AFGHANISTAN

# ERM Qualitative Longitudinal Study (QLS)

Round 1 Preliminary Findings Report

September 2019
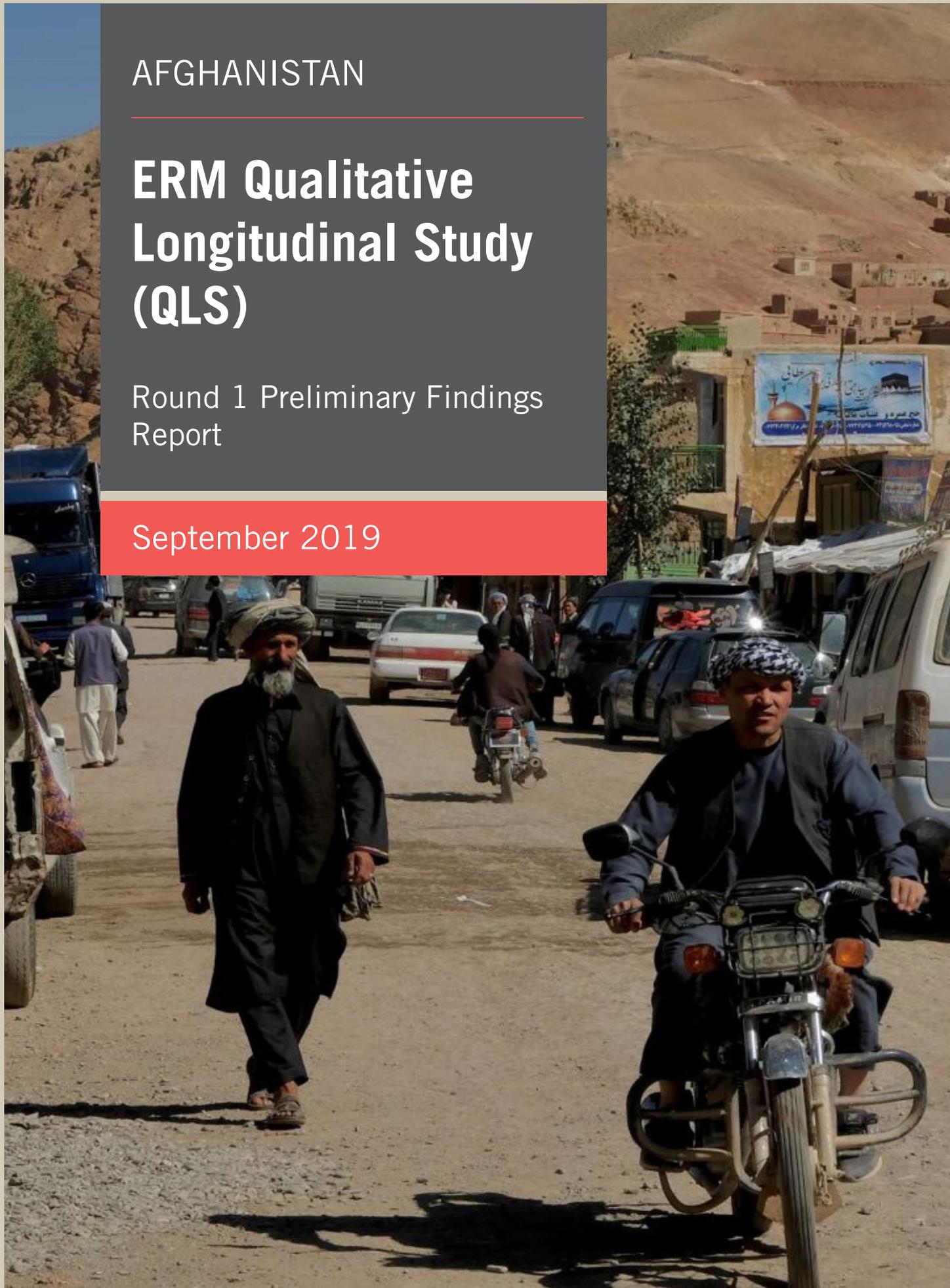
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# SUMMARY

In 2019, Afghanistan continued to face protracted conflict, alongside recurrent and severe natural disasters that have affected the population. The Emergency Response Mechanism (ERM) is a rapid response facility funded by the Directorate-General for European Civil Protection and Humanitarian Aid Organisation (ECHO) to provide immediate, life-saving assistance to shock-affected populations in Afghanistan since 2011, through a coordinated alliance of seven humanitarian organizations delivering multi-purpose cash assistance (MPCA), protection, and water, sanitation and hygiene (WASH) assistance nationwide.[1] Whilst there are multiple activities assessing the quality and short-term outcomes of MPCA there is limited data on the longer-term impacts of one time multi-purpose cash on vulnerable shock-affected communities.

In light of this information gap, REACH, in coordination with ERM partners, launched a **qualitative longitudinal study (QLS)** in Ghor, Herat, Nangahar and Faryab. The QLS is aimed to track the continued impact of assistance on basic needs of a sample of MPCA recipients over time, and where needs persist and/or remain unmet. The caseload selected for the study accounted for 266 households-level interviews and 40 focus group discussions (FGDs) (10 per province), including beneficiaries who received assistance in July and August 2019, following which, implementing partners conducted a post distribution monitoring (PDM) assessment in August. In order to stage data collection over even periods, the first round of the QLS was conducted between 23 August and 28 September.

Overall, key findings from the first round of the QLS showed that the vast majority of households assessed had spent their full assistance at the time of interview (within three months of receiving assistance). Whilst most households did report some form of semi-regular income, i.e. adult employment (69%),[2] 89% reported relying on debt when they couldn't afford food and/or basic needs, and 81% reported being in debt at the time of QLS data collection. The average amount of debt reported was 66,000 AFN (840 USD), which was over 20 times the average monthly income from adult labour in the 30 days prior to interview (3,200 AFN or 40 USD).[3] This suggests that whilst cash assistance may provide short-term support to supplement income, the majority of households faced a continuing income deficit once it had been spent.

Many assessed households flagged their precarious housing situation and chronic food insecurity as primary concerns, highlighting shelter and food as priority needs. In addition, healthcare was reported as a critical need, particularly purchasing medicines and specialised treatments, as well as travel costs to access services. Overall, cash was perceived as an effective modality to meet these sectoral needs, although to varying degrees. The reported household expenditure patterns reflected the self-reported household priorities, and where MPCA was perceived by beneficiaries to be most effective. Almost all assessed households prioritised food (97%), shelter (83%), and health needs (63%) for expenditure.[4]

However, the QLS also showed that where households did not prioritise expenditure of MPCA, such as in education, WASH, and protection, there were still needs indicated. This suggests that either the transfer value was insufficient to cover all household needs, or that households required specialised, in-kind assistance to complement the multi-purpose cash support to shock-affected populatons. More generally, households reported that whilst the cash was helpful to cover costs in the short term, it did not support households needs beyond the first few months, and many expressed concern about returning to pre-assistance levels of need. Additionally, households reported multiple non-financial barriers to meeting a variety of sectoral needs, including food, shelter and health. For example, physical safety was reported to be a major barrier to access facilities, as well as societal and cultural constraints.

Together, this suggest that MPCA, although useful immediately following the impact of shock, does not provide sufficient support to households to cover all needs in the short-term, and does not last to provide support in the

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[1] The ERM is currently being implemented across 33 of Afghanistan's 34 provinces by the following operational partners: Action Against Hunger (AAH), ACTED, Danish Committee for Aid to Afghan Refugees (DACAAR), Danish Refugee Council (DRC), International Rescue committee (IRC), Première Urgence Internationale (PUI), Relief International (RI), and REACH initiative to support in the information management systems of the ERM.

[2] 'Semi-regular income' refers to any income source that may or may not be consistent, but does not actively constitute a negative coping strategy, such as sending children to work, relying on assistance, or selling household assets.

[3] XE currency converter, accessed here.

