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atr consulting

assess – transform - reach

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LIST OF ACRONYMS

AHS	Afghanistan Health Survey
ALCS	Afghanistan Living Conditions Survey
ANPDF	Afghanistan National Development Framework
ATR	Assess, Transform, Reach Consulting
CDC	Community Development Council
COI	Country of Origin Information
DHS	Demographic Health Survey
FGD	Focus Group Discussion
GDP	Gross Domestic Product
HHs	Households
HQ	Headquarter
IMR	Infant Mortality Rate
MMR	Maternal Mortality Ratio
NRVA	National Risk and Vulnerability Assessment
QA	Quality Assurance
SARS_COVID-19	Severe Acute Respiratory Syndrome COVID-19
SBA	Skilled Birth Attendant
SES	Socio-Economic Survey
SSL	Secure Sockets Layer
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

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 three urban locations. The survey also sought to establish some basic information about existing health, education services, and living conditions.

ATR Consulting conducted a socioeconomic survey of 300 male and female household respondents in the 16-35 age group in three urban locations, Kabul, Herat, and Mazar-e Sharif. Overall, 30 communities (10 communities in each provincial capital) were selected in the sampling design. Communities were selected in terms of linguistic, ethnic and socioeconomic status using a random walk protocol. A total of 150 women and 150 men were surveyed in early November 2021 in-person representing 100 respondents from each city with an equal gender balance. All respondents gave their verbal consent to the enumerators prior to commencing the surveys and the data was collected in accordance with the World Health Organization's guidelines for physical distancing, and ATR's guidelines for data collection in the context of COVID-19.

It should be noted at the outset that the findings in this report are being presented in a new political and economic environment given the return to power of the Taliban. Following the collapse of the Afghan government, Afghanistan has entered a severe economic depression and is experiencing one of the world's worst economic and humanitarian crises. The findings should be seen in the context of the new political reality with the Afghan economy in freefall.

Demographic profile

A total of 300 respondents participated in the household survey, 100 in each of the target provinces, comprising of an even split of 50% male and female participants. Most of the respondents (42.7%) fell into the age group of 26-35, followed by the 19-25 age group (39.7%), and finally the younger 16-18 age group constituting 17.7% of target respondents. 53% of respondents were married, 46% were single, while 0.3% were widowers/widows. 16.7% of respondents reported having six or more children, with only 10.5% of respondents having one child.

All three cities have a diverse background in terms of ethnic composition. Respondents comprised of the following ethnic groups: 53.7% were Tajik, 21.7% Pashtun, 10.3% Hazara, 6.7% Uzbek, 3% Sadat, and 4.7% were other minorities (Arab, Qezelbash, Turkmen, Koshani, Qental).

Findings

The findings of the socioeconomic survey are organised around seven themes as follows.

1. Education profile of respondents

The majority of respondents, 23.7% graduated from 12th grade, with 16.7% possessing a college degree. 22% of respondents attended secondary schools, 11% primary schools, and 2.7% vocational schools, while 22% are illiterate and 2% attended a madrassa (religious school). Female illiteracy was significantly higher at 31.3% compared to 12.7% for men. Whereas 14.7% of female respondents finished 12th grade

compared to 32.7% men, female and male respondents reported an equal value of 16.7% of college or university level education.

2. Perceptions of safety, violence, and street crime

Notions of security and safety should be seen in terms of exactly the survey question and not extrapolated to the provincial or national level. Respondents were asked about how safe they feel in their neighbourhoods, which is distinct from whether they feel safe under the Taliban regime or whether they consider the Taliban as security providers or whether they would feel safe in other parts of their city or elsewhere in the country. Hence, the survey responses only relate to neighbourhood safety, with 68.3% of respondents reporting feeling safe in their neighbourhoods. This figure is a function of the extent to which respondents know and feel safe around their neighbours that is also influenced by the time they have lived in that area as opposed to relying on external actors for their safety. The survey also does not represent respondents' security fears or concerns relating to the Taliban or other militant groups such as the Islamic State Khorasan Province (ISKP) that are active in the country.

In terms of exposure to violence and street crime, 79.7% of respondents and 70.7% of respondents respectively reported they had not experienced violence or street crime between September and October 2021. When disaggregated, the figures for respondents that reported they had not been exposed to violence in each of the cities works out to 74% in Kabul, 81% in Herat, and 84% in Mazar-e-Sharif. Similarly, the disaggregated responses for respondents that reported they had not witnessed or have been exposed to street crime in each of the cities works out to 61% in Kabul, 72% in Herat, and 79% in Mazar-e Sharif.

Based on the above violence and street crime responses, it is critical to note that the aggregate figure of 79.7% of respondents that said they had not been exposed to violence between September and October 2021 does not take into account enforced disappearances, kidnappings, or targeted killings. The aggregate figure of 79.7% also does not account for the intensity of the Afghan conflict as captured via the data from the United Nations Assistance Mission in Afghanistan' (UNAMA) Protection of Civilians in Armed Conflict Midyear Update 2021 report that recorded 5,183 civilian casualties, demonstrating a 50% increase as compared with the same period in 2020.¹ Similarly, it is vital to note that the aggregate figure of 70.7% also likely illustrates respondents' risk mitigation measures to protect themselves against street crime such as reducing the amount of time they spend outside their homes, changing behaviours including purchasing behaviour to draw less attention to themselves, and limiting the movement of women and girls outdoors to cope with an increasingly fraught environment.

3. Socioeconomic status and food security

In terms of the employment status of respondents, 175 respondents (58.3%) were unemployed, 6.3% of the respondents lost their job since the Taliban takeover of the country, and only 23% reported having

¹ United Nations Assistance Mission in Afghanistan, "Afghanistan: Protection of Civilians in Armed Conflict Midyear Update: 1 January to 30 June 2021," at https://unama.unmissions.org/sites/default/files/unama_poc_midyear_report_2021_26_july.pdf.

been continuously employed, among whom 10.3% reported they only worked occasionally. Only 1% reported as being newly employed after the former government collapsed.

Regarding the type of employment, 62% of respondents reported as having either worked continuously or occasionally having a full-time job, while 25% had a part-time job, 9% had jobs as daily wage earners, and 2% had several part-time or seasonal jobs. In terms of part-time employment, 60% of female respondents were involved in part-time jobs compared to 20% of male respondents. By contrast, male respondents had a significantly higher share of full-time work totalling 72.3% with women only accounting for 16.9%.

The majority of respondents' income level was low across all target provinces as 89.1% of all respondents reported as having a low level of income of less than AFN 10,000 (US\$ 100) per month. 8.7% of respondents reported their income to be at mid-level of between AFN 10,000-20,000 per month (US\$ 100-200), and only 2.2% ranked themselves at a higher level of between AFN 20,000-50,000 per month (US\$ 200-500).

Only 3.6% of respondents said they were able to provide sufficient foodstuff for their families, indicating the economic fallout of the Taliban's return to power. 53% of respondents in Herat, 26% in Balkh, and 12% in Kabul said they could not afford to provide sufficient food for their families. Similarly, 57% of respondents in Kabul, and 33% in Balkh and Herat said they could hardly manage to provide enough food for their families.

Only 4% of respondents said they were able to provide basic goods for their families, which is in line with the responses of respondents' lack of capacity to provide food for their families. In Kabul, 80% of respondents said they are unable to provide for their households, followed by 66% in Mazar-e Sharif, and 45% in Herat. Similarly, 42% of respondents in Herat said they hardly managed to provide basic goods for their families, followed by 24% in Mazar-e Sharif, and 8% in Kabul.

4. Access to education

Respondents did not say whether their children were currently attending school and only disclosed whether their children attended school prior to the Afghan government's collapse. The reason for concealing this information could be to protect their children and families from potential Taliban reprisals given the Taliban caretaker administration's ban on schooling for virtually all girls and women, and their opposition to the curriculum of the former government that advanced gender equality, human rights, critical thinking, and progress and inclusion for girls and boys.

Before the Afghan government collapsed on 15 August 2021, the school attendance rates in each of the provinces of the respondents' families were as follows: Balkh (boys 59%, girls 53.8%), Herat (boys 51.9%, girls 40.4%), Kabul (boys 48.9%, girls 26.7%). Overall, 87% of children attended public schools, while 11% attended private schools, and only 1% attended a madrassa or a mosque for religious schooling.

Public schools are free whereas private schools charge monthly fees. Of the 11% children in private schools, 22.2% cost up to AFN 2,000 (US\$ 20) per month, 11.1% up to AFN 3,000 (US\$ 30) per month, and 22.2% cost over AFN 5,000 per month. The cost of education for the remainder is unknown.

In terms of higher education, 76% of respondents said they did not have access to higher education before the government collapsed, whereas 24% said they had access which reflects their relatively

better socio-economic status. When disaggregated, 81% of women and 69.6% of men said they did not have access to higher education. When broken down by province, 82.1% of respondents in Kabul, 73.8% in Balkh, and 71.1% in Herat noted they did not have access to higher education.

5. Accesses to health services and health providers – vaccination, nutrition

In terms of general perspectives, the findings for women and men regarding their access to health services and providers does not vary substantially. However, it should be noted that access to healthcare in urban population centres is significantly higher than in rural or semi-rural areas in the country due to a more substantial medical infrastructure, sustained public and private investment, availability of doctors and nurses, job opportunities for medical practitioners and support staff as well as better wages. The figures for access to health services from the survey should thus be seen as only reflecting a small segment of urban respondents for whom the availability of services is qualitatively better than is the case for their rural and semi-rural counterparts.

The respondents' perception indicates that the general perspective for access to vaccination showed that 63.3% of respondents believed they had access to vaccines but was slightly lower for COVID-19 vaccines which was 57.7%. As the respondents surveyed all lived in urban areas, the knowledge and availability of COVID-19 hospitals is higher given that public hospitals, healthcare clinics, and private hospitals have led numerous campaigns to inform the general public about COVID-19 and urged them to be vaccinated. In addition, the media ran information campaigns on COVID-19 which has also contributed to the general perspective about the availability of vaccines in general and COVID-19 more specifically.

The general perspective among respondents showed that 43.3% believed they could access doctors. Similarly, the general perspective among respondents showed that 42.3% felt they could access specialists, 37.3% dentists, and 31.3% hospitals, and the rest having limited or severely limited access to services. A total of 17.7% of respondents said they had no access to vaccinations.

6. Access to water and hygiene products

Respondents' access to potable drinking water varied notably across the three cities. Clean drinking water means piped water, piped on premise, public tap, tube well/borewell, dug well, water tanker (delivered via trucks), or bottled water. The following proportion of respondents confirmed always having access to clean drinking water: Herat (76%), Kabul (65%) and Balkh (58%), as compared to those reporting hardly ever having access. Respondents who said they never have access to clean drinking water were 17% in Herat, 14% in Balkh, and 1% in Kabul, and high numbers hardly ever had access to clean drinking water.

Variations in access to hygiene products were in clear contrast when comparing cities. For instance, respondents in Kabul (40%), Herat (26%) and Balkh (19%) confirmed hardly having the necessary hygiene products, as compared to respondents in Kabul (14%), Herat (30%) and Balkh (32%) claiming they had all necessary hygiene products.

7. Living conditions

The following figures correspond to respondents living alone, with parents, or with extended family. The aggregate figures for living with parents/in-laws were more common practices in Kabul and Balkh (56% and 85%, respectively), while this was less common in Herat (17%). Living with parents or in-laws in respondents' own dwelling was more reported in Herat (65%), as compared to 23% in Kabul and 14% in Balkh. Living in an extended family was less common in all provinces, especially in Balkh (1%), as opposed to 21% in Kabul, and 18% in Herat.

Respondents living in a brick-and-mortar house was more common in Kabul (64%), while around half the respondents lived in a house in Herat (48%), and only 34% lived in a house in Balkh. The second most common dwelling was living in a mudbrick home, which 63% of respondents lived in in Balkh, as compared to 30% in Kabul, and 24% in Herat. Living in an apartment was more common in Herat (23%) than Kabul (5%), and Balkh (3%). Fewer reported living in a tent/shack in Herat (5%), (1%) in Kabul, with no urban respondent who was surveyed living in a tent/shack in Balkh.

Most respondents live in an apartment/house in Herat and Balkh that they own (66%, and 63% respectively), while less than 50% of respondents in Kabul reported as living in their own apartment/house. In terms of the cost of apartments/houses, 54.3% of respondents in Kabul, 48.4% in Balkh, and 8.7% in Herat said it cost them AFN 5,000-10,000 per month. A significant 91.3% in Herat rented apartments/houses for less than AFN 5,000 per month, while 48.4% of respondents in Balkh and 41.3% of the respondents in Kabul said they paid less than AFN 5,000 per month. Only 4.3% of respondents in Kabul rented properties between AFN 10,000 and AFN 20,000, while no respondents in Herat and Balkh rented for over AFN 10,000.

Almost all respondents' houses were well equipped with roofing, doors, windows (~100%). Access to running water, a stove and a refrigerator was ~50%, possessing a flushing toilet and bath/shower was 32% and 29% respectively. Access to internet was at 31%, which is overwhelmingly on respondents' mobile devices, with only 10% of the respondents reporting as having heating facilities due to the higher cost of running heaters particularly electricity, fuel, or diesel-powered generators.

Access to public electricity varied significantly across the three cities. In Kabul, 47% or less than half of respondents said they always had access to electricity, while 22% reported sometimes having electricity, followed by a slightly higher figure of 58% in Herat who said they always have access to electricity which is likely due to a less dense population and therefore lower demand on limited resources. By contrast, 74% respondents in Mazar-e Sharif reported the highest access to electricity which is likely a result of Balkh province's border with Uzbekistan, a crucial source of electricity imports for Afghanistan. Respondents in Mazar-e Sharif also have the added advantage of benefitting from proximate electricity transmission infrastructure between Uzbekistan and Balkh as opposed to respondents in Herat or Kabul for whom the power lines and transmission infrastructure is farther and has been subjected to regular disruptions by insurgent attacks.

SECTION 1: INTRODUCTON

This section provides an overview of the national context reviewing certain population statistics of urban areas in three target provinces in Afghanistan (Balkh, Herat, and Kabul), particularly with regard to age, gender, socio-economic status, and ethnicity.

A. Desk Review

1. Demographics

According to UNDP's 2020 Human Development Report, Afghanistan ranks 169 of 189 on the Human Development Index.² Afghanistan's population is estimated at 31.6 million (approximately breaking down as male 16.1 million, female 15.5 million) of people residing in the country and excluding refugees (e. g. in Pakistan and Iran). The urban population is estimated at 8 million, with the rural population at an estimated 23 million in 2018/19, by the Afghanistan Statistical Yearbook.³ A considerable 70% of Afghanistan's population is under the age of 30, of which 45% is under 15 years of age, increasing demands for services – especially health, education, and social welfare.⁴ Data from 2018 showed that around 30% of girls attended school, whilst enrolment for boys is almost 50% higher⁵. 60% of students are located in urban areas, with 35.8% in rural areas. The national literacy rate is 38.2% in people over the age of 15 years (52% male, and 24% female).⁶ Afghanistan has a diverse range of ethnic groups, of which it is estimated that the breakdown is 42% Pashtun, 27% Tajik, 9% Hazara, 9% Uzbek, 4% Aimak, 3% Turkmen, 2% Baloch, and 4% other minorities. In terms of religious affiliations, 99% of the population are Muslim (80-90% Sunni, and 10-19% Shia).⁷

In terms of health, and despite considerable advances made post-2001, Afghanistan's health indicators are amongst the worst globally.⁸ Maternal mortality ratio (MMR) accounts for 276 deaths per 100,000 live births.⁹ According to the 2018 Afghanistan Health Survey (AHS), neonatal mortality is estimated at 23 deaths per 1,000 live births. Infant Mortality Rate (IMR) accounts for 41 deaths per 1,000 live births, with the under-five mortality rate at 50 deaths per 1,000 live births.¹⁰ Delivery with skilled birth attendants is 58.8% in Afghanistan, stunting is 36.6%, severe stunting 17.3%, wasted (wasting of body weight) are 5.0%, and severely wasted are 1.5% in under five age children. Full immunization is more

² UNDP Human Development Report 2020. The next frontier Human development and the Anthropocene.
<http://hdr.undp.org/en/indicators/68606>.

