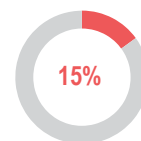


### % of households per distance to the closest health facility by regular mode of transport:



13% 0 - 14 min 35% 15- 29 min 29% 30 - 59 min 18% 1- 3 hrs 5% > 3 hrs

### % of household members with at least one disability:



### Most commonly reported barriers to accessing health facilities among households, by urbanity:

	Rural	Urban
Specific medicine /treatment are too expensive	34 %	50%
Specific medicine, treatment or service needed unavailable	41%	28%
Long waiting time for medicine /treatment	25%	29%
No functional health facility nearby/ too far	38%	6%

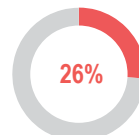
### % of households reportedly adapting behaviors to prevent COVID-19 spread in 2022, by urbanity:

Rural	49%	<div></div>
Urban	54%	<div></div>

## KEY INFORMANT - HEALTH FINDINGS

% of assessed settlements where KIs reported that the health facility in or near their settlement was safely and easily accessible for women and girls when accompanied by either a male relative, a female relative, or a female friend: **74%**

% of assessed settlements where KIs reported the main healthcare facility had structural damage:

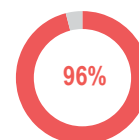


In **97%** of assessed settlements, KIs reported urgent concerns regarding healthcare services; the most reported urgent concerns were:

Lack of medicine	50%	<div></div>
Majority of households are unable to reach the medical facilities	33%	<div></div>
Lack of equipment	32%	<div></div>
High cost of services/medicines	32%	<div></div>

**!!** KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.

% of assessed settlements where KIs reported a health team visited their settlements in the 12 months prior to data collection and provided child immunisations:



In **60%** of assessed settlements KIs reported unavailability of enough medical staff; the most reported were:

There are not enough doctors	40%	<div></div>
There are not enough midwives	34%	<div></div>
There are not enough nurses	28%	<div></div>
There are not enough female medical staff	27%	<div></div>
There are not enough administrative staff	11%	<div></div>

<sup>1</sup> This finding refers to the subset of households that had someone in their households with healthcare need in the 3 months prior to data collection.



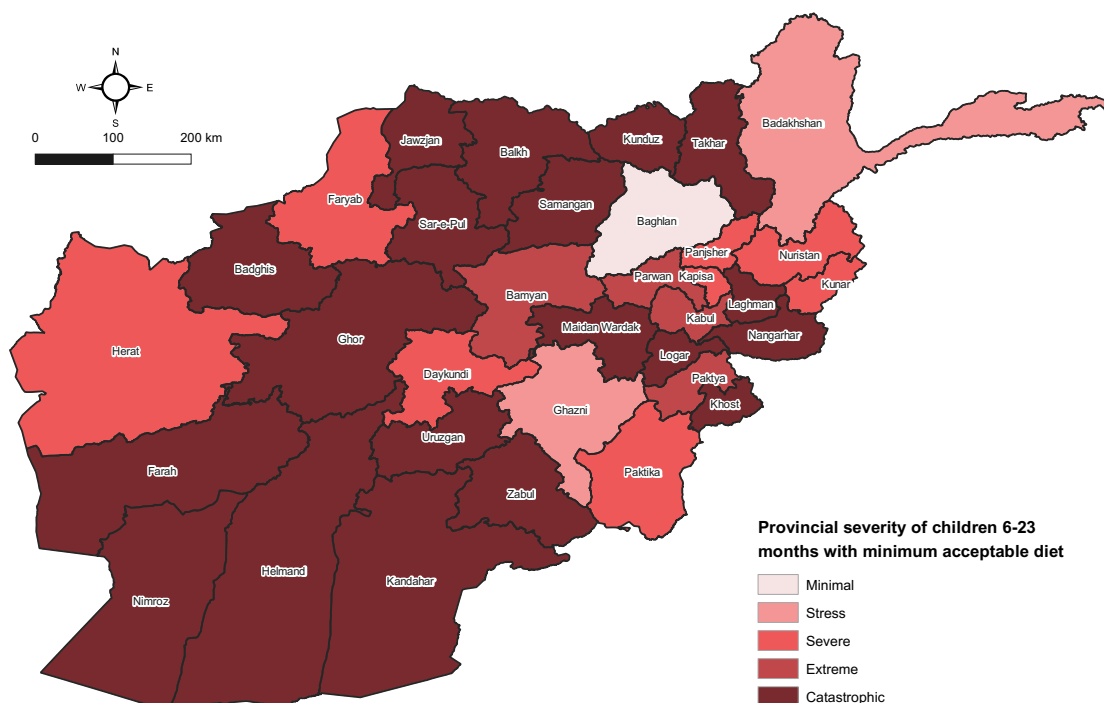
### Key Findings:

Among the children under the age of 5 (n = 8,616) in interviewed households, 28% were reportedly screened for malnutrition using a mid-upper arms circumference (MUAC) tape in the 3 months prior to data collection. Out of these, 20% were mentioned to be referred for moderate malnutrition and the same proportion for severe malnutrition. This finding is supported by the high prevalence of 6-23 months old children (n = 1,406) not meeting a minimum acceptable diet (MAD) (84%), minimum dietary diversity (MDD) (78%) or minimum meal frequency (MMF) (54%), highlighting both a lack in the quantity and quality of food consumed by this age group.<sup>1</sup> This was found to be concerning in the Southern region, where 97% of children (6-23 months) were not meeting the minimum acceptable diet and only 10% of children under 5 were screened for malnutrition during the 3 months prior to data collection.

### Severity scale:



### Provincial severity of children 6-23 months with minimum acceptable diet:



### % of children (6-23 months) with an unacceptable MAD, per population group:<sup>2</sup>

Rural	83%	
Urban	87%	
Recent-IDPs	77%	
Recent-Returnees	82%	
Refugees	90%	
Host community	84%	

### % of children (0-5 years) reportedly not screened for malnutrition in the 3 months prior to data collection, per population group:<sup>3</sup>

Rural	69%	
Urban	79%	
Recent-IDPs	69%	
Recent-returnees	65%	
Refugees	51%	
Host community	71%	

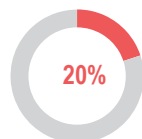
<sup>1</sup> MAD: Percentage of children 6–23 months of age who consumed a minimum acceptable diet during the previous day. The minimum acceptable diet for breastfed children includes receiving at least the minimum dietary diversity and minimum meal frequency for their age during the previous day. While for non-breastfed children the MAD includes receiving at least the minimum dietary diversity and minimum meal frequency for their age during the previous day as well as at least two milk feeds. MMF: Percentage of children 6–23 months of age who consumed solid, semi-solid or soft foods (but also including milk feeds for non-breastfed children) the minimum number of times or more during the previous day. For non-breastfed children this includes consumption of at least four solid, semi-solid or soft food feeds or milk feeds during the previous day, with at least one of the four being a solid, semi-solid or soft food feed. For breastfed children the minimum number of times varies with age (twice if aged 6-8 months and three times if aged 9-23 months).

<sup>2</sup> This finding refers to proportion of the subset of assessed children under 2 (n=1,406).

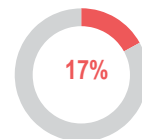
<sup>3</sup> This finding refers to proportion of the subset of assessed children under 5 (n=8,616).