[4] Multiple choice question. Possible answers were: rent, food, healthcare, education, transportation, communication, water, fuel, debt, shelter, clothing, celebration, and leisure.

longer-term. Overall, findings from this initial round of the QLS points to the need for integrated programming, aligning MPCA to support immediate needs in the short term, with in-kind and service-based assistance as well as longer-term livelihoods and resilience programming, particularly in contexts where internally displaced persons (IDPs) expressed the wish to remain in the new location indefinitely. Longitudinal analysis of data collected over the following five months, as well as disaggregation by key vector of vulnerability, such as female-headed households, will provide further insight into how these needs change over time, the extent to which MPCA beneficiaries perceive assistance to provide continuing support, and highlight key areas for programmatic intervention.

## Key Findings

**MPCA beneficiary displacement profiles:**

〉 **At the time of the first humanitarian emergency assessment tool (HEAT) assessment, all households assessed were displaced, out of which the 98% reported this to be due to conflict or armed groups**. At the time of interview for the QLS, almost two-thirds (64%) remained in displacement.

〉 Almost all interviewed households reported wanting to remain in their current location (82%). In half of all FGDs, participants indicated that they had **no intention to return, primarily due to safety and security concerns, strongly suggesting a need for longer-term livelihoods and resilience initiatives.**

〉 The remaining 36% were one particular caseload that were returning temporarily to their area of origin (AoO); future rounds of assessments will clarify the durability of these returns and potential implications for household needs compared to those in displacement.

**Beneficiary household socio-economic profile and use of MPCA:**

〉 Quantitative indicators on household income, as well as discussions from focus groups, indicated that even **when beneficiariary households were earning income, it was insufficient to meet their needs**. The average amount earned per month was 3,200 AFN (40 USD), whilst average expenditure was 18,700 (245 USD).[5]

〉 The highest amount of assistance provided is 18,000 AFN, intended to be used over 2 months. However, expenditure and income findings indicate that:

  〉 Firstly, **MPCA is unlikely to cover needs beyond the first month**, and;

  〉 Secondly, that **households are likely accruing debt to accommodate for a negative net-income ratio.** Indeed, 81% of households were reported to be in debt, which was further explained in FGDs to be a prevalent coping strategy, borrowing money or taking loans from relatives, friends, or neighbours, as well as purchasing food on credit.

〉 Insufficient income and debt reliance were reported by beneficiaries to be **largely due to limited livelihoods opportunities, highlighting a clear need for related interventions and programming.**

**Impact of MPCA on beneficiary household needs after three months:**

〉 QLS-assessed households **most frequently reported spending cash assistance on food (97%), followed by shelter (83%) and healthcare (63%), which is in line with their reported priority assistance needs** after receiving ERM MPCA. These findings were reinforced through the qualitative data as almost all participants from 36 out of 40 FGDs reported that spending assistance on food, shelter, and health was a priority.

〉 **Whilst beneficiaries did report that assistance was able to support these priority household needs in the short term, findings suggest that there were persistent sectoral needs**. For example, although food and shelter were the primary expenditures for almost all assessed households, over half had poor food consumption scores (FCS) (58%), and two-thirds were living in transitional shelters or tents (67%).

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[5] XE currency converter, accessed here.

〉 Furthermore **participants in FGDs frequently reported that by the time of the QLS assessment, they had continuing needs, and in many cases, that their needs had returned to pre-assistance levels.**

〉 Beneficiaries also reported needs relating to education, WASH, and protection, but that the assistance they received was not enough to meet them; as mentioned above, even **where certain needs were prioritised, the assistance received was reportedly not able to cover needs fully, or for an extended period**.

**Remaining challenges to meeting household needs:**

〉 Whilst MPCA was found to support households in addressing financial barriers to meeting needs, FGD findings shed light on **multiple, and persistent, challenges and barriers to accessing services**.

〉 These challenges **included households raising concerns about continuing needs, that the MPCA amount received could not continue to support beyond the first one or two months**, and consequent concerns that households would fall back into pre-assistance levels of need, or worse.

〉 **Other challenges raised highlighted non financial barriers**, indicating the need for alternative, sectoral in-kind or service based assistance.

〉 In the case of education or health needs, some households did report that the MPCA had helped address needs by covering costs of transportation. However, this raised a **more general issue of remote access to or distance from basic services** such as schools or health clinics that continued to impede households after spending their full MPCA.

〉 Additionally, **cultural barriers and societal constraints were reported to play a pivotal role when it came to accessing public facilities such as schools and healthcare, specifically for women**. Participants reported that women or girls might be unable to leave the house without a male relative, or face discrimination if alone.

〉 More generally, **security was considered a barrier to accessing services and meeting needs**. In 19 out of 40 FGDs, the majority of participants reported safety and security concerns as the main barrier to accessing education.

〉 Overall, these **findings indicate that whilst MPCA was able to meet some household needs within the two months it is designed to cover, it was not sufficient to cover household needs in all sectors, or for the longer term**. This **highlights a need for sector-specific and in-kind interventions to address multi-sectoral needs of shock-affected households alongside MPCA, as well as to follow-up in the longer-term**, including building more facilities, better outreach the community, enhance security and people's safety, improve access and quality of both healthcare and education, livelihood and income generating opportunities, as well as resilience building.

# CONTENTS

## List of Acronyms

| | |
|---|---|
| **ANSF** | Afghan National Security Forces |
| **AoO** | Area of Origin |
| **ECHO** | European Civil Protection and Humanitarian Aid Organization |
| **ERM** | Emergency Response Mechanism |
| **ERW** | Explosive Remnants of War |
| **FCS** | Food Consumption Score |
| **FGD** | Focus Group Discussion |
| **HEAT** | Humanitarian Emergency Assessment Tool |
| **HoHH** | Head of Household |
| **IDP** | Internally Displaced Person |
| **KII** | Key Informant Interview |
| **MPCA** | Multi-Purpose Cash Assistance |
| **NFI** | Non-Food Item |
| **ODK** | Open Data Kit |
| **PDM** | Post Distribution Monitoring |
| **QLS** | Qualitative Longitudinal Study |
| **WASH** | Water, Sanitation, and Hygiene |
| **WoAA** | Whole of Afghanistan Assessment |

## Geographical Classifications

| | |
|---|---|
| **Province** | The highest formal geographic boundary in Afghanistan below the national level |

## List of Figures, Tables and Maps

# INTRODUCTION

In 2019, Afghanistan continued to face protracted conflict, alongside recurrent and severe natural disasters that have affected the population. As a result, the humanitarian needs of the population remain some of the most concerning and complex across the world, with regular and prevalent displacement of populations occuring across the country. Indeed, from 14 January to 6 November 2019 an estimated 363,414 individuals displaced from their homes.[6]

The Emergency Response Mechanism (ERM) is a rapid response facility funded by the Directorate-General European Civil Protection and Humanitarian Aid Organisation (ECHO) to provide immediate, life-saving assistance to shock-affected populations since 2011, where shocks can refer to either conflict or rapid onset natural disasters. In 2019, through a coordinated alliance of seven humanitarian organizations,[7] the ERM continued to support newly shock-affected displaced or non-displaced populations (within 90 days of alert of shock) by delivering multi-purpose cash, protection, and water, sanitation and hygiene (WASH) assistance nationwide.

Whilst all implementing partners, and REACH Initiative (REACH) as a third party, have conducted post distribution monitoring (PDM) activities to assess the quality and short-term outcomes of multi purpose cash assistance (MPCA), there is limited data on its longer term impacts on vulnerable shock-affected communities. In light of this gap, REACH, in coordination with ERM partners, launched a qualitative longitudinal study (QLS) to provide more in-depth, contextual understanding of the longer term outcomes of MPCA. This study will track the basic needs, vulnerability, movement intentions, and protection risks of a sample of MPCA recipients over time, including beneficiary households from four provinces: Ghor, Herat, Nangahar and Faryab. The primary objective is to inform ERM strategy with regards to the suitability and sufficiency of the ERM response, and potential need for recalibration of programming or to advocate for follow-up assistance.