³ National Information and Statistics Authority, 2019. Volume 40. Afghanistan Yearbook Statistical 2018/19
https://www.nsia.gov.af:8080/wp-content/uploads/2019/11/Afghanistan-Statistical-Yearbook-2018-19_compressed.pdf.

⁴ *Afghanistan in 2018: A Survey of the Afghan People*, The Asia Foundation, 2018.

⁵ Afghanistan Health Survey (AHS) 2018, April 2019, KIT, Afghanistan, Ministry of Public Health and National Statistics and Information Authority.

⁶ Afghanistan Health Survey (AHS) 2018, April 2019, KIT, Afghanistan, Ministry of Public Health and National Statistic and Information Authority.

⁷ World population review 2019.

⁸ ADHS 2015.

⁹ Afghanistan Health Survey 2015, final report-august 2016.

¹⁰ Afghanistan Health Survey (AHS) 2018, April 2019, KIT, Afghanistan, Ministry of Public Health and National Statistic and Information Authority.

than 50% in 12-23 years, with 57% of the population able to access health facilities in 30 minutes, and 90% within 2 hours.¹¹

According to the Afghanistan Living Conditions Survey (ALCS) 2016-18,¹² people are using an improved drinking water source is 62% (access to safely managed drinking water is 75.3% in urban areas and 25.1% in rural areas).

According to the international poverty line, extreme poverty is quantified as earning \$1.90 or under per day (last revised in 2015). People consuming or earning less than this amount constitute the global poor. By this measure, the poverty rate increased from 38.3% to 54.5% between 2011–2017 in Afghanistan,¹³ and again to 72% in 2020, following the devastating impact of the Covid-19 pandemic on informal economies.¹⁴ In 2019, Afghanistan's GDP grew by 3.9%, whilst in 2020 it dropped by 1.9%. Given the fact that the government collapsed in mid-August, many predict the poverty rate will increase to engulf almost all of Afghan society by early 2022.

2. Provincial Profile

i. Kabul

Kabul, with an estimated population of 6 million, is the capital of Afghanistan, and is located in the central region.¹⁵ Neighbouring provinces are Parwan and Kapisa in the north, Laghman to the east, Nangarhar to the south-east, Logar to the south, and Wardak to the west.¹⁶ Around 85.4% of people in Kabul province live in urban areas, while 14.6% live in rural areas.¹⁷ The gender ratio of Kabul's population is 51.6% male. According to the National Risk and Vulnerability Assessment (NRVA) 2011-2012, half of the population age is 18 years or younger and Kabul is a high-density city in Afghanistan (7,907 people per sq. km of land area)¹⁸. Kabul province has a diverse ethnic background with communities of Pashtuns, Tajiks, Hazaras, Uzbeks, Turkmen, Baluch, Sikhs, and Hindus - the majority of which are Persian speaking.¹⁹ Kabul is the primary destination for migration not just for those seeking to move to another country, but for those displaced from other provinces. Living conditions in Kabul are

¹¹ Afghanistan Health Survey (AHS) 2018, April 2019, KIT, Afghanistan, Ministry of Public Health and National Statistics and Information Authority.

¹² Central Statistics Office (2018), Afghanistan Living Conditions Survey 2016-17. Kabul, CSO.

¹³ Sahibzada, Habiburrahman; Haque, Tobias Akhtar; Haven, Bernard James.2019.

Afghanistan Development Update: Building Confidence Amid Uncertainty (English). Washington, D.C.: World Bank Group.
<http://documents.worldbank.org/curated/en/546581556051841507/Building-Confidence-Amid-Uncertainty>.

¹⁴ Afghanistan Development Update: Surviving the Storm (English). Washington, D.C.: World Bank Group.
<http://documents.worldbank.org/curated/en/132851594655294015/Afghanistan-Development-Update-Surviving-the-Storm>.

¹⁵ Afghanistan Key socio-economic indicators Focus on Kabul City, Mazar-e Sharif and Herat City Country of Origin Information Report, August 2020.

¹⁶ UNOCHA, Afghanistan Kabul Province - District Atlas, April 2014.

¹⁷ UNOCHA, Afghanistan Kabul Province - District Atlas, April 2014.

¹⁸ Kabul-a socio-demographic and economic survey highlights, 2015.

¹⁹ Afghanistan Key socio-economic indicators Focus on Kabul City, Mazar-e Sharif and Herat City Country of Origin Information Report, August 2020.

relatively better due to labour-force participation, and a higher overall literacy rate.²⁰ Kabul's overall literacy rate is around 54%, however this is much higher in the younger population (74%).²¹ Delivery with Skilled Birth Attendants (SBA) in Kabul is 85.5%, and with basic vaccination is 55.6%.²²

ii. Herat

Herat is located in the western part of Afghanistan, and has borders with Iran in the west, Turkmenistan in the North, Ghor province in the East, Badghis province in the North, and Farah province in the south. The Islam Qala Crossing on the Iranian border, and Torghundi Crossing on the Turkmenistan border are the two main trade hubs in the West of the country.²³ The total population of Herat province is over 2 million, of which 613,000 live in urban areas.²⁴ Herat city is a Tajik-dominated enclave in a Pashtun-majority province, with Hazara and Aimak minorities.²⁵ The gender ratio is almost balanced – male 50.1% male, and 49.9% female.²⁶ The youth demographic (i.e. 16 years of age and under) in Herat province accounts for half the local population, with the 15 – 24 year group accounting for 22.1% of the population.²⁷ Overall, Herat province has a 36% literacy rate, while 43% of men and 28% of women are literate. In the 15 to 24 age group, the literacy rate for men is 45% and for women 30%.²⁸ Delivery with SBA in Herat is 40.2%, percentage of children aged 12-23 who received all basic vaccinations are 55.6%.²⁹

iii. Balkh

Balkh province is located in the Northern Region of Afghanistan, and is surrounded by Uzbekistan in the north, Tajikistan in the northeast, Kunduz province in the east, Samangan province in the southeast, Sar-e-Pul province in the southwest, and Jawzjan province in the west.³⁰ The total population is approximately 1.5 million. As mentioned in Figure 1., the male population of Balkh province is slightly higher than the female, with 61% of the population living in rural areas, and 38.8% of the population in urban areas.³¹

²⁰ Afghanistan living conditions survey 2016-17.

²¹ Afghanistan Key socio-economic indicators Focus on Kabul City, Mazar-e Sharif and Herat City Country of Origin Information Report, August 2020.

²² ADHS 2015.

²³ Herat provincial profile - https://nps.edu/documents/105988371/107571254/herat_mrrd_profile.pdf/12ca54d8-45c0-4598-9bea-059c1f6e6407.

²⁴ Afghanistan Key socio-economic indicators Focus on Kabul City, Mazar-e Sharif and Herat City Country of Origin Information Report, August 2020.

²⁵ Jolyon Leslie, "Political and Economics of Herat," United States Institute of Peace, 2015, at <https://www.usip.org/sites/default/files/PW107-Political-and-Economic-Dynamics-of-Herat.pdf>.

²⁶ Herat- socio demographic and economic survey 2016.

²⁷ Herat- socio demographic and economic survey 2016.

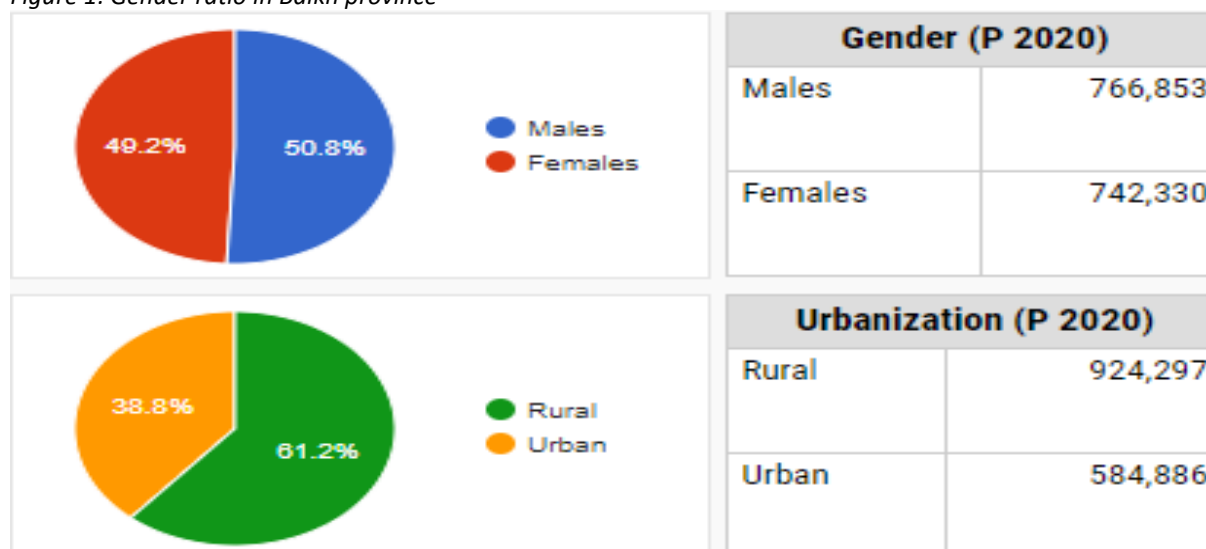
²⁸ Herat provincial profile - https://nps.edu/documents/105988371/107571254/herat_mrrd_profile.pdf/12ca54d8-45c0-4598-9bea-059c1f6e6407.

²⁹ ADHS 2015.

³⁰ Balkh-socio-demographic and economic survey 2015.

³¹ Balkh: Province in Afghanistan, at https://www.citypopulation.de/en/afghanistan/admin/21_balkh/.

Figure 1: Gender ratio in Balkh province



Over 50% of the population are 17 years of age, with 22.4% youth population aged between 15-24 years (of which males are 49.4%, and females 50.6%).³² Balkh province has a majority of Tajik and Pashtun ethnic groups, followed by Uzbeks and Hazaras, Turkmens, Arabs and Baluch, and Aimak.³³

Another significant trade hub is the city of Mazar-e-Sharif, which provides opportunities to import from Central Asia.³⁴ The literacy rate is 67.1% (males 75.5%, and females 58.4) among 10 years and older³⁵. Delivery with SBA in Balkh is 50.6%, percentage of children aged 12-23 who received all basic vaccination is 38.9%.³⁶

³² Balkh Province Socio-Demographic and Economic Survey Highlights, 2016.

³³ Afghanistan Key socio-economic indicators Focus on Kabul City, Mazar-e Sharif and Herat City Country of Origin Information Report, August 2020.

³⁴ Regional Rural Economic Regeneration Strategies (RRERS), Provincial Profile, Balkh.

³⁵ Balkh Province Socio-Demographic and Economic Survey Highlights, 2016.

³⁶ ADHS 2015.

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. General Approach

ATR used a descriptive study with a quantitative design approach (using quantitative data collected through a household survey) aimed at reaching the target population, who are aged between 16-35. In this way, data relevant to the programme's objectives were collected.

All data collection was undertaken in line with the agreed protocol, using the methodology, sampling plan, and data storage processes. All data were collected following a rigorous process to ensure informed consent.

B. Sampling Methodology

Overall, 30 communities (10 communities in each target provinces (Kabul, Herat, and Balkh) were selected in the sampling. Communities were purposefully selected in terms of linguistic, ethnic and socio-economic status. Within each community, five alleys were randomly selected, and among each alley, two households were selected through random walk protocol. A total of 300 household surveys with male and female respondents were undertaken. This sample size allowed for the disaggregation of the results of three target provinces, with a confidence level of 95%, and margin of error of $\pm 10\%$.

Table 1: Sample Size

Sample Size				
Cities	Population*	Sample**	Confidence level	Margin of error
Kabul	3,043,532	100	95%	10%
Herat	272,806	100	95%	10%
Mazar-e Sharif	303,282	100	95%	10%

Source: *NSIA, <https://populationstat.com/afghanistan/>, **<http://www.raosoft.com/samplesize.html>

Households were selected using a random walk protocol, which field researchers were thoroughly trained in before conducting the fieldwork. ATR divided the total number of surveys in each alley by the number of communities, through which the number of surveys to be conducted in each community was calculated. Field researchers divided an approximate number of households in the alley by the number of surveys calculated in that community, in order to find the number of households to skip while proceeding to the next household in the random walk protocol. Field researchers selected a mosque or house of the community leader or shops as the start point.

Furthermore, prior to commencing, field supervisors were tasked with discussing the research project with relevant community leaders and secure their endorsement of the fieldwork. Appropriate introductions were also made at the household level, in order to maximise the effectiveness of the survey and response rates. List of communities with the number of surveys in each target cities were included in the sampling – see below table:

Table 2: Sampling Plan

Sampling Plan													
City	#	Survey Location	Alley 1		Alley 2		Alley3		Alley4		Alley5		Total
			M	F	M	F	M	F	M	F	M	F	M&F
Kabul	1	Deh Afghanan	1	1	1	1	1	1	1	1	1	1	10
	2	Taimani	1	1	1	1	1	1	1	1	1	1	10
	3	Dasht-e Barchi	1	1	1	1	1	1	1	1	1	1	10
	4	Khoshal Khan	1	1	1	1	1	1	1	1	1	1	10
	5	Khair Khana	1	1	1	1	1	1	1	1	1	1	10
	6	Kart-e Now	1	1	1	1	1	1	1	1	1	1	10
	7	Makrorayan	1	1	1	1	1	1	1	1	1	1	10
	8	Arzan Qimat	1	1	1	1	1	1	1	1	1	1	10
	9	Sar-e Kotal	1	1	1	1	1	1	1	1	1	1	10
	10	Shar-e Now	1	1	1	1	1	1	1	1	1	1	10
Sub Total													100
City	#	Survey Location	Alley 1		Alley 2		Alley 3		Alley 4		Alley 5		Total
			M	F	M	F	M	F	M	F	M	F	M&F
Herat	11	Kahdastan	1	1	1	1	1	1	1	1	1	1	10
	12	Nawabad	1	1	1	1	1	1	1	1	1	1	10
	13	Chahar Bagh Feroza	1	1	1	1	1	1	1	1	1	1	10
	14	Jebrail	1	1	1	1	1	1	1	1	1	1	10
	15	Baghdasht	1	1	1	1	1	1	1	1	1	1	10
	16	Gazargah	1	1	1	1	1	1	1	1	1	1	10
	17	Bagh-e Azadi	1	1	1	1	1	1	1	1	1	1	10
	18	Paye Monarha	1	1	1	1	1	1	1	1	1	1	10
	19	Pol-e Monardar	1	1	1	1	1	1	1	1	1	1	10
	20	Sete Number Yak	1	1	1	1	1	1	1	1	1	1	10
Sub Total													100
City	#	Survey Location	Alley 1		Alley 2		Alley 3		Alley 4		Alley 5		Total
			M	F	M	F	M	F	M	F	M	F	M&F
Mazar-e-Sharif	21	Dasht-e Shor	1	1	1	1	1	1	1	1	1	1	10
	22	Ziraat	1	1	1	1	1	1	1	1	1	1	10
	23	Baba Yadgar	1	1	1	1	1	1	1	1	1	1	10
	24	Yalmarb	1	1	1	1	1	1	1	1	1	1	10
	25	Chawk-e Noor	1	1	1	1	1	1	1	1	1	1	10
	26	Shahrak-e Khalid	1	1	1	1	1	1	1	1	1	1	10
	27	Qarargah-e Jam Ask	1	1	1	1	1	1	1	1	1	1	10
	28	Kart-e Ali Chopan	1	1	1	1	1	1	1	1	1	1	10
	29	Kart-e Eshani Amani	1	1	1	1	1	1	1	1	1	1	10

	30	Kart-e Mamoorin	1	1	1	1	1	1	1	1	1	1	10
Sub Total													100
Grand Total													300

In addition, verbal consent was obtained by field researchers prior to conducting surveys. The data were collected in line with WHO guidelines for physical distancing, as well as ATR guidelines for data collection in the context of COVID-19, as presented in [annex 1](#).

