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RESEARCH SERIES ON RETURN AND REINTEGRATION IN AFGHANISTAN



RESEARCH BRIEF
DISPLACEMENT TRENDS
AND CHALLENGES IN
AFGHANISTAN SINCE
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High school building, Kabul (Credit, Samuel Hall 2022)

GLOSSARY

Basic services	Public/private service provision systems that meet human basic needs including drinking water, sanitation and hygiene, energy, mobility, waste collection, health care, education and information. ¹
Displacement	The movement of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters. ²
Infrastructure	The basic systems and services, such as transport and power supplies, that a country or organization uses in order to work effectively.
Placemaking	Placemaking is a process for shaping public space that harnesses the ideas and assets of the people who use it. ³
Pull factor	A factor or series of factors such as safety, familial connections, ethnic ties, economic opportunity or climate which make a location desirable for migration.
Sustainable connectivity	Infrastructure Connectivity refers to the linkages of communities, economies, and nations through transport, communications, energy, and water networks. ⁴
Wellbeing	The set of material living conditions, quality of life and sustainable socio-economic and natural systems that enable a population to live comfortably.

Developing water infrastructure, Nangarhar province. (Credit: Samuel Hall 2022).



1 UNESCO, '[Basic services](#)', 2021
2 IOM, '[Glossary on Migration](#)', 2019
3 Project for Public Spaces, '[What Is Placemaking?](#)', 2007
4 World Bank, '[Global Infrastructure Connectivity Alliance](#)', 2008

LIST OF ACRONYMS

AFN	Afghani (currency)
ARTF	Afghanistan Reconstruction Trust Fund
BHC	Basic Health Clinic
CHC	Comprehensive Health Clinic
DfA	De facto Authorities
DH	District Hospital
DTM	Displacement Tracking Matrix
FGD	Focus Group Discussion
GCRF	Global Challenges Research Fund
HP	Health post
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IIED	International Institute for Environment and Development
IOM	International Organization for Migration
KII	Key Informant Interview
MDI	Multi-Dimensional Integration Index
PH	Provincial Hospital
SHC	Sub Health Clinic
SSI	Semi-Structured Interview

WHY THIS BRIEF?

The IOM commissioned Samuel Hall to conduct a series of four briefs, focusing on the topics of mental health, urban migration, infrastructure & basic services, and climate change displacement. This is Brief 4 of the series. The purpose of the research is to provide IOM and other migration stakeholders with knowledge and learning on important aspects of forced migration. This knowledge and learning is produced to enhance IOM's understanding and migration response strategies and activities. The briefs will be used by IOM to inform future programming, including to develop evidence-based proposals.

INTRODUCTION

Infrastructure and the provision of basic services have changed profoundly in Afghanistan over the past two decades. Throughout this time significant progress was made – roads were expanded, electricity infrastructure developed and healthcare services improved – in great part due to investment by international donors, and links between government plans and community-based decision-making through community development councils that steered Afghanistan’s local development.⁵ The period before this large-scale infrastructure development is still present in the memories of Afghans consulted for this brief, who recount that:

“Twenty years ago, there were no doctors and hospitals in the rural areas. When people became sick, they would reach out to experts in traditional medicines. Their chances of being cured were slim... The only form of education for us was religious, taught by mullahs in the mosque.”⁶

The fall of Kabul to the Taliban in the summer of 2021 resulted in far-reaching changes in the way Afghans access basic services, and where they seek to access them. The change of power and subsequent drying up of international support impacted all sectors from healthcare to education, mobile phone networks and electrification, water and roads. A brain drain further aggravated the crisis in service provision: research participants interviewed for this brief spoke of health centres no longer receiving support through medicines and equipment, and of qualified doctors and teachers leaving the country. At the same time, there is a trend of people leaving the cities, where basic services are traditionally better. This makes it necessary to rethink the principles of hierarchical service provision in the healthcare sector for instance. More broadly, the deterioration in access to infrastructure and basic services has had an impact on many aspects of their lives, and for the displaced, on their chances for integration and reintegration specifically.