During the months of June to August 2019, all four provinces had been affected by armed clashes, exposing populations to considerable security risks leading to the displacement of a high number of households seeking refuge in more secure areas. During July, Faryab province was also affected by heavy rainfall and severe flooding destroying houses, livestock and cultivated land leading to further displacement.

This report presents the preliminary findings from the first round of data collection, conducted between 23 August and 28 September 2019, up to three months following distribution. The first section outlines the characteristics of the sampled household to be monitored over a five-month period, and is then broken down into the following sections:

〉 Evaluation of household socio-economic profile and activity in relation to cash assistance, including livelihoods, income and debt.
〉 Use of MPCA.
〉 Impact of MPCA on beneficiary household needs after three months.
〉 Remaining challenges to meeting households needs.

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[6] OCHA, 2019. Humanitarian Snapshot. Available here.
[7] The ERM is currently being implemented across 33 of Afghanistan's 34 provinces by the following operational partners: ACTED, Danish Committee for Aid to Afghan Refugees (DACAAR), Danish Refugee Council (DRC), International Rescue committee (IRC), Première Urgence Internationale (PUI), Relief International (RI), and REACH initiative to support in the information management systems of the ERM.

## METHODOLOGY

The first round of the QLS used a mixed-methods approach to assess a purposively sampled group of ERM MPCA beneficiary households. The caseload selected for the study received their assistance in July and August 2019. The selected households included beneficiaries in Ghor, Herat, Nangahar, Faryab. In order to stage data collection over even periods, the first round of the QLS was conducted between 23 August and 28 September. During this period, REACH conducted:

〉 A total of 266 household-level interviews (with a total population of 2,458 household members) were conducted face-to-face, interviewing a representative of each of the selected households to analyse household demographics, vulnerabilities and perceptions of the impact of cash assistance on their needs. Out of the total, 8% were female-led households.
〉 A total of 40 focus group discussions (FGDs) (10 FGDs within each province), with representatives from all beneficiary households assessed, in order to gather the beneficiaries' perceptions of the impact of cash on households' needs.

Following the first round of the QLS, REACH will conduct a further four 'follow-up' rounds of household surveys to assess changes in the beneficiary households' needs and perceptions over time. Follow up data collection will be conducted through a call-centre, to ensure efficient use of resources and in anticipation of potential movements of the selected households from the original area of assessment.[8] Concurrently, REACH will conduct key informant interviews (KIIs) to assess community level changes, with 40 key informants (KIs), contacted for each round.

### Geographical Scope and Population of Interest

The QLS was designed to assess a sample of shock-affected (conflict or natural disaster), displaced and non-displaced beneficiaries of ERM MPCA. The population of interest included all beneficiaries of ERM MPCA from July in the provinces of Herat, Nangahar, and Faryab, and a sample of beneficiaries from August in Ghor.[9]

### Sampling Strategy

For the household survey the samples from Herat, Nangahar, and Ghor included all beneficiaries of ERM MPCA in the month of July. The sample for Faryab included a purposively selected number of beneficiary households from August.

Table 1: Number of households assessed in the QLS household survey, by province

| Herat | Ghor | Nangahar | Faryab |
|---|---|---|---|
| **26** | 72 | 71 | 97 |

Given the sampling methods used, household-level findings should be considered representative of the specific population group assessed only i.e. per province and month of distribution. For the FGDs, participants were self-appointed representatives of the purposively sampled beneficiary households; findings are indicative only.[10]

### Secondary Data Sources

To receive MPCA, households are identified and pre-assessed by ERM partners using a household-level rapid needs assessment, the multi-sector humanitarian emergency assessment tool (HEAT). The HEAT tool serves to determine eligibility of households for assistance according to certain vulnerability criteria; eligible households then receive cash and/or in-kind assistance from the partner, depending on the type and level of need. Following receipt of assistance, partners select a random sample of 10% of the beneficiaries for PDM assessments.[11]

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[8] The study was designed to have five rounds of household surveys.
[9] These were the only distributions that occurred during these months, which was the determined recipient group based on the total project duration and the planned stages of the QLS.
[10] For all FGDs, the self-appointed representatives were male.
[11] In addition to the QLS, REACH provides information management to the ERM partners, including technical support in the design of these tools, as well as consolidation of data and monthly analysis of HEAT data. Factsheets presenting key findings of monthly HEAT data analysis are publicly available on the REACH Resource Centre here.

In order to consider changes in household needs over time, the QLS analysis draws on the HEAT and PDM data collected by partners for ERM MPCA beneficiaries. These findings do not represent the specific population of the QLS sampled households but the wider population of shock-affected households that received assistance, and were later interviewed for monitoring and evaluation purposes. Where used, this was clearly identified.

## Primary Data Collection

### Household survey

The data was collected using the KoBo platform. All enumerators were trained to use KoBo for mobile data collection, as well as interviewing techniques within the context of asking sensitive protection-related questions to vulnerable populations. Forms were uploaded at the end of each day and, during primary data collection, the REACH Assessment Officer reviewed the data daily to ensure the designed sample size was met and to flag any outliers in the data for immediate follow-up.

### Focus Group Discussions

An additional and integral purpose of the FGDs was to engage communities in the process of the study and gain household consent to continue assessing their needs over time. Simultaneously, each FGD group of household representatives nominated a KI, whom will be the main focal point for each community which will be contacted for follow-up interviews.

When conducting the FGDs, there were two enumerators: one to facilitate and one to take notes. All FGD enumerators then completed de-brief forms to gather more in-depth information on their general observations of the FGDs.

## Data Analysis

Data cleaning was conducted daily for any outliers and to check interview length (with all interviews under 30 minutes deleted), with more comprehensive cleaning conducted following the end of data collection with all changes logged. For the household-level survey, the clean data was analysed using SPSS to produce descriptive statistics. All findings were aggregated to the level of the total sampled population to give an overview of initial key findings. Where relevant, this has then been further disaggregated by criteria such as sex of head of household (HoHH).

For the analysis of FGD findings, REACH used the NVivo qualitative analysis software.

## Challenges and Limitations

⟩ FGD participants and KIs were not selected based on their sex. However, as they were selected to be representatives of households and due to cultural norms, all KIs selected were all male, meaning there will likely be a gender bias in the reporting of household and community needs and an underrepresentation of female perspectives.

⟩ The FGDs were included in the research design to increase participant engagement and gain consent for continuous follow up over five months. In order to achieve this, assessed households were also asked to share their contact information, including phone numbers for further interview.[12] Despite these steps, it is anticipated that a number of households will 'drop out' or contact information will not remain valid, meaning that the sample size may reduce over future rounds (known as 'attrition rate').

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[12] In line with REACH global data protection guidelines, steps have been taken to ensure that findings are anonymous and that any sensitive data, such as contact information, remains password protected with limited access rights. At the end of the assessment, all sensitive data will be removed.

## FINDINGS

## Demographics and Household Composition

Almost all beneficiary households assessed in the QLS were male-headed (92%), with only 8% reported to be female-headed. This corresponds to the national average of 8% of female-headed households found in the Whole of Afghanistan (WoA) assessment conducted by REACH from July to September 2019.[13] Overall, the average age of the head of household was 42 years old.

In terms of the marital status of the heads of household, the majority were reportedly married (95%) with 3% widowed and 2% single. However, female heads of household were more likely to be widowed (35%) or single (10%). Such differences may highlight potentially greater levels of vulnerability for female headed households, both socio-economically and with regards to protection concerns. The impact of MPCA on household needs over time may consequently vary across male and female headed households, which will be explored through longitudinal analysis of future rounds of QLS data collection.

Regarding household size, assessed beneficiary households across the four provinces had an average of 9 members. The average household size was slightly higher for the male-headed households (10) compared to the female-headed households (7). In terms of age and sex demographics, the population of assessed households was half male and half female (50% and 50% respectively), with just over half of household members reported to be 18 or under (55%).