Data which were not of the required standard were rejected and excluded from the final analysis.

C. Geographic Coverage

The target provinces along with the population are illustrated in the following table.

Table 3: Location and number of populations

Location	Number of Population
Kabul	3,043,532
Herat	272,806
Balkh	303,282

D. Data Collection Tools

As noted, the agreed methodology identified a quantitative tool to collect data for the study. A quantitative tool was designed for the assessment – [see annex 2](#). The drafted tool was reviewed by ATR, and revised in line with the objective of the study, to ensure that the data collected was meaningful and response to the study research questions. Table 1 below outline the quantitative tool.

Table 4: Tool and target population

Data Collection Tool	Type and Scope	Target
Household Survey	Quantitative	Residence of 16 to 35 age group in target provinces

All data collection was undertaken by fully trained enumerators who were supported by supervisors (see E. Recruitment and Training).

1. Quantitative Data

The tool for collecting quantitative data was the household survey questionnaire, which was administered only to selected eligible household member in the sampled households.

The main objective of the survey was to understand the current socio-economic status of the population in the target provinces. The survey also sought to establish some basic information about existing health, education services, and living conditions.

2. Structure of the Survey

The survey was structured to collect the following information from women and men with an age range of 16-35:

- Demographic information for the selected participants including age, level of education, occupation and ethnicity
- Security situation and violence
- Employment status
- Socio-economic status
- Food security
- Accesses to education services
- Accesses to health services and health providers – vaccination, nutrition
- Access to water and hygiene products
- Living conditions

E. Recruitment and Training

Six (three females and three males) field researchers (one male and one female per target province) were recruited for the training. Recruitment followed ATR's strict guidelines regarding only hiring data collectors with high school diplomas (although a bachelor's degree is preferred), experienced, and having previously worked satisfactorily with ATR. ATR ensured field researchers have the right skills by hiring previously employed field researchers under past projects, as well as delivering extensive training.

One day of online training sessions was organized and delivered on Thursday, October 28th, 2020 in Kabul. Three assistants and one officer from the Quality Assurance (QA) department also participated in the training. The details of the training are provided below:

Dr Sadat, the project manager delivered an opening remark in the training. The training included:

- Preventive guidelines for COVID-19;
- Project objectives, general research methods, work ethics and procedures to ensure quality of data throughout the data collection;
- Mitigation of risks, security protocol, sampling and field work plans;
- Quantitative data collection tools;
- Conducting mock surveys during the role play with their team and household members.

ATR's QA manager and team also attended the training, to maximise familiarity with the data collection tools, specific research protocols, and explain the standards expected by field staff and data collectors tasked with conducting surveys through phone calls. All enumerators were trained in the specific requirements of data collection techniques, and in obtaining informed consent.

F. Data Collection

All data were collected within the context of ATR ensuring that participants were fully informed of the purpose of the research, and of their secure and confidential participation. The data collection tool includes a scripted introduction covering all basic key points regarding the purpose of the survey; how data would be utilised, stored, and guaranteeing confidentiality. Beyond these basics, the

enumerators were trained and supported to promote a participatory context and environment for the data collection. This included safeguarding techniques to ensure that participants were treated with respect and dignity, and that participants had reasonable opportunity to share their thoughts. Enumerators are expected to demonstrate impartiality, credibility and accountability. Their employment agreements include clearly stated expectations of both good and unacceptable behaviour (for example non-disclosure of conflicts of interest, misrepresentation, and breaches in confidentiality). ATR monitors enumerators provide participants with the opportunity to give feedback; unacceptable behaviour is not tolerated. The required consent form therefore is a representation of a wider process of respectful interaction and consultation with the stakeholders.

Respondents are informed that they may decline to respond to any question, and might end their participation in the survey at any time they wish. Confidentiality is also a critical principle that had been followed in the study. Names and phone numbers (where applicable) had been collected by field staff if the respondent accepts to provide such details for quality assurance purposes only. Once the QA process is finished, and the survey is approved by the QA team, personal identification data are deleted, and the clean dataset was provided to the client.

All consenting participants were advised that they did not have to answer a question if they preferred not to, that they were free to end the survey at any point, and that there was no financial or other incentive for participating. All participants were provided with the name and telephone number of ATR's team leader, and advised to call this number if they had any concerns about the survey or the data collection processes. The field staff's work was monitored closely: all surveys and calls were recorded, and the data gathered verified. If the data did not meet ATR's standards for quality, it was rejected. Data were uploaded to a protected server in real time, anonymised, and encrypted.

The data were collected between 2nd to 15th of November 2021 in line with the research objective, and the sampling plan and approved data collection tool. 13 collected data sets were rejected by the QA team following some issues in the data, such as respondent age (over 35 years), oversampling, and not being resident of a survey location (guest). A total of 300 surveys were completed. A total of 20% (n=62) call backs were conducted to the respondents for verification.

In all instances, the enumerators and ATR supervisory staff followed appropriate and culturally sensitive processes to ensure that the objectives of the study were shared, discussed, and approved by the relevant community leaders. This is essential in ensuring the engagement of households in the surveys.

The field staff's work was monitored closely, and the data gathered was verified through call backs. Where any data did not meet ATR's standards for quality, it was rejected. The data were collected on electronic devices, and uploaded to a protected server in real time, anonymised, and encrypted. Responses to household surveys were collected electronically using Survey CTO software, a mobile data collection tool. Online data submission has many benefits, including:

- Checking submitted data for quality and other considerations in real-time to allow for adjustments in the questionnaire, which is also changed in the database
- Survey CTO allowing for the smooth transfer of data to the STATA software, with no risk of data loss or corruption in the interim

Map 1: Maps with target communities GPS points in each province



Once the study was entered electronically, the data file was checked and cleaned before analysing data and reporting results. The data files were cleaned for errors by producing frequencies of responses to each item, and checked for out-of-range values, or values that were not valid responses. Most items in the study require a response between 1 and 6. Data entry operators checked the data file thoroughly to ensure that all responses were within the valid range. If out-of-range values or non-responses were found, data entry operators returned to the original questionnaire, to determine the response that should have been tallied. Invalid entries were rechecked through call backs, observations were replaced with valid numbers.

All survey data were encrypted to maintain confidentiality of response. Communication between the browser and server was also encrypted using 256-bit SSL. System servers were secured by firewalls to prevent unauthorised access and denial of service attacks. Thus, the data were protected from virus threats using NOD32 anti-virus technology. Access to the web-interface is password restricted, with entry clearance only permitted to the project manager, QA team, and database specialist.

All data collection was undertaken with the highest consideration of confidentiality, and only where fully informed consent had been attained. As part of their specific training for this work, the research team was reminded of the need for absolute confidentiality, as well as the consequences of breaching this (dismissal). The research team's work was monitored closely, and any issues dealt with appropriately, as outlined in the following section on challenges and learning.

19

I. Data Analysis

The data were analysed in line with the section defined in the tool as summarised below:

- Demographic information for the selected participants including age, level of education, occupation and ethnicity;
- Security situations and violence
- Employment status
- Socio-economic status
- Food security
- Accesses to education services
- Accesses to health services and health providers – vaccination, nutrition
- Access to water and hygiene products
- Living conditions

J. Challenges

Following the government's collapse on August 15th, conducting fieldwork has been a challenge in Afghanistan, especially as women are not allowed to work outside. ATR used its connection with local authorities and community leaders to conduct this survey. However, two selected communities in Mazar-e Sharif city refused to be visited through random selection, and they assumed that they would receive aid and asked ATR to list and survey all the households in their community. Therefore, ATR replaced the preselected communities within their vicinity communities with a similar ethnic and linguistic background.

K. Management of the Study

The study was managed and implemented by a team of researchers of Asses Transform Reach Consulting (ATR).

SECTION 3: FINDINGS

A. Demographic Profile

1. Cities and target communities

A total of 300 respondents participated in the household (HH) survey, 100 in each of the target provinces, comprising of an even split of 50% male and female participants. Most of the respondents (42.7%) fell into the age group of 26-35, followed by the 19-25 age group (39.7%), and finally the younger 16-18 age group constituting only 17.7% of target respondents. 53% of respondents were married, 46% were single, while 0.3% were widowers/widows. 16.7% of respondents reported having six or more children, with only 10.5% of respondents having one child. The table and graphs below provide more details on the breakdown of respondents by demographic.

Table 5: Demographic characteristics of respondents

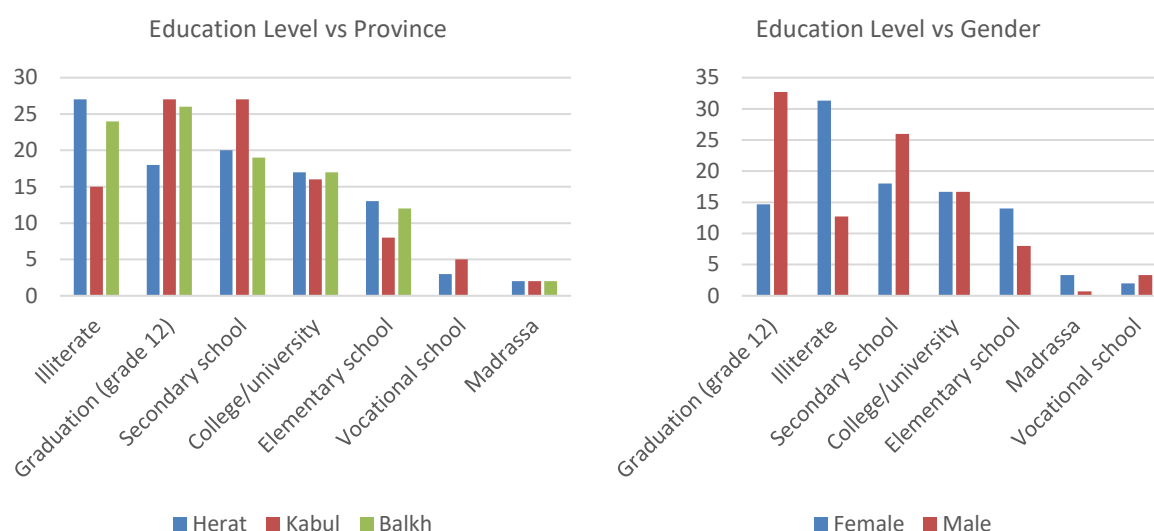
Breakdown of Demographic Characteristics		
Province	Frequency	Percentage
Balkh	100	33.3
Herat	100	33.3
Kabul	100	33.3
Gender		
Female	150	50
Male	150	50
Age group		
26-35	128	42.7
19-25	119	39.7
16-18	53	17.7
Marital Status		
Married	161	53.7
Single	138	46
Widower/widow	1	0.3
Number of Children		
6 and more	27	16.7
2	26	16
No children	26	16
3	26	16
5	20	12.3
4	18	11.1
1	17	10.5
No response	2	1.2

2. Highest level of education

The majority of respondents (23.7%) graduated from 12th grade, with 16.7% possessing a college degree. Secondary, primary, and vocation schools are 22%, 11%, and 2.7% respectively, while 22% are illiterate and 2% attended a madrassa (religious school). Figure 2 provides further details on the

highest levels of education attained by respondents across the three provinces, along with gender disaggregation.

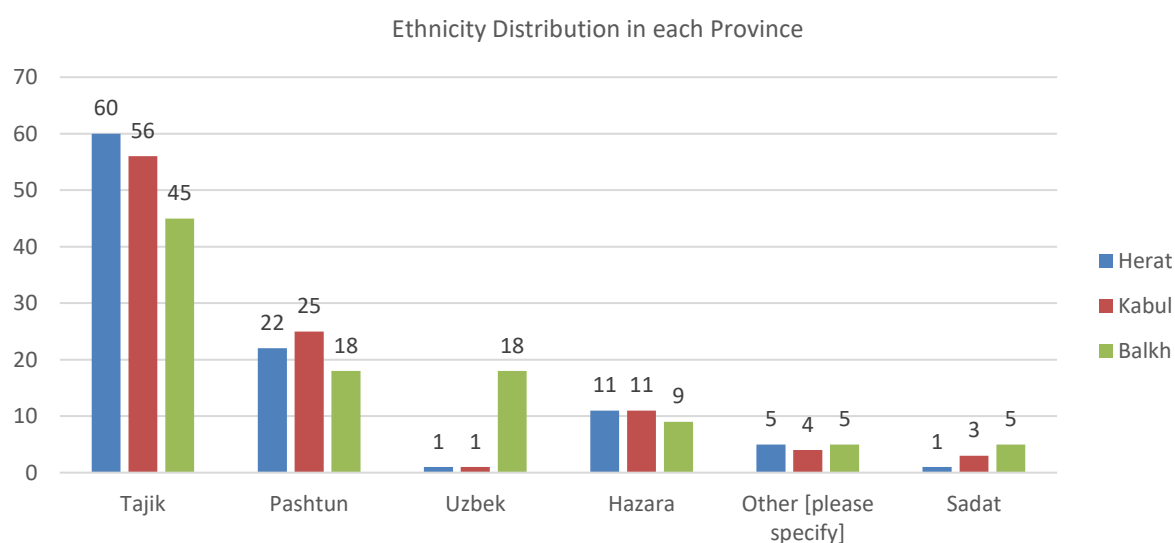
Figure 2: Education level vs province and gender



3. Ethnic group (largest groups)

All three cities have a diverse background in terms of ethnic composition. Study participants comprised of the following ethnic groups: 53.7% were Tajik, 21.7% Pashtun, 10.3% Hazara, 6.7% Uzbek, 3% Sadat, and 4.7% were other minorities (Arab, Qezelbash, Turkmen, Koshani, Qental). Figure 3 below shows the ethnic distribution in the target provinces.

Figure 3: Ethnic composition

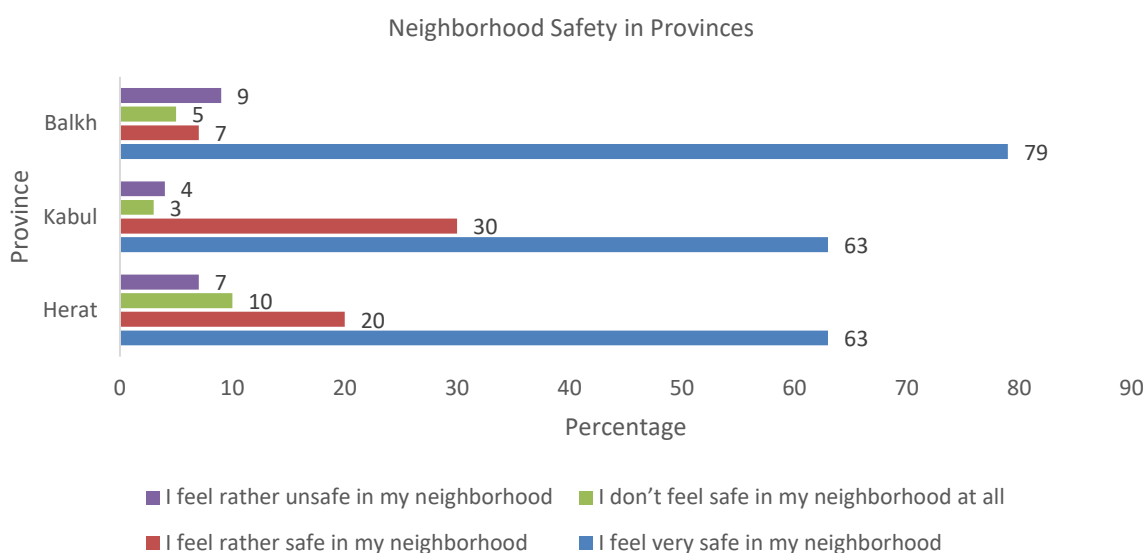


B. Security Situation and Violence

1. How safe respondents feel in their neighbourhoods

In the questionnaire, respondents were asked about how safe they feel in their neighbourhoods, which is distinct from whether they feel safe under the Taliban regime or whether they consider the Taliban as safety providers or whether they would feel safe in other parts of their city or elsewhere in the country. This figure is a function of the extent to which respondents know and feel safe around their neighbours that is also influenced by the time they have lived in that area as opposed to relying on external actors for their safety. Hence, the survey responses only relate to neighbourhood safety, which 68.3% of respondents reported as feeling safe in their neighbourhoods. Figure 4 gives details by province on respondents' feelings of safety in their neighbourhoods.