This is relevant to inclusive planning and the notion of placemaking, the process via which people shape and

reinvent their public realm to maximize shared value. As noted by the Project for Public Spaces, “placemaking facilitates creative patterns of use, paying particular attention to the physical, cultural, and social identities that define a place and support its ongoing evolution.”⁷ In 2022, with millions of Afghans on the move during a humanitarian crisis, finding a place to call home will depend on the quality and accessibility of services offered. It is critical to hear from Afghans about their needs and decisions surrounding access to services, to develop opportunities for **sustainable connectivity** – to develop infrastructure policies and projects with societal and environmental goals which meet the needs and preferences of different groups in society.⁸ In this brief, we will focus specifically on the needs of the displaced and other vulnerable groups. This brief takes stock of the situation (displaced) Afghans face in 2022, and their prospects for placemaking: of making a home with reliable and equitable public services and infrastructure.

RESEARCH QUESTIONS

This report seeks to answer the below research questions:

1. To what extent have infrastructure and basic services in the past acted as a pull factor for displaced persons? Do these same patterns still hold today?
2. What is the situation in terms of infrastructure in Afghanistan in 2022, and how do people access different types of infrastructure and basic services of different hierarchical capabilities? How could a hierarchical system improve Afghans’ access to services?
3. Do Afghans in areas with more or better infrastructure and basic services have better changes to (re)integrate, and higher wellbeing?

5 World Bank, ‘[Inclusive, community-driven solutions steer Afghanistan’s development](#)’, 2021

6 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul

7 Project for Public Spaces, ‘What Is Placemaking?’, 2007

8 OECD, ‘Sustainable connectivity – closing the gender gap in infrastructure?’, 2019

Research methodology and data

Research conducted for this report was qualitative and quantitative – consisting of four key informant interviews (KIIs), six focus group discussions (FGDs), and fifteen semi-structured interviews (SSIs), as well as quantitative secondary data analysis on large datasets covering infrastructure and migration flows. Research was carried out in May 2022 in the three provinces of Kabul, Herat and Nangarhar. A total of 52 people were directly consulted for this research brief. In addition,

existing quantitative data from the IOM Displacement Tracking Matrix (DTM) data was analysed.

A total of six FGDs were dedicated to infrastructure and basic services, with questions on the role of infrastructure in migration decisions, on reintegration and wellbeing,⁹ and hierarchical healthcare service provision.¹⁰ Gender parity was maintained for FGDs, with one female and male FGD in each community. In Kabul, FGDs were carried out in PD13, in Khatam-ul-Anbiya in Herat and in Gul Abad in Nangarhar.¹¹ The FGDs

KEY HIGHLIGHTS

This research brief builds on data collection and analysis conducted in May 2022 by a research team at Samuel Hall. It focuses on the role access to basic services and a productive infrastructure system play in (re) integration of returnees and IDPs, and on how a network and hierarchical system approach could support the delivery of services in the Afghan context. This research brief highlights three key findings:

1. Cities and towns have been a magnet for displaced families. Urban areas used to be more secure than the shifting frontlines of fighting in rural areas, and perceived to have higher levels of infrastructure, services, and livelihoods opportunities. This is confirmed by data analysed for this brief, which show that for the period of 2018–2020, an increase in infrastructure score is associated with an increase of incoming IDPs. However, since the arrival in power of the *de-facto* authorities, past trends may have been reversed.
2. The change of authorities and reduced international support impacted all sectors with referral systems not working as well as they could, and infrastructure gaps limiting access and connectivity to services. With whole sectors suffering from a lack of funding and capacity, households avoid smaller clinics under the assumption that services there will not be adequate. The closer or more basic service provider is often skipped, while private and central or larger facilities are preferred even if they are further afield. This is the case for both healthcare and education. The accessibility of these preferred service providers depends on the state of the roads, which is poor especially in rural areas. Differences in access to basic services are due to connectedness and locality, along gender lines, networks, and disposable income. These attributes however are often intertwined with migration status.
3. Access to infrastructure and basic services has an impact on displaced populations' (re)integration and is a core determinant of wellbeing for the displaced in Afghanistan.
 - a. Infrastructure and services are keys to integration. They constitute a displacement-specific vulnerability in some areas but not in others. This in turn has implications for programming, which needs to be informed by location-specific needs assessments.
 - b. Access to infrastructure and basic services is crucial to wellbeing among the displaced. Examining data from a separate project on displaced persons in urban and camp environments, respondents in Jalalabad and Barikab settlement more satisfied with their access to basic services had on average higher overall wellbeing scores and greater life satisfaction.