Figure 1: Proportion of QLS-assessed beneficiary household members, by age and sex
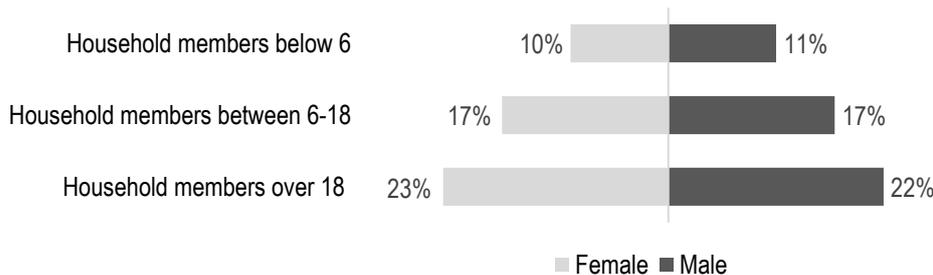


## Displacement and Movement Intentions

**During the HEAT assessment phase of the intervention, all households assessed were reported as displaced when they received assistance in July and August. The majority of displaced households reported that their main reason for displacement was due to conflict (82%)**, followed by forced displacement by armed group (16%). Less than 3% of households reported displacement due to natural disasters (drought or flood). Consequently, findings from the QLS will focus primarily on the experience of households displaced as a result of conflict and not natural disasters.

Over half of the QLS-assessed beneficiary households reported that they have been forcibly displaced only once in the two years prior to data collection (57%), a further 17% reported having been displaced twice, and a quarter (26%) reported having been displaced three or more times. The 43% of households reporting being displaced more than one time highlights a longer duration of displacement which in turn might indicate an increased vulnerability for these households in particular.

While PDM findings found that 95% of ERM beneficiaries were still reported to be in displacement two months after they had received MPCA, the QLS analysis showed that **36% of beneficiaries sampled reported living in their areas of origin (AoO) at the time of interview.[14]** These were primarily beneficiaries from Faryab, indicating that it was a particular caseload that had returned, and not a random distribution of beneficiary households.

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[13] REACH Initiative, Whole of Afghanistan Assessment (WoAA). The report will be published on the REACH Resource Centre here.
[14] It is possible that such returns were on a temporary or irregular basis i.e. during the day-time for work, or to collect belongings, and may therefore not be indicative of stable or durable return. This will be further explored in follow up data collection rounds.

Furthermore, it is unclear whether such returns were on a temporary or irregular basis (i.e. commuting during the daytime, or to collect belongings), and as such might not be indicative of stable or durable return. This will be later explored through longitudinal comparison with future rounds, to understand whether return or continued displacement may affect needs.

## Movement Intentions

The QLS highlighted that, of the beneficiary households which hadn't returned to their AoO across the four provinces (64%), the majority reported wanting to remain in their current location (82%), with only 4% of households reporting a desire to return to their AoO in the three months following data collection. This indicates that, of beneficiaries that remain in displacement, the majority did not intend to return in the following three months. **This highlights a potential need for continued assistance to IDPs beyond the intial two months covered by the ERM MPCA.**

Figure 2: Reported movement intentions of QLS-assessed beneficiary households that remained in displacement, for the three months following data collection
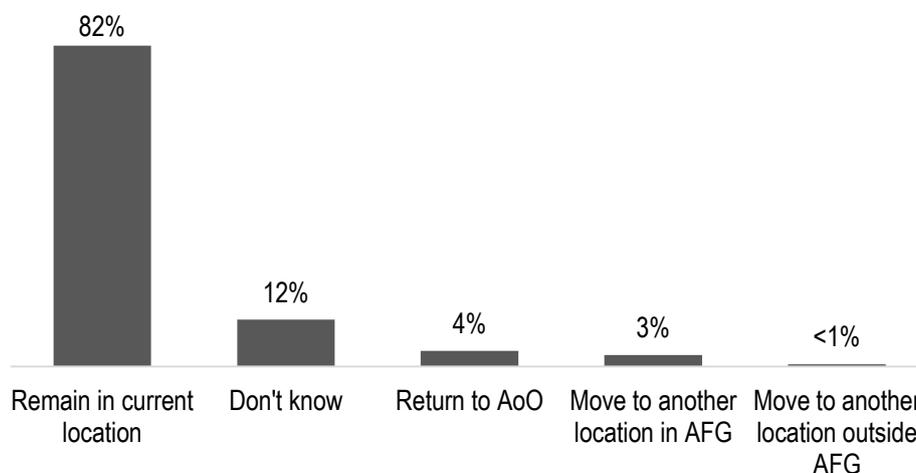


This finding was then reinforced during the FGDs, where a number of participants reported the intention to remain in their current area of displacement indefinitely, in 21 out of 40 FGDs. Reportedly, it was primarily due to participants feeling safe in their current location, in spite of households facing a lack of employment or regular income in the area of displacement. This finding from the FGDs aligns with the profile of the assessed beneficiary households, the vast majority of whom reported displacing because of conflict or armed actors (82%). Indeed, most participants in 36 out of 40 FGDs explained that insecurity in their AoO, including the presence of insurgence/armed groups, was their main reason for displacing and further explained that this had triggered a fear of their young sons being recruited.

Additional reasons for not intending to return highlighted by FGD participants included: limited access to basic services (highlighted in 4 out of 40 FGDs), as well as damage to their housing in their AoO and lack of financial means to make restorations (highlighted in 17 FGDs out of 40). Whilst recovery and development programming in conflict-affected areas may help address such concerns, again, the **reported intention of beneficiaries to remain in their current location indefinitely strongly suggests that long term assistance will still be needed**. This relates to both **meeting critical humanitarian needs, as well as resilience building in areas of potentially protracted displacement.**

## Household Socio-Economic Profile

In order to more fully understand how MPCA can and does support shock-affected households, the QLS explores key indicators such as income and livelihood opportunities and engagement, to gain a fuller picture of beneficiary households' socio-economic profile. This is especially useful to understand the resilience capacity of beneficiary households, their ability to support their primary needs in the longer term, and consequently the level and type of needs for further intervention.

### Livelihoods and income

In the 30 days prior to data collection (approximately two to three months following receipt of assistance), the majority of assessed beneficiairy households reported their main source of income to be from adult employment (69%); the average amount per month was 3,200 AFN (40 USD).[15] This was followed by income from selling assets (22%) that was on average of 1,150 AFN (15 USD),[16] and income from small businesses (7%). This likely **indicates that even where QLS beneficiary households were able to earn some income, it was insufficient to cover household needs on a monthly basis.[17]** These results were further supported through the qualitative data, with participants from 35 out of 40 FGDs reporting that their own sources of income were insufficient to meet their household's needs. As a result, **participants across all four provinces indicated that the MPCA received was helpful for a short period of time to supplement their regular income sources and meet household needs, but did not improve their living conditions and access to income generating activities in the long run.**

**Generally, the reported lack of livelihood and income-generating opportunties further worsen the overall households' coping capacity.** Participants in 22 out of 40 FGDs reported that barriers to employment were mainly due to displaced households living in new communities and employers lacking trust and preferring to give jobs to host communities. However, participants also highlighted that employment opportunities were limited anyway. Particularly affected were the displaced households coming from rural areas, whose previous experience was mainly in farming, and who also had limited education or necessary skills for employment in urban contexts.

### Debt

In exploring the socio-economic profiles of QLS-assessed beneficiary households, debt emerged as a prevalent coping strategy to meet household needs, indicating a further depletion of capacity to recover from shocks. **Overall, 81% of assessed households reported being in debt, with the average amount reported to be 66,000 AFN (840 USD); this was over 20 times the average monthly income from adult labour in the 30 days prior to the interview** (3,200 AFN or 40 USD).[18]

**In almost all FGDs (36 out of 40), participants reported that borrowing money or taking loans from relatives, family members, neighbours or shopkeepers were the main coping strategies employed to address the lack of livelihoods opportunities and regular income.** The most reported reasons for acquiring debt reported by QLS-assessed households were: to pay for sudden medical expenses (53%), followed by paying for essential household items (52%), rent (38%), education (5%) and 16% of households reported paying off other debt.

