

# DOSSIER


## K A B U L

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### Socio-Economic Survey 2022



 Federal Ministry  
Republic of Austria  
Interior

 Federal Office for  
Immigration  
and Asylum



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[www.staatendokumentation.at](http://www.staatendokumentation.at)

[BFA-Staatendokumentation@bmi.gv.at](mailto:BFA-Staatendokumentation@bmi.gv.at)

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atr consulting

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## LIST OF ACRONYMS AND ABBREVIATIONS

ATR	Assess Transform Reach
CCA	Call Center Agent
COI	Country of Origin
NGO	Non-governmental Organization
QA	Quality Assurance
RDD	Random Digit Dialling
SES	Socio-economic Survey

## EXECUTIVE SUMMARY

This summary provides key findings from the socioeconomic survey conducted by ATR Consulting for the Country of Origin Information Unit (Staatendokumentation) of the Austrian Federal Office for Immigration and Asylum. The purpose of the survey is to understand the socio-economic status of respondents in Afghanistan's capital, Kabul. The survey also sought to establish some basic information about existing health, education services, and living conditions.

ATR recruited 25 female call centre agents who made 24,106 phone calls using Random Digit Dialling (RDD) to complete the target sample. The call centre agents completed a total of 531 surveys from which the Quality Assurance (QA) team approved 506. The age group of the targeted urban residents in Kabul city was 16-35 and the surveys were conducted between December 4 to December 10, 2022.

### **Key Findings**

The employment data in the survey showed significant differences regarding the status of employment for men and women in the formal/informal economy. At the time of the survey, 46% or 153 men said they were continuously employed compared to 8% or 13 women from a total sample size of 506 respondents (334 men, 172 women).

In terms of the type of employment, 58% or 109 men stated that they were employed full time whereas only 44% or 7 women from 13 continuously employed women said they were fully employed.

The overwhelming majority of male (85% or 285 men) and female (79% or 135) respondents noted that their children do not contribute to their families' incomes.

Interviewees provided estimates regarding their income levels and most respondents (403/506) were within the range of three brackets: less than AFN 5,000, AFN 5,000-10,000, and AFN 10,000-20,000 per month. In the less than AFN 5,000 bracket, there were 93 respondents (53 female and 40 male), 192 respondents (64 female, 128 male) in the AFN 5,000-10,000 range, and 118 respondents (32 female and 86 male) in the AFN 10,000-20,000 bracket.

The vast majority of respondents were having a challenging time providing food and basic essentials for their families. Out of 506 respondents, 427 were struggling to meet family needs: 160 (107 men, 53 women) said they were just surviving, and 267 respondents (165 male, 102 female) noted that they hardly managed to provide sufficient foodstuff for their families.

The survey showed that respondents encountered challenging economic circumstances as 457 respondents out of 506 expressed difficulties in meeting basic needs.

The perception of security among respondents varied as noticeably fewer female interviewees had corresponding views as their male counterparts. Among the 506 respondents, 292 (196 male and 96 female) said they felt very safe in their neighbourhoods and 170 (111 male and 59 females) said they feel rather safe in their neighbourhoods. The relative favourable perceptions about security and the interviewees' responses reflect the fact that many interviewees felt uncomfortable talking about

security matters out of fear of the Taliban. Also, neighbourhood security is a poor measure of people's perceptions regarding security and their thoughts on living under the Taliban regime.

In terms of school age children in households, 80% of respondents or 401 (264 male and 137 female) reported having school age children (five years old and above) and above in their households, whereas 100 respondents (67 male and 33 female) said they did not.

Out of 506 respondents interviewed, 250 (175 male, 75 female) said that children in their households were able to attend school, whereas 109 (63 male, 46 female) said that some could but others were unable to attend school. A total of 40 respondents (24 male, 16 female) said that their children could not attend school. These numbers are likely to change as the economic situation in Afghanistan deteriorates and more families find it harder to afford school fees, school supplies, and other costs associated with education. Also, as girls get to year six of their education, a higher number of girls in households will no longer be able to attend school due to the Taliban's ban on education on girls and women.

Access to clean drinking water across households is contingent on many factors including location, affordability, networks, and frequency of supply, among others. Considering the range of factors that determine access and affordability to clean drinking water, out of 506 respondents, 318 (212 male, 106 female) said they always have access to clean drinking water, whereas 90 (55 male, 35 female) said they sometimes have access to clean drinking water, 26 (13 male, 13 female) said they seldom have access, and 71 (53 male and 18 female) said never have access to clean drinking water.

Among the respondents interviewed, only a small number could afford essential personal hygiene products whereas the others struggled or could not afford them. Out of 506 respondents, 146 (117 male, 29 female) said they could afford necessary personal hygiene products whereas 192 (116 male, 76 female) noted they could just about purchase such products. A total of 141 respondents (84 male, 57 female) said they could hardly purchase essential personal hygiene products and 26 (16 male, 10 female) said they do not have any personal hygiene products.

More respondents have access to essential vaccinations than those who do not. Out of 506 respondents, 368 (244 male, 124 female) said they always had access to vaccines against polio, tetanus, hepatitis, measles, and the flu whereas 23 (21 male, 2 female) noted they have limited access but can afford them. There were 76 (47 male, 29 female) respondents who said they have access but cannot afford essential vaccines, and 31 (15 male, 16 female) respondents said they have no access.

Approximately half of all the respondents interviewed, 256 (179 male, 77 female) said they had access to vaccines against COVID-19, but the variance between men and women is significant. Among the few that had limited access but can afford the COVID-19 vaccines, this totalled 15 (11 male, 4 women). A larger number of respondents, 77 (53 male, 24 female) said they had access but could not afford the vaccines, but an even larger number, 143 (83 male, 60 female) said they had no access at all.

The number of respondents that had access to medical doctors was smaller than those who did not have such access or found it challenging. A total of 145 (109 male, 36 female) said they always had access to



medical doctors, and 46 (34 male, 12 female) said they have limited access but can afford to pay for medical services. By contrast, 290 (176 male, 114 female) said they have access but cannot afford to pay for medical services, and a smaller number of respondents, 23 (14 male, 9 female) said they have no access at all.

Respondents' access to specialists such as dentist, eye specialist, gynaecologist/urologist, and paediatricians tracked closely to their accessibility to medical practitioners earlier. For instance, out of 506 respondents, only 110 (88 male, 22 female) said they always had access to medical specialists and can afford their services, and similarly 40 (30 men, 10 female) said they had limited access but can afford to pay. In both cases regarding access to medical practitioners and specialists, far more men than women can afford to pay for these services and this gender gap is likely to worsen as women have been barred from active employment and education in Afghanistan. Among the respondents, 297 (186 male, 111 female) said they have access to medical specialists but cannot afford their services, and 57 (29 male, 28 female) noted they have no access at all.

Following the trend of limited access to medical services and specialists above, a minority of respondents, 89 (73 male, 16 female) said they always have access and can afford general treatment in hospitals or pay for surgeries, and 27 (22 male, 5 female) noted they have limited access but can afford such services. A large number of respondents, 275 (177 male, 98 female) said they have access but cannot afford to pay for these services, and 110 (59 female, 51 male) said they have no access at all. Respondents limited access to medicine for treatment is consistent with the trend that most Afghans surveyed are finding it increasingly difficult to afford basic medical care. For instance, out of 506 respondents, 210 (155 male, 55 female) said they always have access and can afford medicine and 57 (39 male, 18 female) noted that they have limited access but can afford medical care. However, 223 respondents (131 male, 92 female) noted that they have access, but cannot afford medicine.

The vast majority of respondents (478/506) said they lived with their core family. However, definitions of what a core family is differ among respondents which may include grandparents, siblings and their spouses or children.

More respondents rented than owned their own dwellings. A total of 295 respondents (186 male, 109 female) said they rented their apartments or houses whereas 182 (126 male, 56 female) said they were homeowners.

Respondents paid the most in two cost brackets. In the less than AFN 5,000 per month there were 178 respondents (109 male, 69 female) compared to 97 (67 male, 30 female) in the AFN 5,000-10,000 range. A total of 12 respondents (6 male, 6 female) said they paid between AFN 10,000 and 20,000 per month and only 4 (3 male, 1 female) paid more than AFN 20,000 per month. Among the respondents, 15 (10 male, 5 female) said they do not pay rent and a single respondent did not give a response to the question. The supply of electricity varied across respondents. Most respondents, 296 (190 male, 106 female) said they sometimes have electricity whereas 95 (56 male, 39 female), and 93 (73 male, 20 female) said they always have electricity. Only 21 (14 male, 7 female) said they never had electricity.

## SECTION 1: INTRODUCTION

This section provides a short summary of the national context in Afghanistan following the return to power of the Taliban. The results of the survey should be seen in the context of the new political reality in the country.

The socio-economic situation in Afghanistan has collapsed following the Taliban's return to power. Foreign and developmental aid has virtually ceased,<sup>1</sup> humanitarian work continues but faces significant challenges<sup>2</sup> including the barring of women from employment with NGOs and international NGOs.<sup>3</sup> Foreign remittances are not viable as Afghanistan has been disconnected from the international banking payments network.<sup>4</sup> Inflation has risen considerably which has amplified food insecurity and plunged a nation closer to acute poverty.<sup>5</sup> Healthcare is out of reach for large numbers of Afghans due to the lack of access and affordability as well as due to the growing shortage of skilled medical practitioners who are looking to leave the country than to live under Taliban rule.<sup>6</sup> Education has suffered due to the Taliban's ban on girls studying beyond grade six and banning women from higher education.<sup>7</sup> Employment has dramatically dropped as the economy is in freefall and as a result people are desperate to find any kind of work.<sup>8</sup>

There is not a single sector or industry or government service in Afghanistan that has not been adversely affected by the Taliban's return to power. Given the new political reality and the rapidly deteriorating socio-economic context, it is vital to see the limitations of this survey as it represents a restricted snapshot of a small population in the capital city. In addition, the survey results should not be seen as providing an in-depth understanding of the ground realities as that would require more extensive quantitative and qualitative research to be conducted repeatedly so as to compare results over time. In sum, the survey results provide a limited snapshot of the socio-economic situation among a small group of residents whose experiences are not representative of Kabul or the country.

<sup>1</sup> <https://www.csis.org/analysis/reshaping-us-aid-afghanistan-challenge-lasting-progress>

<sup>2</sup> <https://news.un.org/en/story/2022/03/1115102>

<sup>3</sup> <https://www.cnn.com/2022/12/24/asia/taliban-female-employees-ngos-intl/index.html>

<sup>4</sup> <https://www.voanews.com/a/afghanistan-remittances-fall-as-poverty-threatens-lives-/6711994.html>

<sup>5</sup> <https://www.icrc.org/en/document/afghanistan-people-suffer-spending-capacity-shrinks-prices-rise>

<sup>6</sup> <https://www.who.int/news-room/feature-stories/detail/afghanistan-s-health-system-is-on-the-brink-of-collapse-urgent-action-is-needed>

<sup>7</sup> <https://www.wsj.com/articles/afghanistans-taliban-ban-all-education-for-girls-11671642870>

<sup>8</sup> <https://news.un.org/en/story/2022/01/1110052>

## SECTION 2: METHODOLOGY

This section provides an overview of the methodology used in undertaking the cross-sectional survey, including how the study was designed, and how the required data were identified and collected. Technical information is provided on the sampling strategy and methodology, and on the developed tool to collect the data required to fulfil the study's objectives, including validation of findings. Detailed information is provided on the collection of the data, including the comprehensive ethical considerations. This includes the training and supervision of the enumerators to ensure high-quality data were collected in a confidential and respectful manner, and to ensure that any risk of bias was minimised. Information is also provided on how the data were accessed (and on consent processes), stored, and analysed. Finally, an overview is provided of some of the challenges experienced during data collection.

### A. Sampling Methodology

To draw a representative sample, ATR used Random Digit Dialling sampling method. The random phone numbers were generated based on the proportion of the market share of each cellular network provider operating in Afghanistan. The market share was calculated using a sample of the first three digits of mobile phone numbers. The algorithm used the market share of the first three-digit numbers of each network provider to generate the desired sample proportionately. This method prevented a specific network provider from oversampling and led to better coverage of Afghan mobile phone users. Analysis of the last six digits of phone numbers showed no specific pattern except the second and the third three digits were generated separately in a random method. The algorithm used the same approach to generate the last six digits of the random phone numbers.

This application does not use any real phone numbers for producing randomly generated mobile phone numbers.

Based on the past studies, the RDD response rate for the general population is around 5-10%. Since our target population was residents of Kabul city aged 16-35 years old, we assumed 5-10% of the respondents who consent for the interview would belong to Kabul city residents who are aged 16-35 years old. Based on these estimates, ATR generated 100,000 random phone numbers for this study. The generated list of phone numbers was used to identify and interview a minimum of 500 Kabul city residents who are aged 16-35 years old.

The following table shows the total numbers sampled, total numbers called and total numbers answered.

*Table 1: Summary of the attempted calls*

Total numbers sampled	100,000	<b>Summary of the answered calls</b>	Refused to be interviewed	162
Total numbers called	23,188		Respondents answered living in other provinces than Kabul	2,515
Answered	3,483		Respondents answered living in Kabul province, but outside Kabul City	82
Invalid, dropped or not answered numbers	19,706		Illegible respondents who were not interviewed ed due to their out of survey criteria	57
Answered success rate (%)	15%		Rescheduled the calls but did not answer afterwards	136
Success rate based on the target sample	1.50%		Respondents answered living in Kabul City	531

## B. Data Collection Tools

A socio-economic survey questionnaire was designed by COI to collect data for the study. The survey questionnaire was revised by ATR and was translated into Dari and Pashto so that the enumerators conduct the interviews in local languages.

## C. Recruitment and Training

25 female Call Center Agents (CCAs) were recruited for the training. Specific research protocols, project objectives, data collections tool, sampling and methodology, SurveyCTO usage and quality assurance topics were explained to the CCAs in the training and several practice rounds were conducted to make sure all CCAs are ready to collect data.

## D. Data Collection and Cleaning

All data were collected within the context of ATR ensuring that participants were fully informed of the purpose of the study and of their secure and confidential participation. A total 24,106 phone calls were made by 25 call center agents to complete 531 surveys from which only 506 of them were approved by the quality assurance team.

The survey data collection was conducted using SurveyCTO, which has robust security protocols including encryption and restricted access levels for different users. SurveyCTO also implements quality control feature and it has in-built quality control measures for data cleaning and consistency checks. Additionally, the data cleaning was conducted through a Python script, further ensuring the accuracy of the collected data.

## **E. Challenges**

The most challenging issue during the entire period of data collection was the phone numbers being dialled in the districts and provinces other than the target city (Kabul City), because phone numbers were generated using random digit dialling. Moreover, wrong and off phone numbers, and dropped calls (respondents dropped the call in the middle of the interview) were other challenges that the CCAs faced during data collection.