Figure 4: Respondents feeling safe in their neighbourhoods



2. Whether respondents witnessed or have been exposed to street crime

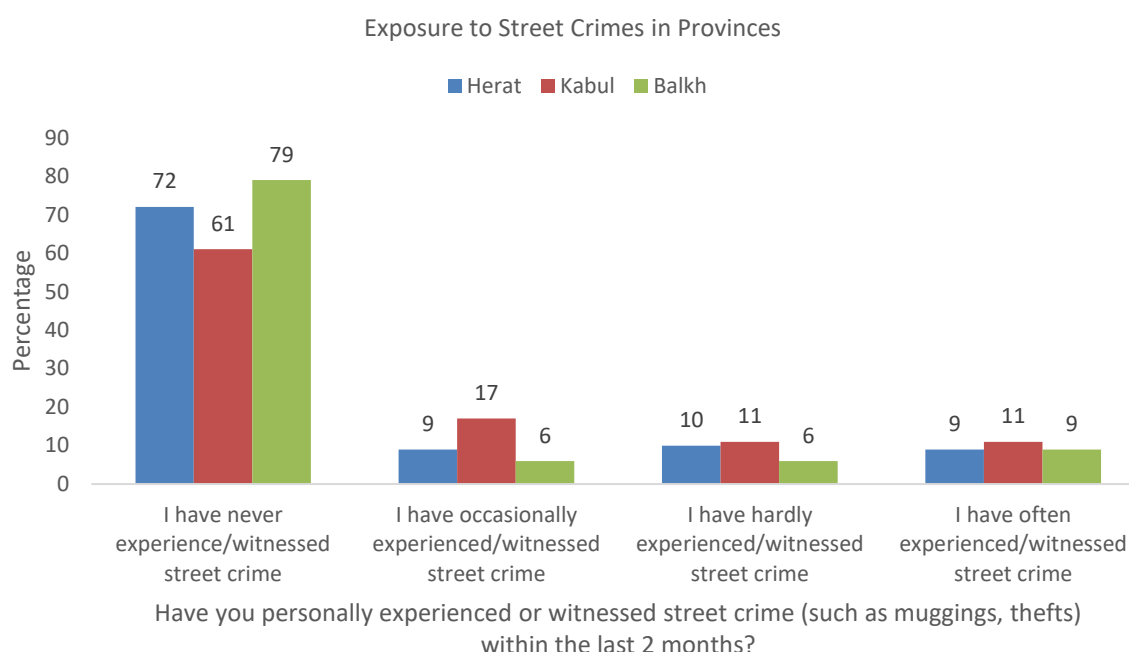
In terms of exposure to violence and street crime, 70.7% of respondents reported they had not experienced street crime between September and October 2021. The disaggregated responses for respondents that reported they had not witnessed or have been exposed to street crime in each of the cities works out to 61% in Kabul, 72% in Herat, and 79% in Mazar-e Sharif.

Based on the above violence and street crime responses, it is critical to note that the aggregate figure of 70.7% of respondents that said they had not been exposed to violence between September and October 2021 does not take into account enforced disappearances, kidnappings, or targeted killings. The aggregate figure of 70.7% also does not account for the intensity of the Afghan conflict as captured via the data from the United Nations Assistance Mission in Afghanistan' (UNAMA) Protection of Civilians in Armed Conflict Midyear Update 2021 report that recorded 5,183 civilian casualties, demonstrating a 50% increase as compared with the same period in 2020.³⁷ Also, it is vital to note that

³⁷ United Nations Assistance Mission in Afghanistan, "Afghanistan: Protection of Civilians in Armed Conflict Midyear Update: 1 January to 30 June 2021," at https://unama.unmissions.org/sites/default/files/unama_poc_midyear_report_2021_26_july.pdf.

these figures also likely represent respondents’ risk mitigation measures to protect themselves against street crime such as reducing the amount of time they spend outside their homes, changing behaviours including purchasing behaviour to draw less attention to themselves, and limiting the movement of women and girls outdoors to cope with an increasingly fraught environment. Figure 5 illustrates people’s feelings regarding their exposure to street crime per province.

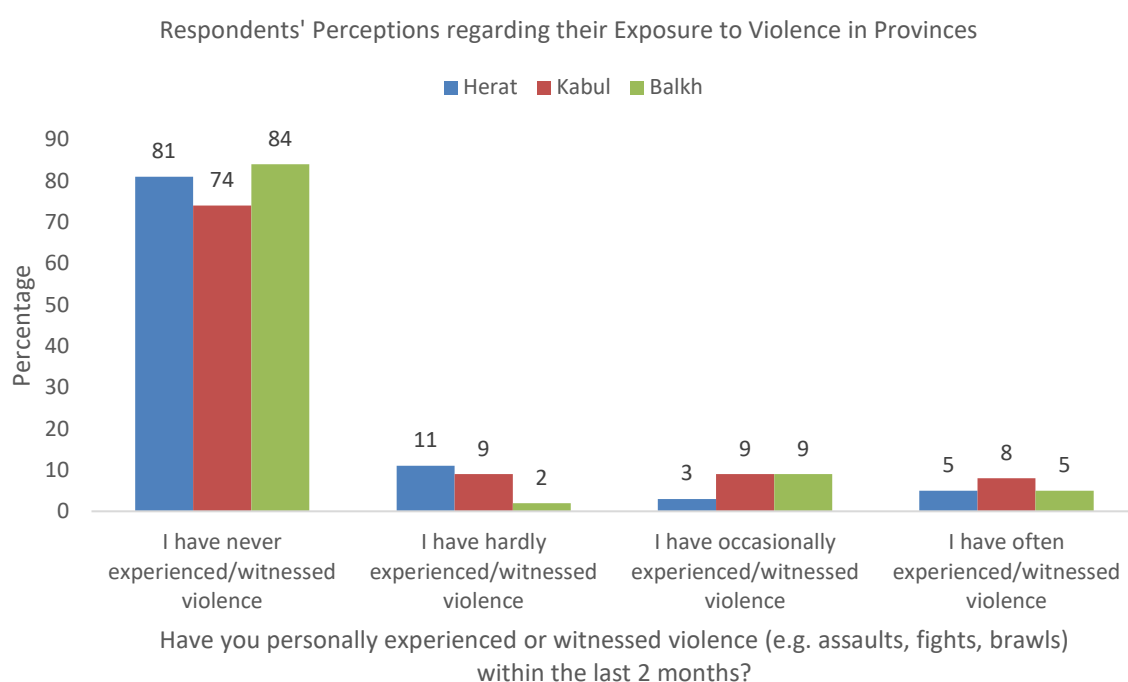
Figure 5: Respondents perceptions on their exposure to street crimes



3. Whether respondents witnessed or have been exposed to violence

In terms of exposure to violence, 79.7% of respondents reported they had not experienced violence between September and October 2021. When disaggregated, the figures for respondents that reported they had not been exposed to violence in each of the cities works out to 74% in Kabul, 81% in Herat, and 84% in Mazar-e- Sharif. As mentioned above, these figures only account for a short period of two months and do not account for people’s fears, changes in behaviour, inability to report crime, organised crime, as well as underreporting due to the new political reality. These figures also do not account for rural areas which are harder to document due to persisting security challenges. Figure 6 shows respondents’ perceptions regarding their exposure to violence in each target province.

Figure 6: Respondents perceptions regarding their exposure to violence



C. Socio Economic Status

1. Employment status

Recent World Bank figures from 2020 estimate the unemployment rate in Afghanistan to be at 11.73%, while the world average in 2020 based on 181 countries is 8.15 percent.³⁸ ATR findings show that 175 respondents (58.3%) were unemployed, 6.3% of the respondents lost their job since the Taliban takeover of the country, with only 23% continuously employed - 10.3% of which only working occasionally. Only 1% reported as being employed after the government collapsed. Table 6 provides further details in each province with gender disaggregation.

³⁸ International Labour Organization, ILOSTAT database. Data retrieved on June 15, 2021.

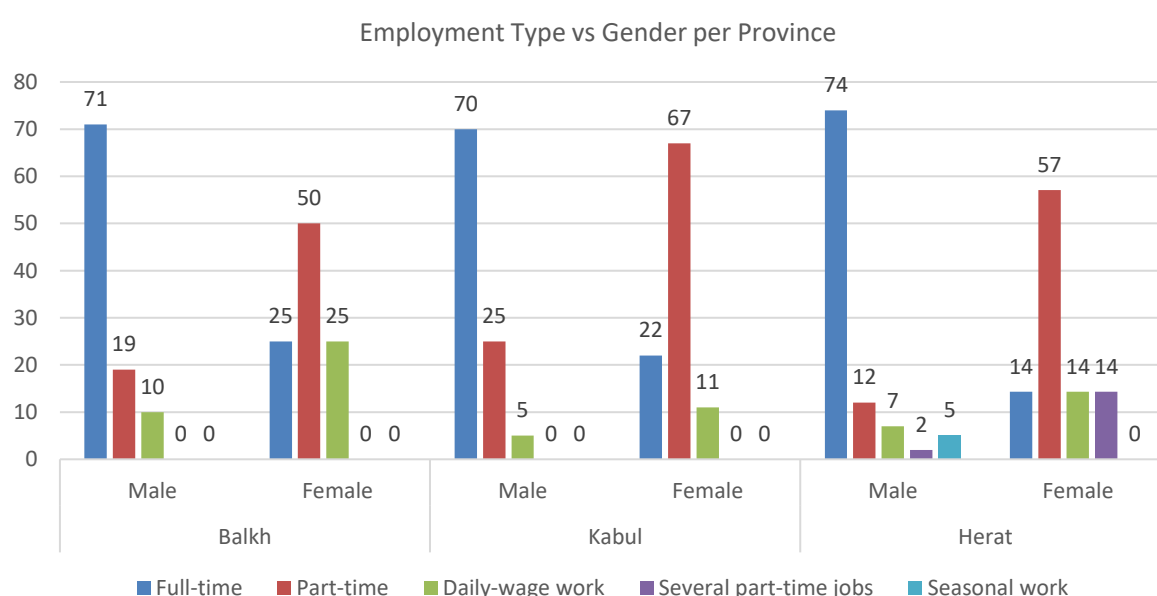
Table 6: Employment Status vs Gender Per Province

Employment Status	Balkh				Kabul				Herat			
	Male		Female		Male		Female		Male		Female	
	Perc	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc	Freq
I have been unemployed for a long time/don't have any work	48	24	90	45	42	21	78	39	16	8	76	38
I am continuously working	26	13	0	0	32	16	8	4	62	31	10	5
I am occasionally working	16	8	8	4	8	4	8	4	20	10	2	1
I was employed in the previous government, but not now	10	5	0	0	18	9	4	2	0	0	6	3
No response	0	0	2	1	0	0	0	0	0	0	4	2
I was unemployed in the previous government, but am employed now	0	0	0	0	0	0	2	1	2	1	2	1

2. Type of employment

Regarding types of employment, 62% of respondents reported as having either worked continuously, or occasionally having a full-time job, whilst 25% had a part-time job, 9% are busy with daily wages (daily labour), and 2% had several part-time or seasonal jobs. More female respondents were involved in part-time jobs (60%), versus only 20% of male respondents employed in such a way. Male respondents, meanwhile, had a significantly higher share of full-time work (72.3%), with females only accounting for 16.9%. Figure 7 below illustrates the employment type by gender and province.

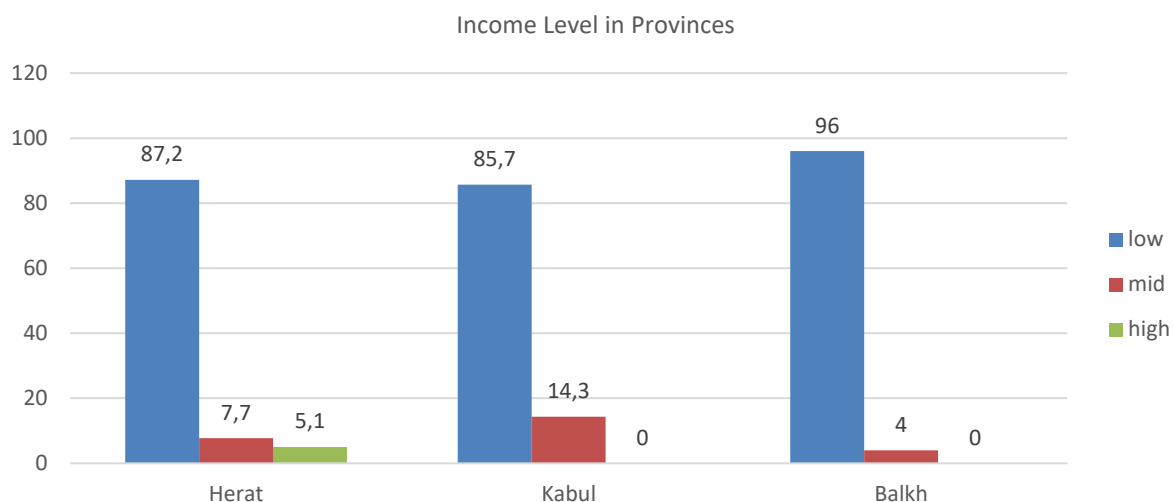
Figure 7: Type of employment vs gender in each province



3. Income levels (high/mid/low income)

In general, the majority of respondents' income level was low across all target provinces - 89.1% ranked at a low level, 8.7% ranked at mid-level, and only 2.2% ranked at a high level. The level of income categorized into low* mid** and high***. Figure 8 below displays levels of income per province.

Figure 8: Level of income per province

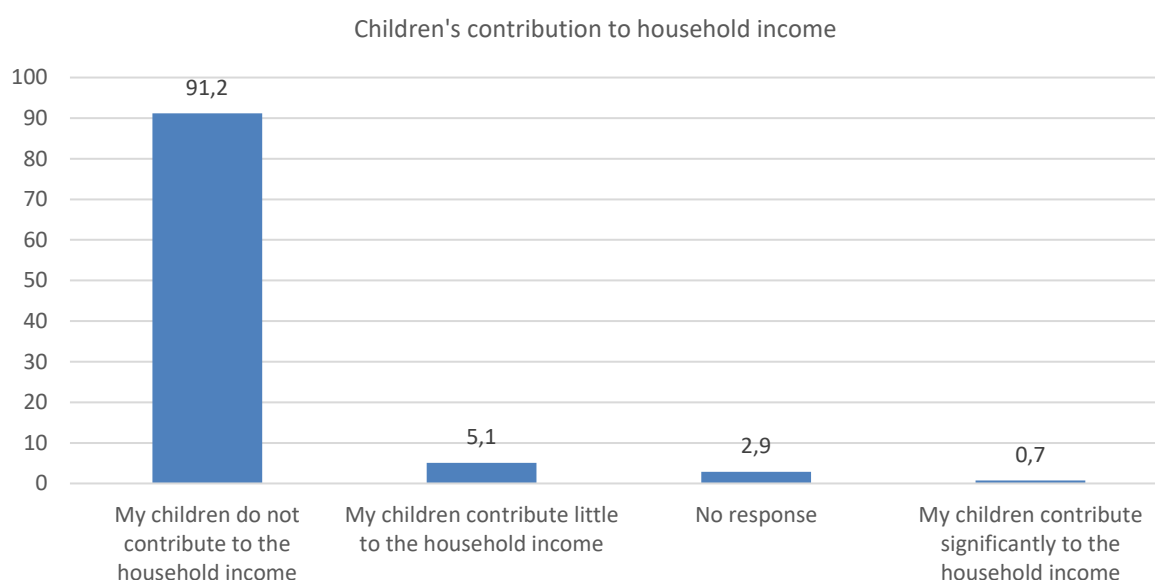


*Less than 10000 AFN (~100 USD) as low, **10000 to 20000 AFN (~100-200 USD) as mid, ***20000 to 50000 AFN (~200-500 USD) as high

4. Children's contribution to the households

Only 0.7% of children *significantly* contributed to their household income, with 5.1% contributing to household income, while the majority of respondents (91.2%) did not contribute to household income. Figure 9 below shows children's contribution to the household's income.