Whilst the QLS found that just 5% of households are spending their cash on debt, the PDM nation-wide findings found that 20% of households reported debt as a main expenditure, highlighting this as a prevalent phenomenon. Of this 20%, it was found that within urban areas the average expenditure was 6,680 AFN (85 USD), and slightly higher in rural areas at an average of 7,240 AFN (92 USD).[19] It follows that **the use of MPCA to reduce debt will hinder the capacity of shock-affected households to meet priority needs, and in turn increase reliance on assistance or negative coping strategies.** The impact of shock and circumstances of consequent displacement likely exacerbates this, and indeed, during 10 out of 40 FGDs, **participants reported that displaced households often remain in debt for extended periods of time facing difficulties re-paying loans.**

**In addition to reliance on debt, participants in FGDs highlighted a number of other extreme coping mechanisms used, which flagged the need for cross-sectoral and protection-related interventions.** Household representatives in FGDs discussed resorting to behaviours including: engaging children and youth in working or begging, also causing them to not be able to attend school, marriage of young (or underage) girls, young males joining Afghan security forces or armed groups, further displacement, and/or selling properties and lands. It further highlights the need to couple MPCA with longer-term sector-specific and in-kind interventions to meet the households remaining needs, and enhancing their access to livelihood and income-generating opportunities. This requires support to vulnerable and shock-affected households both in terms of immediate protection needs, as well

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[15] XE currency converter, accessed here.
[16] XE currency converter, accessed here.
[17] The Minimum Expenditure Basket (MEB) established by the Cash and Voucher Working Group (CVWG) in 2019 calculates the minimum amount to meet household needs at 13,500 AFN.
[18] XE currency converter, accessed here.
[19] XE currency converter, accessed here.

as **longer-term resilience and livelihoods development interventions. Assistance aimed to promote longer term results, resilience, and access to livelihood opportunities, together with MPCA, might not just reduce the need to rely on cash and goods distributions but also increase households' capacity to self-sustain over periods of prolonged displacement.**

## Use of Multi-Purpose Cash Assistance (MPCA)

### Areas of expenditure

**Understanding assessed beneficiary households' main areas of expenditure of the cash assistance provides an indication of beneficiary households' immediate and priority needs. QLS-assessed households most frequently reported spending cash assistance on food (97%), followed by shelter (83%) and healthcare (63%),** which is in line with their reported priority assistance needs after receiving ERM MPCA. This is also reflected in the needs assessed in HEAT assessments, and expenditured reported in nationwide PDM and WoA assessment findings.

**Figure 3: Most frequently reported areas of expenditure of ERM MPCA by QLS-assessed beneficiary households**[20]
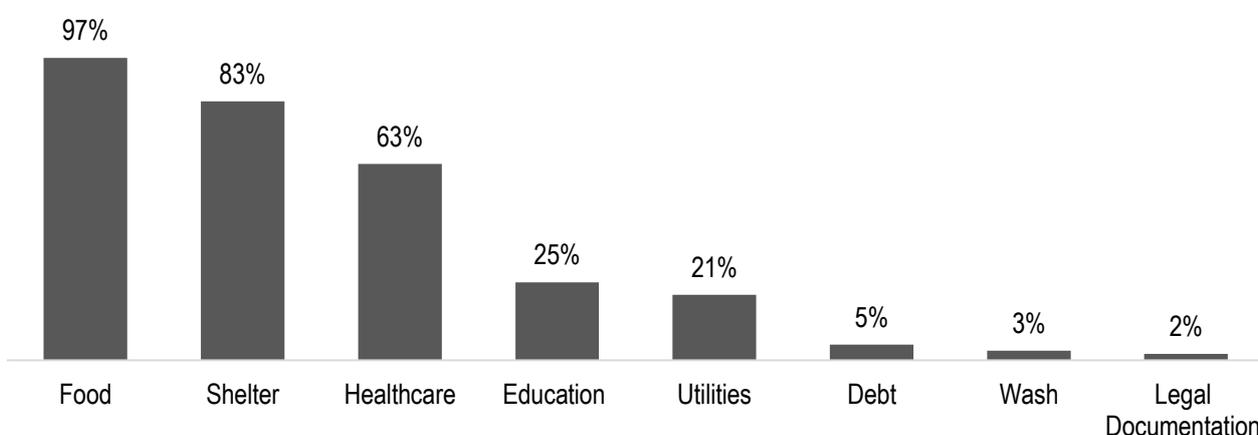


These findings were reinforced through the qualitative data as **almost all participants from 36 out of 40 FGDs reported that spending assistance on food, shelter, and health was a priority**. Participants explained that food expenditure was focused on buying flour/wheat, rice, oil, vegetables and tea. Shelter costs were reported as most often related to buying transitional shelter (tents), to repair their transitional shelter, to pay rent or to pay off debts acquired from paying rent, and finally, participants explained that if households spent cash on health it would be most likely to fund the transportation costs to healthcare facilities, to pay for medication or to pay for treatment.

In a handful of cases, as reported by some FGDs participants from Ghor and Nangahar, MPCA was used to invest in new employment opportunities, including starting small businesses (e.g. small shops, fruit stall, purchasing materials, etc.). However, the majority of beneficiary assessed households across the four districts reported cash assistance so far did not improve their access to income generating activities, and did not use the assistance to invest in income generating activities. These findings suggest that, whilst livelihood focused interventions could effectively make use of cash modalities to build longer-term resilience, expenditure on short-term basic household needs are prioritised by beneficiaries. That many of the costs prioritised are recurring expenditures, indicates that MPCA fills gaps in immediate needs, but does not necessarily **ensure that shock-affected households do not return to their pre-assistance level of need.**

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[20] Ibid. Multiple options could be selected and findings may therefore exceed 100%.

## Impact of MPCA on beneficiary household needs after three months

**Where households reported spending their assistance, there were varied responses on the extent to which MPCA addressed needs.** Overall, positive perception of impact of assistance on types of need correlated to higher expenditures, but there were some notable variations.

**Figure 4: Of QLS-assessed households reporting spending on food, education, utilities, and other, proportion reporting assistance to have improved access to services**
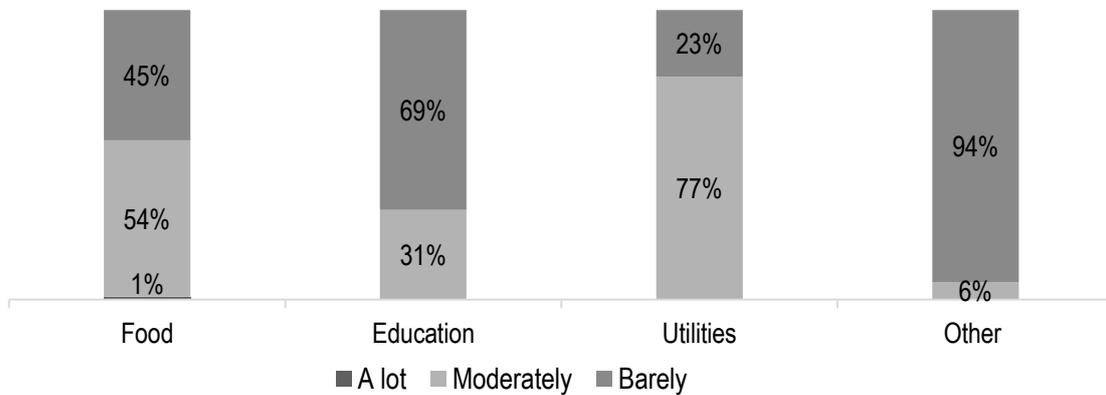


The graph above shows how the MPCA impacted the households. When considering the total number of families that spent part of their MPCA on food, education, utilities, or other sectors, just in few cases the beneficiaries reported a huge change in their access to one of the specific sectors. Overall, the majority of respondents identified the impact as moderately or barely noticeable after a few weeks.