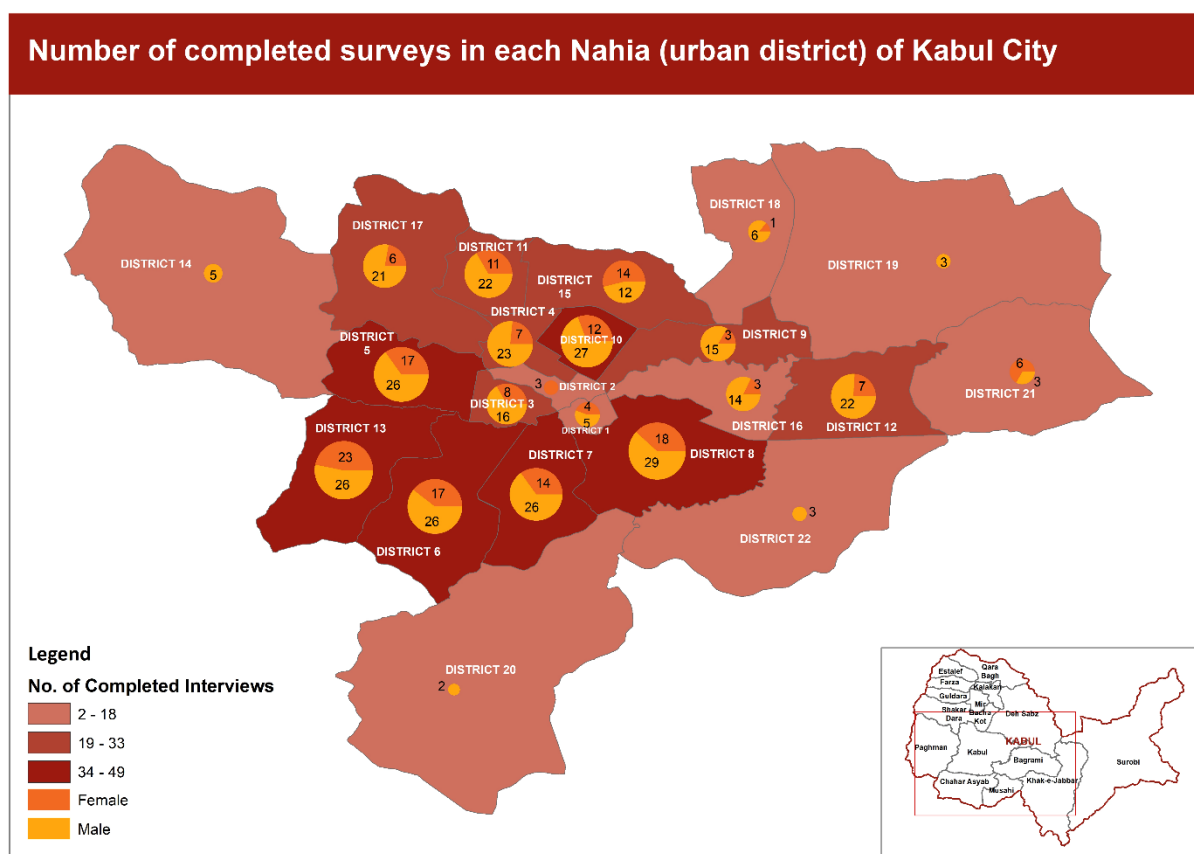
## SECTION 3: FINDINGS

### A. Demographic Profile

#### 1. Cities and target communities

ATR recruited 25 women call centre agents that made 24,106 phone calls. The call centre agents completed a total of 531 surveys from which the quality assurance team approved 506. The age group of the targeted residents in Kabul city was 16-35. A total of 334 men (66%) and 172 women (34%) participated in the survey. 48% of the female respondents or 82 were single, 52% of the female respondents or 89 were married, while only a single female respondent was widowed. Among the men surveyed, 48% or 161 said they were single, 52% or 173 said they were married, and none of them were widowed.

Map 1: Distribution of completed surveys in each Nahia of Kabul City



In terms of education, 23% or 75 male respondents said they had university education compared to 13% or 23 female respondents. With respect to high school education covering 10-12 grades, 43% or 143 male respondents said they had high school education compared to 29% or 49 female respondents. The number of men who said they had secondary education (grades 7-9) was 10% or 32 whereas the number of females that had secondary schooling was higher at 16% or 27. More women said they were illiterate, 18% or 31 compared to 8% of men or 27.

Figure 2: Education levels of survey participants in percentage terms

What is your Highest level of education?

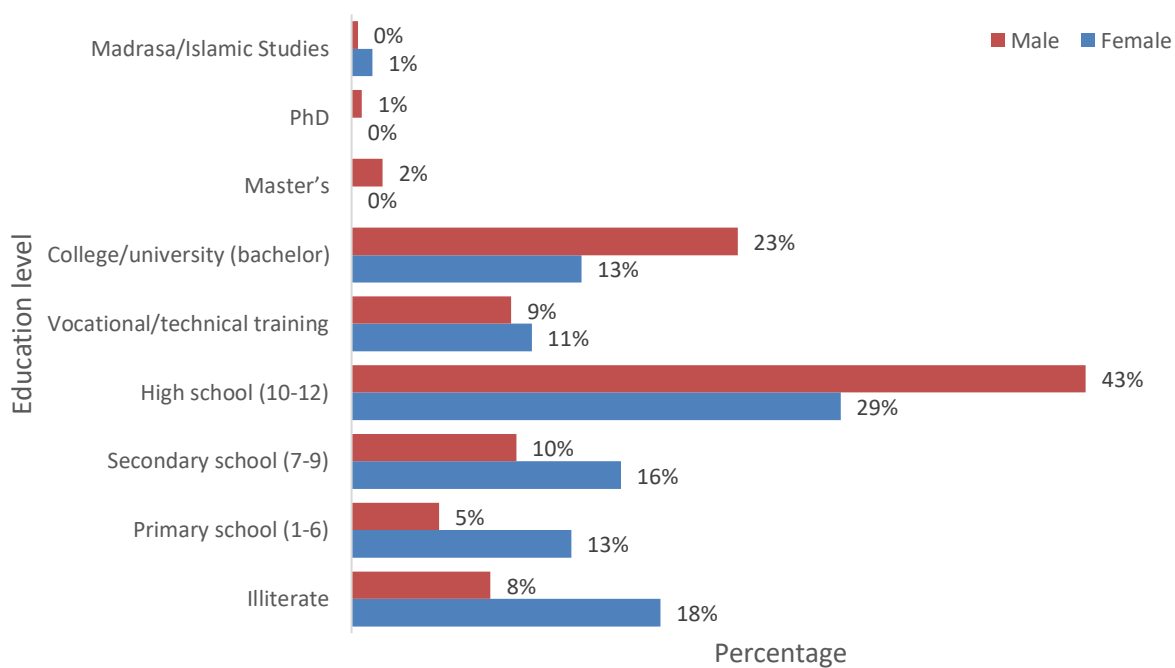
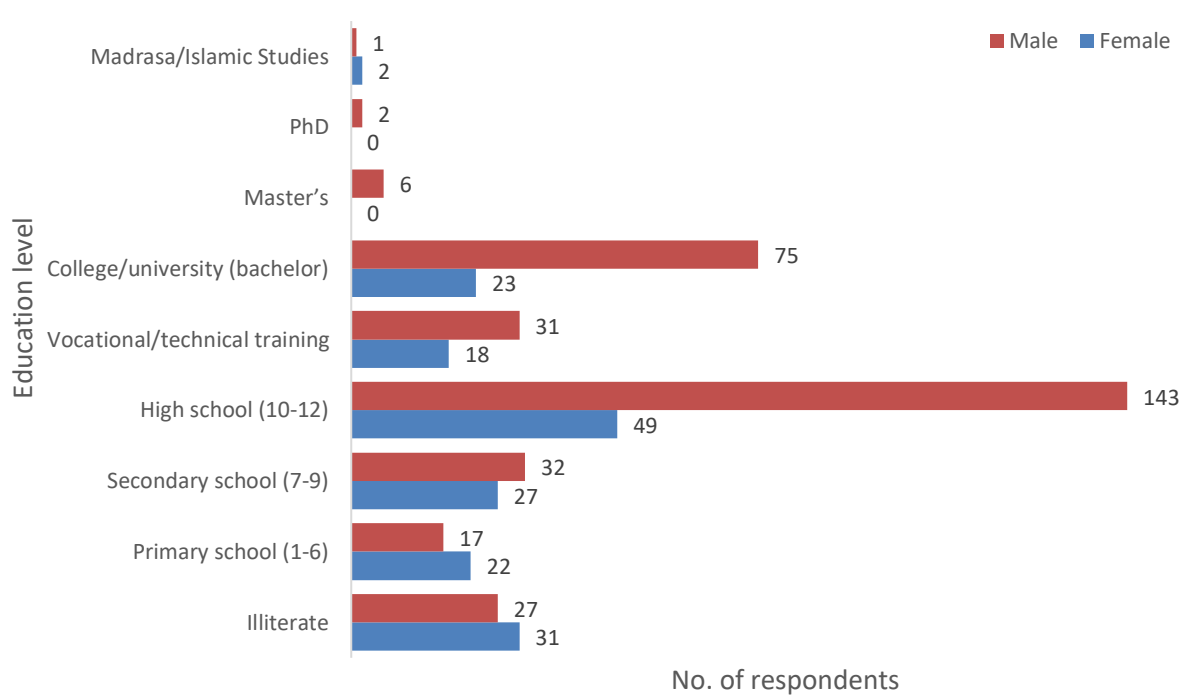


Figure 3: Education levels of survey participants in real values

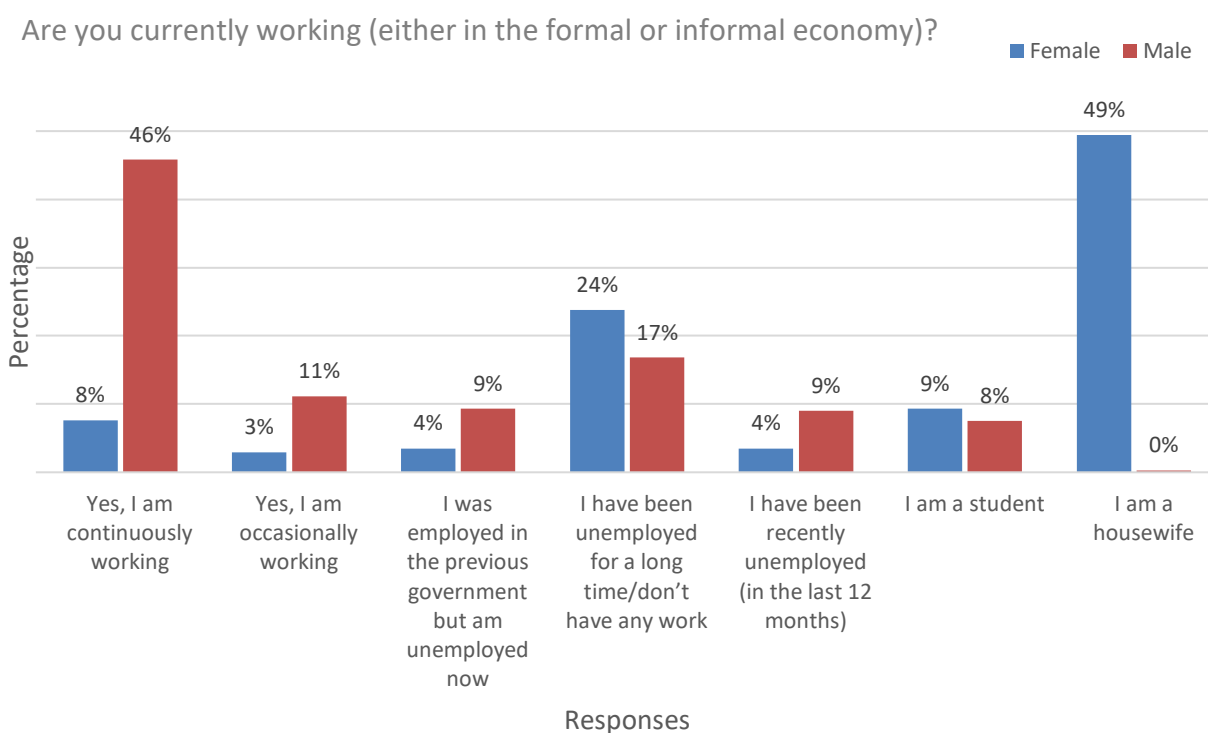
What is your Highest level of education?



## 2. Employment and income

The employment data in the survey showed significant differences regarding the status of employment for men and women in the formal/informal economy. At the time of the survey, 46% or 153 men said they were continuously employed compared to 8% or 13 women. The differences between men and women occasionally working were also evident as 11% or 37 men said they occasionally worked which for women stood at 3% or 5. 9% or 31 men said they were employed in the previous government but were unemployed now and similarly 4% or 6 female respondents had lost their jobs. A large number of women, 24% or 41 said they had been unemployed for an extended period compared to 17% or 56 male respondents. As a result of unemployment, a restricted economy that bars women from working, 49% or 85 women said they were housewives.

Figure 4: Employment status by gender in percentages

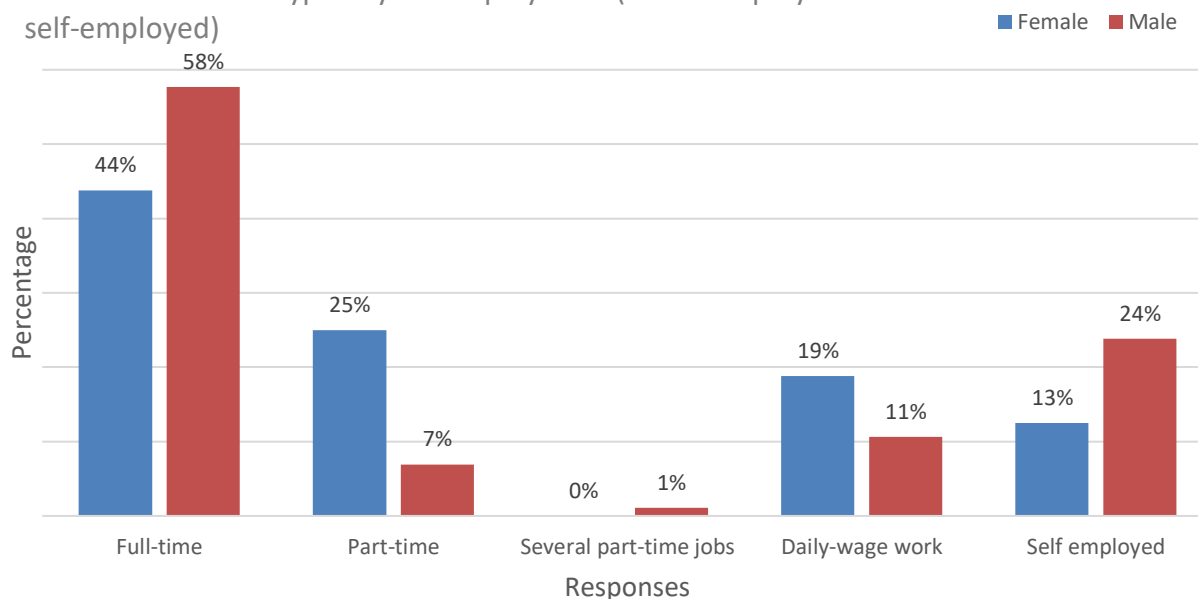


In terms of the type of employment, 58% or 109 men stated that they were employed full time whereas only 44% or 7 women from 13 continuously employed women said they were fully employed. Regarding part-time employment, more men per capita were employed part time as evident in the fact that 7% or 13 men said they were employed part-time compared to 25% or 4 women from a low base figure 16 women. Far more men said they earned an income through daily-wage work (11% or 20 men) and self-employed (24% or 45 men) compared to women in the same category due to the socio-economic restrictions that the Taliban have imposed: 19% female or 3 women self-identified as daily-wage earners and 13% or 2 women under self-employment.