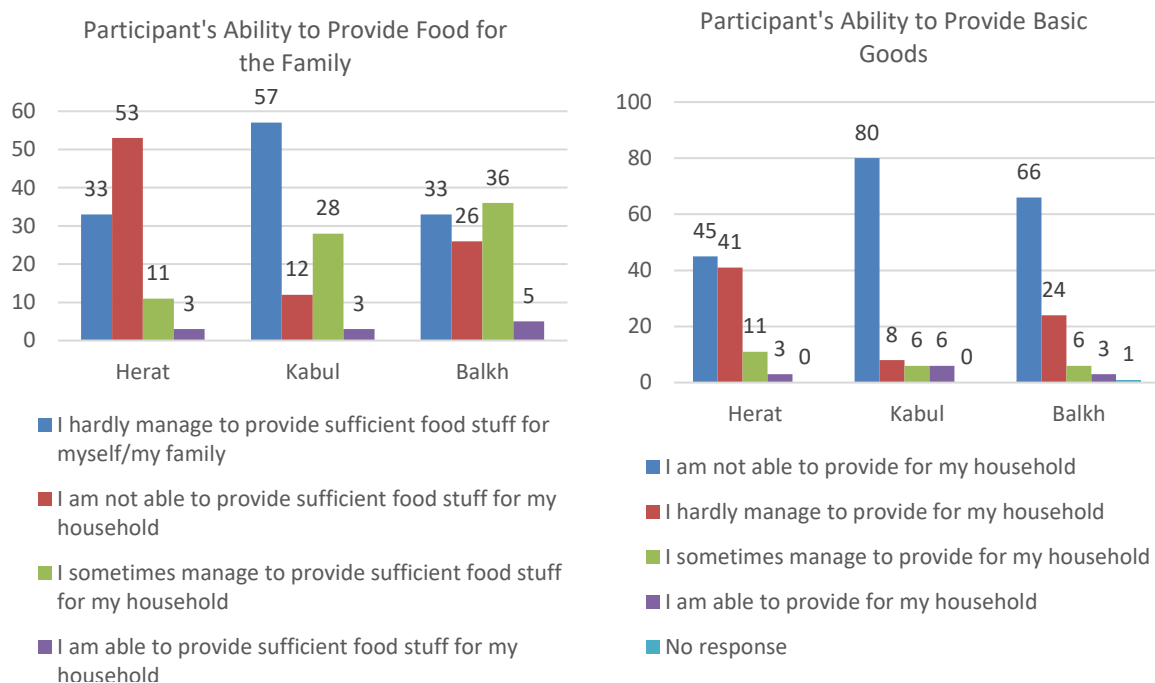
Figure 9: Children contribution to the household's income



5. Market price, inflation rate, food security

Figure 10 below illustrates that people are living in an economic crisis, and that almost no one is able to provide sufficient food or basic goods for their family. Respondents in Herat (53%), Balkh (26%), and in Kabul (12%) all stated they were not able to provide sufficient foodstuffs for their family, as compared to 57% in Kabul, and 33% in Balkh and Herat, where respondents could hardly manage to provide sufficient foodstuff. Only 5% of respondents in Balkh, 3% in Kabul and 3% Herat were able to provide sufficient foodstuff for their families.

Figure 10: Ability to provide food stuff and basic goods for the family



D. Access to Services

1. Perceptions on health services and health providers segmented by gender – vaccination, nutrition, medical doctors, medical specialists, and hospitals

Table 7 shows the respondents' general perspective, female respondents' perspective, and male respondents' perspective towards health services, and health providers' accessibility. These perspectives are *not* a determinant of whether the respondents have accessed these services and the extent to which these services are operational, the extent to which they are affordable, or the quality of care that is provided. It should also be noted that access to healthcare in urban population centres is higher than rural or semi-rural areas in the country due to a more substantial health infrastructure, sustained public and private investment on health, availability of doctors and nurses, job opportunities for medical practitioners and support staff as well as better wages which were a result of 20 years of development before the former government's collapse. The figures for access to health services from the survey should thus be seen as only reflecting a very small segment of urban respondents (300 in total) for whom the availability of services is qualitatively better than is the case for their rural and semi-rural counterparts. Furthermore, the significant economic downturn post-August 15 has had an adverse impact on health services affecting urban and rural areas as skilled medical practitioners and support staff have left the country, in hiding, unable or unwilling to return to work, and have significantly fewer financial and medical resources available to them.

The findings do not vary substantially in terms of respondents' general perspective or male and female perspective. The respondents' perception indicates that the general perspective for access to vaccination showed that 63.3% of respondents believed they had access to vaccines but was slightly lower for COVID-19 vaccines which was 57.7%. As the respondents surveyed all lived in urban areas, the knowledge and availability of COVID-19 hospitals is higher given that public hospitals, healthcare clinics, and private hospitals have led numerous campaigns to inform the public about COVID-19 and urged them to be vaccinated. In addition, the media ran information campaigns on COVID-19 which has also contributed to the general perspective about the availability of vaccines in general and COVID-19 more specifically.

The general perspective among respondents showed that 43.3% believed they could access doctors. Similarly, the general perspective among respondents showed that 42.3% felt they could access specialists, 37.3% dentists, and 31.3% hospitals, and the rest having limited or severely limited access to services. A total of 17.7% of respondents said they had no access to vaccinations.

The responses to the separate questions by general perspective, and female and male perspectives are noted in the Table 7 below.

Table 7: Access to health services and health providers

General Perspective Access to Services										
Services	Always have access		Have no access		Have severely limited access		Have limited access		No response	
	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc
Vaccination	190	63.3	53	17.7	22	7.3	20	6.7	15	5
SARS-Covid-19 Vaccination	173	57.7	53	17.7	16	5.3	19	6.3	39	13
Doctor (general practitioner)	130	43.3	50	16.7	45	15	47	15.7	28	9.3
Dentist	112	37.3	63	21	47	15.7	37	12.3	41	13.7
Medical specialist if needed (e.g., gynecologist, pediatrician, etc.)	127	42.3	62	20.7	46	15.3	39	13	26	8.7
Hospital for treatment/surgery if needed	94	31.3	75	25	34	11.3	36	12	61	20.3
Female Perspective Access to Services										
Services	Always have access		Have no access		Have severely limited access		Have limited access		No response	
	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc
Vaccination	181	60.3	49	16.3	23	7.7	24	8	23	7.7
SARS-Covid-19 Vaccination	162	54	58	19.3	25	8.3	17	5.7	38	12.7
Doctor (general practitioner)	127	42.3	60	20	54	18	34	11.3	25	8.3
Dentist	108	36	72	24	50	16.7	33	11	37	12.3
Medical specialist if needed (e.g., gynecologist, pediatrician, etc.)	120	40	59	19.7	49	16.3	40	13.3	32	10.7
Hospital for treatment/surgery if needed	93	31	74	24.7	44	14.7	33	11	56	18.7
Male Perspective Access to Services										
Services	Always have access		Have no access		Have severely limited access		Have limited access		No response	
	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc	Freq	Perc
Vaccination	179	59.7	54	18	30	10	14	4.7	23	7.7
SARS-Covid-19 Vaccination	160	53.3	58	19.3	25	8.3	23	7.7	34	11.3
Doctor (general practitioner)	135	45	60	20	42	14	44	14.7	19	6.3
Dentist	125	41.7	67	22.3	44	14.7	35	11.7	29	9.7

Medical specialist if needed (e.g., gynecologist, pediatrician, etc.)	115	38.3	64	21.3	44	14.7	37	12.3	40	13.3
Hospital for treatment/surgery if needed	94	31.3	81	27	36	12	32	10.7	57	19

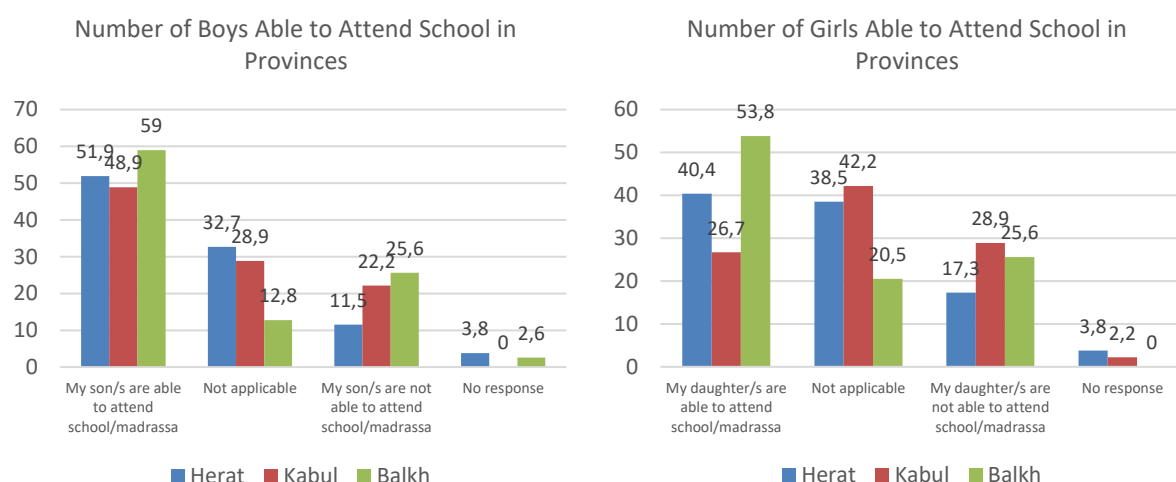
2. Education services and cost of education per month per child

i. School attendance

Respondents did not say whether their children were currently attending school and only disclosed whether their children attended school prior to the Afghan government's collapse. The reason for concealing this information could be to protect their children and families from potential Taliban reprisals given the Taliban caretaker administration's ban on schooling for girls above year six and barring women from higher education, and their opposition to the curriculum of the former government that advanced gender equality, human rights, critical thinking, and progress and inclusion for girls and boys.

Before the Afghan government collapsed on 15 August 2021, the school attendance rates in each of the provinces of the respondents' families as shown in Figure 11 below were as follows: Balkh (boys 59%, girls 53.8%), Herat (boys 51.9%, girls 40.4%), Kabul (boys 48.9%, girls 26.7%). Overall, the gender breakdown shows that girls were enrolled at a notably lower rate than boys in schools.

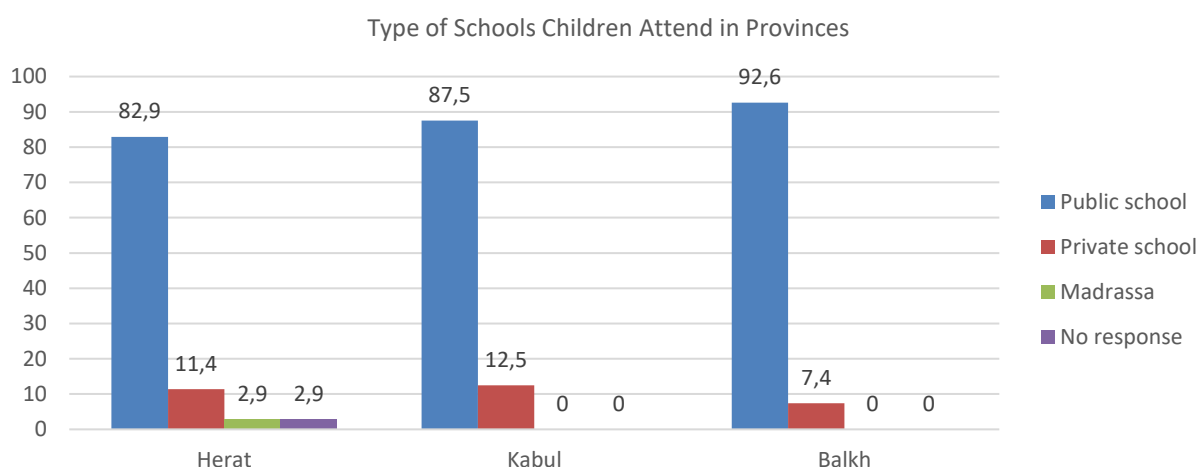
Figure 11: Number of students able to attend school before August-15 2021 segmented by gender and provinces



ii. Type of school and cost of private school

Overall, as shown in Figure 12, 87% of children attended public schools, while 11% attended private schools, and only 1% attended a madrassa or a mosque for religious schooling prior to 15-August 2021. Public schools are free whereas private schools charge monthly fees. Of the 11% of children in private schools, 22.2% cost up to AFN 2,000 (US\$20) per month, 11.1% up to AFN 3,000 (US\$30) per month, and 22.2% cost over AFN 5,000 per month. The cost of education for the remainder is unknown.

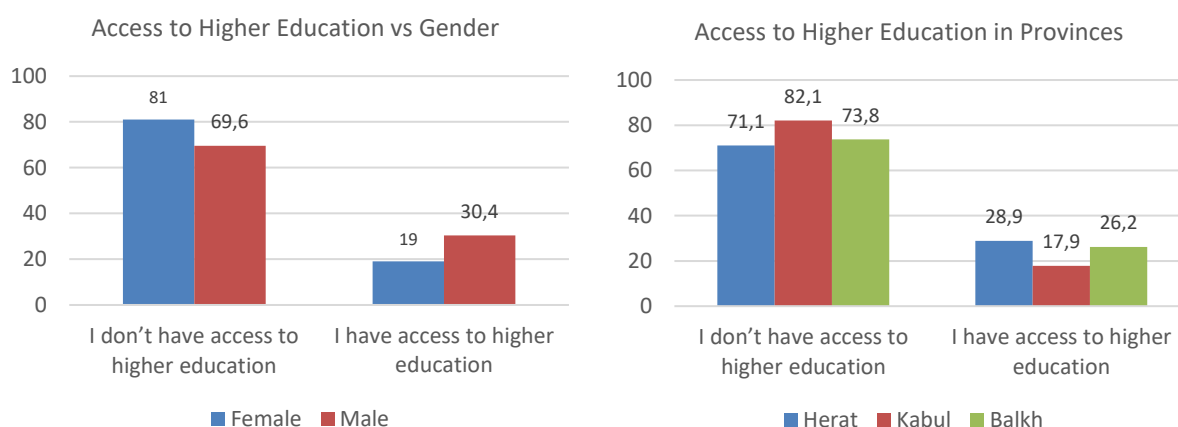
Figure 12: Type of schools that children attended prior to 15 August 2021



iii. Access to higher education*

As shown in Figure 13, in terms of higher education, 76% of respondents said they did not have access to higher education before the government collapsed due to opportunity costs, whereas 24% said they had access which reflects their relative better socio-economic status. When disaggregated, 81% of women and 69.6% of men said they did not have access to higher education. When broken down by province, 82.1% of respondents in Kabul, 73.8% in Balkh, and 71.1% in Herat noted they did not have access to higher education. Also, whereas 30.4% of male respondents across the three provinces noted they had received higher education, this compared to only 19% for female respondents. The following figures showcase the higher education accessibility per province.

Figure 13: Access to higher education disaggregated by gender and by provinces

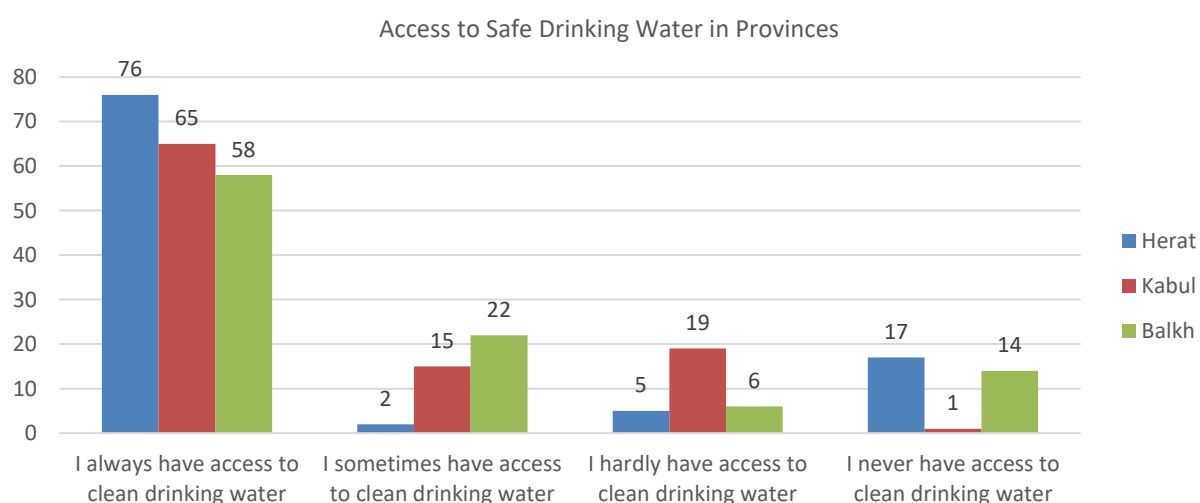


*Higher education is studying in institutes and universities (above year 12 classes).

