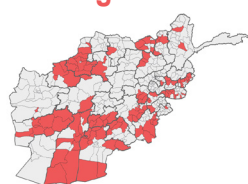


Overview of the impact of COVID-19 in Hard-to-Reach districts

INTRODUCTION

The Hard-to-Reach (HTR) assessment aims to identify and regularly monitor humanitarian needs and vulnerabilities of populations in HTR districts¹. There is limited insight into humanitarian needs of populations living in HTR areas, and a need to ensure an evidence-base for a humanitarian response in all areas of Afghanistan, irrespective of access. To address this gap, REACH, in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) the Inter-Cluster Coordination Team (ICCT), and Humanitarian Access Group (HAG), conducted a third round of assessment in 120 districts previously classified as hard-to-reach. Data for this assessment was collected from 19th July to 2nd August 2020 through interviews with 3,533 Key informants (KIs). Findings are indicative only.

Coverage



3,533 assessed settlements
120 districts
25 provinces

LIVELIHOOD

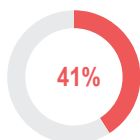
Top 3 reported main sources of income in assessed settlements, in the 3 months prior to data collection:²

1. Farming	94%	<div style="width: 94%;"></div>
2. Livestock	87%	<div style="width: 87%;"></div>
3. Small business	52%	<div style="width: 52%;"></div>

% of assessed settlements in which KIs reported a change in income due to COVID-19, in the 3 months prior to data collection, by source of income:³

Livestock	20%	<div style="width: 20%;"></div>
Farming	15%	<div style="width: 15%;"></div>
Formal / informal employment	14%	<div style="width: 14%;"></div>

% of assessed settlements in which KIs reported most residents did not have access to a market within 1 hour walk, in the 3 months prior to data collection:



% of assessed settlements by reported main reason most residents did not have access to a market, in those settlements where no market access was reported:⁴

1. Market is too far / no transport	51%	<div style="width: 51%;"></div>
2. Prices are too high	16%	<div style="width: 16%;"></div>
3. Roads are too dangerous	14%	<div style="width: 14%;"></div>

¹ More information on the definition of a hard-to-reach district and methodology on page 4.

² Multiple options could be selected.

³ In those settlements reporting a loss of half or more than half of the production for farming, a large loss in livestock for livestock and a large loss in availability of work for employment, and reporting one of the cause of the change to be COVID-19.

⁴ Top three answer reported.

⁵ In those settlements reportedly affected by COVID-19 in the 3 months prior to data collection.

⁶ In those settlements where at least one person was reported falling ill and reporting one of the cause of the illness was COVID-19.

⁷ The respondent was first asked to choose all the means of receiving information available in the settlement, and then to choose the preferred one out of the previous.

COVID-19 EVENT AND IMPACT

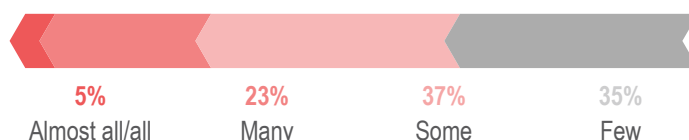
In **95%** of assessed settlements KIs reported that their community had been **impacted by COVID-19**, in the 3 months prior to data collection.

% of assessed settlements in which KIs reported COVID-19 as one of the drivers that led to the following shocks for most residents in the 3 months prior to data collection:⁵

Taking on more debt	79%	<div style="width: 79%;"></div>
Reduced access to food	77%	<div style="width: 77%;"></div>
Losing income	70%	<div style="width: 70%;"></div>

In **91%** of assessed settlements KIs reported COVID-19 as one of the reasons why some residents of the settlement had fallen ill, in the 3 months prior to data collection.

% of assessed settlements by proportion of households with at least one member who reportedly fell ill due to COVID-19:⁶



ACCOUNTABILITY TO AFFECTED POPULATIONS

In **32%** of assessed settlements KIs reported that at least one resident had **received assistance**, in the 3 months prior to data collection.