% of screened children (0-5 years) that were referred for severe malnutrition:<sup>1</sup>



% of households reporting a need for information on nutrition services:



Three provinces with the highest proportions of screened children (0-5 years) that were referred for moderate malnutrition:<sup>1</sup>

Nuristan	75%	<div></div>
Kandahar	72%	<div></div>
Paktya	61%	<div></div>

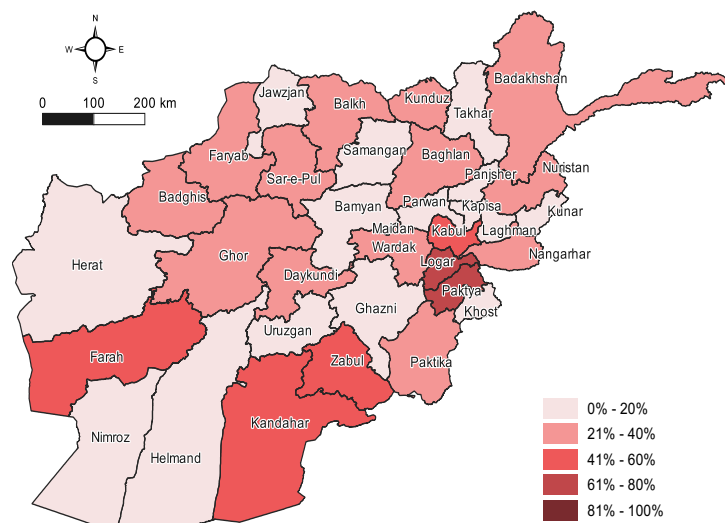
% of households reporting a need for information on nutrition services, per population group:

Rural	18%	<div></div>
Urban	13%	<div></div>
Recent-IDPs	22%	<div></div>
Recent-returnees	19%	<div></div>
Refugees	21%	<div></div>
Host community	17%	<div></div>

## KEY INFORMANT (KI) - NUTRITION FINDINGS

% of assessed settlements where KIs reported perceiving that most households were not aware of nutrition services in the 3 months prior to data collection: **44%**

In **26%** of assessed settlements, KIs reported that most households did not have access to nutrition treatment services, per province:<sup>2</sup>



**!!** KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.

Three provinces with the highest proportions of settlements where KIs reported most households were not aware of nutrition services in the 3 months prior to data collection:

Uruzgan	89%	<div></div>
Farah	74%	<div></div>
Zabul	73%	<div></div>

Most frequently reported urgent concerns regarding nutrition services, by % of assessed settlements:

Majority of households are unable to reach the facilities where nutrition services are offered	41%	<div></div>
Lack of supplies relating to nutrition services	39%	<div></div>
Cost of services is too high	27%	<div></div>
Lack of staff providing nutrition services	20%	<div></div>

<sup>1</sup> This finding refers to proportion of the subset of children under 5 that had reportedly been screened for malnutrition (n = 2,499).

<sup>2</sup> This finding refers to proportion of the subset of KIs reporting that households were aware of the nutrition services in the 3 months prior to data collection (n = 5,791).



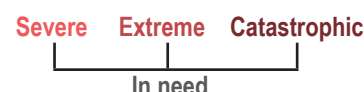
# WATER, SANITATION & HYGIENE (WASH)

Annual WoAA | 2022  
AFGHANISTAN

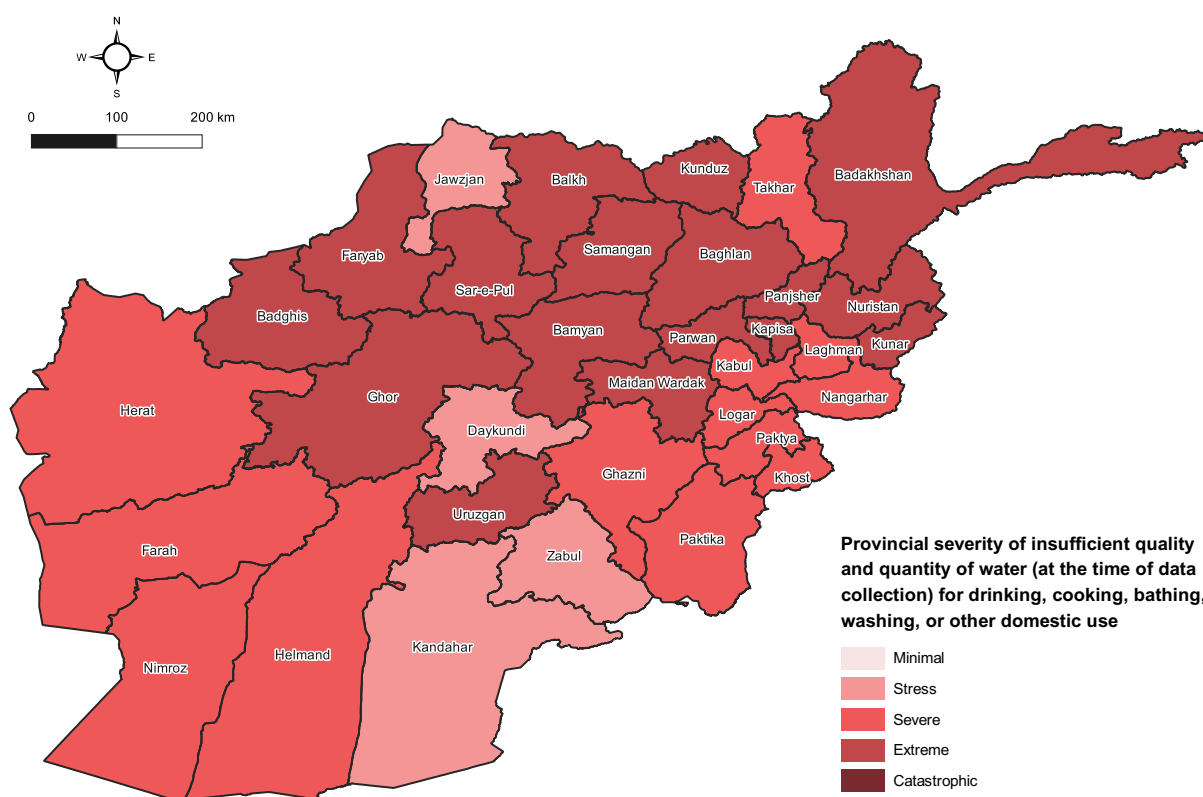
## Key Findings:

Overall, 79% of households stated not having enough water for drinking, cooking, bathing and washing, indicating high water needs across the population groups and provinces. While insufficiency of water was reported at similar levels among urban and rural households, higher proportions of rural households indicated relying primarily on inadequate water sources (26 % vs. 1%), unimproved sanitary facilities (53% vs. 26%) and non-functioning hand washing facilities (13% vs. 5%), indicating an overall worse WASH situation with potential health implications.<sup>1</sup> As drought has become the primary shock households reported having experienced in the 6 months prior to data collection, particular attention should be given to how water needs evolve among the drought-affected households (72% of rural vs. 36% of urban households).