Figure 5: Type of employment by gender

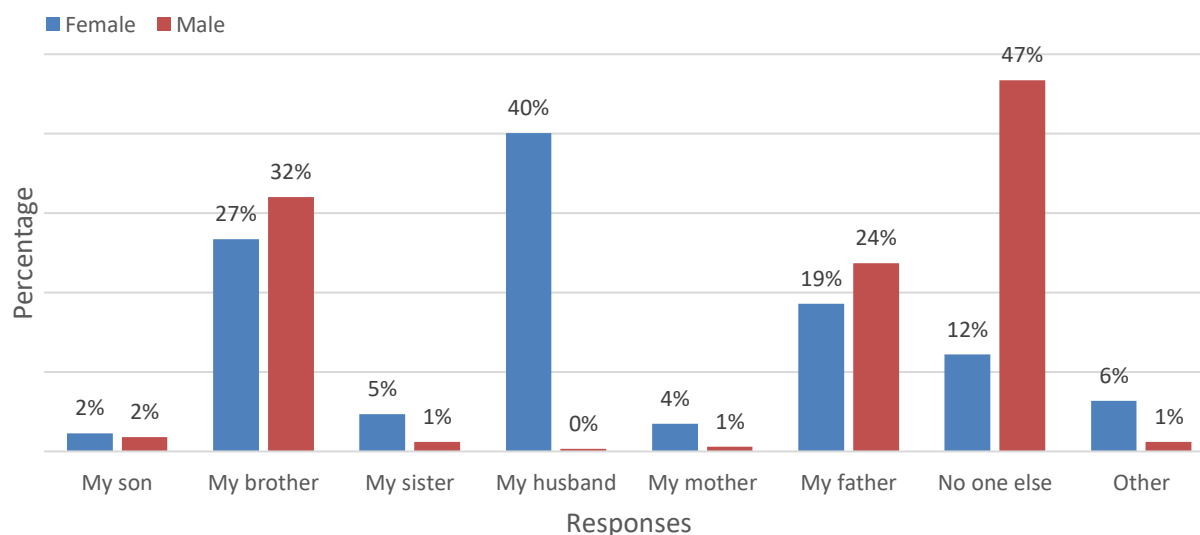
Please indicate the type of your employment (either employed or self-employed)



The interviewees identified who in their families earned an income. Among them, the highest recorded figure was for unemployment in which the interviewees said that 47% or 156 men did not have an income, followed by the interviewees brothers who accounted for 27% or 107 men that earned an income for the family. The next highest family relation that earned an income were the interviewees' fathers who accounted for 24% or 79. For women that were interviewed, their highest figure was for their husbands which stood at 40% or 69 men. Similarly, women interviewees said that their brothers constituted 27% or 46 in real figures who earned for their families. The reliance on men for earning an income for their families is evident as only 5% or 8 women said their sisters earned for their families, which is similar to only 4% or 6 mothers earning for their families.

Figure 6: Income generation by family member

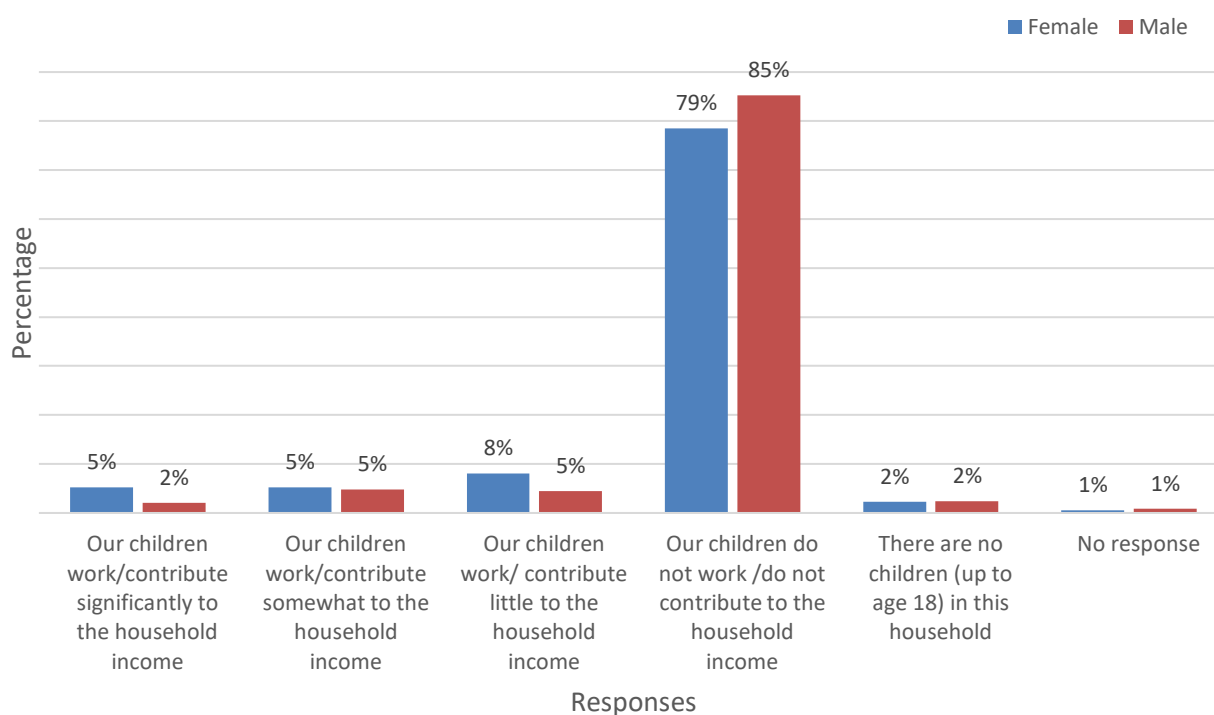
Who else is working in your family to make an income?



Given the deteriorating socio-economic circumstances, interviewees were asked whether their children contributed to the families' income. The overwhelming majority of male (85% or 285 men) and female (79% or 135) respondents noted that their children do not contribute to their families' incomes. Only a small proportion of male and female interviewees said that their children contributed significantly or partially to their families' incomes. Among them, male interviewees noted that 2% or 7 contributed significantly and 5% and 16 did so partially. By comparison, there was an equal number of female interviewees that said 5% or 9 children provided significant or partial income to their families.

Figure 7: Children's contribution to family incomes

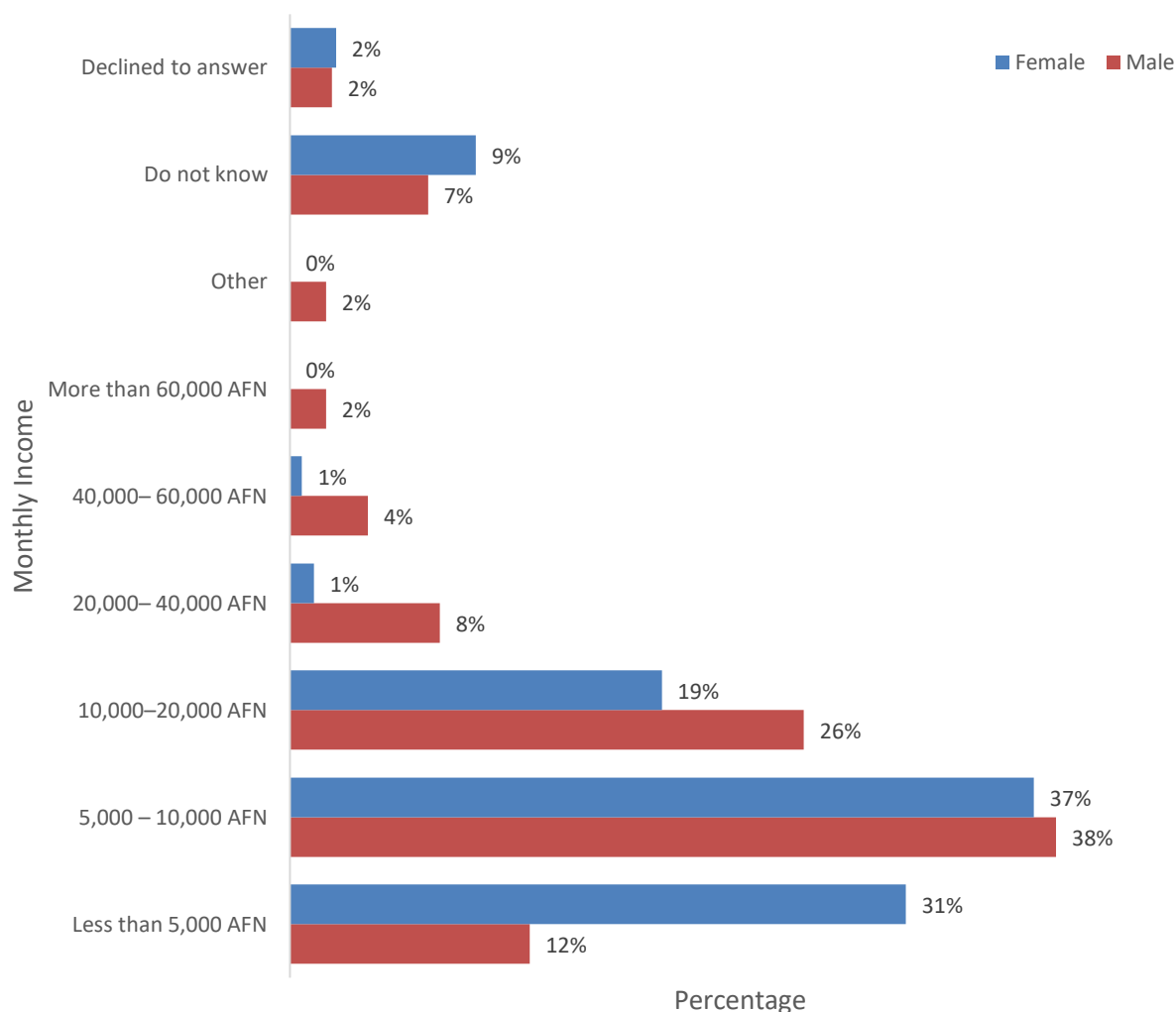
Do your household's children (up to age 18) work/contribute to the household income?



Interviewees provided estimates regarding their income levels and most respondents (403/506) were within the range of three brackets: less than AFN 5,000, AFN 5,000-10,000, and AFN 10,000-20,000 per month. In the less than AFN 5,000 bracket, there were 93 respondents (53 female and 40 male), 192 respondents (64 female, 128 male) in the AFN 5,000-10,000 range, and 118 respondents (32 female and 86 male) in the AFN 10,000-20,000 bracket. There were significantly fewer respondents in the next three brackets: 27 respondents (25 male and 2 female) in the AFN 20,000-40,000, 14 respondents (13 male and 1 female) in the AFN 40,000-60,000, and 6 respondents (all male) in the more than AFN 60,000 range. Among the respondents, 39 (23 male and 16 female) said they did not know their income levels whereas 11 (male and 4 female) declined to provide income information.

Figure 8: Household income levels per month

How much does your household earn per month?



### 3. Impact of market dynamics on purchasing capacity

The vast majority of respondents were having a challenging time providing food and basic essentials for their families. Out of 506 respondents, 427 were struggling to meet family needs: 160 (107 men, 53 women) said they were just surviving, and 267 respondents (165 male, 102 female) noted that they hardly managed to provide sufficient foodstuff for their families. Among the respondents, a significantly smaller number of interviewees, 54 (50 male and 4 female) said they managed to provide sufficient foodstuff for their families. At the other end of the spectrum, 24 respondents (11 male and 13 female) said they could not provide sufficient foodstuff for their families.

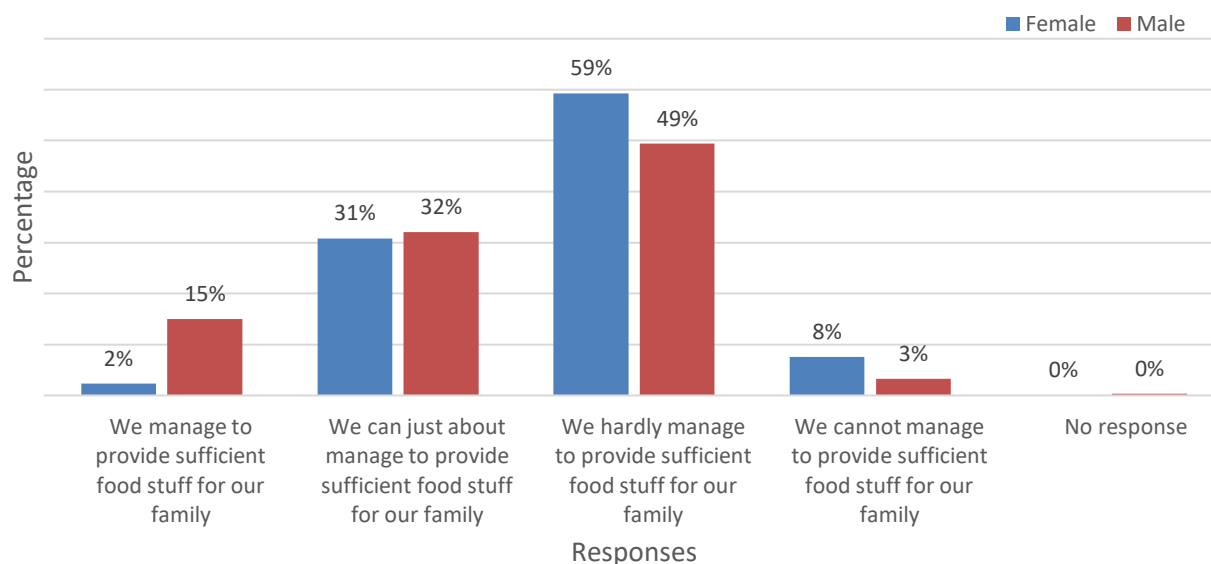
Figure 9: Impact of food prices on family's ability to buy food in real figures

What is the impact of current food prices on your family's ability to buy food?



Figure 10: Impact of food prices on family's ability to buy food in percentage terms

What is the impact of current food prices on your family's ability to buy food?

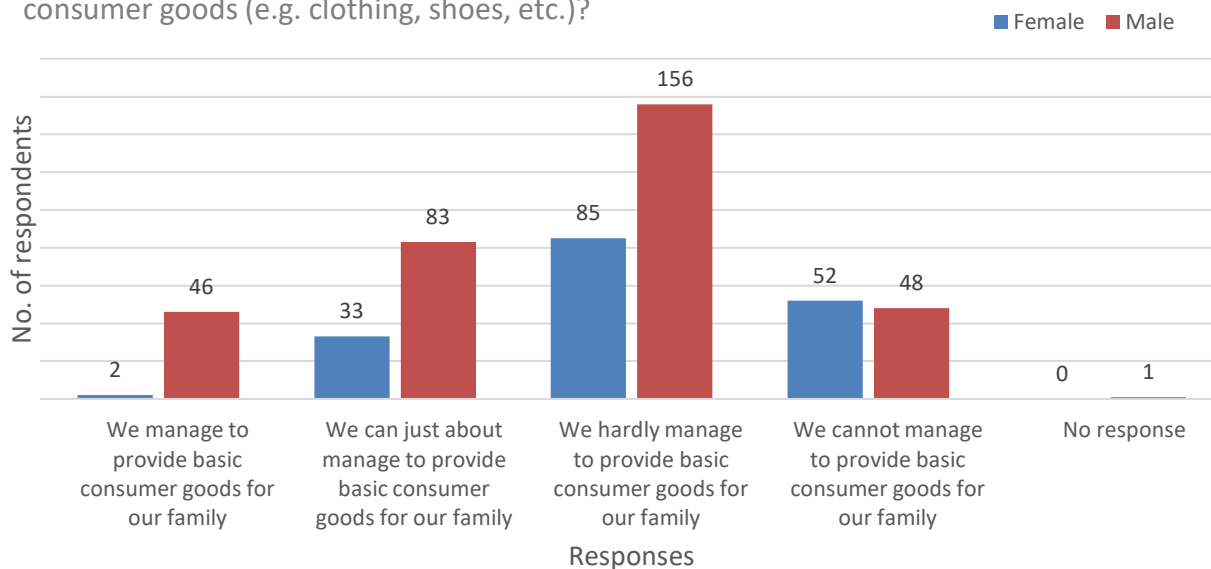


An equally important matter that respondents provided insights into was their ability to purchase basic consumer goods based on market prices. In line with the data above that showed the challenging economic circumstances, 457 respondents out of 506 expressed difficulties in meeting basic needs. From these 457 respondents, 116 (83 male and 33 female) said they just about managed to purchase basic consumer goods for their families, 241 (156 male and 85 female) said they could hardly provide basic consumer goods for their families, and 100 (48 male and 52 female) said they could not provide basic consumer goods for their families. Among the respondents, only 48 respondents (46 male and 2 female)

from 506 respondents said they managed to purchase basic consumer goods, a figure that is overwhelmingly in favour of men.