Top 3 reported assistance types received in those settlements receiving assistance:²

1. Food	91%	<div style="width: 91%;"></div>
2. Healthcare	26%	<div style="width: 26%;"></div>
3. Shelter / Non-Food Items	16%	<div style="width: 16%;"></div>

Top 3 reported priority needs for most residents in assessed settlements:²

1. Healthcare	56%	<div style="width: 56%;"></div>
2. Food	55%	<div style="width: 55%;"></div>
3. Seeds / agricultural inputs	33%	<div style="width: 33%;"></div>

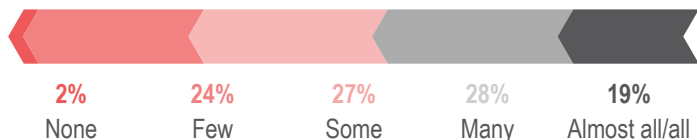
% of assessed settlements by reported preferred mean of receiving information for most residents:^{4,7}

1. Face-to-face communication	34%	<div style="width: 34%;"></div>
2. Radio	33%	<div style="width: 33%;"></div>
3. Community group discussions	11%	<div style="width: 11%;"></div>

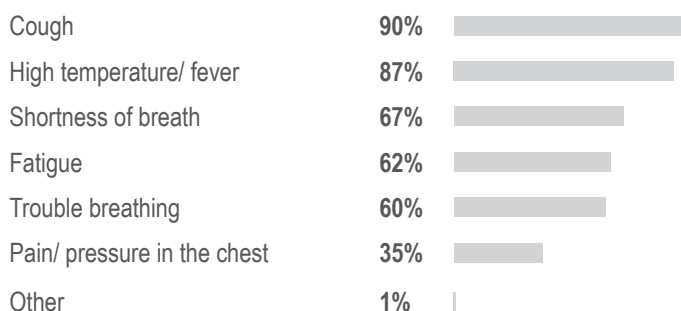
Overview of the impact of COVID-19 in Hard-to-Reach districts

KNOWLEDGE, ATTITUDE AND PRACTICE

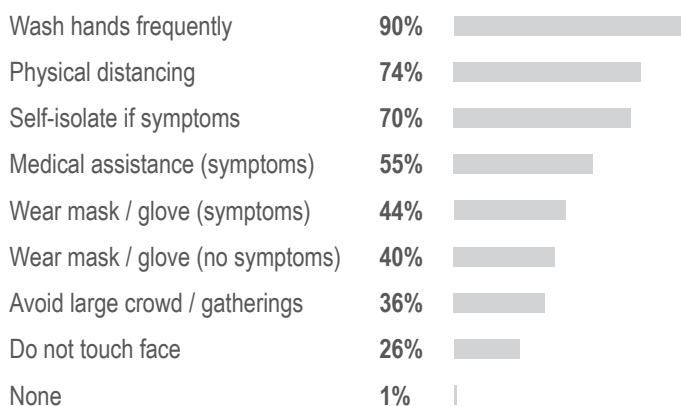
% of assessed settlements by reported proportion of households in the settlement aware of COVID-19:



% of assessed settlements in which KIs reported awareness in the community of the following symptoms related to COVID-19:¹



% of assessed settlements in which KIs reported awareness in the community of the following prevention methods related to COVID-19:¹



SHELTER

% of assessed settlements by reported most common shelter type for most residents, in the 3 months prior to data collection:²



¹ Multiple options could be selected.

² Top three answer reported.

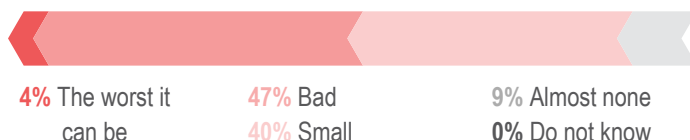
³ Almost none: almost no hunger; small: hunger is small, strategies are available to cope with the reduced access to food; bad: hunger is bad, limited options to cope with the reduced access to food; the worst it can be: hunger is the worst it can be, all over the settlement, and causing many deaths.

⁴ Staple food is defined as flour, eggs, fruits and vegetables in this assessment.

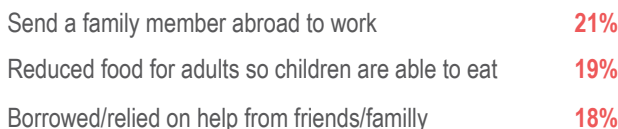
FOOD SECURITY AND AGRICULTURE

In **56%** of assessed settlements, KIs reported that most residents were not able to access enough food, in the 3 months prior to data collection.