## Severity scale:



## Provincial severity of insufficient quality and quantity of water (at the time of data collection) for drinking, cooking, bathing, washing, or other domestic use:<sup>2</sup>



## % of households without access to sufficient handwashing facilities, per severity score and by urbanity:<sup>3</sup>

	1	2	3	4	5
Rural	31%	17%	17%	21%	14%
Urban	43%	17%	5%	28%	8%

## % of households without access to a functional and improved sanitation facility at the time of data collection, per severity score and by urbanity:<sup>4</sup>

	1	2	3	4	5
Rural	32%	8%	30%	20%	10%
Urban	58%	16%	9%	9%	8%

<sup>1</sup> Inadequate water sources include spring water (unprotected) or surface water (stream/river/irrigation water). Unimproved sanitation facilities include: family pit latrine without slab / open, no facility (open field, dearaan, bush), bucket, hanging, open hole, plastic bag, and other. For more information, please see the Joint Monitoring Platform (JMP) on [sanitation](#). While improved sanitation facility includes flush, pit latrine covered, or VIP latrine.

<sup>2</sup> Each household was assigned a severity score based on 1) the type of water source it primarily relies on and 2) reported sufficiency of water from this source for drinking and other purposes. See indicator #32 in Annex 1 for more details.

<sup>3</sup> Each household was assigned a severity score based on 1) availability of soap and 2) access to sufficient water for handwashing. See indicator #31 in Annex 1 for more details.

<sup>4</sup> Each household was assigned a severity score based on 1) type of facility and 2) sharing arrangements. See indicator #33 in Annex 1 for more details.

### % of households reported primarily relying on inadequate water sources, by urbanity:



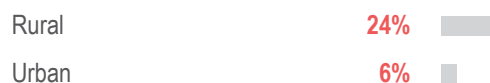
### 79% of households reported insufficient access to water; per basic need:



### Top 5 most reported barriers to access water, by urbanity:

	Rural	Urban
Not enough containers to fetch and store water	31%	15%
Insufficient number of water points	20%	16%
Water points are not functioning/dried up	17%	20%
Water point are too far or difficult to reach	16%	3%
Purchasing water is too expensive	4%	21%

### % of households reporting that fetching water from the main water source took more than 15 minutes, by urbanity:<sup>1</sup>

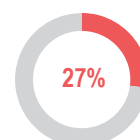


### 46% of the households reported using unimproved sanitation facilities.

#### The following were the most reported types of latrines, by urbanity:

	Rural	Urban
Pit latrine with a slab and platform	36%	37%
Open hole	33%	12%
Pit latrine without a slab or platform	20%	14%
Flush or pour/flush toilet	4%	36%

### % of households without access to soap at the time of data collection:

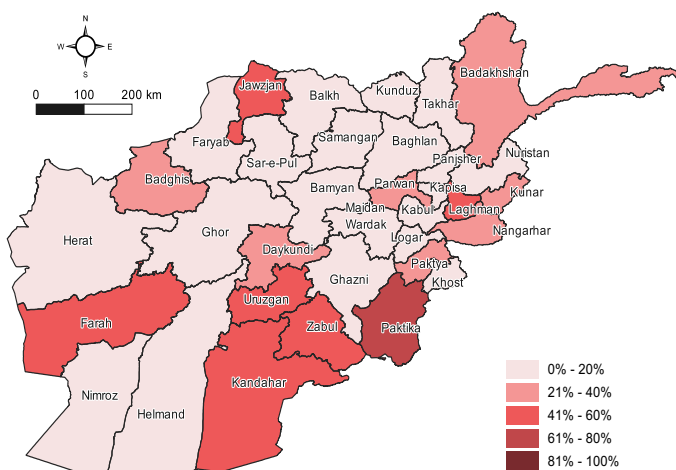


### 5% of households reported water points, and 6% reported sanitation facilities as areas unsafe for women/girls.

## KEY INFORMANT (KI) - WASH FINDINGS

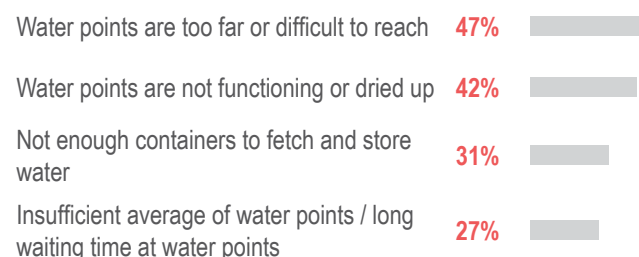
% of assessed settlements where KIs reported that none of the households had access to safe drinking water within 500 meters of their homes: **9%**

% of assessed settlements where KIs reported that none of the households in the settlement had access to a functioning sanitation facility (latrine), per province:

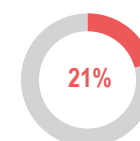


!! KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.

### Most frequently reported problems regarding water access, per type of problem and % of assessed settlements:



### % of assessed settlements where KIs reported no water access problems:

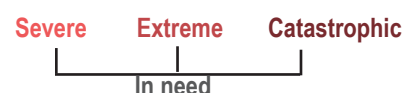


<sup>1</sup> Respondents were asked how long it took them to go to their main water source, fetch water, and return (including queuing at the water source). Answer options included: on-premises, 5 - 15 minutes, 16 - 30 minutes, and more than 31 minutes.

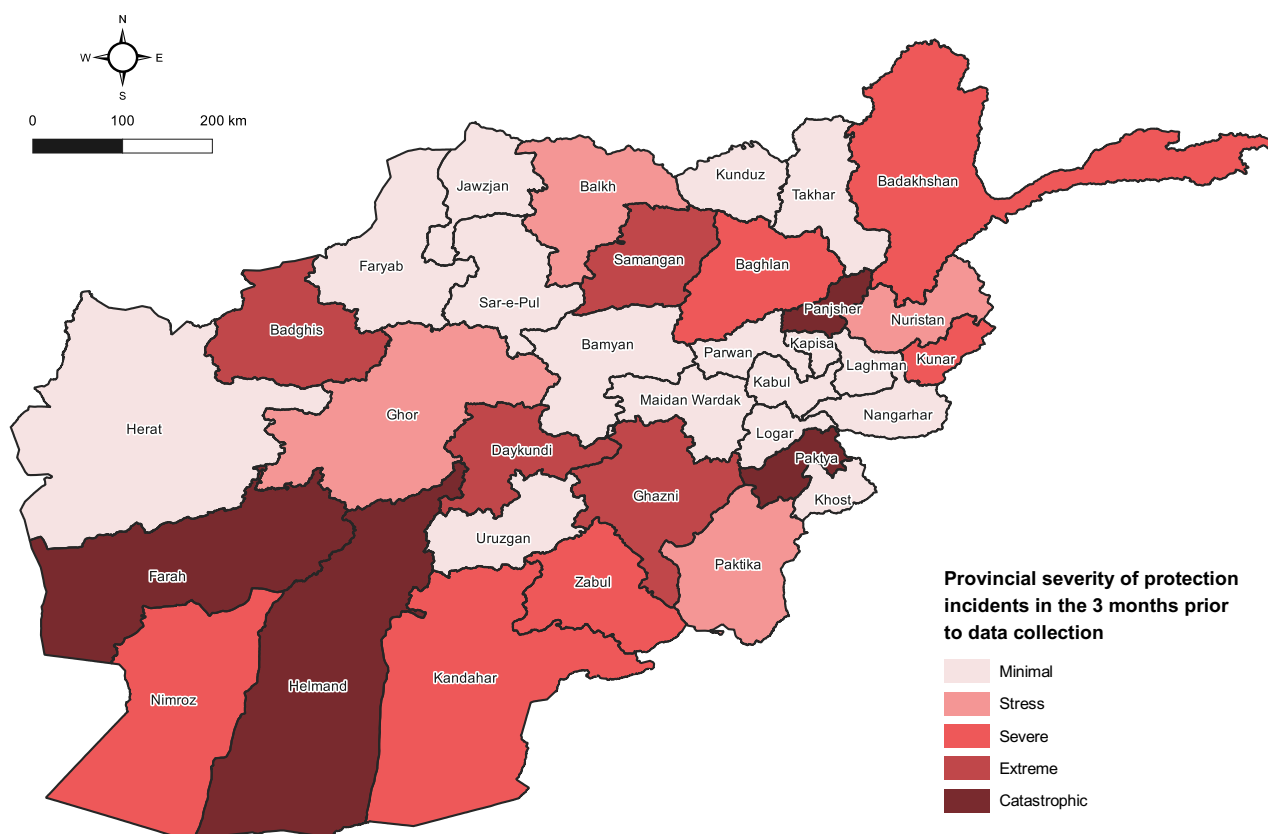
#### Key Findings:

Approximately one fifth of households (22%) reported that one or more members of their household experienced a protection concern in the 30 days prior to data collection.<sup>1</sup> The prevalence was similar across gender and age but slightly higher among recent IDPs (29%) and rural compared to urban households (23% vs. 15%). 15% of household reported markets as unsafe areas for women and girls followed by social/community areas (10%) and the way to women community centers/ health centers (7%). Furthermore, 2% of households reported that none of the male household members had civil documentation, while 20% of households reported that none of the female household members had civil documentation. Regionally, the South Eastern region remained the region where protection concerns, protection incidents and unsafe access to basic services for women and girls was reported by higher proportions of households than in the rest of the country. Overall, 73% of households also reported that at least one member in their household demonstrated a behavioral change in the 6 months prior to data collection, indicating concerning mental health levels across the country.<sup>2</sup> The most reported behavior change among households were excessive sad mood or crying, where 35% of households reported that at least one member in their household experienced excessive sad mood or crying, with poverty or financial stress stated as the most common cause for the behavioral change.

#### Severity scale:



#### Provincial severity of protection incidents in the 3 months prior to data collection:<sup>1, 3</sup>



#### % of households with one or more members experiencing a protection concern in the 30 days prior to data collection, per household member:

Men (18 years or older)	16%	<div></div>
Women (18 years or older)	16%	<div></div>
Boys (below the age of 18)	14%	<div></div>
Girls (below the age of 18)	14%	<div></div>

#### % of households reporting marriage of daughters earlier than intended due to lack of food or money, per severity score and by urbanity:<sup>4</sup>

	1	2	3	4	5
Rural	81%	17%	1%	1%	N/A
Urban	70%	28%	0%	2%	N/A

<sup>1</sup> Protection concerns and incidents include: Attacks or harassment, Maiming or killing, Explosive hazards (mines, ERW, PPIEDs), Abduction, recruited into armed groups or detention, Abuse or exploitation, Movement restrictions (not COVID-19 related), Violent destruction of property or farmland, and Eviction from home.

<sup>2</sup> Behavioural changes include but are not limited to: excessive sad mood or crying, bedwetting, decrease in appetite or sleep, significant social withdrawal, angry or aggressive or violent behaviour.

<sup>3</sup> Each household was assigned a severity score based on type of protection concern. See indicator #22 in Annex 1 for details.

<sup>4</sup> Each household was assigned a severity score based on whether this strategy was being used or already exhausted. See indicator #8 in Annex 1 for details.





% of households reporting that at least one household member experienced a behavioural change in the 6 months prior to data collection, per severity score and by urbanity:<sup>1</sup>

	1	2	3	4	5
Rural	28%	37%	34%	1%	N/A
Urban	25%	42%	32%	1%	N/A

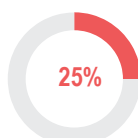
% of households with children (below 18 years) working outside the home, per severity score and by urbanity:<sup>2</sup>

	1	2	3	4	5
Rural	85%	N/A	15%	N/A	N/A
Urban	88%	N/A	12%	N/A	N/A

% of households reporting a child (under 18 years) working outside the home, per gender of head of household and per household with a member with disability:

Male-headed households	21%	<div></div>
Female-headed households	29%	<div></div>
HH with a member with disability	31%	<div></div>
HHs with a no disabled member	21%	<div></div>

% of households reporting awareness of explosive hazards in or near to their location in the 6 months prior to data collection:



% of households reporting areas where girls/women felt unsafe, per severity score and by urbanity:<sup>3</sup>

	1	2	3	4	5
Rural	69%	7%	9%	11%	4%
Urban	93%	2%	2%	2%	0%

% of households reporting being aware of a protection incident having happened in or near their location in the 3 months prior to data collection, by population group:

Rural	23%	<div></div>
Urban	15%	<div></div>
Recent-IDPs	29%	<div></div>
Recent-returnees	16%	<div></div>
Refugees	22%	<div></div>
Host community	21%	<div></div>

% of households reporting that some of their HH members were missing civil documentation, by population group:

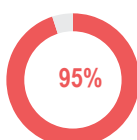
	Female HH member	Male HH member
Rural	33%	38%
Urban	20%	18%
Recent-IDPs	34%	37%
Recent-Returnees	30%	28%
Refugees	27%	56%
Host community	29%	30%

## KEY INFORMANT (KI) - PROTECTION FINDINGS

% of assessed settlements where KIs reported not being aware of any mine risk education activities taking place in their areas in the 6

87%

% of assessed settlements where KIs reported that settlement leadership helps manage/solve conflicts within the settlement:



% of assessed settlements where KIs reported that settlement leadership helps manage/solve conflicts, per settlement leader type:

Community leadership	43%	<div></div>
Religious leader	24%	<div></div>
Households themselves	21%	<div></div>

!! KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.

Most reported methods to improve settlement security, by % of assessed settlements:

Improve education services	78%	<div></div>
More livelihood opportunities	46%	<div></div>
More community leadership involvement	38%	<div></div>
Better shelters/stronger locks	30%	<div></div>

<sup>1</sup> Each household was assigned a severity score based on the type of behaviour change reported; see indicator #24 in Annex 1 for more details.

<sup>2</sup> Each household was assigned a score based on whether the household had at least one child working outside or not. See indicator #7 in Annex 1 for details. Households with at least one child aged below 18 years (n = 11,645)

<sup>3</sup> Each household was assigned a score based on the number of areas the household reported as unsafe for women and girls. See indicator #35 in Annex 1 for details.