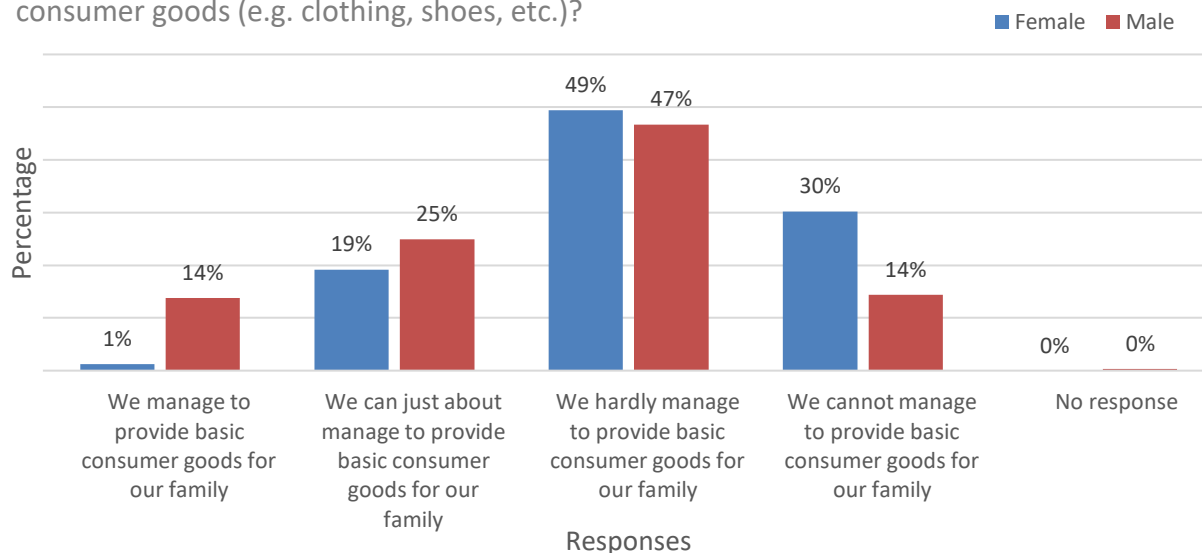
*Figure 11: Impact of market prices on families' ability to purchase basic consumer goods in real figures*

What is the impact of current market prices on your family's ability to buy basic consumer goods (e.g. clothing, shoes, etc.)?



*Figure 12: Impact of market prices on families' ability to purchase basic consumer goods in percentage terms*

What is the impact of current market prices on your family's ability to buy basic consumer goods (e.g. clothing, shoes, etc.)?



## B. Security

The perception of security among respondents varied as noticeably fewer female interviewees had corresponding views as their male counterparts. Among the 506 respondents, 292 (196 male and 96 female) said they felt very safe in their neighbourhoods and 170 (111 male and 59 females) said they feel rather safe in their neighbourhoods. A lower number of respondents, 24 (10 female and 14 male) said they feel rather unsafe in their neighbourhoods whereas 18 respondents (12 male and 6 female) said they did not feel safe at all. The relative favourable perceptions about security and the interviewees'

responses reflect the fact that many interviewees felt uncomfortable talking about security matters out of fear of the Taliban. It is also common practice under the new political reality to state that security has increased but that is because the population is living under a regime that is not accountable to anyone and functions with impunity. Also, neighbourhood security is a poor measure of people's perceptions regarding security and their thoughts on living under the Taliban regime. Therefore, any analysis on security needs to take into account many other factors including how people feel living under the Taliban, whether the Taliban are seen as security providers, whether and to what extent people would feel confident taking their concerns to the Taliban, whether they live under fear of the Taliban, amongst others.

Figure 13: Perceptions on neighbourhood security in percentage terms

How safe do you feel in your neighborhood?

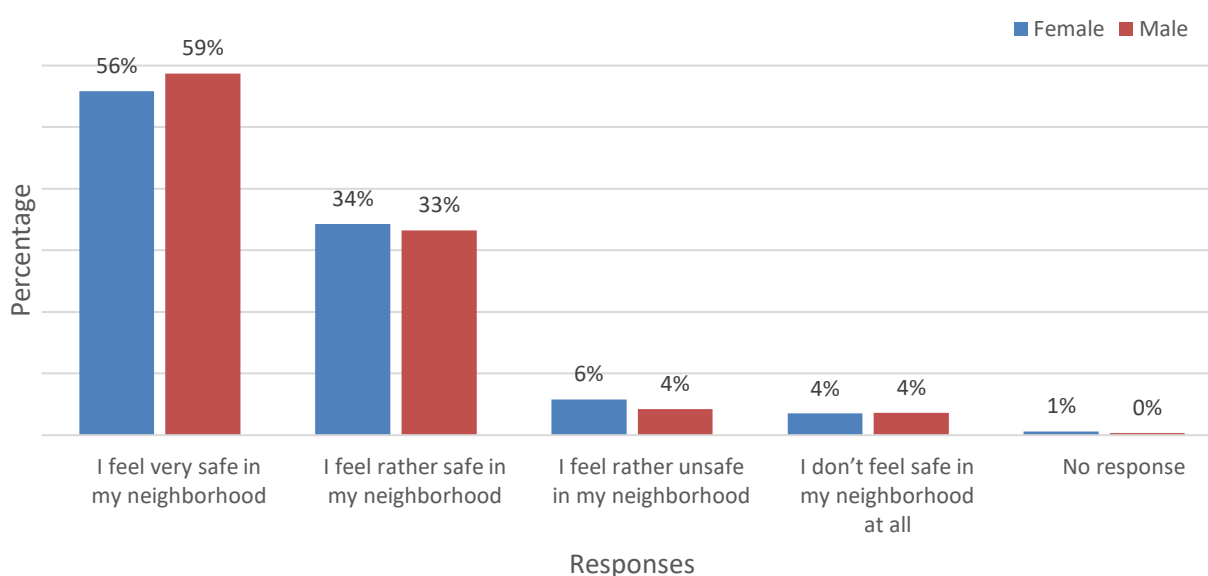
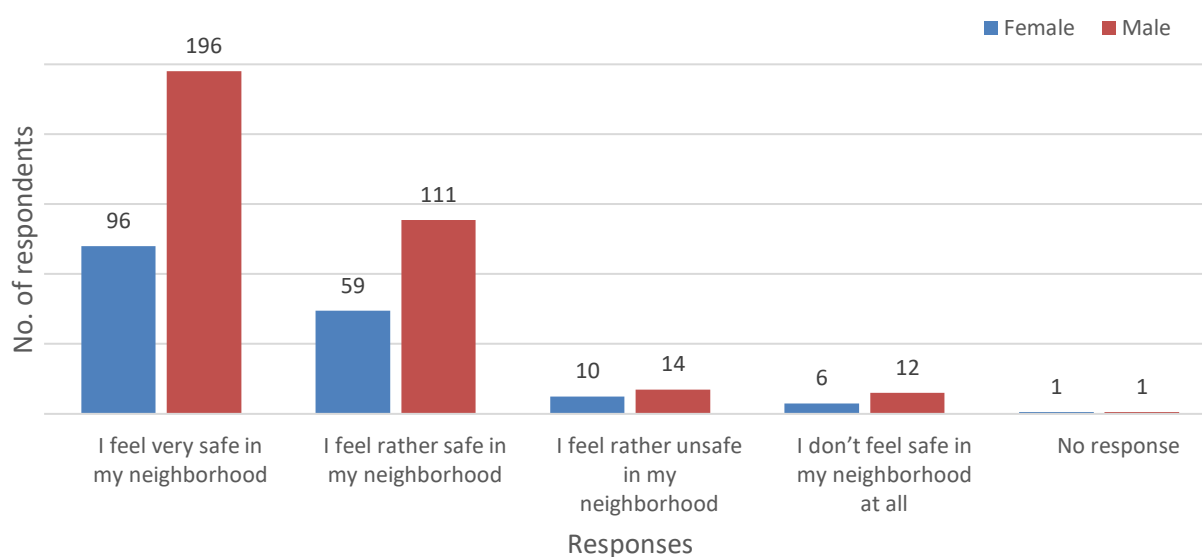


Figure 14: Perceptions on neighbourhood security in real values

How safe do you feel in your neighborhood?



## C. Education and School Age Children in Households

In terms of school age children in households, 80% of respondents or 401 (264 male and 137 female) reported having school age children (five years old and above) and above in their households, whereas 100 respondents (67 male and 33 female) said they did not. The charts below show the breakdown on whether they have school-age children in their households. The data on school age children becomes increasingly important as families struggle to provide foodstuff and purchase basic consumer goods for their families. Another critical point concerns education, particularly for girls who have been barred above year six from accessing education due to the Taliban's ban on education for girls above that age group.

Figure 15: School-age children in households in percentage terms

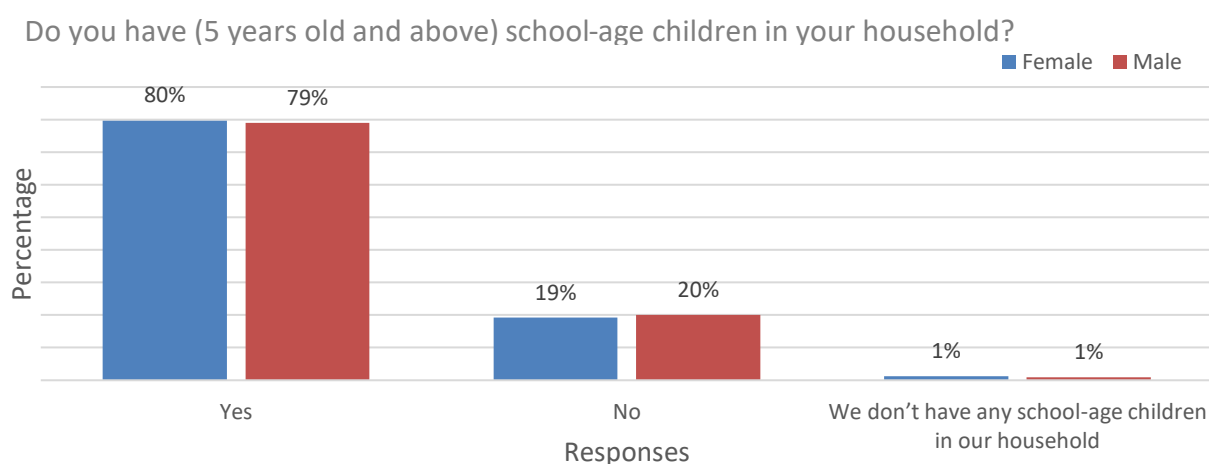
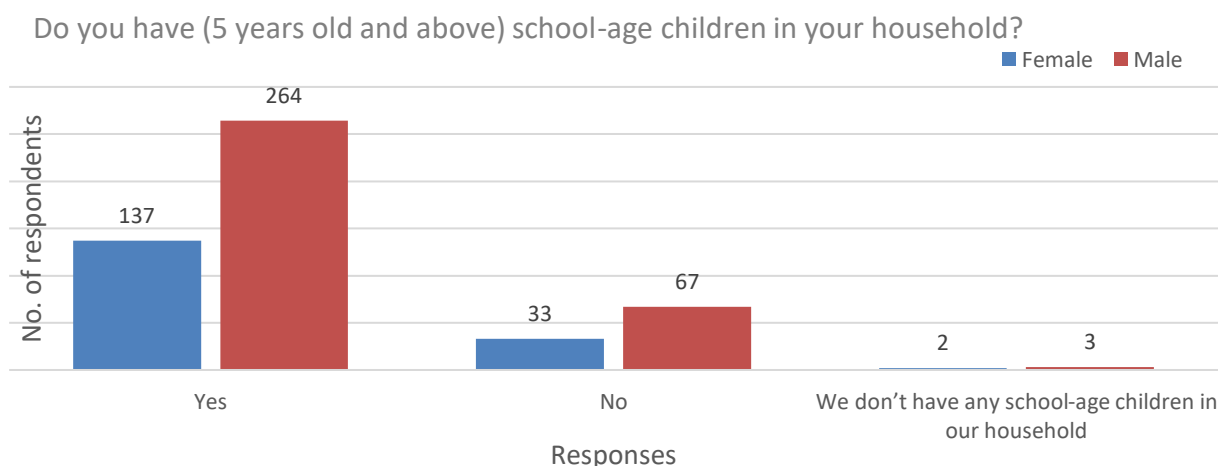


Figure 16: School-age children in households in real values



As respondents were also asked whether their children are attending school, it is vital to point out that this data provides a snapshot at a particular point in time which is limited to a small group of households in Kabul. Out of 506 respondents interviewed, 250 (175 male, 75 female) said that children in their households were able to attend school, whereas 109 (63 male, 46 female) said that some could but others were unable to attend school. A total of 40 respondents (24 male, 16 female) said that their children could not attend school. These numbers are likely to change as the economic situation in Afghanistan deteriorates and more families find it harder to afford school fees, school supplies, and

other costs associated with education. Also, as girls get to year six of their education, a higher number of girls in households will no longer be able to attend school due to the Taliban's ban on education on girls and women.

## D. Access to Services and Products in the Market

This section provides a summary of respondents' access to some services and products in the local market in Kabul. These include drinking water, hygiene products, and healthcare and vaccinations.

### 1. Access to clean drinking water

Access to clean drinking water across households is contingent on many factors including location, affordability, networks, and frequency of supply, among others. Considering the range of factors that determine access and affordability to clean drinking water, out of 506 respondents, 318 (212 male, 106 female) said they always have access to clean drinking water, whereas 90 (55 male, 35 female) said they sometimes have access to clean drinking water, 26 (13 male, 13 female) said they seldom have access, and 71 (53 male and 18 female) said never have access to clean drinking water. Due to the worsening socio-economic environment in Afghanistan, the extent to which respondents are able to access clean drinking water is likely to change as more people's finances come under strain. If access to clean drinking water diminishes, there is likely to be a surge in health-related problems which can lead to other issues including lowering economic productivity and the capacity of households to afford foodstuff and other basic provisions. Hence, the ability of households to afford clean water now is not indicative of future trends given Afghanistan's downward economic spiral.

Figure 17: Adequate access and affordability to clean drinking water in percentage terms

Do you have adequate access (access and affordability) to clean drinking water?