### Food Security Needs

Whilst food was the most frequently reported expenditure by assessed households in the QLS, **half reported that their access to food had not improved due to cash assistance (51%).** Out of those who reported an improvement (the remaining 49%), this was only moderately (53%) or barely (45%); only 2% reported that access had improved a lot. In addition, **the majority of households reported having spent their assistance by the time of interview, suggesting that where access to food had increased, this was only in the short term.** These results again highlighted that despite the majority of interviewed households reporting that MPCA had a positive impact on the short term, either the cash provided is not sufficient to meet all the households' basic needs, or that it should be coupled with more lasting solutions for the most vulnerable ones.

**Figure 5: Proportion of QLS-assessed beneficiary households reporting impact of assistance on access to food**
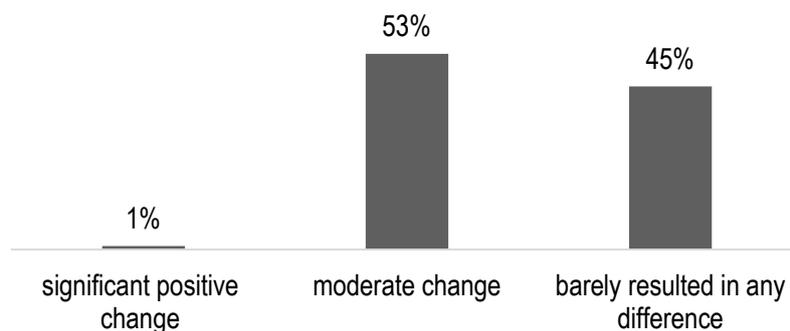


**Of the 51% of households reporting that their access to food had not improved due to cash assistance, the main reported reason for this was due the cash not being enough to cover the expenses needed (48%).** This was followed by: the shock/conflict had gotten worse (23%), that households were in need of other types of assistance (cash was not appropriate) (20%), and finally, that the cash did not last long enough to make lasting changes (14%).[21]

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[21] Multiple responses could be selected; findings may therefore exceed 100%.

Findings from **31 out of 40 FGDs further support this, where almost all participants highlighted that households perceived the cash assistance to be helpful for a short period of time to provide the families with food supplies temporarily, but that it did not meet needs or improve household nutrition in the longer term**. Participants reported that they were temporarily able to buy better quality/variety of food after receiving the cash assistance but that at the time of data collection (two to three months following receipt of assistance) they faced food shortages again, to a similar level as before receiving assistance.

**Based on self reporting, findings suggest that MPCA had only a minimal impact on food security by the third month.** As further evidence of this, over half of all QLS-assessed households across the four provinces had poor food consumption scores (FCS) (58%), three months after receiving assistance.[22] Whilst this may be an improvement on pre-assistance levels (for which direct comparison with HEAT data will be required), this shows that **a considerable proportion of beneficiary households had persistent and high levels of food insecurity following the intended coverage period of assistance.**

**Figure 6: Food Consumption Score (FCS) of QLS-assessed beneficiary households**
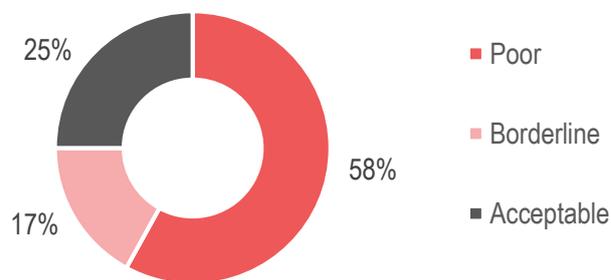


**Shelter Needs**

**Shelter was the second most frequently reported priority area of expenditure** by QLS-assessed beneficiary households and **where the greatest proportion of respondents reported improvements as a result of cash assistance (95%).** Of households reporting that cash had improved their shelter situation, 66% reported that the cash assistance had helped them to move to a new shelter; a further 28% reported that it helped to pay rent, and 15% reported that it had helped to make repairs to their shelter.

**Figure 7: Reasons reported by QLS-assessed beneficiary households as to why cash improved the households' shelter situation[23]**
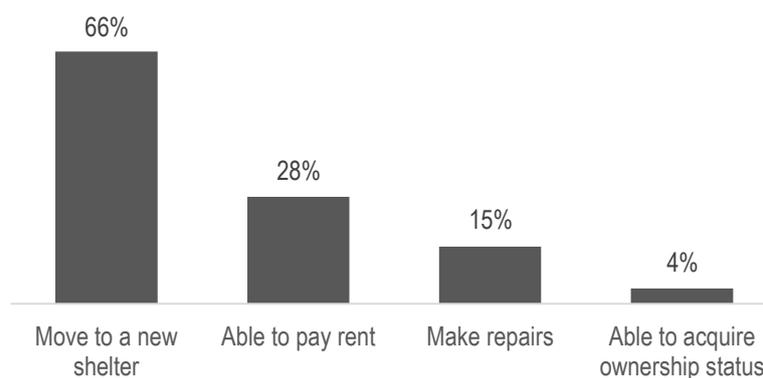


The QLS qualitative findings also confirmed this: during **26 out of 40 FGDs, the majority of participants explained that the cash assistance had helped to buy emergency shelter or make repairs**. Participants also highlighted that the cash assistance had a short term positive impact on their shelter situation **but that they were concerned their shelter situation would deteriorate in the longer term.**

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[22] The FCS is a WFP-established proxy indicator for food security, measuring dietary diversity through calculation of frequency of consumption of different food groups by the household in the seven days prior to interview. More information on this measure can be found here.
[23] Multiple options could be selected and findings may therefore exceed 100%.

That the primary reported use of cash to support shelter needs in both the qualitative and quantitative findings was for transitional shelter, or to help pay for rent; this indicates **shelter to be an ongoing expenditure. More concerningly, findings suggest acute humanitarian needs relating to shelter,** in that two thirds of households reported living in transitional or makeshift shelters, or tents, at the time of interview (68%).[24] **During 34 out of 40 FGDs, many participants indicated that displaced households were most likely to live in tents, transitional shelters and often rented damaged mud housing in poor living conditions** with limited access to electricity, water and sanitation facilities. Participants also highlighted that displaced households often faced challenges paying rent, resulting in tensions with home owners and flagging potential social cohesion issues between IDPs and/or returnees and their surrounding communities.

## Healthcare Needs

Together with food and shelter, healthcare was reported as one of the main priority areas of expenditures. In terms of need, **73% of the QLS assessed beneficiary households reported that at least one family member needed healthcare assistance at the time of data collection.**

Of the households in the QLS that reported spending on healthcare, 46% reported that the cash assistance improved access to healthcare. The households that reported health expenditures reported that they were paying for: medications (93%), treatments (75%), the journey to and from the facilities (36%), and to access relevant documentation (21%).[25] This was confirmed by several **participants in 20 out of 40 FGDs, who reported that cash was helpful in meeting healthcare needs in the short term, suggesting that cash may be an appropriate modality for humanitarian assistance for the health sector.**

**Figure 8: Proportion of QLS assessed beneficiary households that reported spending on health, by type of health expenditure**
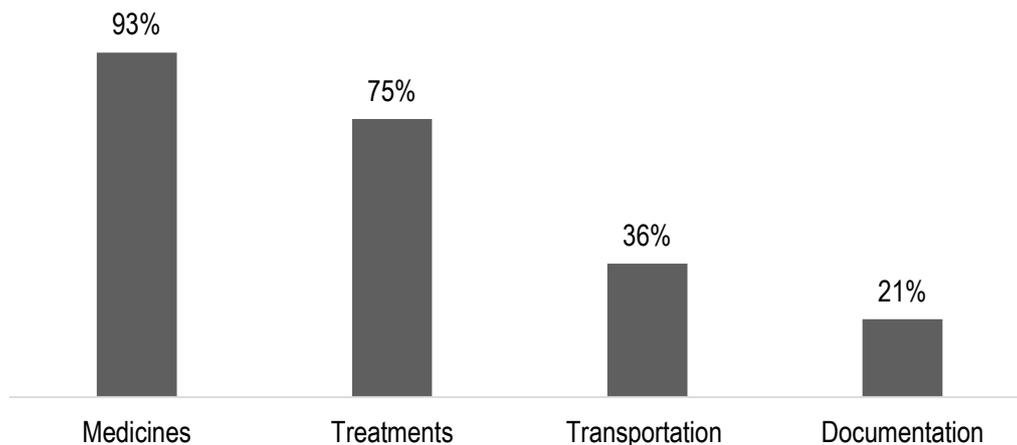


However, **54% reported the cash assistance as not helpful to improve their overall ability to access healthcare. Moreover, during the FGDs, the beneficiaries clarified that cash assistance supported them in the short term, but it was not enough to improve access to healthcare for longer term.** In the 20 FGDs where this was discussed, a number of participants reported that MPCA was spent on more pressing priority needs such as food and shelter. A resultant common coping strategy was to visit a village doctor using natural plant medicine instead of seeking western medical care, or to delay seeking healthcare entirely.