# EMERGENCY SHELTER and NON-FOOD ITEMS (ES-NFI)

Annual WoAA | 2022  
AFGHANISTAN

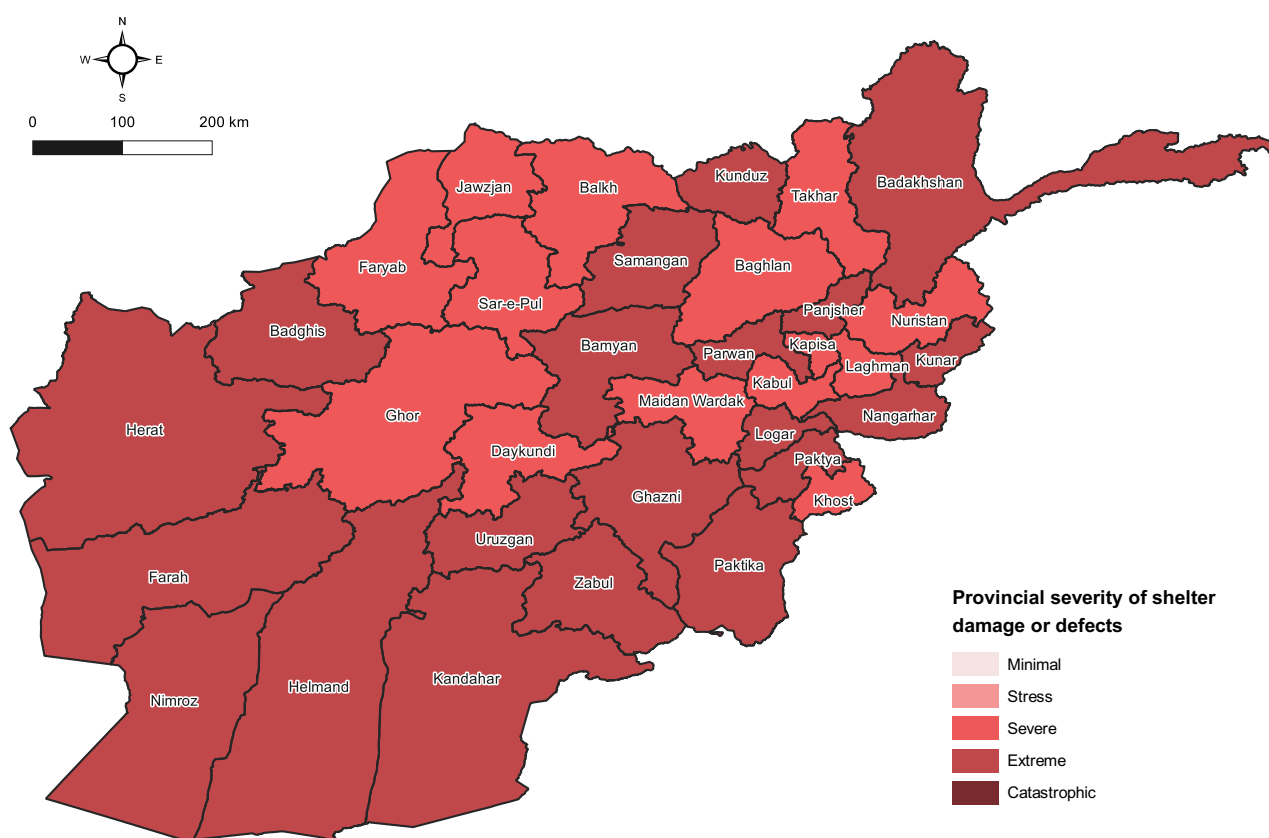
## Key Findings:

Overall, 7% of households were found to live in inadequate shelters.<sup>1</sup> The most frequently reported types of shelters were (adequate) mud houses (61%) and permanent shelter with poor materials (26%). Among the surveyed population, 58% of households reported partial damage and 19% reported significant damage to their shelter, which was more prevalent among refugee and rural households. Furthermore, findings indicate winterization needs were widespread; 79% of households reported reliance on inadequate heating sources and 43% of households reported having less than one blanket per household member.<sup>2</sup> Almost all refugee households (97%) were found to rely on inadequate heating sources, demonstrating their specific vulnerability.

## Severity scale:



## Provincial severity of shelter damage or defects:<sup>3</sup>



## % of households in need of shelter repair/upgrade assistance, per severity score and by urbanity:<sup>4</sup>

	1	2	3	4	5
Rural	15%	3%	55%	27%	1%
Urban	31%	4%	49%	16%	0%

## % of households in need of NFIs, per severity score and by urbanity:<sup>5</sup>

	1	2	3	4	5
Rural	12%	19%	30%	23%	15%
Urban	10%	50%	20%	10%	11%

<sup>1</sup> Inadequate shelters include emergency shelters, collective centers not intended for living, open space, makeshift, unfinished shelter, or transitional shelter.

<sup>2</sup> Inadequate heating sources include animal dung or waste (paper, plastic, carton board, etc.), bushes, or local wood, or 'no source of energy', alternatively, those who have less than one blanket per household member or don't have access to winter clothes.

<sup>3,4</sup> Each household was assigned a score based on the severity of shelter damage (no damage, partial damage, significant damage, etc.) reported by the household. See indicator #27 in Annex 1 for details.

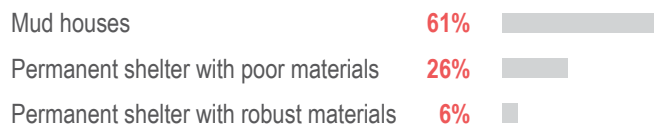
<sup>5</sup> Each household was assigned a score based on the number of NFIs the household owned out of the five key NFIs (sleeping mattress, kitchen sets, heating devices, winter clothes, and water storage containers). See indicator # 28 in Annex 1 for details.



# Emergency Shelter and Non-Food Items

Annual WoAA | 2022  
AFGHANISTAN

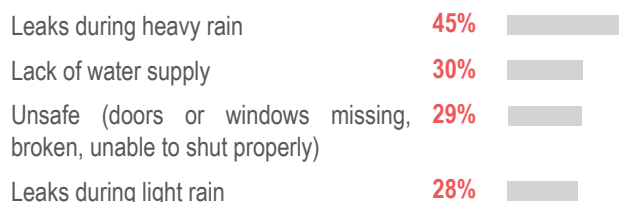
## Most reported shelter types, by households:\*



## % of households by reported damage to shelter:



## 68% of households reported at least one shelter enclosure issue; the most reported shelter enclosure issues by households are:



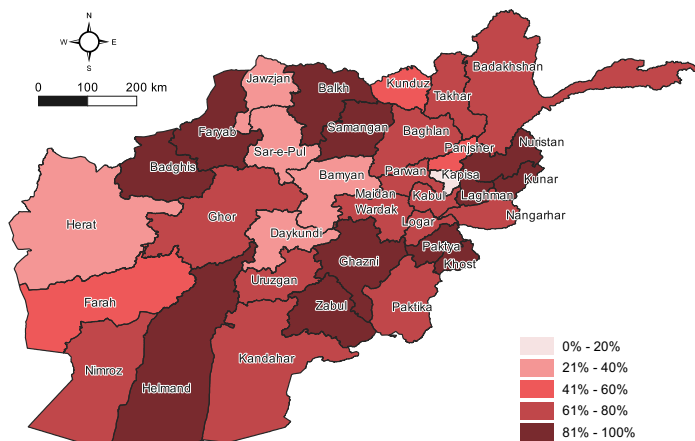
## % of households with insecure tenancy agreement, by urbanity:<sup>1</sup>



## KEY INFORMANT (KI) - ES-NFI FINDINGS

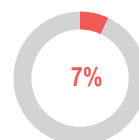
% of assessed settlements where KIs reported the presence of markets with food, NFIs, and winterization items near the settlement: **44%**

% of assessed settlements where KIs reported “a lot of increase” in NFI prices in the 30 days prior to data collection, per province:



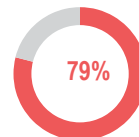
## % of households living in inadequate shelters:

Note: See footnote 1 on previous page for inadequate shelter

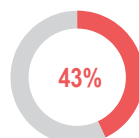


## % of households with an inadequate heating source:

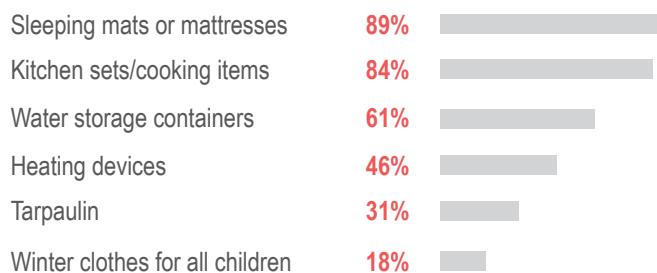
Note: See footnote 2 on previous page for inadequate heating source



## % of households with less than one blanket per household member:

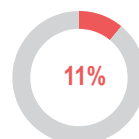


## % of households reporting owning or having daily access to each priority NFI, by type of NFI:

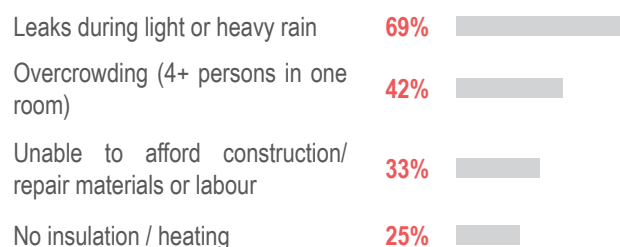


/// KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.

% of assessed settlements where KIs reported that no households have electricity.



% of assessed settlements where KIs reported concerns regarding housing in their settlements:



\* All the mentioned types of shelter here are considered as adequate shelters.

<sup>1</sup> Insecure tenure includes Safayee notebook (property tax clearance document), verbal rental agreement or none (no tenure agreement at all).



# EDUCATION in EMERGENCIES (EiE)

Annual WoAA | 2022  
AFGHANISTAN

## Key Findings:

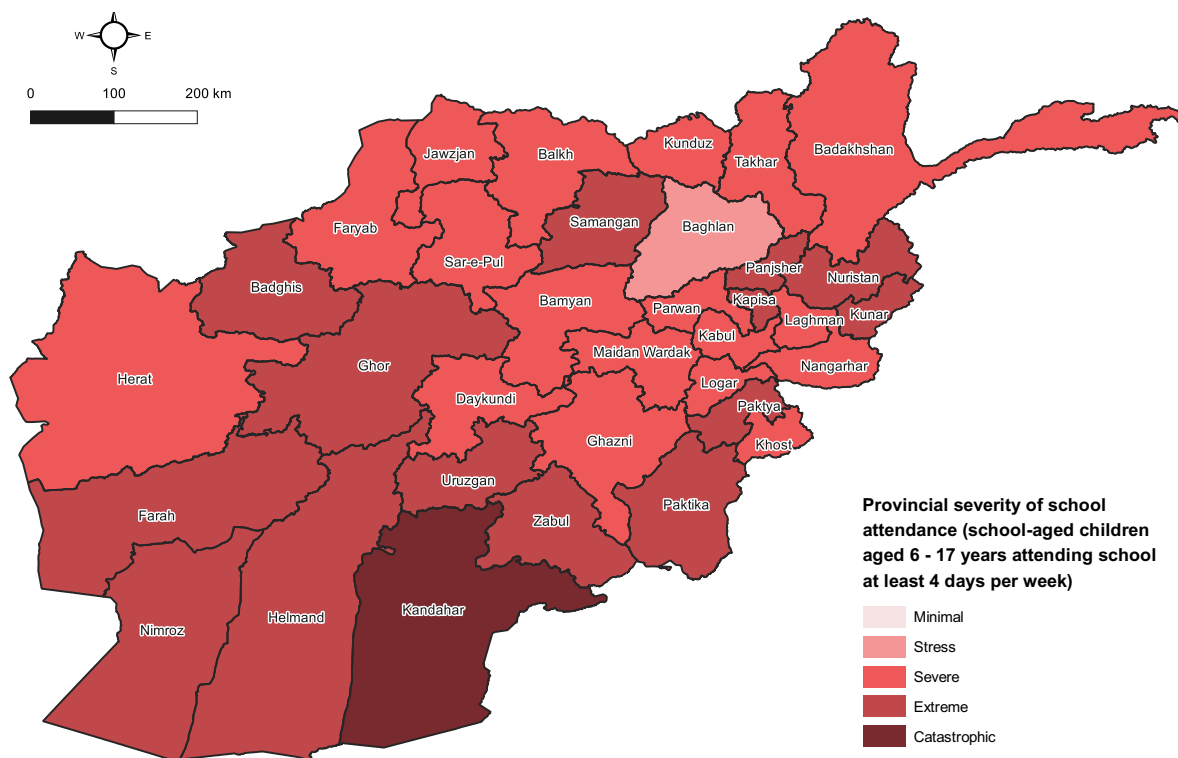
Overall, both enrollment and attendance figures were higher among boys than girls. While these indicators were relatively similar among primary- and secondary-school aged boys, this was not the case for girls. The proportion of girls attending school decreases from 49% among 6-12 year old girls to 31% among 13-17 year old girls and is particularly low for secondary-school aged girls in rural areas (30%). Among the regions, the Southern region stands out as the area with the lowest access to education for children.

A lack of schools in the area emerged as the primary barrier to accessing education for both genders, while new bans posed a higher barrier for girls (36% vs. 8%) and the need to earn money was more prevalent as a barrier for boys (15% vs. 3%).

## Severity scale:



## Provincial severity of school attendance (school-aged children aged 6 - 17 years attending school at least 4 days per week):<sup>2</sup>



## % of school-aged children (6 - 17 years) that attended school at least 4 days per week, per severity score and by population group:<sup>3</sup>

	Category	Percentage
Rural	Severe	48%
Urban	Severe	65%
Recent-IDPs	Extreme	40%
Recent-returnees	Severe	55%
Refugees	Extreme	35%
Host community	Severe	54%

## % of households with school-aged children enrolled in school, by a safe and protected environment and by urbanity:<sup>4</sup>

	1	2	3	4	5
Rural	0%	0%	37%	62%	N/A
Urban	0%	0%	55%	45%	N/A

<sup>1</sup> Here and throughout this factsheet, enrollment and attendance related findings are calculated based on the total number of school-aged children in the assessed households (total boys aged 6-12 = 6,472; total boys aged 13-17 = 4,814; total girls aged 6-12 = 6,028; total girls aged 13-17 = 4,551).

<sup>2</sup> Each area was assigned a score based on the number of school-aged children that attended school. See indicator # 5 in Annex 1 for details.