3. Access to water and hygiene products

As shown in Figure 14 below, respondents' access to potable drinking water* varied notably across the three cities. The following proportion of respondents confirmed always having access to clean drinking water: Herat (76%), Kabul (65%) and Balkh (58%), as compared to those reporting hardly ever having access. Respondents who said they never have access to clean drinking water were 17% in Herat, 14% in Balkh, and 1% in Kabul.

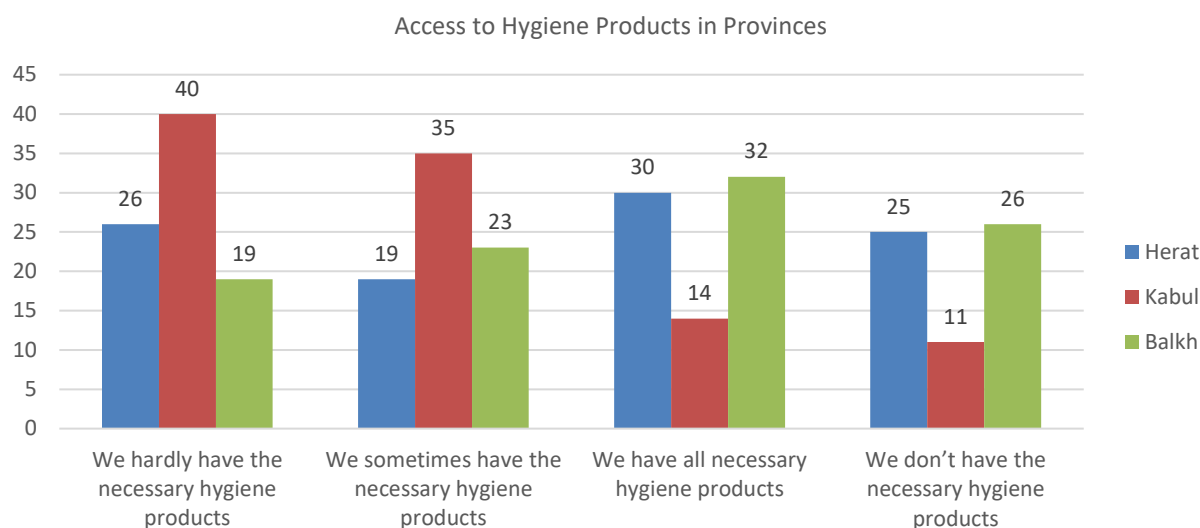
Figure 14: Access to safe drinking water



* Clean drinking water means piped water, piped on premise, public tap, tube well/borewell, dug well, water tanker (trucking), bottled water

As shown in Figure 15, variations in access to hygiene products* were in clear contrast when comparing cities. For instance, respondents in Kabul (40%), Herat (26%) and Balkh (19%) confirmed hardly having the necessary hygiene products, as compared to respondents in Kabul (14%), Herat (30%) and Balkh (32%) claiming they had all necessary hygiene products.

Figure 15: Access to hygiene products



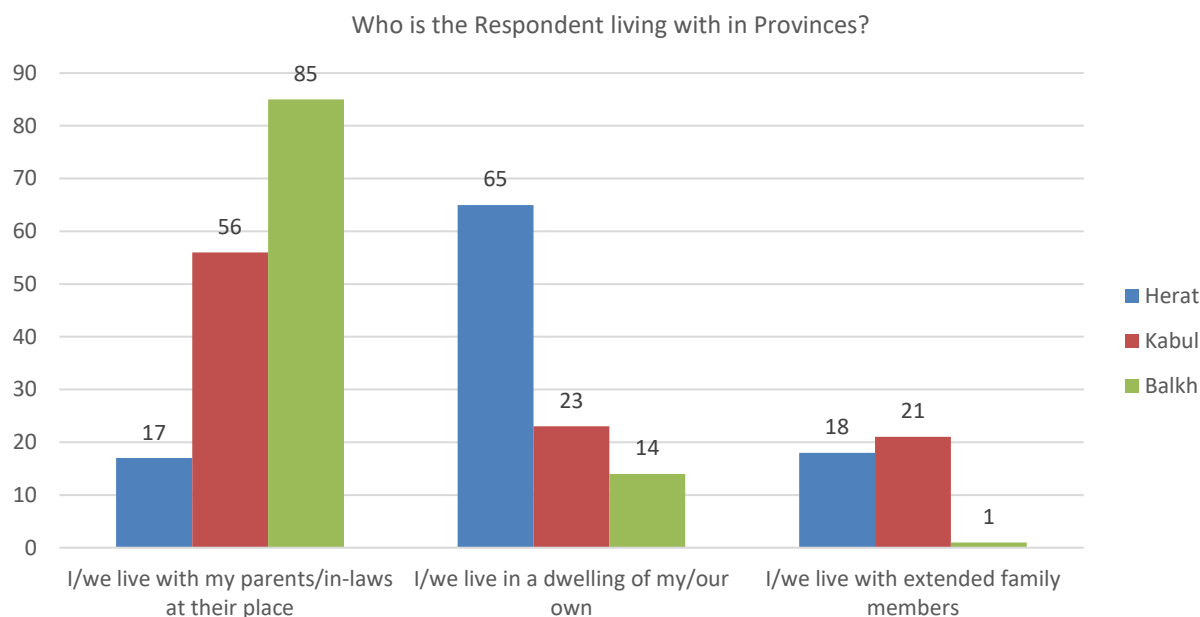
*Hygiene Products are all products for personal hygiene such as soap, shampoo, toothpaste, lotion, sanitizer, feminine hygiene products, etc.

E. Living condition

1. Who is the respondent living with?

The following figures correspond to respondents living alone, with parents, or with extended family as shown in Figure 16. The aggregate figures for living with parents/in-laws were more common practices in Kabul and Balkh (56% and 85%, respectively), while this was less common in Herat (17%). Living with parents or in-laws in respondents' own dwelling was more reported in Herat (65%), as compared to 23% in Kabul and 14% in Balkh. Living in an extended family was less common in all provinces, especially in Balkh (1%), as opposed to 21% in Kabul, and 18% in Herat.

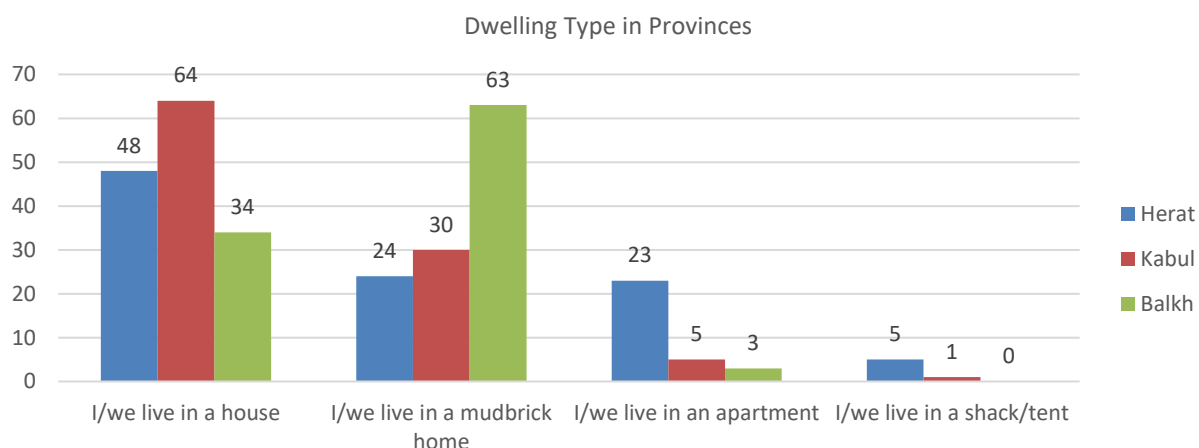
Figure 16: People living with the respondents



2. The type of dwelling the respondent is living in

As figure 17 shows, respondents living in a brick-and-mortar house was more common in Kabul (64%), while around half the respondents lived in a house in Herat (48%), and only 34% lived in a house in Balkh. The second most common dwelling was living in a mudbrick home, which 63% of respondents lived in in Balkh, as compared to 30% in Kabul, and 24% in Herat. Living in an apartment was more common in Herat (23%) than Kabul (5%), and Balkh (3%). Fewer reported living in a tent/shack in Herat (5%), (1%) in Kabul, with no urban respondent who was surveyed living in a tent/shack in Balkh.

Figure 17: Type of Dwelling



3. Utilities the dwelling has access to (e.g.: mobile internet, heating, running water, flushing toilet)

Figure 18 below depicts dwelling facilities, per province. Herat is in a relatively better position in terms of access to dwelling facilities, than Kabul and Balkh.

Figure 18: Dwelling facilities per province

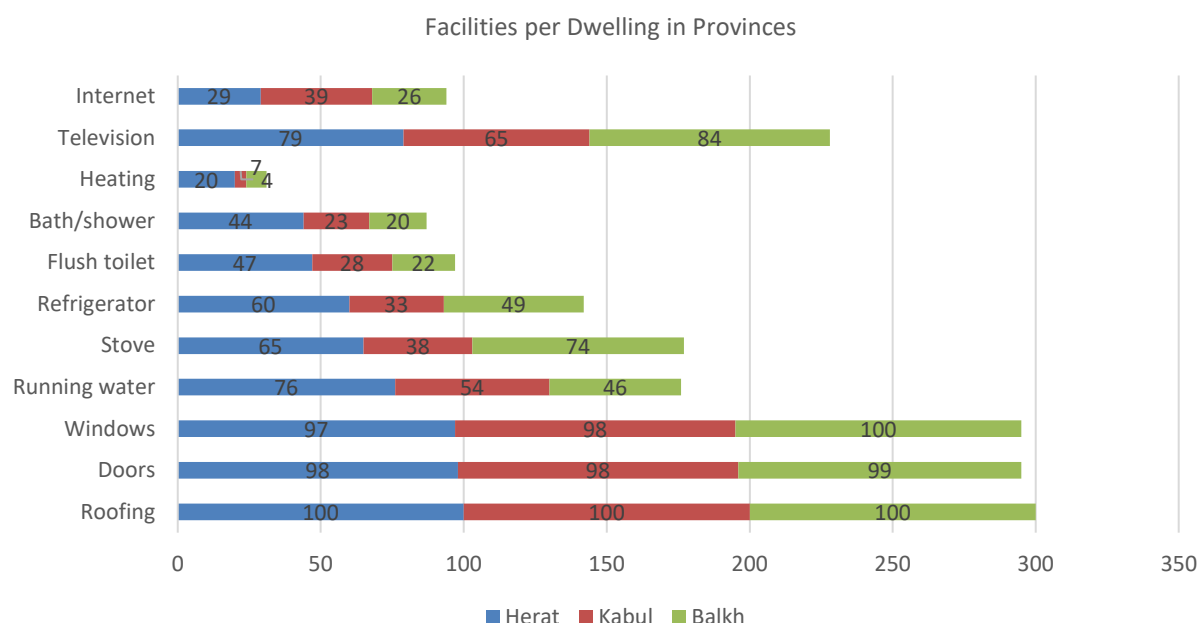


Table 8 presents respondents' access to housing materials/assets, which were owned by the household. Almost all respondents' houses were well equipped with roofing, doors, windows (~100%). Access to running water, a stove and a refrigerator was ~50%; possessing a flushing toilet and bath/shower was 32% and 29% respectively. Access to internet via mobile devices was at 31%, with only 10% of the respondents reporting as having heating facilities due to the higher cost of running heaters particularly electricity, fuel, or diesel-powered generators.

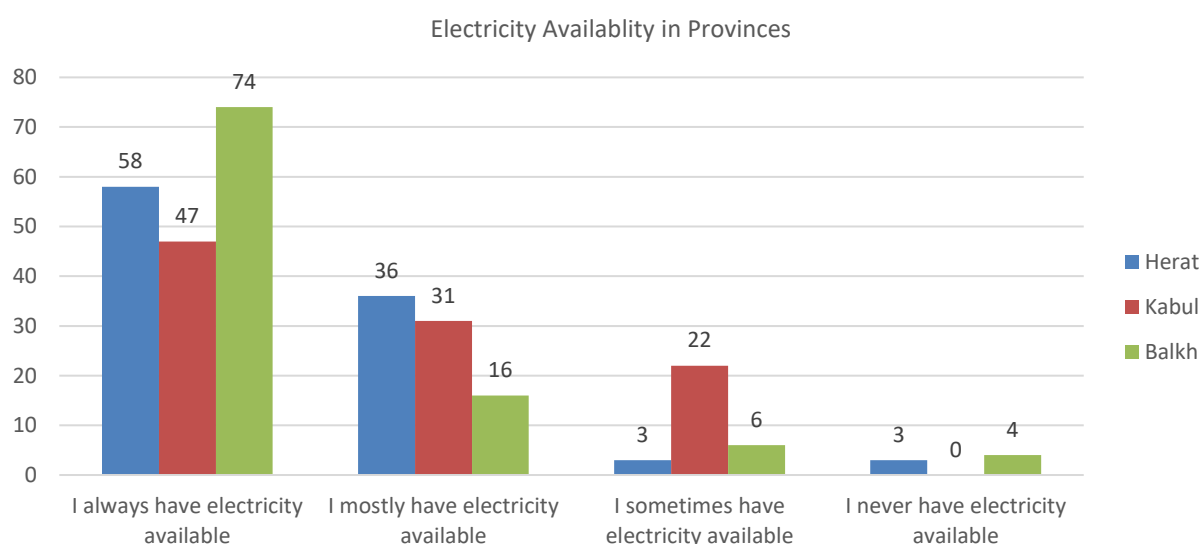
Table 8: Dwelling facilities

Dwelling Facilities		
Materials	Freq	Perc
Roofing	300	100
Doors	295	98
Windows	295	98
Running water	176	59
Stove	177	59
Refrigerator	142	47
Flush toilet	97	32
Bath/shower	87	29
Heating	31	10
Television	228	76
Internet (via mobile devices)	94	31

4. Whether the dwelling has access to public electricity

As shown in Figure 19, access to public electricity varied significantly across the three cities. In Kabul, 47% or less than half of respondents said they always had access to electricity, while 22% reported sometimes having electricity, followed by a slightly higher figure of 58% in Herat who said they always have access to electricity which is likely due to a less dense population and therefore lower demand on limited resources. By contrast, 74% respondents in Mazar-e Sharif reported the highest access to electricity which is likely a result of Balkh province's border with Uzbekistan, a crucial source of electricity imports for Afghanistan. Respondents in Mazar-e Sharif also have the added advantage of benefitting from proximate electricity transmission infrastructure between Uzbekistan and Balkh as opposed to respondents in Herat or Kabul for whom the power lines and transmission infrastructure is farther and has been subjected to regular disruptions by insurgent attacks.