⁹ See glossary for definition of 'wellbeing' and corresponding analysis. The concept is further defined on page 21.

¹⁰ Hierarchical service provision defined as "basic service delivery system in which there are multi-level facilities that provide differentiated healthcare services to patients," from Tao, Z., 'Assessing the Impacts of Hierarchical Healthcare System on the Accessibility and Spatial Equality of Healthcare Services in Shenzhen, China', *Geo-Inf* 10:9, 2021, p. 2.

¹¹ These three provinces were chosen for this report as they overlap with IOM project areas and have notable urban centres.

sought to represent members of those communities with different socio-economic backgrounds, ethnicities, household makeups, and occupations. The participants ranged from 18 to 73 years of age, with an average of 38 years. In addition, 15 SSIs with community leaders examined the perceived importance of infrastructure and basic services in the wellbeing and integration of IDPs and returnees in these different areas.

Remote KIIs were conducted with experts based in Afghanistan and Europe on urbanisation and the nexus between infrastructure access and wellbeing. Information on urban and rural livelihoods was sourced from the International Institute for Environment and Development (IIED) and Cardiff University. Further key informants are taking part in the peer review of this brief.

Province	FGDs (5 -6 people)	SSIs	KIIs
Kabul	10 (5 male, 5 female) (2 FGDs)	5 (5 male, 0 female)	
Herat	10 (5 male, 5 female) (2 FGDs)	5 (5 male, 0 female)	
Nangarhar	13 (7 male, 6 female) (2 FGDs)	5 (5 male, 0 female)	
TOTAL	33 (17 male, 16 female) (6 FGDs)	15 (15 male, 0 female)	4
GRAND TOTAL	52 respondents		

Table 1: Qualitative Research

Lastly, data analysis of secondary data was carried out to ascertain to which extent infrastructure serves as pull and push factors. The research team relied on several rich sources of data which have not thus far been used in conjunction to create new evidence:

- IOM Displacement Tracking Matrix (DTM) Baseline mobility assessment which tracks mobility and dis-

placement, provides population estimates, locations and the geographic distribution of the displaced;

- IOM DTM Community-based Needs Assessment (CBNA) across Afghanistan, specifically the sections on access to healthcare facilities and education, roads, water and telecommunications.

Based on the above, the research team created an infrastructure score for all (13,000+) communities covered by the DTM in Afghanistan, which in turn allowed them to a model linking infrastructure scores with population inflows while controlling for confounding factors such as conflict.

In this brief, we first look at infrastructure and basic services as a pull factor to the displaced traditionally, and following a change in government or authority. Focusing on healthcare and education, we present findings related to quality and access, with a specific focus on the potential of hierarchical service provision. We then present findings related to the link between quality of basic services and displaced populations' wellbeing and potential for (re)integration. We conclude with recommendations for the community of practice.

Migration and access to infrastructure and basic services

While the population is still largely concentrated in rural areas, traditionally, household mobility within Afghanistan has been associated with urbanisation: between 2011 and 2021 alone, the urban population expanded by 45.3%; a larger percentage increase than in any other country within central Asia.¹² This trend was mainly driven by safety and the greater work opportunities that are afforded in urban areas. These opportunities are linked to better infrastructure – with urban jobs in Afghanistan particularly concentrated in the service and construction sectors as compared to manufacturing.¹³ These sectors are reliant upon roads, electricity, and cell phone networks. IDP and returnee households joined economic migrants escaping rural areas in search of jobs and better access to health and education.