Furthermore, when asked, **a large majority of beneficiaries (81%) reported facing barriers to accessing basic healthcare and medical assistance that were largely unrelated to costs**. This was simialrly discussed in FGDs, with participats raising issues such as security concerns, accessibility and distance of services, as well as social and cultural barriers, **highlighting a need for sector-specific and in-kind or service-centred interventions over the long term in order to ensure access to healthcare for shock-affected populations.**

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[24] QLS-assessed beneficiary households reported living in the following types of shelter at the time of interview: transitional (62%), permanent (17%), tents (5%), open space (4%), makeshift shelters (1%), and 'Other' (14%); "Other" represents households reporting rental housing and housing made of mud.
[25] i.e. prescription for medications or treatments

## Education Needs

Overall, **25% of beneficiary households assessed in the QLS with children reported spending money on education, of which, roughly half (52%) reported that the cash assistance did not improve their access to education**. This was explained further in the FGDs; in 19 out of 40 FGDs, the majority of participants reported that the cash received did not impact their children's access to education due to having to spend the cash assistance on other priority needs including shelter, food, health and repaying debt.

Despite the relatively low proportion of households reporting to spend their assistance on education, a number of participants in 16 out of 40 FGDs highlighted fincancial barriers to accessing education, including lack of finances to pay for their children's school fees, and requiring their child to seek employment and contribute to the household income instead. **However, non-financial reasons were more commonly reported to affect access to education services. For example, in 19 out of 40 FGDs, the majority of participants reported safety and security concerns as the main barriers to accessing education**.

Furthermore, 36 households reported not spending any of the MPCA on education, despite having children, out of which 18 because the cash was not enough, and 6 because their situation deteriorated in the weeks following receiving cash assistance and they had to prioritise other expenditures. Additionally, amongst the assessed households, children were reportedly removed from school in the months prior to the interview. In 113 households at least one girl was withdrawn from school and in 119 cases at least one boy, despite education being compulsory up to the 9th grade in Afghanistan.

Together, these findings indicate that whilst education was a need for many households with school-aged[26] children, they **were not spending their assistance on this, either due to having to prioritise other, more critical, needs such as food and shelter, or because of considerable non-financial barriers to access.** Consequently, whilst further cash assistance might mitigate the need for families to send children into the labour market to supplement household income, the findings highlight more considerable, non-financial barriers to education that require sector-specific interventions and support.

## Water Sanitation and Hygiene (WASH) Needs

**Overall, only 3% of beneficiary households assessed in the QLS reported spending their cash on WASH needs.**[27] For instance, 88% of QLS-assessed beneficiary households reported that the cash assistance did not improve their access to drinking water in the two months prior to data collection.

**However, whilst this suggests that WASH is not considered a priority area of need by assessed beneficiary households, the QLS found that there remain critical gaps in WASH infrastructure**. When asked about primary sources of drinking water, the majority of assessed households reported using unimproved and open water sources: public handpumps (29%), unprotected springs (24%), surface water (16%) and protected springs (1%). Only a quarter reported using private handpumps (19%) or water piped from a public network (5%).[28]

## Protection Needs

**The main protection risks reported by beneficiary households assessed in the QLS related to ongoing physical safety and obtaining legal documentation. Despite protection being a critical need,** findings from the first round of the QLS showed that ownership of legal documents was a low priority of expenditure for the beneficiary households interviewed for the QLS; only 2% of households reported spending MPCA on obtaining documentation. **Whilst cash might not be able to directly mitigate protection needs, findings from FGDs indicated a number of other challenges or barriers to protection needs that may require both short and long-term sectoral interventions through alternative modalities.**

**Overall, the findings from this first round of the QLS show MPCA to have had an immediate impact on beneficiary households' ability to meet certain needs, to varying extents**. To understand the situation of these households in the longer term, future rounds of the QLS will track both self-reported levels of need, as well as

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[26] Schooling age in Afghanistan is 5-14 years old.

[27] This may in part be due to the provision of in-kind WASH assistance, which is regularly provided by DACAAR at the same time as ERM MPCA.

[28] The remaining 7% reported 'other', which includes unprotected springs and river water.

objective measures of sectoral needs, such as the Food Consumption Score (FCS). This would help to better understand household needs in the longer term, which is especially prescient given the expressed concern of participants that their situation would deteriorate over time once the assistance was spent.

However, these **findings also indicated that the assistance received was not sufficient to meet all priority needs in the short term, or ongoing needs in the longer term.** Furthermore, **findings from the FGDs provided a more in-depth exploration of the additional financial and non-financial challenges and barriers that affect beneficiary households**, beyond what PDM surveys have been able to. The next section explores some of the key reported remaining challenges to meeting household needs, in order to better inform tailoring of cash or in-kind assistance for shock-affected populations in both the short and long term.

## Remaining challenges to meeting household needs:

The **QLS round 1 findings indicated the extent to which beneficiary households felt the assistance has enabled them to meet their needs**. More generally, where more households reported spending money, there were higher levels of perceived improvement in level of needs. However, this was not consistently the case; **for all needs where households reported spending, a proportion of households reported no impact. Whilst MPCA is designed to cover household multi-sectoral needs for two months, these findings indicated that the ERM MPCA was not always sufficient to meet short-term needs.**

For example, almost all households reported spending some of their assistance on food. However, **51% reported that their access to food had not improved. When asked why, almost half reported that it was not enough (48%),** their situation had deteriorated (23%), the household was in need of other types of assistance (20%), or because the cash did not last long enough to make lasting changes (14%). Indeed, many of the priority needs of households were ongoing needs that require consistent funding. In the case of shelter, FGD participants reported spending assistance on rent, which will remain a consistent need; many highlighted that displaced households often faced challenges paying rent, resulting in tensions with home owners and flagging potential social cohesion issues between IDPs and/or returnees and their surrounding communities. Collectively, these findings indicate that **the assistance received was not sufficient to meet all needs in the short term, even where prioritized over other expenditures, and was unable to support ongoing needs in the longer term.**

**When asked about additional non-financial barriers to meet household needs, a number of key issues were frequently mentioned,** such as safety and security concerns, missing documentation, and socio-cultural barriers. Additional barriers included a lack of facilities and infrastructure, limited physical accessibility, and ethnic differences/tensions, particularly for displaced families.

In order to better inform future programming for shock-affected populations, this section will **explore how beneficiary households reported some of the key non-financial barriers to affect their ability to meet needs in both the short and long term, particularly those relating to protection**.

### Safety and Security

In terms of physical safety, 97% of beneficiary households assessed in the QLS reported that cash did not contribute to protecting their household from physical safety risks and over half (51%) of households reported having physical safety concerns about members of their family (including themselves).

Types of safety concerns highlighted during FGDs included: insecure transportation conditions (highlighted in 6 out of 40 FGDs), the presence of mines and explosive remnants of war (ERWs) (highlighted in 6 out of 40 FGDs) and unsafe locations for schools and workplaces (highlighted in 6 out of 40 FGDs). Indeed, in 19 out of 40 FGDs, participants reported that some parents did not allow their children to go to school due to the possible explosions, or kidnappings that could occur when travelling.