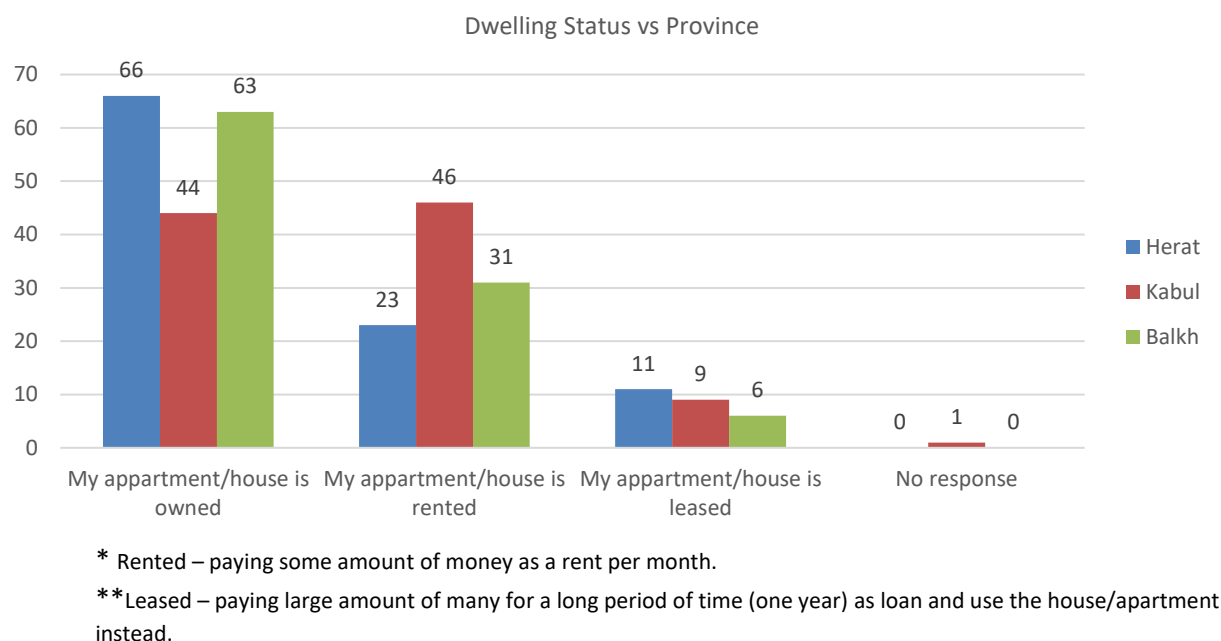
Figure 19: Access to public electricity



5. Whether the dwelling is rented, leased, or owned

Figure 20 below illustrates that most respondents live in an apartment/house in Herat and Balkh that they own (66%, and 63% respectively), while less than 50% of respondents in Kabul reported as living in their own apartment/house. Rented* housing was more common in Kabul (46%), rather than Herat (23%), and Balkh (31%). Leased** apartments/houses accounted for 11% in Herat, 9% in Kabul, and 6% in Balkh.

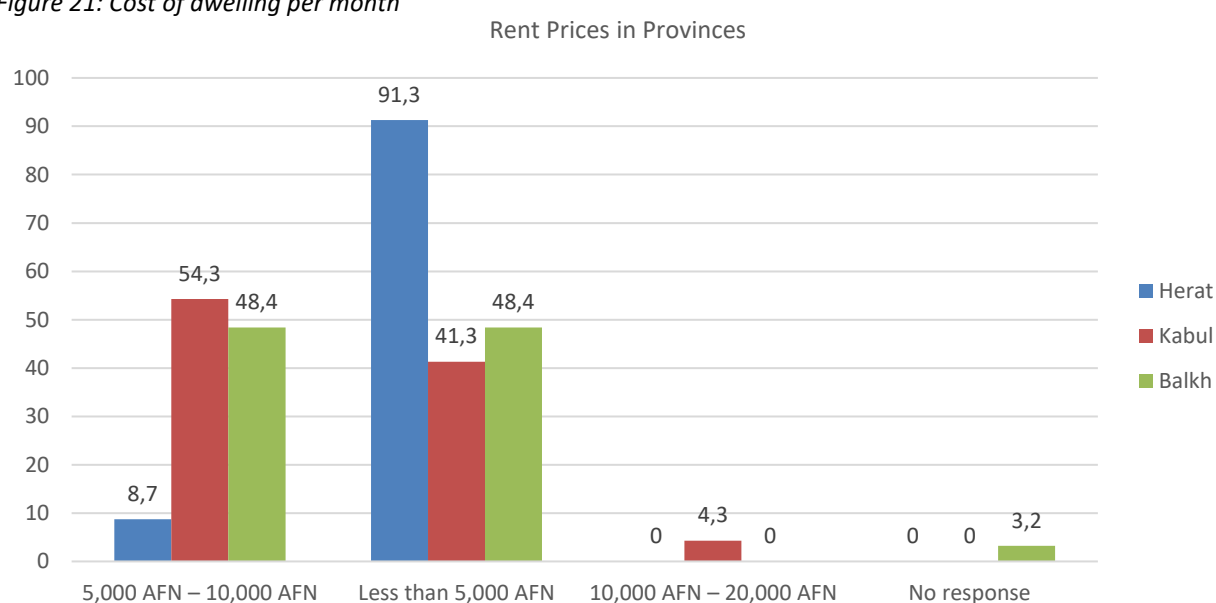
Figure 20: Dwelling status (rented, leased, or owned)



6. The cost of the dwelling per month

As Figure 21 shows, 54.3% of respondents in Kabul, 48.4% in Balkh, and 8.7% in Herat said it cost them AFN 5,000-10,000 per month to rent apartments/houses per month, while a limited percentage of respondents (8.7%) in Herat rented between AFN 5,000 – 10,000. A significant 91.3% of respondents in Herat rented apartments/houses for less than AFN 5,000, while around 50% of the respondents in Kabul and Balkh rented similar properties for less than AFN 5,000. Only 4.3% of respondents in Kabul rented properties between AFN 10,000 and AFN 20,000, while no respondents in Herat and Balkh rented for over AFN 10,000.

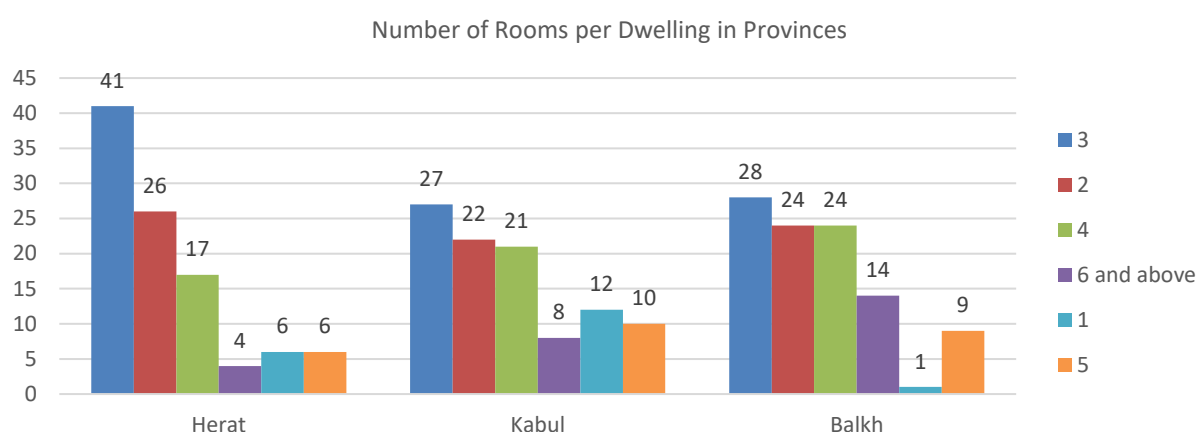
Figure 21: Cost of dwelling per month



7. The number of rooms per dwelling

As shown in Figure 22, the number of rooms per dwelling varied in Herat province, while these figures were more comparable in Kabul and Balkh. In Herat, 41% of dwelling had three rooms, 26% had two rooms, 17% had four rooms, 4% had six or more rooms, 6% had one room, and 6% had five rooms. In Kabul and Balkh, 27% and 28% (respectively) dwellings had three rooms, 22% and 24% had two rooms, 21% and 24% had four rooms, 8% and 14% had six and more rooms, 12% and 1% had one room, and lastly, 10% and 9% had five rooms.

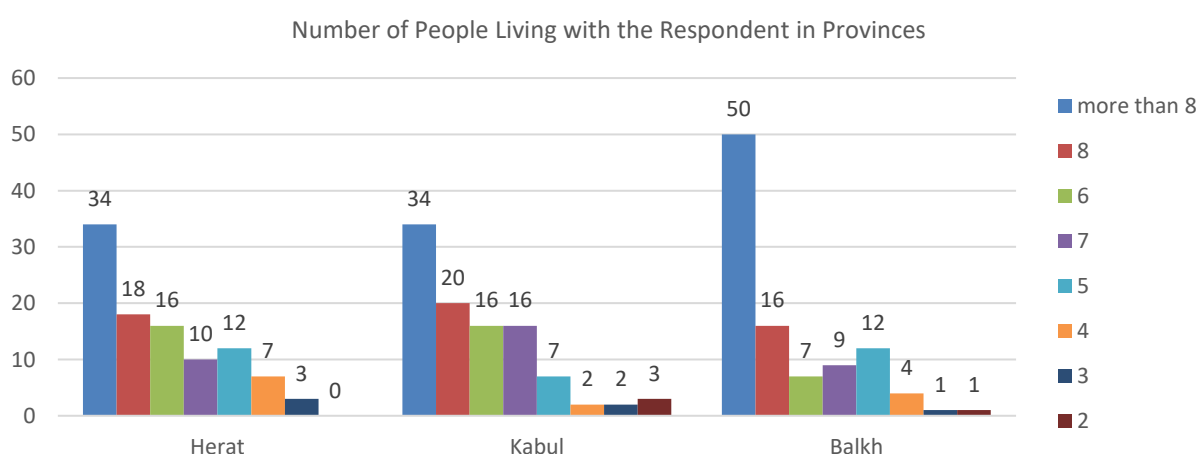
Figure 22: Number of rooms per dwelling



8. The number of people that live in the dwelling including the respondent

Overall, it was common for more than eight people to be living together in a dwelling, in all target provinces. Half the respondents in Balkh reported that more than eight people were living in a dwelling, while 34% of respondents in Herat and Kabul reported the same number living in a dwelling. The minimum number of people living in a dwelling was two in Kabul (3%) and Balkh (1%), as compared to three people in Herat (3%). Figure 23 below illustrates further details about the number of people living in a dwelling, per target province.

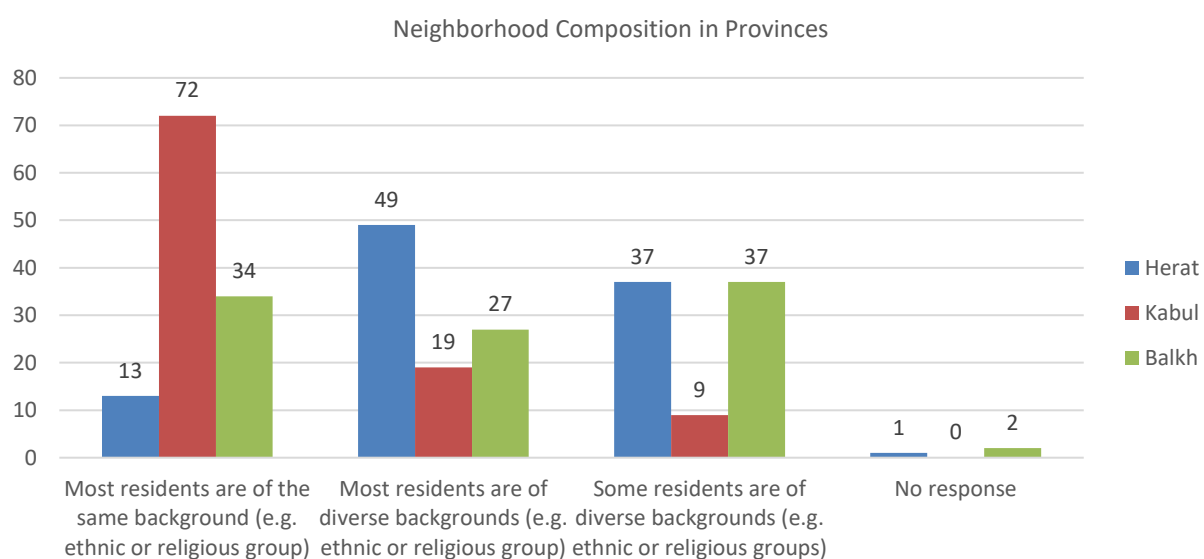
Figure 23: Number people living with the respondents



9. Observations about the composition of ethnic and religious groups living in the neighbourhoods

As shown in Figure 24, the composition of people in neighbourhoods concerning religion and ethnicities was quite varied. Only 13% in Herat, and 34% in Balkh reported that most of their neighbourhoods had similar backgrounds, as opposed to 72% in Kabul. Residents cohabiting with a diverse background (households with different ethnicities and religious backgrounds) were more common in Herat (49%), as compared to 19% in Kabul, and 27% in Balkh. Some residents with a diverse background are 37% in Herat, 37% in Balkh, and only 9% in Kabul.

Figure 24: Composition of people in neighbourhoods



ANNEX 1: DATA COLLECTION TOOL

COI SES

Country of Origin Socio-Economic Surveys Questionnaire Afghanistan

This survey is carried out by ATR Consulting on behalf of the Country-of-Origin Information (COI) Unit of the Austrian Federal Office for Immigration and Asylum. This study aims to collect data on the socio-economic situation of residents in Kabul/Herat/Mazar-e Sharif. The interviews are anonymous and the answers given do not have any impact on legal assessments or recommendations on asylum decisions. [Interviewer: Screening requires interviewees to be residents of Kabul, Herat or Mazar-e Sharif aged 16 to 35. Read out all response options. Multiple response options are only possible if indicated.]

1. Sociodemographic:

(1.1) Gender:

- 1.1.a) Male
- 1.1.b) Female
- 1.1.c) No response

(1.2) Age:

- 1.2.a) 16–18
- 1.2.b) 19-25
- 1.2.c) 26-35
- 1.2.d) No response

(1.3) Marital status:

- 1.3.a) Single
- 1.3.b) Married
- 1.3.c) Divorced/separated
- 1.3.d) Widower/widow
- 1.3.e) No response

(1.4) Number of Children:

- 1.4.a) 1
- 1.4.b) 2
- 1.4.c) 3
- 1.4.d) 4

- 1.4.e) 5
- 1.4.f) 6 and more
- 1.4.g) No children
- 1.4.h) No response

(1.5) Highest level of education:

- 1.5.a) Illiterate
- 1.5.b) Madrassa
- 1.5.c) Elementary school
- 1.5.d) Secondary school
- 1.5.e) Graduation (grade 12)
- 1.5.f) Vocational school
- 1.5.g) College/university
- 1.5.h) Other *[please specify]*
- 1.5.i) None
- 1.5.j) No response

(1.6) Ethnic group: *[Single choices]*

- 1.6.a) Pashtun
- 1.6.b) Tajik
- 1.6.c) Uzbek
- 1.6.d) Hazara
- 1.6.e) Turkmen
- 1.6.f) Baloch
- 1.6.g) Kirghiz
- 1.6.h) Nuristani
- 1.6.i) Aimak
- 1.6.j) Arab
- 1.6.k) Pashaye
- 1.6.l) Sadat
- 1.6.m) Qezelbash
- 1.6.n) Gujar
- 1.6.o) Wakhi
- 1.6.p) Other *[please specify]*
- 1.6.q) No response

2. 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?
 - 2.1.a) I feel very safe in my neighborhood
 - 2.1.b) I feel rather safe in my neighborhood
 - 2.1.c) I feel rather unsafe in my neighborhood
 - 2.1.d) I don't feel safe in my neighborhood at all
 - 2.1.e) No response
3. Have you personally experienced or witnessed street crime (such as muggings, thefts) within the last 2 months?
 - 3.1.a) I have often experienced/witnessed street crime
 - 3.1.b) I have occasionally experienced/witnessed street crime
 - 3.1.c) I have hardly experienced/witnessed street crime
 - 3.1.d) I have never experience/witnessed street crime
 - 3.1.e) No response
4. Have you personally experienced or witnessed violence (e.g. assaults, fights, brawls) within the last 2 months?
 - 4.1.a) I have often experienced/witnessed violence
 - 4.1.b) I have occasionally experienced/witnessed violence
 - 4.1.c) I have hardly experienced/witnessed violence
 - 4.1.d) I have never experienced/witnessed violence
 - 4.1.e) No response
5. Are you currently working (either in the formal or informal economy)?
 - 5.1.a) I am continuously working
 - 5.1.b) I am occasionally working
 - 5.1.c) I was employed in the previous government, but am unemployed now
 - 5.1.d) I was unemployed in the previous government, but am employed now
 - 5.1.e) I have been unemployed for a long time/don't have any work
 - 5.1.f) No response

[Interviewer: In case of response a) or b or d) proceed with question 6. In case of answer c) proceed with question 8.]