To what extent basic services and infrastructure are a draw has not been studied in Afghanistan. Other countries, however, provide an indication. A paper on

¹² World Bank, Open Data, 2021. Over the same period urban population increased by 22.2% in Iran, 34.3% in Pakistan, 32.4% in Tajikistan, 28.3% in Turkmenistan and 17.3% in Uzbekistan.

¹³ GIZ and Samuel Hall, 'Economic Opportunities for Returnees in Afghanistan', 2020.

returning populations and displaced persons in Syria suggests that humanitarian aid is more of a factor in decision-making than basic services.¹⁴ However, it is unclear how to differentiate between basic services and humanitarian aid in a context where they are often one and the same as in Afghanistan. The paper also suggests that basic services may not be a significant pull factor given that; 1) displaced persons often have little information regarding the quality of basic services available in other locations, and 2) displaced persons are aware that others will also likely move to areas where there are more basic services available – leading to these services becoming overcrowded and more difficult to access.¹⁵

A study on the links between infrastructure and population growth in the Indian context agrees that basic services are not a pull factor on their own, estimating that the improvement of infrastructure facilities does not significantly increase population agglomeration (measured by size, density, and growth rate of city population) in the large cities.¹⁶ A larger draw, several studies find, might be ethnic ties and cultural affinities, specifically for returnees.¹⁷ IDPs are primarily drawn to places where they can hope to improve their security and economic prospects.

The literature shows a preference among IDPs and returnees for moving to the peripheries of cities.¹⁸ Being spatially removed from the infrastructure and basic services has an impact on the quality of services afforded to the new arrivals: for instance, strong evidence has been presented on the effect distance has on those seeking reproductive health¹⁹ and on maternal mortality rates.²⁰

Nonetheless, to the extent that there is a choice, people appear to prefer larger health centres even if they are further afield. One study in China suggests that the local population is more inclined to go to larger health centres as they are better resourced, rather than make use of lower-level primary care centres which are

deemed under-resourced and have a poor reputation.²¹ The paper suggests that improving the resources within the under-resourced primary care centres would increase medical accessibility for all citizens.²² As will be discussed in this brief, the same principle applies to the Afghan context.

There is a growing recognition that improving access and quality of health, education, and WASH services dramatically improves the wellbeing of people, raises living standards at the aggregate level, and significantly contributes to advancing human development. These sectors are cross-sectional and development in one can lead to development in the others.²³ Few studies have been conducted in Afghanistan to measure how quality of life increases with better access to infrastructure and basic services. Studies from other countries suggest that better quality infrastructure and basic services can increase subjective measures of wellbeing. A study conducted in Timor Leste using roads as their primary explanatory variable found that quality of the roads can predict a respondent's answer to certain subjective wellbeing indicators when controlling for other potential confounding factors.

Further related to the links between infrastructure, basic services and reintegration, one of the major implications of the Taliban takeover for economies in major cities was the downturn in available work opportunities due to electricity cuts and lower tariffs, which resulted in the closure of many factories.²⁴ As a result of these infrastructure issues, Afghan businessmen could no longer effectively run their businesses and Afghan workers could no longer afford to travel to neighbouring countries to upskill and return to potentially higher wages, creating future problems for the health of the economy in the long term. As such, **a lack or disruption to infrastructure and basic services can have complex and lasting effects on economic reintegration in particular.**

14 Loutfi, S., 'The Impact of Humanitarian Aid on Internally Displaced Persons' Movement: A Case Study in Syria', 2017

15 Ibid.

16 Tripathi S., 'Relationship between infrastructure and population agglomeration in urban India: An empirical assessment, Asian Development Bank', 2017.

17 Alrababa'h A. et al, 'The Dynamics of Refugee Return: Syrian Refugees and Their Migration Intentions', 2020

18 DACAAR and Samuel Hall, 'Agency and Choice among the displaced', 2015

19 MOPH, 2006

20 Pain A., 'Livelihoods, basic services and social protection in Afghanistan, Secure Livelihoods Research Consortium (SLRC)', 2012

21 Similar to China, Afghanistan employs a hierarchical healthcare structure. The preferences and trends of access for the sampled Afghan population are discussed further in the following section.