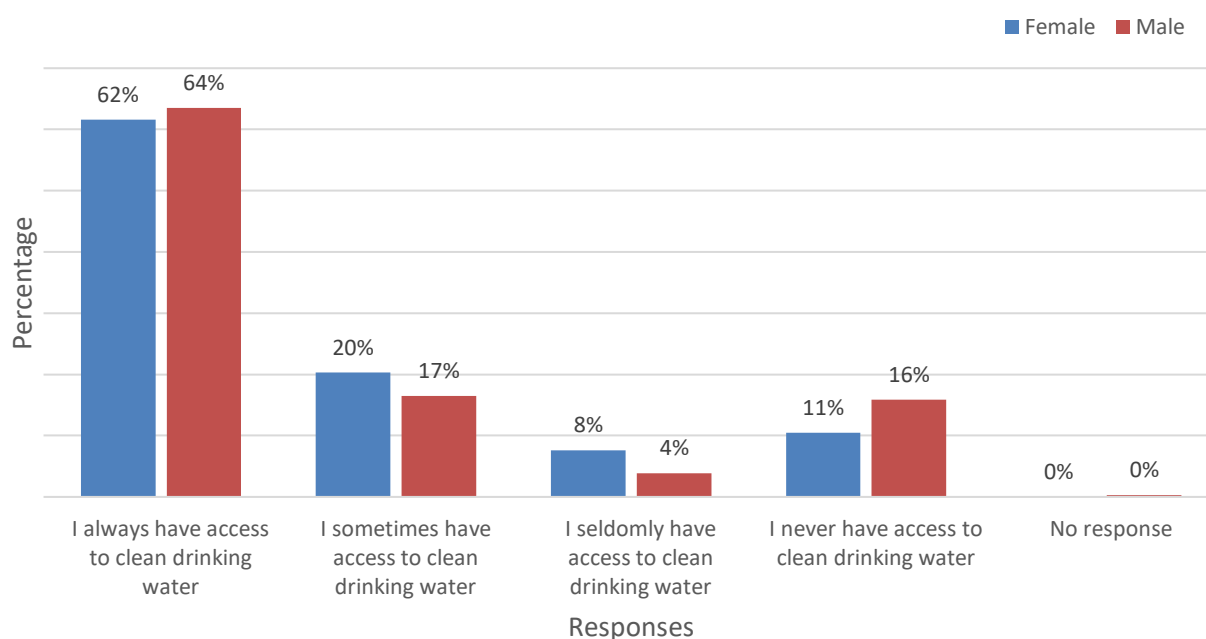
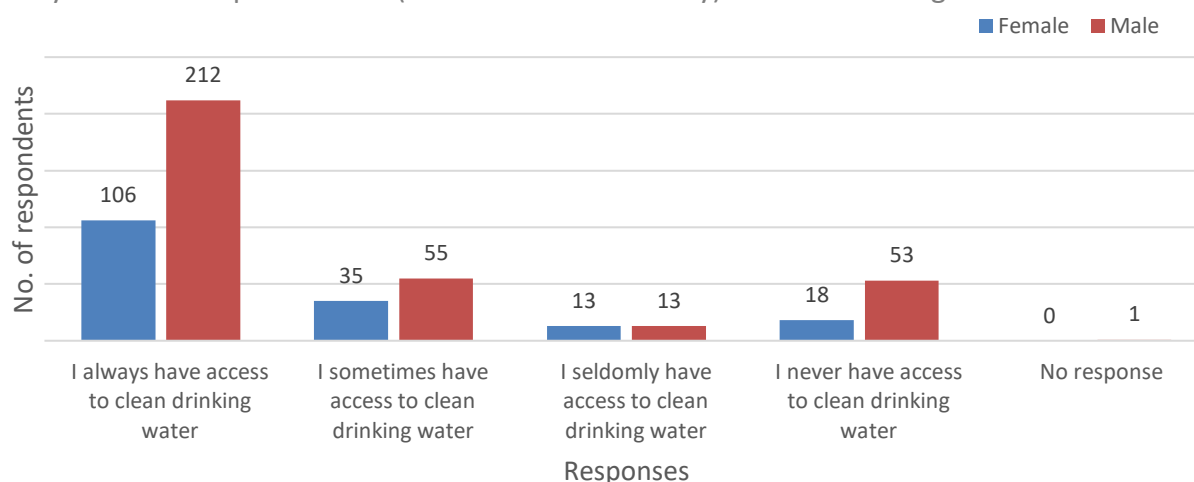




Figure 18: Adequate access and affordability to clean drinking water in real values

Do you have adequate access (access and affordability) to clean drinking water?

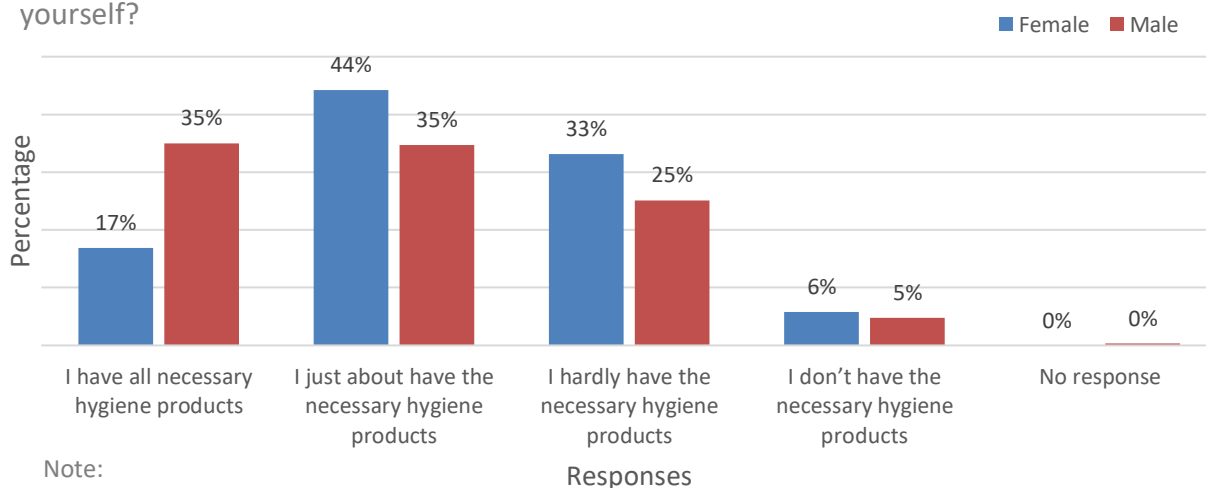


## 2. Adequate access and affordability for essential personal hygiene products

Among the respondents interviewed, only a small number could afford essential personal hygiene products whereas the others struggled or could not afford them. The items considered personal hygiene products are soap, shampoo, toothpaste, lotions, sanitizers, and feminine hygiene products, and other similar items. Out of 506 respondents, 146 (117 male, 29 female) said they could afford necessary personal hygiene products whereas 192 (116 male, 76 female) noted they could just about purchase such products. A total of 141 respondents (84 male, 57 female) said they could hardly purchase essential personal hygiene products and 26 (16 male, 10 female) said they do not have any personal hygiene products. As the economic situation in Afghanistan deteriorates, people's purchasing power is likely to diminish as income levels fall, which means that water and foodstuff are be favoured compared to personal hygiene products. As hygiene deteriorates, the risk of diseases and health issues arising is higher particularly as water quality and access to clean drinking water diminishes.

Figure 19: Adequate access and affordability for necessary personal hygiene products in percentage terms

Do you have access (access and affordability) to the necessary hygiene products for yourself?

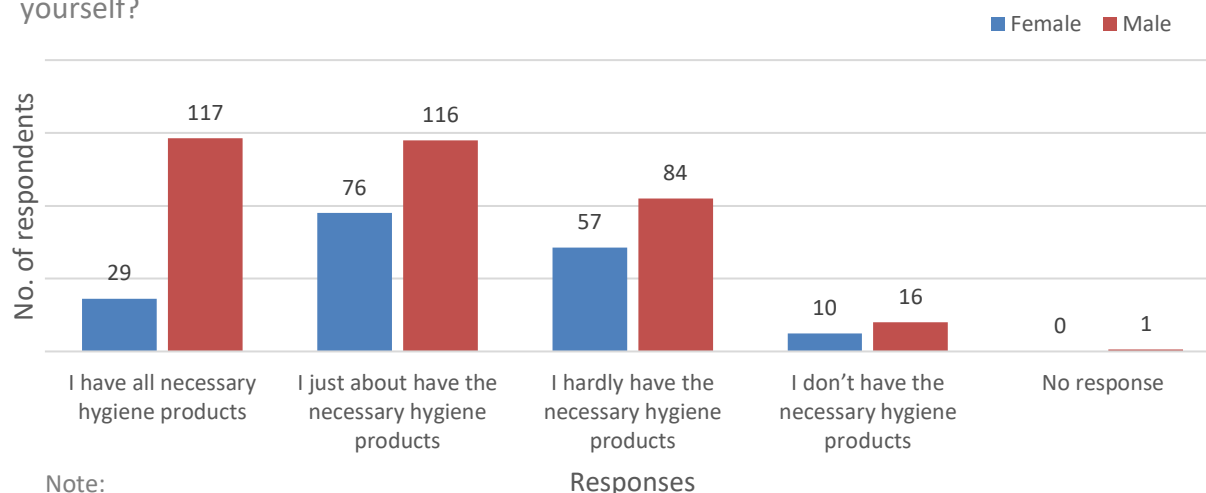


Note:

Hygiene products are all products for personal hygiene such as soap, shampoo, toothpaste, lotion, sanitizer, feminine hygiene products, etc.

Figure 20: Adequate access and affordability for necessary personal hygiene products in real values

Do you have access (access and affordability) to the necessary hygiene products for yourself?



Note:

Hygiene products are all products for personal hygiene such as soap, shampoo, toothpaste, lotion, sanitizer, feminine hygiene products, etc.

### 3. Access to vaccinations

More respondents have access to essential vaccinations than those who do not. Out of 506 respondents, 368 (244 male, 124 female) said they always had access to vaccines against polio, tetanus, hepatitis, measles, and the flu whereas 23 (21 male, 2 female) noted they have limited access but can afford them. There were 76 (47 male, 29 female) respondents who said they have access but cannot afford essential vaccines, and 31 (15 male, 16 female) respondents said they have no access. A small number of respondents, 7 (6 male, 1 female) said they do not know about access to vaccines. These figures are likely to change as access and affordability of vaccines can be disrupted as humanitarian organisations are finding it harder to provide aid and health services to Afghans due to the Taliban's decrees that make it harder to operate in the country.

Figure 21: Access to essential vaccinations in percentage terms

In general, how would you describe your access to each of the following services?

A: Vaccinations [e.g. vaccines against polio, tetanus, hepatitis, measles, the flu, etc.]

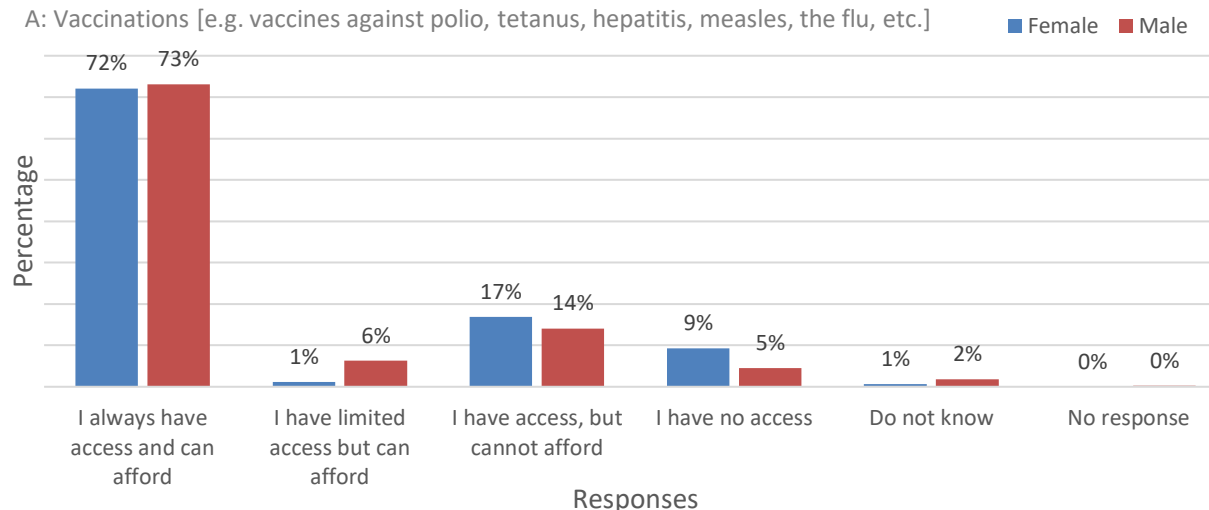
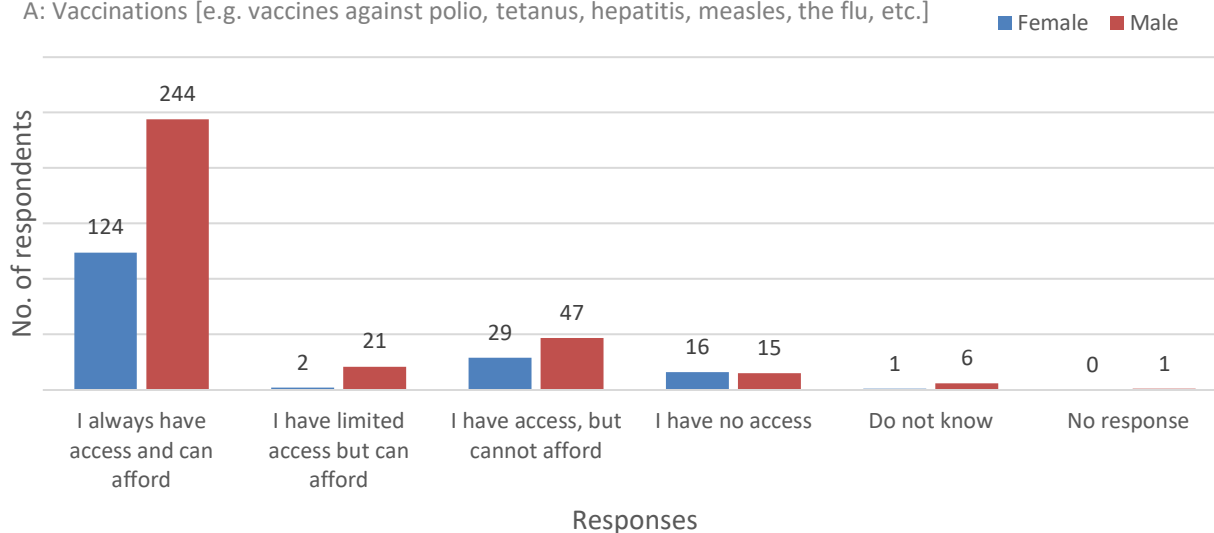


Figure 22: Access to essential vaccinations in real terms

In general, how would you describe your access to each of the following services?

A: Vaccinations [e.g. vaccines against polio, tetanus, hepatitis, measles, the flu, etc.]



#### 4. Access to vaccines against SARS-COVID-19

Approximately half of all the respondents interviewed, 256 (179 male, 77 female) said they had access to vaccines against COVID-19, but the variance between men and women is significant. Among the few that had limited access but can afford the COVID-19 vaccines, this totalled 15 (11 male, 4 women). A larger number of respondents, 77 (53 male, 24 female) said they had access but could not afford the vaccines, but an even larger number, 143 (83 male, 60 female) said they had no access at all. Among the remaining respondents, 14 (7 male, 7 female) said they did not know about the access to vaccines against COVID-19. As the health safety net was largely non-existent in Afghanistan, it is likely that more Afghans will find it harder to afford vaccines due to lower spending power and diminished savings. Supply disruptions could also surge the prices meaning that such vaccines can get increasingly out of reach for the masses.

Figure 23: Access to COVID-19 vaccines in percentage terms

In general, how would you describe your access to each of the following services?