Households were also asked to report the population group of most concern in relation to physical safety. The population considered to be of most concern in relation to physical safety, as reported by households, was women between 18-59 years old (28%). Concerns for the physical safety of women in particular were highlighted as the main security concerns in FGDs. This was especially prevalent regarding barriers to accessing health services and

education. More specifically, participants in 17 out of 40 FGDs in Faryab and Ghor province explained that the concerns were mainly around the safety of women leaving their homes unaccompanied due to the cultural constraints. This might indicate additional vulnerability criteria for female led households, which comprise 8% of the assessed households across the QLS.

**Figure 9: Proportion of beneficiary households assessed in the QLS reporting the populations of most concern in relation to physical safety[29]**
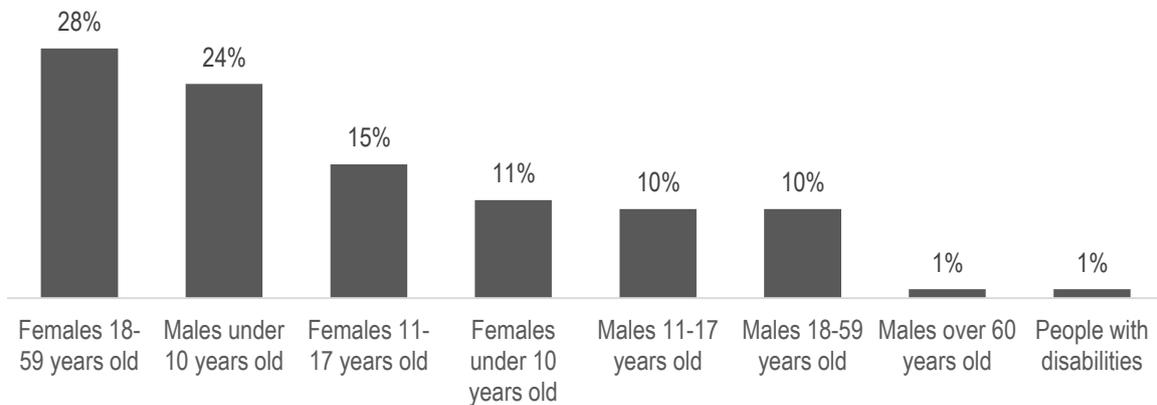


Furthermore, in 12 out of 40 FGDs, participants reported additional concerns due to ethnic differences and tensions, particularly for displaced families. Such **findings indicate a level of protection risk in relation to physical safety that requires further investigation in the next rounds of the QLS and further consideration in specialized service provision and longer term programming.**

## Legal documentation

Missing documentation was also considered as a major barrier to access resources, particularly for displaced families. Specifically, lack of national identity document (ID), or *Tazkera*, constituted an additional barriers for displaced children to access education. In terms of ownership of legal documents, **the vast majority of households (97%) reported that the cash assistance received did not help them to acquire legal documents. However, almost a quarter of households (22%) reported having lost, damaged or expired documentation**. Of this 22%, the main type of documents reported lost, damaged or expired were national IDs (*Tazkera*) (83%), followed by birth certificates (71%), passports (59%), marriage certificates (57%) and finally guardianship certifcates (2%).[30] These trends were further confirmed by FGD participants.

The main reasons for missing documentation reported by FGD participants were varied, but some included issues that could be addressed through cash, such as: long distances to travel to the district of origin to replace them, and limited financial means. However, other reasons were more intractable and would require more complex solutions and assistance, such as: an unstable security situation in the area of origin, corruption and bribery in government offices, illiteracy, limited community awareness about the importance of civil documentation and cultural attitudes towards women and children needing to have civil documentation.

These findings indicate that **MPCA alone cannot cover these protection-related needs and as a result, follow-up protection activities to support shock-affected and displaced households, in removing households from physical threats and supporting households to acquire civil documentation, would be needed.**

## Cultural constraints

In line with the findings on physical safety, showing that women between 18-59 are the group most at risk, **women and girls were also reported to face both cultural and societal constraints**, which play a pivotal role in accessing resources and services. Parents highlighted their reluctance to send their daughters to school due to the

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[29] Multiple options could be selected and findings may therefore exceed 100%.
[30] Multiple options could be selected and findings may therefore exceed 100%.

disapproval of their community. Furthermore, women were often reported to be prevented from leaving the house without a male relative, or face discrimination if alone, even to go to healthcare facilities or to access job opportunities. This consequently hindered women's access to employment, which was often limited to home-based work and activities. Eventually women chose to start their own small business, in spite of the cultural barriers. These findings highlight the **need for a gender-focused lense when understanding and responding to cross-cutting needs, particularly for health and protection.**

## CONCLUSION

The first round of the QLS found that following shock and displacement, food, shelter and healthcare were the priority areas of expenditure for beneficiary households receiving MPCA. Thus, the findings indicate these to be primary and immediate needs of shock-affected households. These results align with findings from nationwide HEAT data analysis and PDM assessments of ERM beneficiaries. However, the findings of both the household-level interviews and FGDs from the QLS provided more nuanced information about the nature of household expenditures, and perceptions of the extent to which assistance was able to meet short term needs. This is especially valuable in order to assess the impact and efficacy of MPCA, designed as to support households for two months, and understand its limitations, in order to better inform future programming.

Whilst households predominantly spent on needs relating to food (97%), shelter (83%), and healthcare (63%), reports of the capacity of the assistance to meet those needs varied. Many assessed households reported, as in the case of healthcare, that the amount was insufficient, or, as for food and shelter, that these were ongoing needs. Furthermore, findings indicate that the assessed beneficiary households had limited capacity to use MPCA to address humanitarian needs related to WASH (3%), education (25%), and protection (2%), in spite of indications that such sectoral needs were prevalent. In many cases, such as education, this was not necessarily due to cash being an ineffective modality, suggesting that beneficiary households prioritised expenditure on other needs. That being said, many of the reported issues indicate the need for sector-specific and service-based assistance; this was most evident where beneficiaries reported cross-cutting protection needs. Overall, findings build a picture that even within the two-month period for which MPCA was intended to support, households were not able to fully meet their needs, often due to non-financial barriers that required in-kind or service-based solutions.

Findings related to both perceived impact, as well as socio-economic profile of assessed households, provided further insight into the longer-term needs of shock-affected populations, and thus gaps in the response to these humanitarian caseloads. Households were found to have low income and limited employment opportunities, as well as prevalent and high levels of debt, which further compounded existing needs and vulnerabilities. Reliance on debt or borrowing money from friends and family emerged as a prevalent coping strategy to meet household needs, reported by 81% of the assessed households. Such reliance on debt indicated a further depletion of households' capacity to recover from shocks; in some cases, households even prioritized expenditure on debt repayment over other needs. Overall, whilst beneficiary households reported that the MPCA received was helpful in the short term to supplement their income, there were ongoing needs in order to maintain living standards, and a notable gap in access to income generating activities to enable beneficiaries to self-support in the longer term.

Without longer-term resilience building initiatives, livelihood opportunities, and specific sectoral assistance, findings from the first round of this study suggest that the needs of the beneficiaries that participated will increase over time.[31] Indeed, FGD participants explicitly expressed fears that their living conditions will become difficult again. However, in order to understand how, in what ways, and to what extent the households' needs change over time, to better advocate for and inform integrated and longer-term programming, the following rounds of the QLS will provide longitudinal analysis by monitoring the same households over a five-month period on a number of key needs-based indicators. Furthermore, the final analysis will compare QLS findings with the initial HEAT assessments conducted, to provide data points covering pre-assistance levels of need. The final QLS report will aim to advocate for and inform the response in Afghanistan in terms of how follow-up interventions can be tailored to meet ongoing humanitarian and recovery needs.

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[31] This finding is in line with inter-sectoral analysis of the Whole of Afghanistan Assessment for 2019, which was referenced on in the 2020 Afghanistan Humanitarian Needs Overview.