22 Tao Z., 'Assessing the Impacts of Hierarchical Healthcare System', 2021.

23 Humanitarian Public Group, 'Improving the provision of basic services for the poor in fragile environments', 2008.

24 Majidi N. et al, 'Afghan entrepreneurs cite migration as their last hope to save business', 2001.

I. INFRASTRUCTURE AND BASIC SERVICES AS A PULL FACTOR

This section examines the link between infrastructure, basic services and in-migration, specifically of IDPs, both prior to the arrival in power of the *de facto* authorities (DfA) and thereafter.

CITIES AS MAGNETS

Cities and towns have been a magnet for displaced families for many often-compounded reasons. In Afghanistan, 46.2% of the displaced live in urban areas, contrasted to the population as a whole that is only 19.2% urban.²⁵ Urban areas are considered comparatively more secure than the shifting frontlines of fighting in rural areas, and also are perceived to have higher levels of infrastructure, services and livelihoods opportunities.

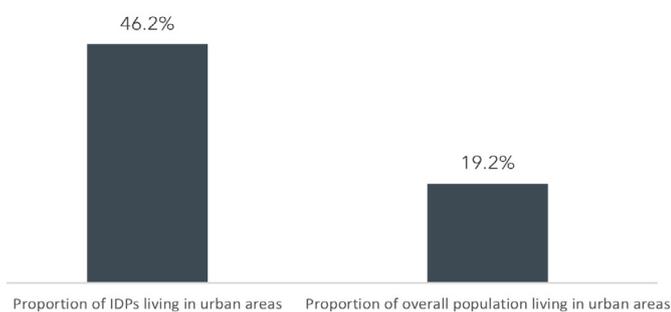


Figure 1. Proportion of displaced living in urban areas compared to overall Afghan population (source CSO 2016 / 17) ²⁶

This pattern has withstood attempts at change. Land allocation schemes for IDPs, designed to allow for less precarious livelihoods and for a more sustainable infrastructure than that offered by cities, are largely considered a failure.²⁷ In the city of Herat for instance, land designated towards the Maslakh settlement on the outskirts of the city was rural and far from available services – few IDPs were willing to settle there, in spite of the offer of space to develop and grow their own

land.²⁸

Besides conflict, the absence of water was often the push factor that drove respondents to move to other communities and urban centres:

“There was no electricity or water. There were only three wells in our village. We collected water from a great distance. No one helped our area. The people of our village are very poor. The security situation there was very bad, and the Taliban had stopped all development. We decided to migrate because...we have access to water here. It is completely clean and healthy and our whole family uses it.”²⁹

Communities tend to move to areas with better infrastructure and basic services, though not always primarily for this reason. It forms part of the wider ‘package’ of pull factors which include economic opportunity and safety. Social ties are an important factor in decision-making:

“We moved to Herat because of the schools, streets, and hospitals. Also, the people of Herat speak the same language as we do. Our children will be able to go to school to become educated.”³⁰

Populations returning from abroad also favour more developed and urban areas. As reported by FGD respondents, those returning from Iran struggle to adjust to life in their original rural provinces after having access to the infrastructure afforded to them in Iran. Once returning to their rural provinces, it is hard to readjust to the difficulties of life created from a lack of infrastructure and basic services.

Socioeconomic factors play a large role in the impact of basic services and infrastructure as a pull factor. Populations with greater financial security have the most capacity to make decisions based on services and

25 Central Statistics Organization (CSO), ‘Afghanistan Living Conditions Survey 2016-17’.

26 Figures in 2021 may differ from those in 2016.

27 Between 2004 and 2016, land allocation for returning and displaced populations was primarily administered under presidential decree 104 (PD-104). This scheme was fraught with issues. Allocated land was typically located far from livelihood opportunities and infrastructure and allocation was prone to corruption. Since 2018, this decree was replaced with presidential decree 305 (PD-305).