B. Vaccination against SARS-Covid-19

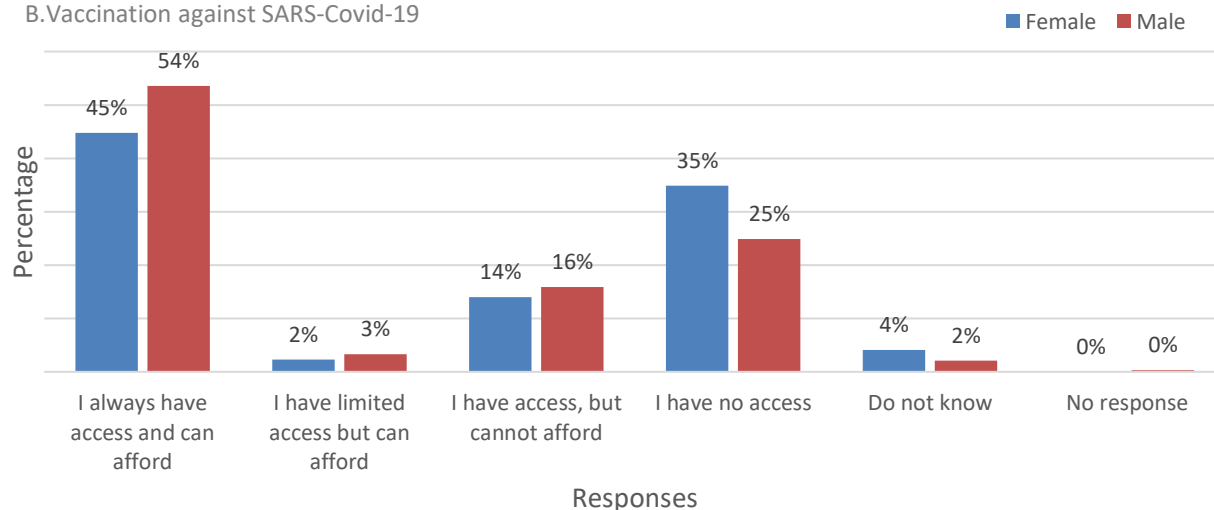
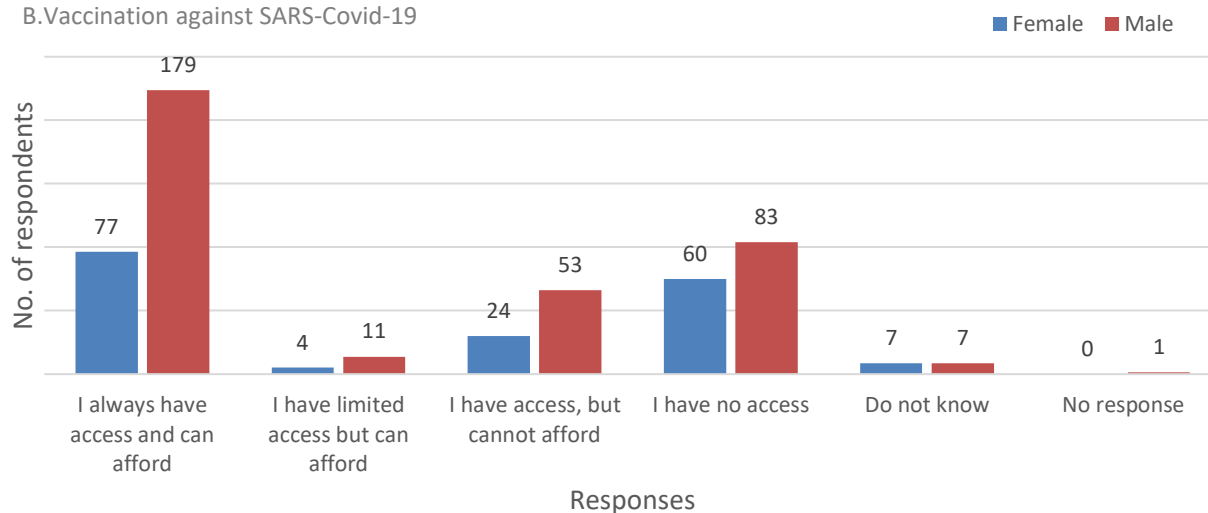


Figure 24: Access to COVID-19 vaccines in real values

In general, how would you describe your access to each of the following services?

B. Vaccination against SARS-Covid-19



## 5. Access to medical doctors and specialists

The number of respondents that had access to medical doctors was smaller than those who did not have such access or found it challenging. A total of 145 (109 male, 36 female) said they always had access to medical doctors, and 46 (34 male, 12 female) said they have limited access but can afford to pay for medical services. By contrast, 290 (176 male, 114 female) said they have access but cannot afford to pay for medical services, and a smaller number of respondents, 23 (14 male, 9 female) said they have no access at all. The healthcare sector in Afghanistan is under increasing stress as fewer doctors and nurses are available to provide services, healthcare providers struggle to pay salaries, and fewer patients can afford to pay for services. As this environment worsens, more Afghans are likely to lose access to medical services and even more are at risk of not being able to afford such services.

Figure 25: Access to medical doctors in percentage terms

In general, how would you describe your access to each of the following services?

C. Doctor (general practitioner)

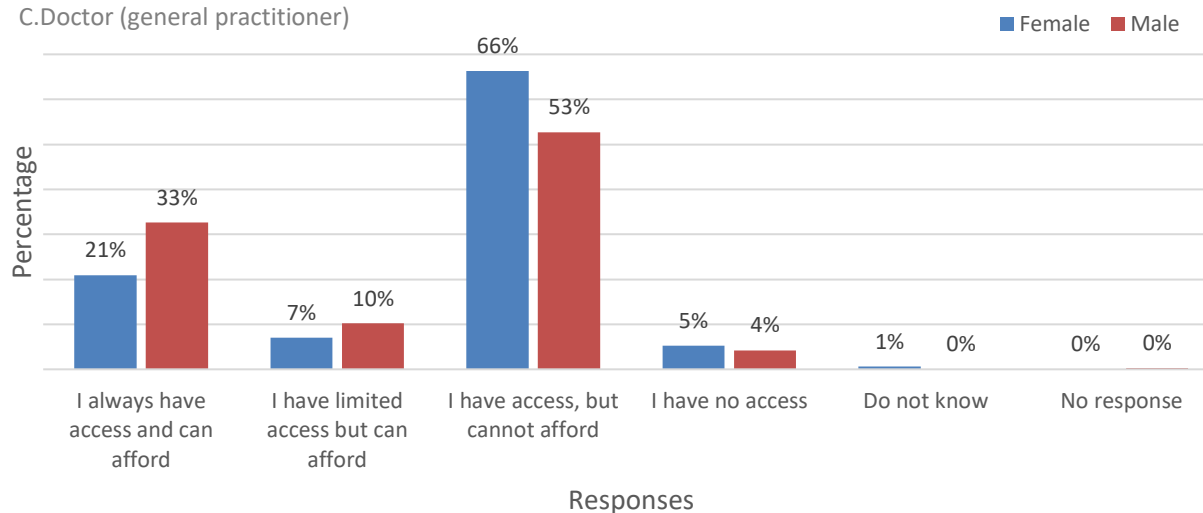
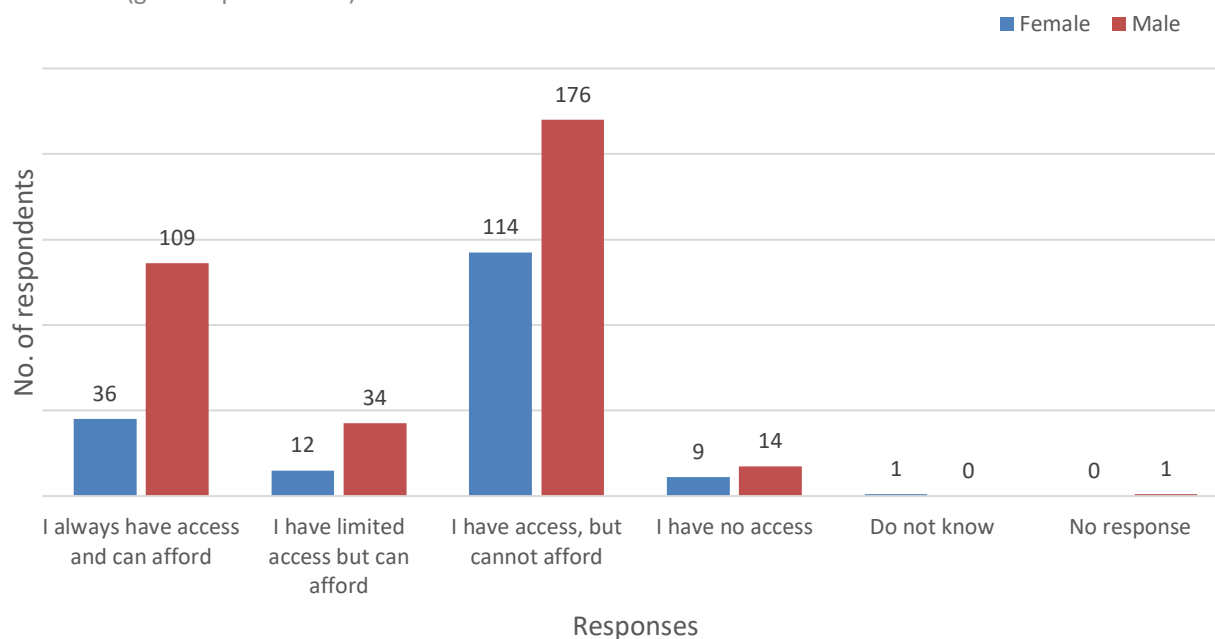


Figure 26: Access to medical doctors in real values

In general, how would you describe your access to each of the following services?

C.Doctor (general practitioner)



Respondents' access to specialists such as dentist, eye specialist, gynaecologist/urologist, and paediatricians tracked closely to their accessibility to medical practitioners earlier. For instance, out of 506 respondents, only 110 (88 male, 22 female) said they always had access to medical specialists and can afford their services, and similarly 40 (30 men, 10 female) said they had limited access but can afford to pay. In both cases regarding access to medical practitioners and specialists, far more men than women can afford to pay for these services and this gender gap is likely to worsen as women have been barred from active employment and education in Afghanistan. Among the respondents, 297 (186 male, 111 female) said they have access to medical specialists but cannot afford their services, and 57 (29 male, 28 female) noted they have no access at all. As with access to affordable medical care, these figures for specialists are likely to change as Afghanistan's socio-economic situation deteriorates. Another factor to take into account is the fact that specialists and other skilled Afghans may choose to leave the country due to multifactorial hardships.

## 6. General access to hospitals for treatment or surgery

Following the trend of limited access to medical services and specialists above, a minority of respondents, 89 (73 male, 16 female) said they always have access and can afford general treatment in hospitals or pay for surgeries, and 27 (22 male, 5 female) noted they have limited access but can afford such services. A large number of respondents, 275 (177 male, 98 female) said they have access but cannot afford to pay for these services, and 110 (59 female, 51 male) said they have no access at all. The gender disparity is evident given that fewer women than men have access to hospitals for general treatment or surgery.

Figure 27: Access to hospitals for general treatment or surgery in percentage terms

In general, how would you describe your access to each of the following services?

F. Hospital for treatment/surgery

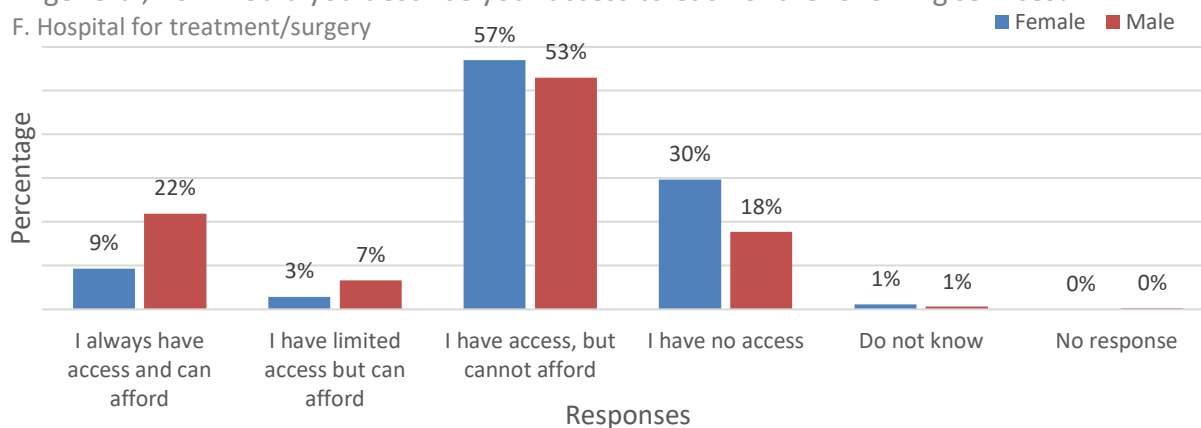
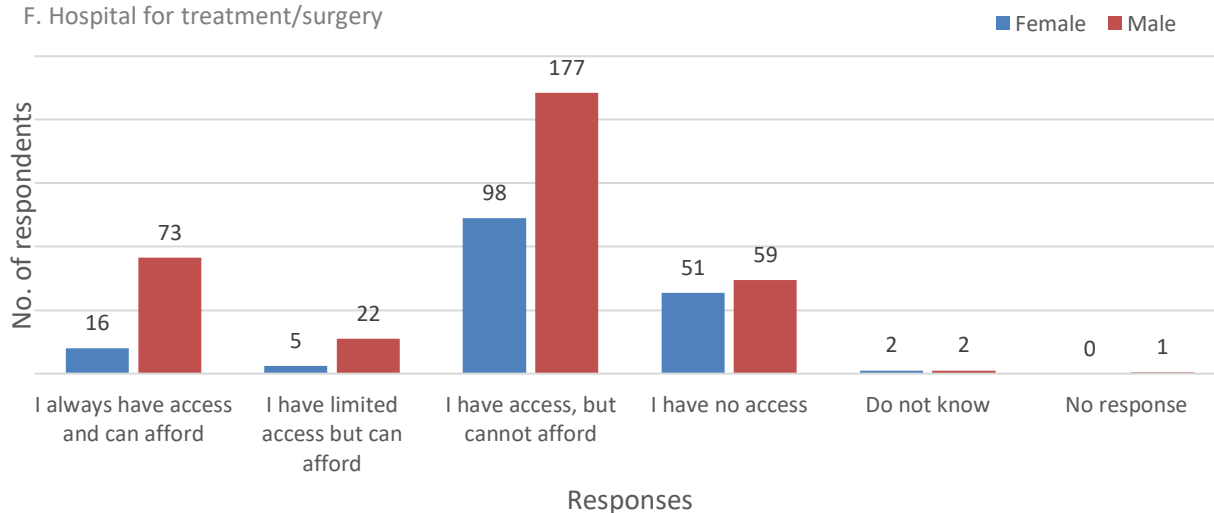


Figure 28: Access to hospitals for general treatment or surgery in real values

In general, how would you describe your access to each of the following services?