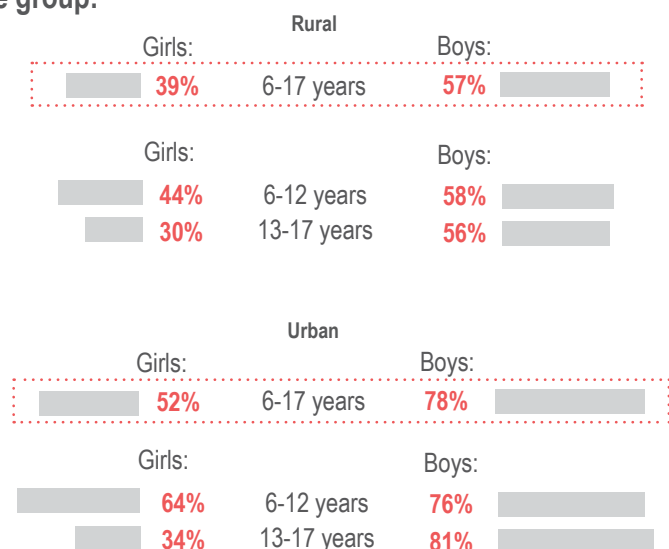
<sup>3</sup> The analysis only includes assessed households self-reporting school-aged children (6 - 17 years). A total of 82% of the assessed households reported having school-aged children.

<sup>4</sup> Each household was assigned a score based on the availability of handwashing and heater in the school classrooms. See indicator #6 in Annex 1 for details.





% of school-aged boys and girls (6-17 years) in assessed households reportedly attending school, by gender and age group:<sup>1</sup>



4% of households (that reported at least one child enrolled in school) reported that **at least one child felt unsafe traveling to/being at school.**<sup>1</sup>

Most commonly reported **barriers** to accessing **education**, among households with school-aged children not enrolled or attending:<sup>2</sup>

	Boys	Girls
No school in the area or school is too far	46%	41%
New bans, restrictions on children attending school	8%	36%
Education is too expensive	17%	13%
Children had to earn money	15%	3%
Cultural reasons	3%	9%
Lacked documentation to enroll child	7%	5%

% of households with at least one enrolled child, reporting the availability of each facility at school:<sup>3</sup>

School boundary wall	68%	
Sanitation facilities (latrines)	55%	
Availability of drinking water	49%	
Handwashing facilities	42%	
Gender-specific sanitation facility	17%	
Heaters	1%	
None of these facilities	12%	

## KEY INFORMANT (KI) - EIE FINDINGS

% of assessed settlements where KIs reported that the schools in their settlement were structurally damaged: **28%**

% of assessed settlements where KIs reported that children (6 - 17 years) generally feel unsafe on the way to school or in the schools near (5km) or in this settlement, per main reasons:

	Boys	Girls
Harrassment	2%	9%
Conflict	2%	2%
Child abuse	1%	1%
Other	2%	11%

**!! KI findings (extracted from the HSM) are based on interviews with KIs at settlement level and should be considered indicative only.**

% of assessed settlements where KIs reported sufficient availability of school supplies at schools in their settlements:

Teachers	37%	
Desks/carpets for students to sit at/on	22%	
Textbooks	20%	
None of these are sufficiently available	55%	

**Main types of schools reportedly urgently needed in the assessed settlements, by % of assessed settlements:**

Primary school - Government	32%	
High school - Government	23%	
Secondary school - Government	15%	
No additional schooling facilities needed	7%	

<sup>1</sup> This indicator is calculated based on a subset (a total of 9,783 households that reported school-aged children enrolled in school).

<sup>2</sup> This indicator is calculated based on a subset of school-aged girls and boys not enrolled or attending school (n = 7,796, and n = 6,058, respectively).

<sup>3</sup> This indicator (for school facilities) is calculated based on a subset (a total of 9,442 households that reported child/children attending at the time of data collection).

## Annex 1: JIAF Indicators (used in the 2022 HNO for the overall PiN calculation)

#	Indicator Name	level(s)	1. None/minimal	2. Stress	3. Severe	4. Extreme	5. Catastrophic
1	% of households with at least one member with a disability by severity	Household (HH)	No family member disabled	At least 1 family member has 'some difficulty'	At least 1 family member has 'a lot of difficulty'	At least 1 family member 'cannot do at all'	At least 1 family member reporting two types of disability
2	% of households exceeding higher than average debt (>45,000 AFN)	HH	0-<10,000	>10,000	>45,000	>65,000	No criteria
3	% of households know how to access humanitarian assistance (e.g. where to go and who to contact?) if they were to need it and feedback or complaint mechanisms to reach aid providers about community needs, assistance received or problems with assistance	HH	aware of both how to access and of feedback or complaint mechanisms	aware of how to access OR of feedback or complaint mechanisms	aware of neither	No criteria	No criteria
4	% HHs without access to essential services (including health, education, markets, and improved water sources)	HH	None	At least one essential service	At least 2 essential services	At least 3 essential services	4 or more essential services
5	% of children aged 6 to 17 that attended formal schooling at least 4 days a week in the past six months.	Area	100%	76%-99%	75-46%	45-16%	<=15%
6	% school aged children enrolled in school in past six months without access to education in a safe and protected environment (defined as available handwashing facilities and heating)	Area	both heating and hand washing	heating but not handwashing	handwashing facilities but not heating	neither handwashing facilities or heating	No criteria
7	% of households had at least 1 child between the age of 11 - 17 working outside of the household in the last 30 days <sup>1</sup>	HH	No	No criteria	Yes	No criteria	No criteria

<sup>1</sup> In annual WoAA 2022 all children under the age of 18 were considered for this indicator.

**Note:** NAs throughout the JIAF Indicator table means that households cannot be categorized with that particular severity score on the basis of the relevant indicator.

# Annex 1: JIAF Indicators

Annual WoAA | 2022  
AFGHANISTAN

#	Indicator Name	level(s)	1. None/minimal	2. Stress	3. Severe	4. Extreme	5. Catastrophic
8	% of households reporting "Marriage of daughters earlier than intended" due to lack of food or income to buy food in the last 30 days (yes, or unable due to strategy exhausted)	HH	No	Not used/ not applicable	Yes	Strategy exhausted	No criteria
9	IPC analysis	HH	% population under phase 1	% population under phase 2	% population under phase 3	% population under phase 4	% population under phase 5
10	Shock affected HHs with a poor FCS	HH	FCS > 42	"FCS > 35 AND FCS ≤ 42"	"FCS > 28 AND FCS ≤ 35"	FCS ≤ 28	No Criteria
11	HH with high food and livelihood coping mechanisms	HH					
12	HH with decreased income and high food expenditure share	HH					
13	PENTA3 Coverage in <1 year old)	District/ Province	100% +	80% - 99.9%	70% - 79.9%	50% - 69.9%	0-49.9%
14	Measles Coverage ( < 2 years old)	District/ Province	100% +	80% - 99.9%	70% - 79.9%	50% - 69.9%	0-49.9%
15	% health facilities that are non-functional	Area	Functional	No Criteria	Partially functional	No Criteria	Not functional
16	Percentage of births assisted by a skilled attendant/health personnel	District/ Province	>=66% -100%	>=48% - <66%	>=31 - <48%	>0% - <31%	0%
17	% of population that can access health facility, by distance by walking <sup>1</sup>	HH	<30 minutes	< 1 hour	< 3 hours	3 or more hours	No criteria
18	Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)	Province		<1	1-1.9	2-3.9	≥4

<sup>1</sup> The WoAA questionnaire asks about the distance by habitual mode of transportation and not explicitly about the distance by walking. Thus, the indicator was calculated based on the "distance by habitual mode of transportation".