28 Samuel Hall, ‘Unprepared for (Re)Integration: Lessons Learned from Afghanistan, Somalia and Syria on Refugee Returns to Urban Areas’, 2019

29 FGD 3: Female returnees, migrants and displaced persons in Majbor Abat, Nangarhar

30 FGD 6: Male returnees, migrants and displaced persons in Khatam Ul-Anbiya town, Herat province

can prioritise health and school access for their children. Those with less means primarily make decisions based on livelihood opportunities:

“When someone migrates, he/she searches to find a place that has the best facilities, electricity, water, school, and hospital. They will choose the area based on his/her economy. If someone’s economy is excellent, he/she decides to live in an area where the quality of its water, electricity and health services is high. Likewise, a person whose financial status is low chooses somewhere to live one way or another for some days.”³¹

However, most sought-after economic opportunities are a result of greater access to infrastructure. Many respondents note they previously left rural areas to seek manufacturing and construction jobs in cities, which are made available by access to electricity and functional road systems. When making decisions on where to move, respondents in Kabul highlight the preference of moving to peri-urban areas over centrally urban locations. Primarily, this is preferred due to cheaper rent

and greater access to social networks. These peri-urban areas still provide them greater access to the infrastructure and basic services present in Kabul.

The following section examines the impact the quality of infrastructure and basic services has on inflows of IDPs.

A draw for IDP arrivals pre-2021

Note: The information presented in this section is based on an analysis of several rounds of community-based needs assessments for over 13,100 Afghan communities hosting IDPs and returned populations, combined with “flow monitoring” data which quantifies population inflows and outflows along with origins, destinations and travel intentions. To statistically examine the link between the quality of infrastructure and basic services, a metric was created to summarize a given settlement’s quality of infrastructure. At the district level, infrastructure scores were quantified as the average of all the area’s settlements’ scores. These scores were then examined in relation to inflow of IDPs.³²