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



% of assessed settlements in which KIs reported that more than half of all residents were using the following coping strategies when food or money to buy food was not available, in the 3 months prior to data collection:

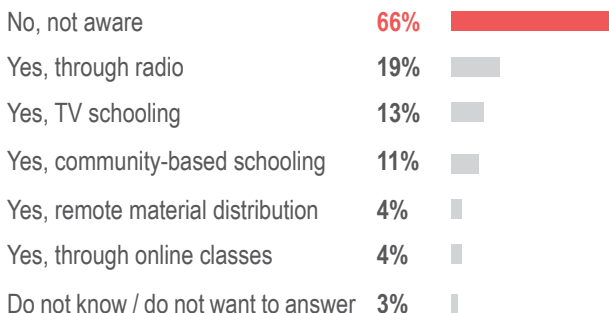


% of assessed settlements in which KIs reported that the price of staple foods reportedly increased, in the 3 months prior to data collection:⁴

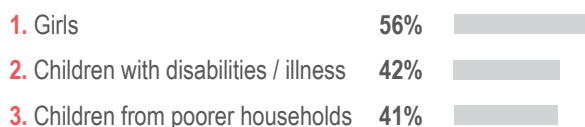


EDUCATION IN EMERGENCY

% of assessed settlements in which KIs reported that residents were aware of educational activities that continued remotely while schools were closed due to the COVID-19 outbreak, in the 3 months prior to data collection, by type of activities:¹



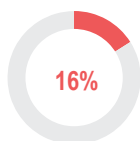
% of assessed settlements by reported main group of children that had less access to learning activities, in those settlements where KIs were aware of remote learning activities:^{1,2}



Overview of the impact of COVID-19 in Hard-to-Reach districts

WASH

% of assessed settlements in which KIIs reported that most residents did not have sufficient access to water, in the 3 months prior to data collection:¹



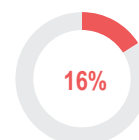
% of assessed settlements by reported main reason that most residents were not able to meet their daily water needs, in those settlements where most residents did not have sufficient water access, in the 3 months prior to data collection:²

1. Too far / not functioning	66%	<div style="width: 66%;"></div>
2. Insufficient / long waiting time	19%	<div style="width: 19%;"></div>
3. Not enough containers to store	5%	<div style="width: 5%;"></div>

% of assessed settlements by reported main water source used by most residents, in the 3 months prior to data collection:³

Surface water	22%	<div style="width: 22%;"></div>
Unimproved water source	24%	<div style="width: 24%;"></div>
Improved water source	54%	<div style="width: 54%;"></div>

% of assessed settlements in which KIIs reported soap as commonly not available in the market, in the 3 months prior to data collection:



In 92% of assessed settlements, KIIs reported that the price of soap increased, in the 3 months prior to data collection.

HEALTH

% of assessed settlements in which KIIs reported an accessible comprehensive health center in or close to the settlement, in the 3 months prior to data collection, by type of health care facility:

Public clinic (BHC, CHC)	42%	<div style="width: 42%;"></div>
Public hospital	16%	<div style="width: 16%;"></div>
Private clinic	11%	<div style="width: 11%;"></div>
Private hospital	4%	<div style="width: 4%;"></div>
No health facilities accessible	27%	<div style="width: 27%;"></div>

% of settlements by reported main barrier encountered by residents when attempting to access health services in those settlements where a health facility was reported accessible in or close to the settlement:^{2,4}

1. Cost of service / medicine high	64%	<div style="width: 64%;"></div>
2. Insufficient female staff	47%	<div style="width: 47%;"></div>
3. Unsafe travelling / being at facility	32%	<div style="width: 32%;"></div>

In 69% of assessed settlements, KIIs reported that most residents did not have access to medicine, in the 3 months prior to data collection.

% of assessed settlements by reported main reason residents could not access medicine in those settlements where most residents could not access medicine, in the 3 months prior to data collection:

Medicine too expensive	49%	<div style="width: 49%;"></div>
Medicine not available	45%	<div style="width: 45%;"></div>
Pharmacies closed (COVID-19)	6%	<div style="width: 6%;"></div>

PROTECTION

% of assessed settlements by reported protection incident that have affected men, women, and/or children, in the 3 months prior to data collection:^{2,4}

Men

1. Verbally threatened / intimidated	52%	<div style="width: 52%;"></div>
2. Hindered to move freely	39%	<div style="width: 39%;"></div>
3. Assaulted without a weapon	38%	<div style="width: 38%;"></div>

Women

1. No incidents reported	40%	<div style="width: 40%;"></div>
2. Hindered to move freely	37%	<div style="width: 37%;"></div>
3. Verbally threatened / intimidated	35%	<div style="width: 35%;"></div>

Children

1. Verbally threatened / intimidated	47%	<div style="width: 47%;"></div>
2. Hindered to move freely	32%	<div style="width: 32%;"></div>
3. No incidents reported	31%	<div style="width: 31%;"></div>

In 58% of assessed settlements, KIIs reported the presence of areas in and around the settlement that women and children avoid due to security reason.