# Annex 1: JIAF Indicators

Annual WoAA | 2022  
AFGHANISTAN

#	Indicator Name	level(s)	1. None/minimal	2. Stress	3. Severe	4. Extreme	5. Catastrophic
19	Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ) <-2 and/or bilateral oedema among children 0-59 months.	Province	<2.5%	2.5-4.9%	5.0-9.9%	10.0-14.9%	≥15.0%
20	% of children 6-23 months with minimum acceptable diet	Area	≥70%	40-70%	20-40%	10-20%	<10%
21	# of civilian casualties from mines, including VOIEDs and ERWs, in 2020 and 2021	Area	Below 25	25-49	50-99	100-199	200-400
22	% of households with a member experiencing a protection incident in the past 3 months	HH	< 20%	21%-30%	31%- 40%	41%-50%	> 50%
23	Proportion of people with unmet need for occupancy documents (households who answered: Rental agreement (verbal)/ None (occupied without permission)/ Safayee Notebook)	HH	All other options	No criteria	Safayee Notebook OR Rental agreement (verbal)	None (occupied without permission)	No criteria
24	% of household have individuals experiencing any behavioral changes in the past year <sup>1</sup>	HH	No behavioural change observed	1 change (not "Angry/ aggressive / violent behaviour" OR "Substance abuse")	"Angry/ aggressive / violent behaviour" OR "Substance abuse"	"Angry/ aggressive / violent behaviour" AND "Substance abuse"	No criteria
25	% of households by member ownership of tazkira <sup>2</sup>	HH	All men and women have IDs	All men and some women or all women and some men have IDS	Some men and some women have IDS	Either no men and/or no women have IDs.	No criteria

<sup>1</sup> In the annual WoAA 2022, a 6 months recall period was considered for this indicator.

<sup>2</sup> In the annual WoAA 2022, this indicator was asked in a more comprehensive way, and assessed households were able to report any sort of civil documentation including tazkira.



# Annex 1: JIAF Indicators

Annual WoAA | 2022  
AFGHANISTAN

#	Indicator Name	level(s)	1. None/minimal	2. Stress	3. Severe	4. Extreme	5. Catastrophic
26	% of HHs with access to a safe and healthy housing enclosure unit (a combination of type of shelter and shelter defects)	HH	Permanent shelter with poor and robust material and mud houses	Leaks during heavy rain, presence of dirt (removeable and non removeable)	Limited ventilation, living in transitional shelter built of sun dried bricks, leaks during light rain	Live in unfinished shelters, partially built concrete houses, presence of dirt, lack of water supply, lack of sewage system	Unsafe (doors or windows broken, cracks in roof or walls), live in open space, live in tents, total collapse or shelter too damaged for living
27	% of HHs in need of shelter repair /upgrade assistance (refer to shelter damage severity)	HH	No damage	No damage but leaks during heavy rain	Partial damage (broken windows, doors, small cracks etc), leaks during light rain	Significant damage (damage to foundations, roof, walls etc), limited ventilation,	Fully destroyed (unlivable conditions)
28	% of HHs in need of NFIs (refer to number of items per HH)	HH	Household with all 5 NFIs	Household with 4 out of 5 NFIs	Household with 3 out of 5 NFIs	Household with 2 out of 5 NFIs	Household with 0 to 1 NFIs
29	% of HHs in need of blankets and heating assistance living in a severe winter zone (A combination of number of blankets per HH member, type of heating materials and temp variations across the country)	HH	Electricity or LPG	Baloth or Archa wood, Coal or Charcoal	Wood, Bushes	Animal dung and waste	No Source
30	% of households in debt due to rent	HH	No debt or HH has debt but primary reason for debt is not rent	"HH has debt and primary reason is rent and debt < 6000 Afs"	"HH has debt and primary reason is rent and 6000 Afs <= debt < 12000 Afs"	"HH has debt and primary reason is rent and 12000 Afs <= debt < 18000 Afs"	"HH has debt and primary reason is rent and 18000 Afs <= debt"
31	% of households without access to sufficient handwashing facilities	HH	Soap is available at home AND HH reports having sufficient water for handwashing	Soap is available at home (but not seen) AND HH reports having sufficient water for handwashing	Soap is NOT available at home AND HH reports having sufficient water for handwashing	Soap is available (seen or not seen) at home AND HH reports NOT having sufficient water for handwashing	Soap is NOT available at home AND HH reports NOT having sufficient water for handwashing

# Annex 1: JIAF Indicators

Annual WoAA | 2022  
AFGHANISTAN

#	Indicator Name	level(s)	1. None/minimal	2. Stress	3. Severe	4. Extreme	5. Catastrophic
32	% of HHs without access to a sufficient quality and quantity of water for drinking, cooking, bathing, washing or other domestic use	HH	Water comes from an improved water source of acceptable Sphere standards quality which is located on premises AND/OR Enough water for drinking, cooking, personal hygiene and other domestic purposes	Water comes from an improved water source of acceptable Sphere standards quality, provided collection time is not more than 30 minutes for a roundtrip, including queuing AND/OR Enough water for drinking AND cooking AND personal hygiene, AND NOT for other domestic purposes	Water comes from an improved source of acceptable Sphere standards quality for which collection time exceeds 30 minutes for a roundtrip, including queuing AND/OR Enough water for drinking AND EITHER cooking OR personal hygiene	Water comes from an unimproved water source AND/OR Enough water for drinking AND NOT for cooking AND personal hygiene	Water comes directly from rivers, lakes, ponds, etc. AND/OR NOT enough water for drinking
33	% of households without access to a functional and improved sanitation facility	HH	Uses an improved sanitation facility AND does NOT share facility	Uses an improved sanitation facility AND shares facility	Does NOT use an improved sanitation facility AND is NOT in an informal settlement AND does NOT share facility	Does NOT use an improved sanitation facility AND is in an informal settlement OR shares sanitation facility	Practices open defecation OR Does NOT use an improved sanitation facility AND is in an informal settlement AND shares a sanitation facility
34	% of children under 5 reported to experience AWD in the past two weeks	Area	0-9%	10-19%	20-39%	39-55%	>55%
35	% of households reporting areas where women and girls feel unsafe to access WASH facilities (latrines, bathing facilities AND/OR water points)	HH	<10%	10-15%	15-20%	20-25%	>25%

# Annex 1: JIAF Indicators

Annual WoAA | 2022  
AFGHANISTAN

#	Indicator Name	level(s)	1. None/minimal	2. Stress	3. Severe	4. Extreme	5. Catastrophic
36	% of households reporting areas where women and girls feel unsafe	HH	Women and girls do not avoid areas	Women and girls feel unsafe in one area	Women and girls feel unsafe in two areas	Women and girls feel unsafe in three areas	Women and girls feel unsafe in four or more areas
37	% of households reporting that they are able to access emergency care within 24 hours of injury	HH	90-100%	80-90%	70-80%	60-70%	0
38	% of households reporting barriers to education access for children (aged 6 - 17 years), per barrier type and gender	HH	No Barriers	1	2	3	>=4
39	% of households with a vulnerable head of household (women, elderly (>65y), HoH with a disability) <sup>1</sup>	HH	0	1%-4%	5%-9%	10% and above	No criteria

<sup>1</sup> This indicator only includes elderly HoH and HoH with a disability. The WoAA specifically sampled for female HoH and its coverage does therefore not represent the share of female HoH across the provinces and country.

# ASSESSMENT CONDUCTED IN THE FRAMEWORK OF:

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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).