F. Hospital for treatment/surgery



## 7. General access to medicine for treatment

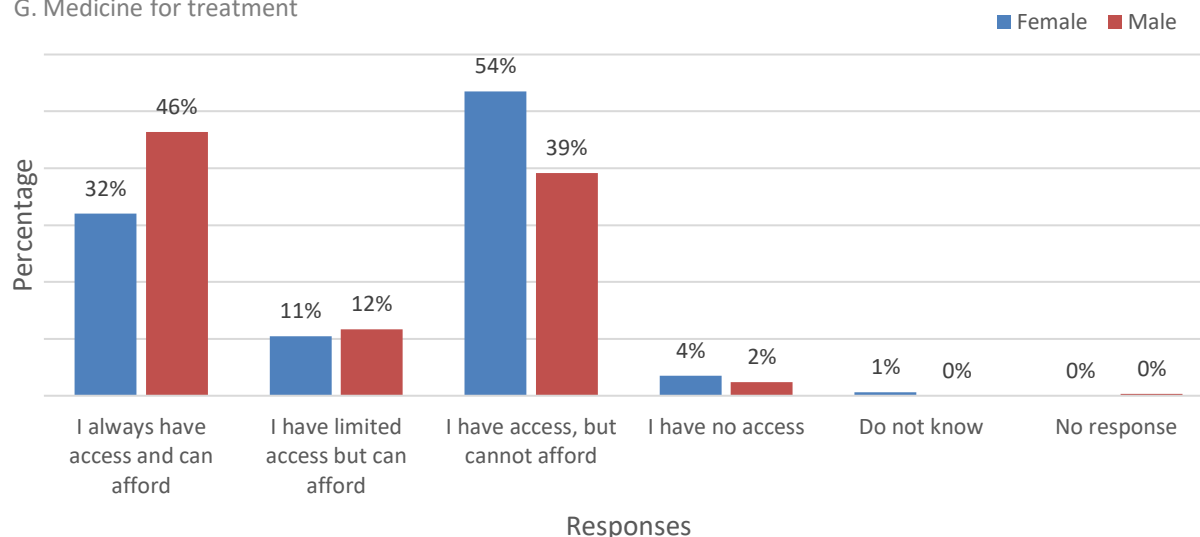
Respondents limited access to medicine for treatment is consistent with the trend that most Afghans surveyed are finding it increasingly difficult to afford basic medical care. For instance, out of 506 respondents, 210 (155 male, 55 female) said they always have access and can afford medicine and 57 (39 male, 18 female) noted that they have limited access but can afford medical care. However, 223 respondents (131 male, 92 female) noted that they have access, but cannot afford medicine. In each of these cases, the proportion of men that can access, have limited access, or have no access is relatively more favourable than is the case for women. Among the respondents, 14 (8 male, 6 female) noted they have no access to medicine. Although medicines are relatively cheaper than paying for medical tests and consultations, the acute economic situation in the country means that Afghans will come under greater stress to buy medicines for their health and wellbeing. The adverse implications of people who are unable to afford medicines and to have them on a regular basis risks people finding themselves in worse situations that could impact their health and ability to work. As employment is already at a historic low

due to the economic collapse, people with aggravated health issues are going to find it harder to afford foodstuff and basic items.

*Figure 29: Access to medicine for treatment in percentage terms*

In general, how would you describe your access to each of the following services?

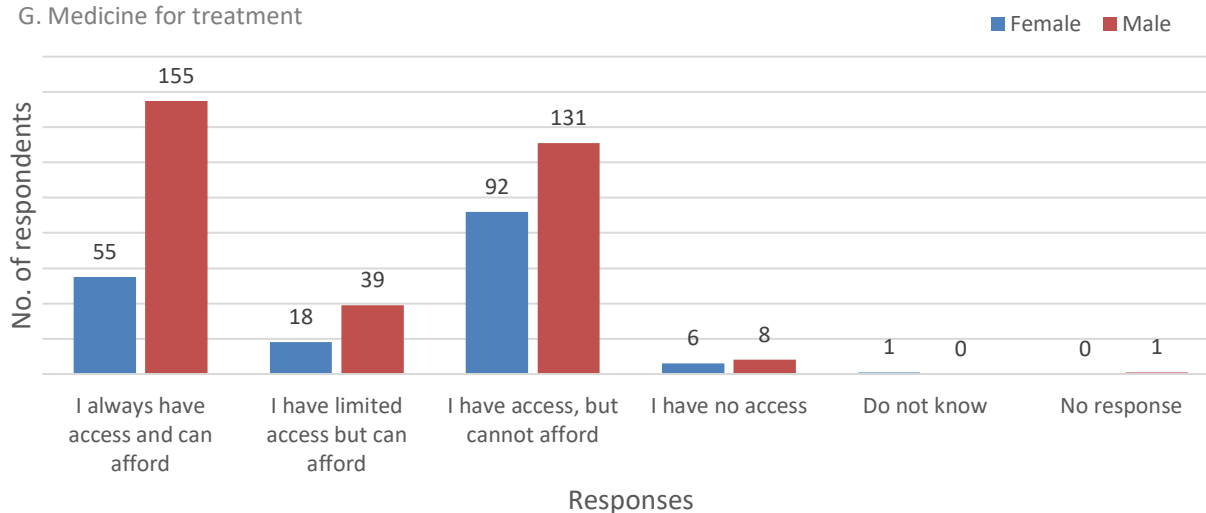
G. Medicine for treatment



*Figure 30: Access to medicine for treatment in real values*

In general, how would you describe your access to each of the following services?

G. Medicine for treatment



## E. Housing Situation

### 1. Current housing situation

The vast majority of respondents (478/506) said they lived with their core family. However, definitions of what a core family is differ among respondents which may include grandparents, siblings and their spouses or children. Among the respondents, 27 said they live with extended family members. As the definition and understanding of a core family has different meanings, it is likely that respondents' have various definitions of an extended family. Thus, it is vital to appreciate the nuances regarding a core versus an extended family in the Afghan context.

Figure 31: Current housing situation in percentage terms

What is your current housing situation?

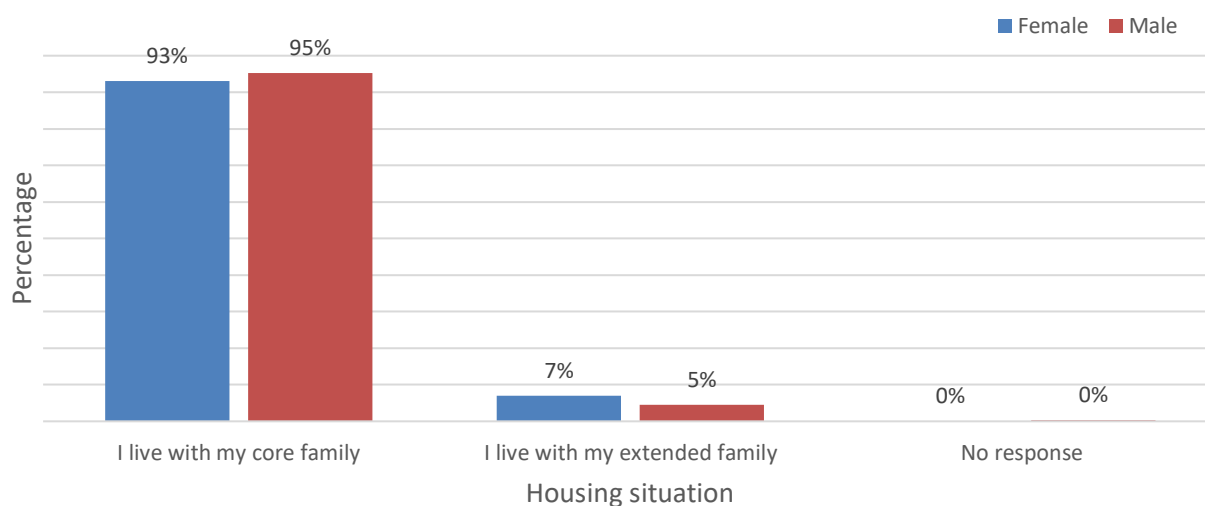
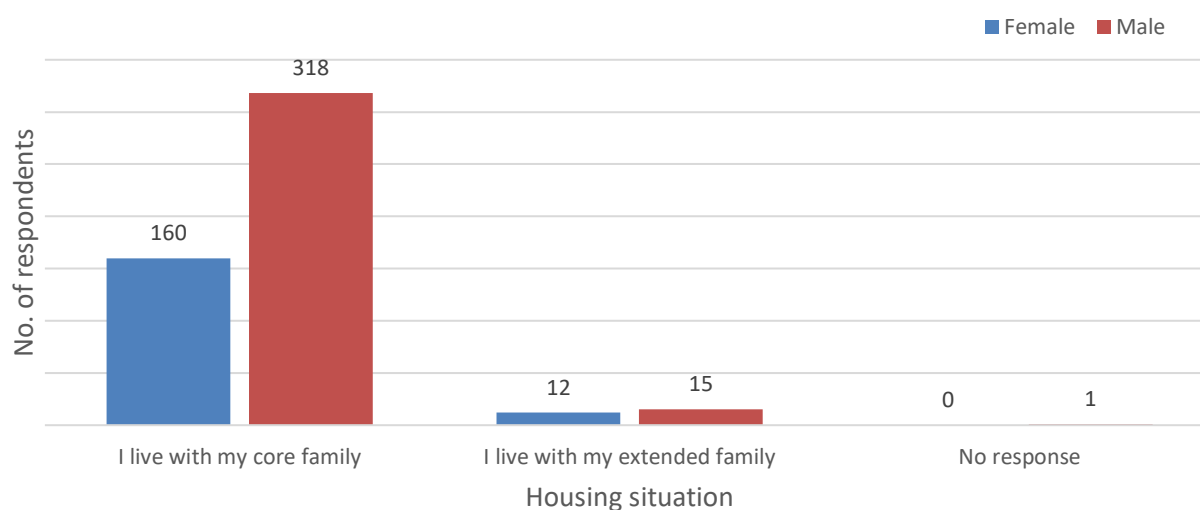


Figure 32: Current housing situation in real values

What is your current housing situation?



## 2. Whether the dwelling is rented or owned

More respondents rented than owned their own dwellings. A total of 295 respondents (186 male, 109 female) said they rented their apartments or houses whereas 182 (126 male, 56 female) said they were homeowners. A small number of respondents, 17 (12 male, 5 female) said they live with their relatives or friends and eleven (9 male, 2 female) selected other as their option which could indicate temporary accommodation, moving between dwellings, or homelessness.



Figure 33: Whether respondents rented or owned their homes in percentage terms

Is your dwelling rented or owned

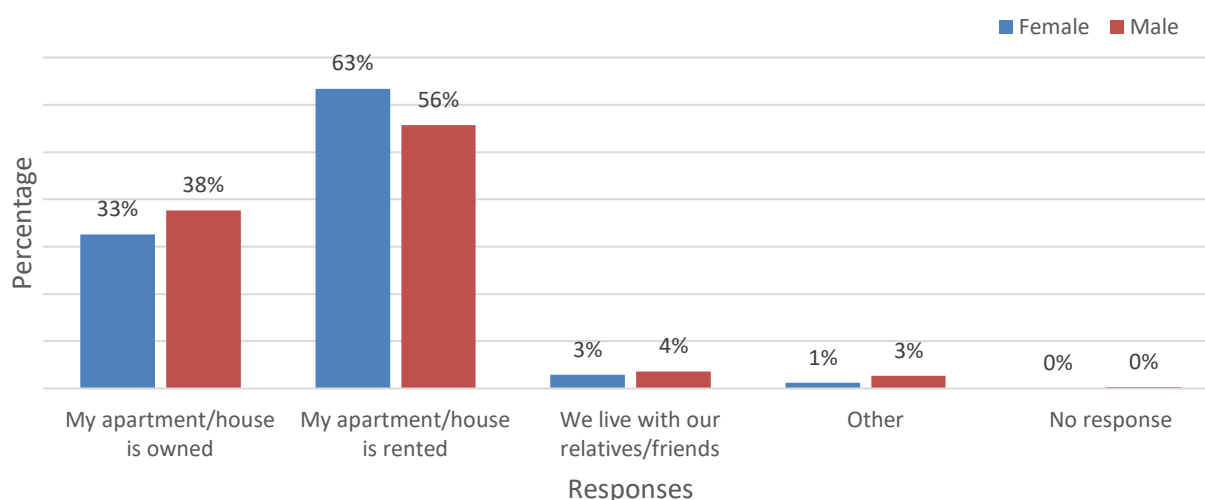
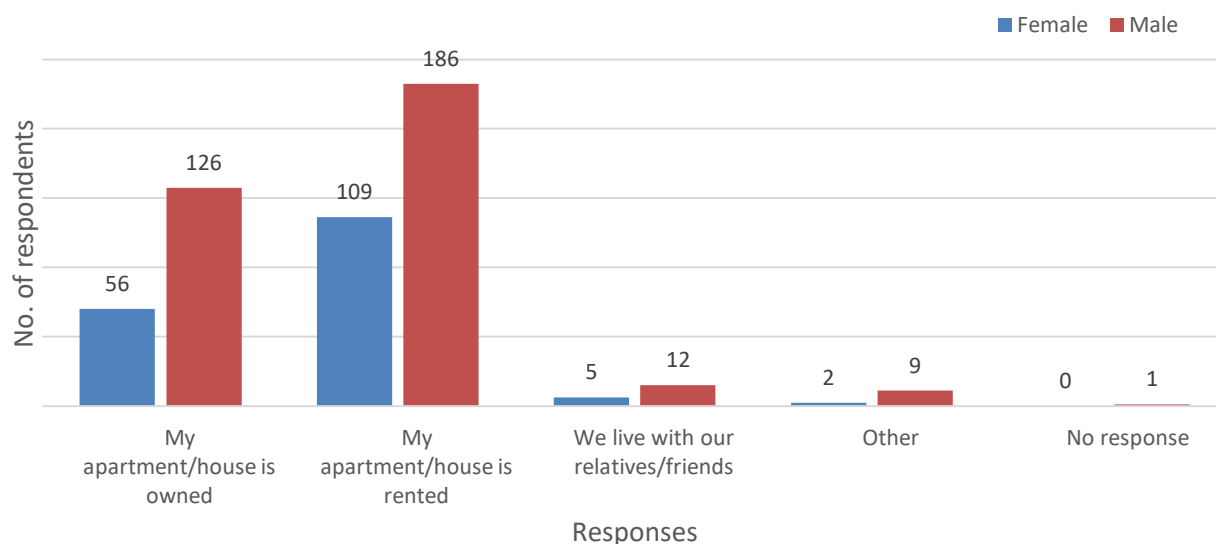


Figure 34: Whether respondents rented or owned their homes in real values

Is your dwelling rented or owned



### 3. Cost of dwelling per month

Respondents paid the most in two cost brackets. In the less than AFN 5,000 per month there were 178 respondents (109 male, 69 female) compared to 97 (67 male, 30 female) in the AFN 5,000-10,000 range. A total of 12 respondents (6 male, 6 female) said they paid between AFN 10,000 and 20,000 per month and only 4 (3 male, 1 female) paid more than AFN 20,000 per month. Among the respondents, 15 (10 male, 5 female) said they do not pay rent and a single respondent did not give a response to the question. As the economic pressure on families increases, it is likely that the proportion of respondents paying rent may not be able to afford the payments and so are at risk of being homeless. Similarly, homeowners who are secure knowing they have a property could face financial pressure to liquidate their assets to meet their living needs.

Figure 35: Whether respondents rented or owned their homes in percentage terms

How much are you paying for your dwelling per month?