6. Please indicate the type of your employment (either employed or self-employed):
 - 6.1.a) Full-time
 - 6.1.b) Part-time
 - 6.1.c) Several part-time jobs

- 6.1.d) Seasonal work
 - 6.1.e) Daily-wage work
 - 6.1.f) No response
 - 7. How much individual salary do you earn per month?
 - 7.1.a) Less than 5,000 AFN
 - 7.1.b) 5,000 AFN to 10,000 AFN
 - 7.1.c) 10,000 AFN to 20,000 AFN
 - 7.1.d) 20,000 AFN to 50,000 AFN
 - 7.1.e) More than 50,000 AFN
 - 7.1.f) No response
 - 8. What is the impact of food inflation/current food prices on your ability to buy food for your household?
 - 8.1.a) I am able to provide sufficient food stuff for my household
 - 8.1.b) I sometimes manage to provide sufficient food stuff for my household
 - 8.1.c) I hardly manage to provide sufficient food stuff for myself/my family
 - 8.1.d) I am not able to provide sufficient food stuff for my household
 - 8.1.e) No response
 - 9. What is the impact of consumer goods' inflation/current market prices on your ability to buy basic consumer goods (e.g., clothing, shoes,) for your household?
 - 9.1.a) I am able to provide for my household
 - 9.1.b) I sometimes manage to provide for my household
 - 9.1.c) I hardly manage to provide for my household
 - 9.1.d) I am not able to provide for my household
 - 9.1.e) No response
- [Interviewer: If interviewee has children proceed with question 10, else proceed with question 15.]*
- 10. Is/are your son/s able to attend school?
 - 10.1.a) My son/s are able to attend school/madrassa
 - 10.1.b) My son/s are not able to attend school/madrassa
 - 10.1.c) No response
 - 10.1.d) Not applicable
 - 11. Is/are your daughter/s able to attend school?
 - 11.1.a) My daughter/s are able to attend school/madrassa
 - 11.1.b) My daughter/s are not able to attend school/madrassa
 - 11.1.c) No response

11.1.d) Not applicable

[Interviewer: If case of response a) proceed with question 12. In case of response b) proceed with question 14.]

12. What type of school?

12.1.a) Public school

12.1.b) Private school

12.1.c) Madrassa

12.1.d) No response

13. How much does private school cost per month per child?

13.1.a) 500 AFN – 1,000 AFN

13.1.b) 1,000 AFN – 2,000 AFN

13.1.c) 2,000 AFN – 3,000 AFN

13.1.d) 3,000 AFN – 5,000 AFN

13.1.e) More than 5,000 AFN

13.1.f) No response

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

14.1.a) My children contribute significantly to the household income

14.1.b) My children contribute somewhat to the household income

14.1.c) My children contribute little to the household income

14.1.d) My children do not contribute to the household income

14.1.e) No response

[Interviewer: If interviewee is below 18 or above 25 proceed with question 15.]

15. Do you have access to higher education?

15.1.a) I have access to higher education

15.1.b) I don't have access to higher education

15.1.c) No response

16. Do you have adequate access to clean drinking water?

16.1.a) I always have access to clean drinking water

16.1.b) I sometimes have access to clean drinking water

16.1.c) I hardly have access to clean drinking water

16.1.d) I never have access to clean drinking water

16.1.e) No response

17. Do you have access to the necessary hygiene products for yourself and your family? *[Hygiene Products are all products for personal hygiene such as soap, shampoo, toothpaste, lotion, sanitizer, feminine hygiene products, etc.]*

- 17.1.a) We have all necessary hygiene products
- 17.1.b) We sometimes have the necessary hygiene products
- 17.1.c) We hardly have the necessary hygiene products
- 17.1.d) We don't have the necessary hygiene products
- 17.1.e) No response

18.

	[In general how would you describe access to each of the following services?				
	I always have access	I have limited access	I have severely limited access	I have no access	No response
A. Vaccinations? <i>[Vaccinations refer to all kinds of protective vaccinations, including e.g., vaccines against polio, tetanus, hepatitis, measles, the flu, etc.]</i>					
B. SARS-Covid-19 vaccination					
C. Doctor (general practitioner)					
D. Dentist					
E. Medical specialist if needed (e.g. gynecologist, pediatrician, etc.)					
F. Hospital for treatment/surgery if needed					

19.

	How would you describe the access of female members of your household to each of the following?				
	They always have access	They have	They have severely limited access	They have	No response

		limited access		no access	
A. Vaccinations? <i>[Vaccinations refer to all kinds of protective vaccinations, including e.g., vaccines against polio, tetanus, hepatitis, measles, the flu, etc.]</i>					
B. SARS-Covid-19 vaccination					
C. Doctor (general practitioner)					
D. Dentist					
E. Medical specialist if needed (e.g. gynecologist, pediatrician, etc.)					
F. Hospital for treatment/surgery if needed					

20.

19.	How would you describe the access of male members of your household to each of the following?				
	They always have access	They have limited access	They have severely limited access	They have no access	No response
A. Vaccinations? <i>[Vaccinations refer to all kinds of protective vaccinations, including e.g., vaccines against polio, tetanus, hepatitis, measles, the flu, etc.]</i>					
B. SARS-Covid-19 vaccination					
C. Doctor (general practitioner)					
D. Dentist					

E. Medical specialist if needed (e.g. gynecologist, pediatrician, etc.)					
F. Hospital for treatment/surgery if needed					

21. Are you/your family living with family, alone or a different arrangement?

21.1.a) I/we live with my parents/in-laws at their place

21.1.b) I/we live in a dwelling of my/our own

21.1.c) I/we live with extended family members

21.1.d) Other *[please specify]*

21.1.e) No response

22. Please describe your dwelling

22.1.a) I/we live in a house

22.1.b) I/we live in an apartment

22.1.c) I/we live in a shack/tent

22.1.d) I/we live in a mudbrick home

22.1.e) Other *[please specify]*

22.1.f) No response

23. With regard to the standard of your dwelling, which of the following facilities do you have in your dwelling: *[multiple choices possible]*

23.1.a) Roofing

23.1.b) Doors

23.1.c) Windows

23.1.d) Running water

23.1.e) Stove

23.1.f) Refrigerator

23.1.g) Flush toilet

23.1.h) Bath/shower

23.1.i) Heating

23.1.j) Television

23.1.k) Internet

23.1.l) No response

24. Is your dwelling rented, leased or owned?

- 24.1.a) My apartment/house is owned
- 24.1.b) My apartment/house is rented
- 24.1.c) My apartment/house is leased
- 24.1.d) No response

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

- 25.1.a) Less than 5,000 AFN
- 25.1.b) 5,000 AFN – 10,000 AFN
- 25.1.c) 10,000 AFN – 20,000 AFN
- 25.1.d) More than 20,000 AFN
- 25.1.e) No response

26. How many rooms are there in your dwelling?

- 26.1.a) 1
- 26.1.b) 2
- 26.1.c) 3
- 26.1.d) 4
- 26.1.e) 5
- 26.1.f) 6 and above
- 26.1.g) No response

27. How many people, including yourself, live in your dwelling?

- 27.1.a) 1
- 27.1.b) 2
- 27.1.c) 3
- 27.1.d) 4
- 27.1.e) 5
- 27.1.f) 6
- 27.1.g) 7
- 27.1.h) 8
- 27.1.i) more than 8
- 27.1.j) No response

28. Do you have public electricity in your dwelling?

- 28.1.a) I always have electricity available
- 28.1.b) I mostly have electricity available
- 28.1.c) I sometimes have electricity available
- 28.1.d) I never have electricity available

28.1.e) No reponse

29. When it comes to the people living in your neighborhood, how would you describe the composition of residents?

29.1.a) Most residents are of the same background (e.g., ethnic or religious group)

29.1.b) Some residents are of diverse backgrounds (e.g., ethnic or religious groups)

29.1.c) Most residents are of diverse backgrounds (e.g., ethnic or religious group)

29.1.d) No response

Thank you very much for your time!

ANNEX 2: COVID-19 PREVENTION REGULATION

A. Introduction

1. Prevention of Corona Virus (Covid-19)

To address the risks posed by COVID-19 to the wellbeing of its employees and the communities in which they work, and to sever to the maximum extent the coronavirus transmission chain, ATR developed these specific prevention guidelines. While ATR continues to monitor the situation closely, it has thus far been able to continue its operations with these adaptations in place.

2. Purpose

This guideline is a guide to ATR's staff, at the headquarters level and while carrying out data collection, on how to minimise the transmission of Covid-19 virus within its headquarters and during the implementation of its projects, protecting themselves and the communities where they work.

3. Scope

These guidelines apply to all the employees, permanent or temporary, of ATR Consulting in all areas of operations.

B. Procedure

1. Measures taken for headquarters-based staff

As part of its implementation of the principles noted above, ATR has taken the following measures to reduce the risk of infection for its headquarters-based staff:

1. ATR systematically briefs all employees on key preventive measures and makes sure these guidelines are enforced. This is the responsibility of the Administration;
2. Employees are systematically screened for fever or COVID-19's symptoms before entering the office by the guards;
3. Signs on all doors throughout the office indicate 14 practical recommendations aiming at cutting the virus transmission chain:
 - Wash your hands upon your arrival at the office using soap;
 - Wash your hands regularly during the day;
 - Do not touch any surfaces or objects aside from your workspace;
 - Wash your hands after touching surfaces or objects aside of your workspace;
 - In the absence of soap, use sanitizer for washing your hands;
 - Do not touch your face with unclean hands;
 - Wear a mask in the presence of people;
 - Do not have physical contacts, do not shake hands, do not hug people;
 - Apply social distancing, keep a distance of at least 2 meters at all times;
 - Avoid unnecessary meetings;
 - Eat lunch in your office;
 - Keep doors open to avoid touching handles;
 - Sneeze/cough only in a tissue paper, dispose the tissue paper, wash your hands;
 - Stay home if you are sick.
4. Commonly touched surfaces (door handles, light switches, water dispensers' buttons, etc.) are cleaned every 2 hours by a team of trained cleaners;
5. ATR is implementing remote work for the employees whose tasks can be completed remotely;
6. ATR has set up an internal Skype channel where preventive measures are announced;

7. Sick leave is provided to anyone feeling ill or displaying at least one of the several symptoms of the virus.

2. Training procedure for field researchers

i. Screening

Guards are screening participants for fever or COVID-19's symptoms before attending the training session:

- Participants (trainees, trainers, or staff) who display signs of fever or symptoms of the virus (for example, cough, fever, headache, or shortness of breath) are to leave the training venue immediately;
- During the training, participants who display signs of fever or symptoms of the virus (for example, cough, fever, headache, or shortness of breath) are to leave the training venue immediately.

Once they have screened the participants the guards provide them with masks.

ii. Training sessions begin with a comprehensive presentation on COVID-19

The training organiser opens the training with a comprehensive presentation on WHO COVID-19 prevention guidelines, covering the following topics:

- Why and how to proceed to proper and repeated handwashing;
- Wear a mask provided by ATR in the presence of people;
- Avoid any physical contact including shaking hands, hugging, etc. during the training and the data collection;
- Avoid touching any surfaces or objects aside from your workspace;
- Wash your hands after touching surfaces or objects aside of your workspace;
- Do not touch your face with unclean hands;
- Cover your mouth properly when sneezing or coughing;
- Maintaining proper distance (at least two metres) between participants of the training and during data collection;
- Stay home if you are sick.

iii. Visible recommendations for preventing the spread of COVID-19

Signs on doors and other visible locations throughout the training centre indicate 14 practical recommendations aiming at cutting the virus transmission chain (same as above).

iv. Availability of appropriate sanitation and waste management

The training organiser makes sure that appropriate sanitation and waste management facilities are available during the training and enforces decontamination procedures (cleaning classroom, lunchroom, entrances and exits and toilets, etc.).

- The training organiser will enforce regular hand washing with clean water and soap or alcohol rub/hand sanitiser or chlorine solution;
- The training organiser will make sure that regular disinfections of the training facility prior to and during the training take place;
- Training participants (including the trainer) will not share equipment, such as phones, computers, pens, and notebooks

- The training will be recorded, and the video/audio will be provided for trainees at the end of each day. In addition, written training materials such as presentations, handouts, and chapters are provided to trainees for their self-study
- The training organiser makes sure that the trainee's desks are at least two metres apart from each other.

v. Travels and routines

- The training organiser instructs the participants to use an individual taxi for their transportation during training and data collection. ATR pays the cost of an individual taxi for both the training and data collection.
- The training organiser instructs the participants to travel with hand sanitiser and use it frequently while travelling and collecting data; ATR provides hand sanitizer.
- The training organiser instructs the participants to avoid using others' equipment, such as phones, pens, and notebooks;
- The training organiser instructs the participants to wear masks (to be changed every 4 hours); ATR provides masks;
- The training organiser instructs the participants to avoid touching eyes, mouth, and nose with unwashed hands;
- The training organizer instructs the participants to avoid crowded areas;

Enforcement: Participants disregarding the prevention guidelines are immediately dismissed.

3. Data collection procedure

i. Scenario 1: Areas where there are no restrictions due to COVID 19

In general, field researchers are instructed to conduct key informant interviews over the phone, to the greatest extent possible. Key informant interviews are usually conducted with government officials, business owners, civil society organisation members, etc. who are experts in their field and typically comfortable expressing themselves over the phone. When interviews over the phone are not possible or for other types of data collection, field researcher will strictly adhere to the following points:

Travels and routines

- Travel in individual taxis or on motorcycles;
- Travel with hand sanitizer and use it frequently while travelling;
- Avoid using others' equipment, such as phones, pens, and notebooks;
- Wear a mask (to be changed every 4 hours);
- Avoid touching eyes, mouth, and nose with unwashed hands;
- Avoid crowded areas;

Interaction with communities and interviewees (Surveys, IDIs, FGDs and KIIs)

- Provide complete information to the interviewees regarding COVID-19 and associated prevention measures before the start of each interview;
- Avoid shaking hands. If you have no choice culturally, immediately wash your hand with sanitizer and propose sanitizer to your interlocutor;
- Avoid conducting interviews inside homes/building. Viruses stay on surfaces for several hours or days, and infection can occur by entering a house, or you can infect a family. Conduct interviews in the open, seating under a rock, for instance.

- For FGDs, distribute sanitizer and masks at the beginning of the interview to the participant(s);
- Create space during interviews to be at least two meters apart from every participant(s);
- Select the minimum number of people for focus group discussions (FGDs).
- Do not interview individuals who look sick, have cough, fever, and/or headache. In such instances, contact ATR HQ for the replacement of the interviewee if relevant.
- If you think you might be infected, stay or return home immediately, seek medical advice.

ii. Scenario 2: Areas where there are restrictions due to COVID 19, but movements are still possible (mostly rural areas)

All efforts are made to interview people over the phone. Interviews with CDC members, sub-committee members, school administration and teachers, etc. can often be done by phone.

In such a scenario, FGDs cannot be conducted. Interviews or surveys can only be conducted outside, in open areas. Infrastructure audit can take place, but with minimum contact with people. If the audit involves touching parts of the infrastructure, this should be done wearing clean disposable gloves.

It is recommended that all travels take place with the personal mean of transportation of the field staff. Women field staff will stop collecting data, except if they can travel with the male field staff (husband, son, brother). Interviews or surveys of women will generally be challenging, as it would be challenging to ask women, in rural areas to come out of their home for the interview. Data collection with women will thus be limited to what is absolutely necessary and will focus on the interviewing women coming out of clinics, or women working on the farm for instance.

All other guidelines presented above, under scenario 1 also apply, when not in contradiction with the present scenario.

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