% of assessed settlements by reported area in those settlements in which KIIs reported the presence of areas that women and children avoid due to security reasons:⁴

Areas away from settlement center	80%	<div style="width: 80%;"></div>
Roads	59%	<div style="width: 59%;"></div>
Markets	47%	<div style="width: 47%;"></div>
Health facilities	22%	<div style="width: 22%;"></div>
Other	1%	<div style="width: 1%;"></div>

¹ Sufficient is defined as sufficient quantity of water to meet or satisfy their daily water needs in terms of drinking, cooking, other domestic use and hygiene.

² Top three answer reported.

³ Unimproved water source includes unprotected spring, well or [kariz](#) (persian water channel system), water trucking or tankering (National WASH cluster guidance).

⁴ Multiple options could be selected.

Methodology

What is a Hard-to-Reach district?

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

From a humanitarian perspective, whether a district is hard-to-reach or not should not matter for an organisation's aim or decision to provide assistance, as this must be based on an impartial and neutral assessment of the corresponding needs of the people. Unfortunately, conventional data collection techniques (face-to-face / telephone interviews), which facilitate an evidence-based humanitarian response, are equally limited and undermined by the access restrictions that implementing partners face. Hence, the humanitarian community in Afghanistan lacks reliable data and monitoring tools to assess needs and vulnerabilities of people in HTR areas.

SAMPLING

The sampling frame was designed to strengthen the insights users can draw from the HTR data. First, in order to ensure all areas and populations of a HTR district are adequately taken into account, each district was mapped and divided into Basic Service Units (BSUs). Together with community representatives, BSUs were identified and mapped as geographic areas that have common demographic/socio-economic features and in which communities rely on the same basic services and facilities, such as health facilities, markets, and schools. Following the mapping, key informants were identified through snowballing from existing networks from previous assessments and purposefully sampled, based on their knowledge of the community. Key informants commonly included community elders, teachers, nurses, or maliks (village chiefs).¹ Once the BSUs were identified, Key Informants Interviews (KIIs) were conducted in all areas and for all communities that relied on the same set of basic services – allowing for an efficient, yet comprehensive, data collection coverage. Each KII was conducted in a separate settlement and at least 18% of each district's settlements were covered, resulting in an average of four KIIs per BSU. To reduce the exposure to COVID-19 for enumerators and participants, only three KIIs were interviewed in BSUs where face-to-face interviews had to be conducted.

DATA COLLECTION

Using Open Data Kit (Kobo Toolbox), 133 REACH enumerators conducted 3,533 KIIs across 3,533 settlements between 19th July and 2nd August 2020. Of these, 1,176 were conducted face-to-face, while 2,357 were conducted over the phone.

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

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

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

ANALYSIS

The unit of analysis that each key informant was asked to report upon was the settlement they resided in. Findings and data hence reflect the needs of settlements as a whole, and cannot be further broken down to specific population groups or the household level. However, findings can be aggregated to the district or national level and be compared across districts with different inaccessibility score for the three dimensions of hard to reach: (1) Physical Constraints, (2) Conflict Intensity, (3) Complexity of Actors.

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

LIMITATIONS

- In all but six districts, the assessment was conducted within the district, by local enumerators. In six HTR districts, data collection was not possible in person or via the phone, due to security restrictions and/or a lack of a reliable phone network. In those districts, the assessment relied on an Area of Knowledge (AoK) approach, interviewing Internally Displaced Persons (IDPs) that had recently left from different BSUs within the assessed district.²
- Findings rely on the knowledge of key informants responding on their settlements. The findings are therefore indicative and may not always reflect fully the situation on the ground.
- Weighting of data by the number of settlements within a district, rather than the population, may result in an under- or over-representation of any particular settlement population.
- While the settlement functions well as a 'unit of analysis' for issues related to access to services, it is difficult to adequately assess aspects such as nutrition and food consumption for a settlement as a whole. Therefore, for certain indicators, high proportions of settlements with needs, may not automatically translate to high proportions of the population with needs and vice versa.

About REACH COVID-19 response:

As an initiative deployed in many vulnerable and crisisaffected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently working with sectors and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. Updates regarding REACH's response to COVID-19 can be found in a devoted thread on the REACH website. Contact geneva@impactinitiatives.org for further information.

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

² The AoK approach was used in Farah (Pur chaman), Ghor (Charsadra), Nangarhar (Hesarak, Sherzad), Paktika (Wazakhwah, Wormamay).