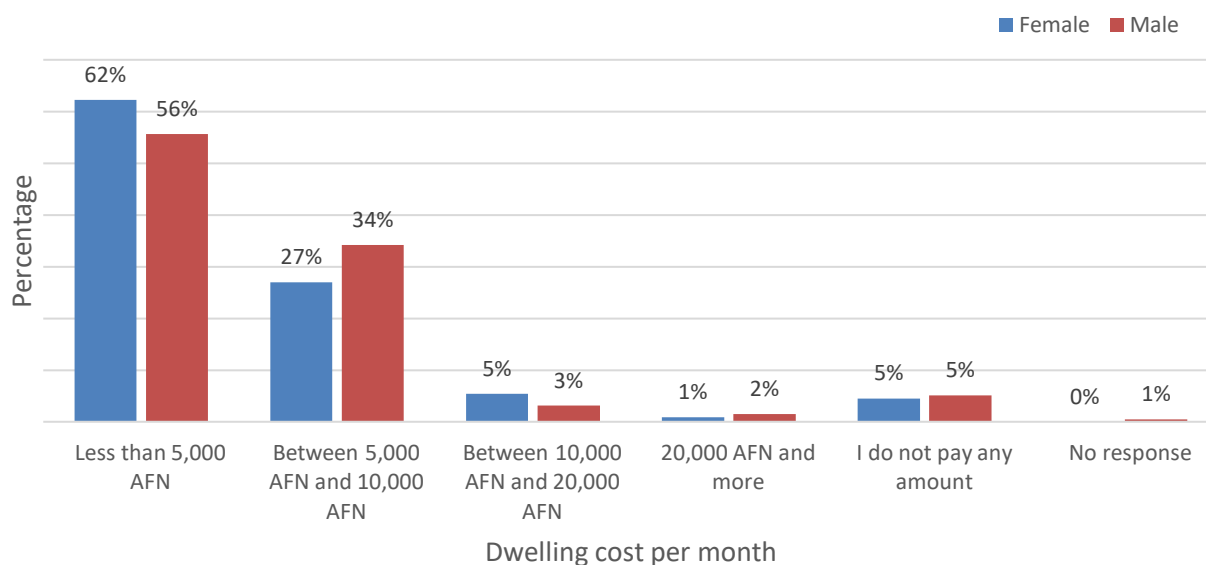
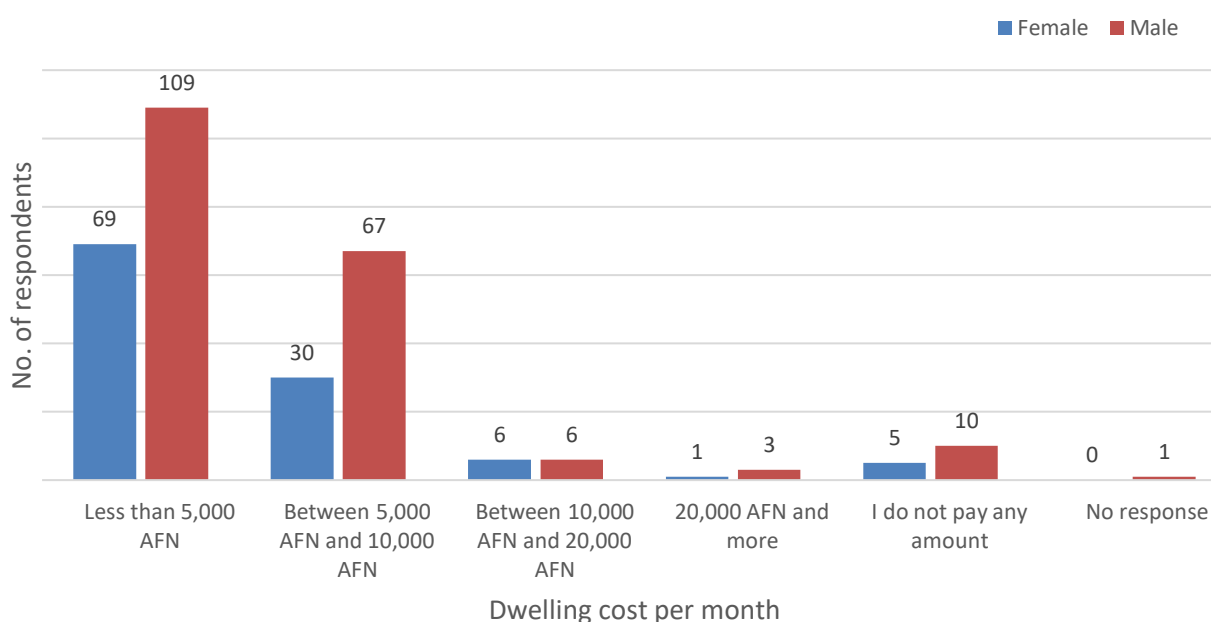


Figure 36: Whether respondents rented or owned their homes in real values

How much are you paying for your dwelling per month?



#### 4. Electricity connections in dwellings

The supply of electricity varied across respondents. Most respondents, 296 (190 male, 106 female) said they sometimes have electricity whereas 95 (56 male, 39 female), and 93 (73 male, 20 female) said they always have electricity. Only 21 (14 male, 7 female) said they never had electricity.

Figure 37: Whether respondents rented or owned their homes in percentage terms

Do you have electricity in your dwelling?

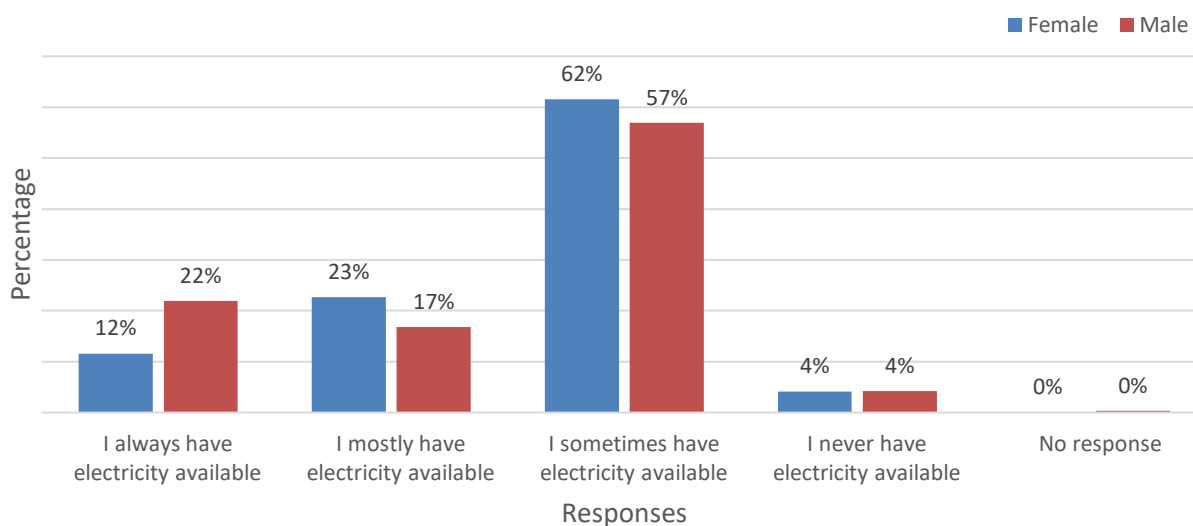
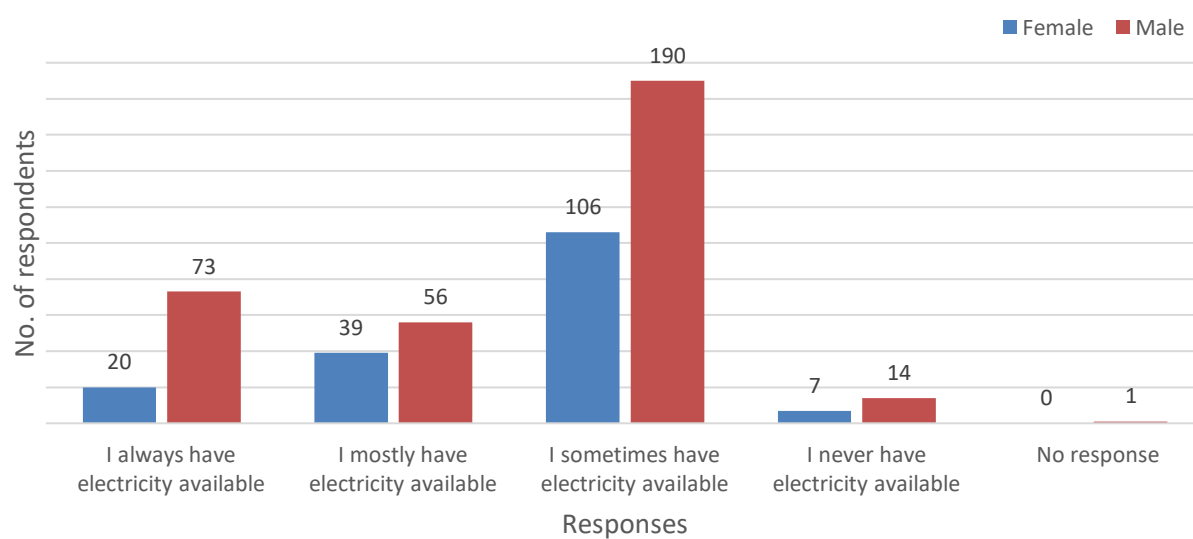


Figure 38: Whether respondents rented or owned their homes in real values

Do you have electricity in your dwelling?



## ANNEX 1: DATA COLLECTION TOOL

# COI SES

## Country of Origin Socio-Economic Surveys

### Questionnaire

### Afghanistan

Hello, my name is \${Surveyor\_Name}, I am working for ATR Consulting which is conducting a survey on the socio-economic situation of residents in Kabul City. The interviews are anonymous and the answers given do not have any impact on legal assessments or recommendations on asylum decisions.

If you wish to voluntarily take part in this survey, your information will be entirely confidential, meaning that we will not publicly disclose your name and the information you provide. This interview will take 10 minutes of your time. This survey will be recorded for quality assurance purposes. You can also stop the interview at any time if you would like to.

Are you willing to participate in the interview?

- a) Yes
- b) No

### Socio-demographics:

1. Gender:
  - a) Male
  - b) Female
2. Province:
  - Kabul
3. District
  - Kabul City
  - Kabul – other districts
4. Nahia (Police District)
5. Age: {16-35 years old}
  - Integer {will categorize them in groups when preparing the dataset}
6. Language
  - a) Pashto
  - b) Dari
  - c) Other (please specify)

7. Marital status:
  - a) Single (go to Q8)
  - b) Married
  - c) Divorced/separated
  - d) Widower/widow
  - e) No response (do not read)
8. Number and age of Children:  
Integer {will categorize them in groups when preparing the dataset}
9. Highest level of education:
  - a) Illiterate
  - b) Primary school
  - c) Secondary school
  - d) High school (Grade 12)
  - e) Vocational/technical training
  - f) College/university (bachelor)
  - g) Master's
  - h) PhD
  - i) Madrasa/Islamic Studies
  - j) No response (do not read)

**Main Questions on Living Conditions:**

1. To begin, I would like to ask you about the security situation in your neighborhood: Generally speaking, how safe do you feel in your neighborhood?
  - a) I feel very safe in my neighborhood
  - b) I feel rather safe in my neighborhood
  - c) I feel rather unsafe in my neighborhood
  - d) I don't feel safe in my neighborhood at all
  - e) No response (do not read)
2. Are you currently working (either in the formal or informal economy)?
  - a) Yes, I am continuously working
  - b) Yes, I am occasionally working
  - c) I was employed in the previous government but am unemployed now
  - d) I have been unemployed for a long time/don't have any work (go to Q4)
  - e) I have been recently unemployed (in the last 12 months)
  - f) I am a student (go to Q4)
  - g) I am a housewife (go to Q4)
  - h) No response (do not read) (go to Q4)
3. Please indicate the type of your employment (either employed or self-employed):
  - a) Full-time

- b) Part-time
  - c) Several part-time jobs
  - d) Seasonal work
  - e) Daily-wage work
  - f) Other (please specify)
  - g) No response (do not read)
4. Who else is working in your family to make an income? {Multiple options}
- a) My son
  - b) My daughter
  - c) My brother
  - d) My sister
  - e) My husband
  - f) My wife
  - g) My mother
  - h) My father
  - i) No one else
  - j) Other (please specify)
  - k) No response
5. Do you have (5 years old and above) school-age children in your household?
- a) Yes
  - b) No (Go to Q7)
  - c) We don't have any school-age (5 years old and above) children in our household (Go to Q8)
6. Are your household's children able to attend school?
- a) Our children are able to attend school
  - b) Some of our children are not able to attend school but some are
  - c) Our children are not able to attend school
  - d) No response (do not read)
7. Due to the current economic situation, some families rely on all members to contribute to the household income. Do your household's children (up to age 18) work/contribute to the household income?
- a) Our children work/contribute significantly to the household income
  - b) Our children work/contribute somewhat to the household income
  - c) Our children work/ contribute little to the household income
  - d) Our children do not work /do not contribute to the household income
  - e) There are no children (up to age 18) in our household
  - f) No response (do not read)
8. How much does your household earn per month?
- a) Less than 5,000 AFN
  - b) 5,000 – 10,000 AFN

- c) 10,000–20,000 AFN
  - d) 20,000– 40,000 AFN
  - e) 40,000– 60,000 AFN
  - f) More than 60,000 AFN
  - g) Other (please specify)
  - h) Do not know (Do not read)
  - i) Declined to answer (Do not read)
9. What is the impact of current food prices on your family's ability to buy food?
- a) We manage to provide sufficient food stuff for our family
  - b) We can just about manage to provide sufficient food stuff for our family
  - c) We hardly manage to provide sufficient food stuff for our family
  - d) We cannot manage to provide sufficient food stuff for our family
  - e) No response (do not read)
10. What is the impact of current market prices on your family's ability to buy basic consumer goods (e.g. clothing, shoes, etc.)?
- a) We manage to provide basic consumer goods for our family
  - b) We can just about manage to provide basic consumer goods for our family
  - c) We hardly manage to provide basic consumer goods for our family
  - d) We cannot manage to provide basic consumer goods for our family
  - e) No response (do not read)
11. Do you have adequate access (access and affordability) to clean drinking water?
- a) I always have access to clean drinking water
  - b) I sometimes have access to clean drinking water
  - c) I seldomly have access to clean drinking water
  - d) I never have access to clean drinking water
  - e) No response (do not read)
12. Do you have access (access and affordability) to the necessary hygiene products for yourself?  
 [Hygiene Products are all products for personal hygiene such as soap, shampoo, toothpaste, lotion, sanitizer, feminine hygiene products, etc.]
- a) I have all necessary hygiene products
  - b) I just about have the necessary hygiene products
  - c) I hardly have the necessary hygiene products
  - d) I don't have the necessary hygiene products
  - e) No response (do not read)
13. In general, how would you describe your access to each of the following services?

	I always have access and can	I have limited access but can afford	I have access, but cannot afford	I have no access	Do not know (do not read)	No response (do not read)

	afford					
A. Vaccinations [e.g. vaccines against polio, tetanus, hepatitis, measles, the flu, etc.]						
B. Vaccination against SARS-Covid-19						
C. Doctor (general practitioner)						
D. Medical specialist (e.g. dentist, eye specialist, gynaecologist/urologist, paediatrician, etc.)						
E. Hospital for treatment/surgery						
F. Medicine for treatment						

14. What is your current housing situation?

- a) I live alone
- b) I live with my core family
- c) I live with my extended family
- d) Other (please specify)
- e) No response (do not read)

15. Is your dwelling rented or owned?

- a) My apartment/house is owned
- b) My apartment/house is rented
- c) I/we live with our relatives/friends
- d) Other (please specify)
- e) No response (do not read)

16. How much are you paying for your dwelling per month?

- a) Less than 5,000 AFN
- b) Between 5,000 AFN and 10,000 AFN
- c) Between 10,000 AFN and 20,000 AFN
- d) 20,000 AFN and more
- e) I do not pay any amount (do not read)
- f) No response (do not read)



17. Do you have electricity in your dwelling?
- a) I always have electricity available
  - b) I mostly have electricity available
  - c) I sometimes have electricity available
  - d) I never have electricity available
  - e) No response (do not read)
  - f) Declined to answer (do not read)

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- 3** **TUNISIA**  
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