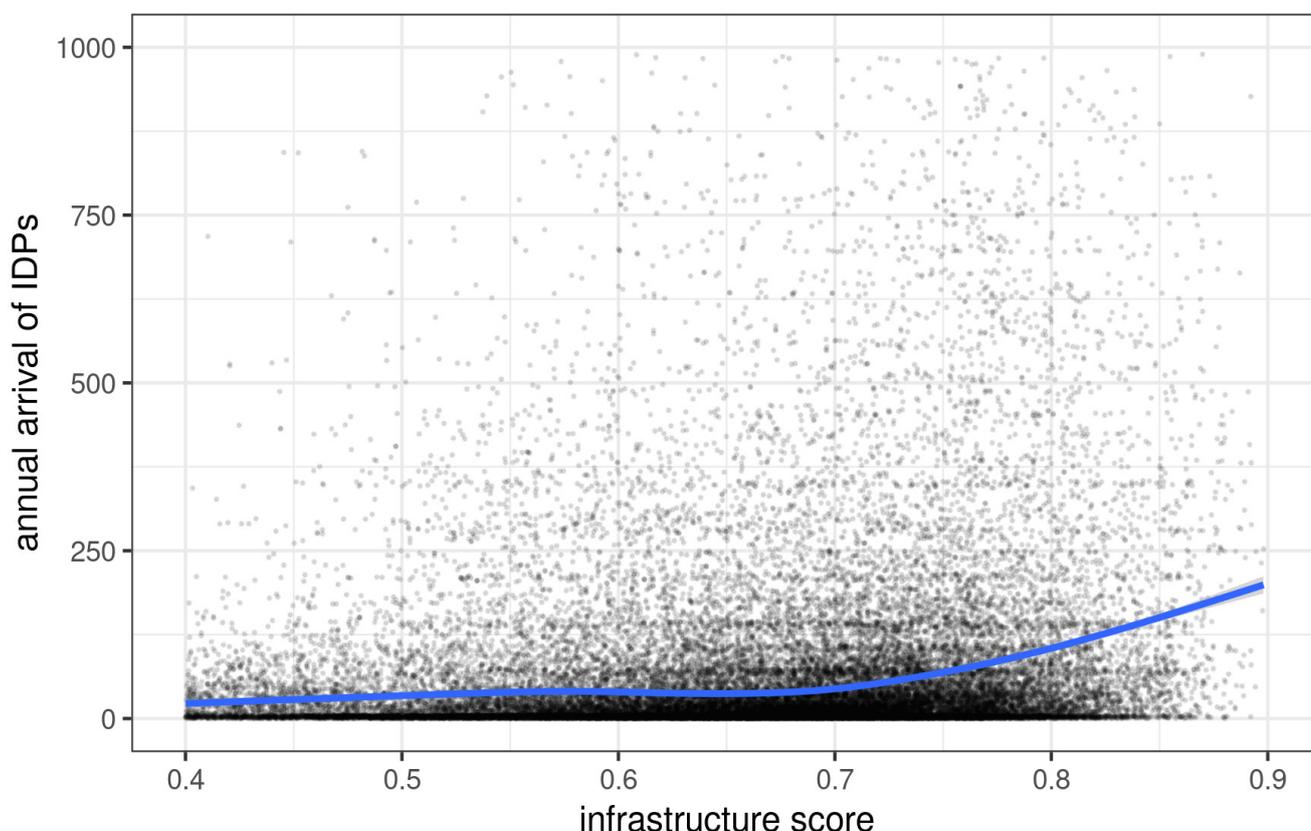


Figure 2. Inflow of IDPs as a function of infrastructure scores

31 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul.

32 Caveat: The data used for the following analysis covers the period prior to the Taliban takeover of the country (2018- July 2021) and should thus be considered a reflection of the situation before the regime change. IOM’s Displacement Tracking Matrix (DTM) is an information management system of tools used to track and monitor displacement. It has been active in Afghanistan since 2017, and regularly captures information about Afghan settlements’ populations (inflows and outflows) and multisectoral needs.

The data analysis for this brief shows a **significant link between the quality of infrastructure, basic services and inflows of displaced people**: A 10% increase in infrastructure score is associated with an increase of about 16 incoming IDPs per 10,000 people living there per year, with the impact increasing in size as infrastructure improves. In other words, the better the infrastructure, the more significant the effect of further improvement on incoming IDP populations.

Another way to look at the improving infrastructure as a draw is a comparison of inflows, over several years, for settlements with improving infrastructure scores to settlements with deteriorating infrastructure scores. The data show that **a positive change in infrastructure is a strong draw of IDP arrivals, while a decrease in infrastructure quality does not have the corresponding negative effect**. In other words, once IDPs have arrived and begun to benefit from improved infrastructure and basic services – 50% more IDPs arrive for every 10% increase in scores year-on-year, they are not likely to leave because of the infrastructure deteriorating to the same extent.

The results show that **infrastructure scores have a strong significant impact on inflow** even when controlling for the population size of the destination settlement. Controlling for confounding variables in a regression model, other statistically significant factors positively impacting IDP inflows are: i) the higher the average monthly income in a community, the higher the number of IDP arrivals; ii) if vocational trainings are available in the community, the number of IDPs is higher; iii) the higher the average monthly expense (fixed costs on rent, etc.), the lower the number of IDP arrivals; iv) the worse the security situation in a community, the lower the number of IDP arrivals; and v) being classified as an “agricultural village” is negatively correlated to IDP arrivals.

Areas with higher infrastructure scores were more likely to have a higher proportion of the community working in the service and manufacturing industries. This suggests that though infrastructure and services may not be the primary pull factor for some households, they contribute to economic opportunities which make a location more attractive.

Less of a draw post-2021

Infrastructure and basic services in rural areas are less developed than in urban areas in Afghanistan. Nonetheless, the data collected for this brief, confirmed by key informant interviews, suggests that, at the time of writing, **many of those who previously moved towards areas with better infrastructure are now forced to head back to the villages**.

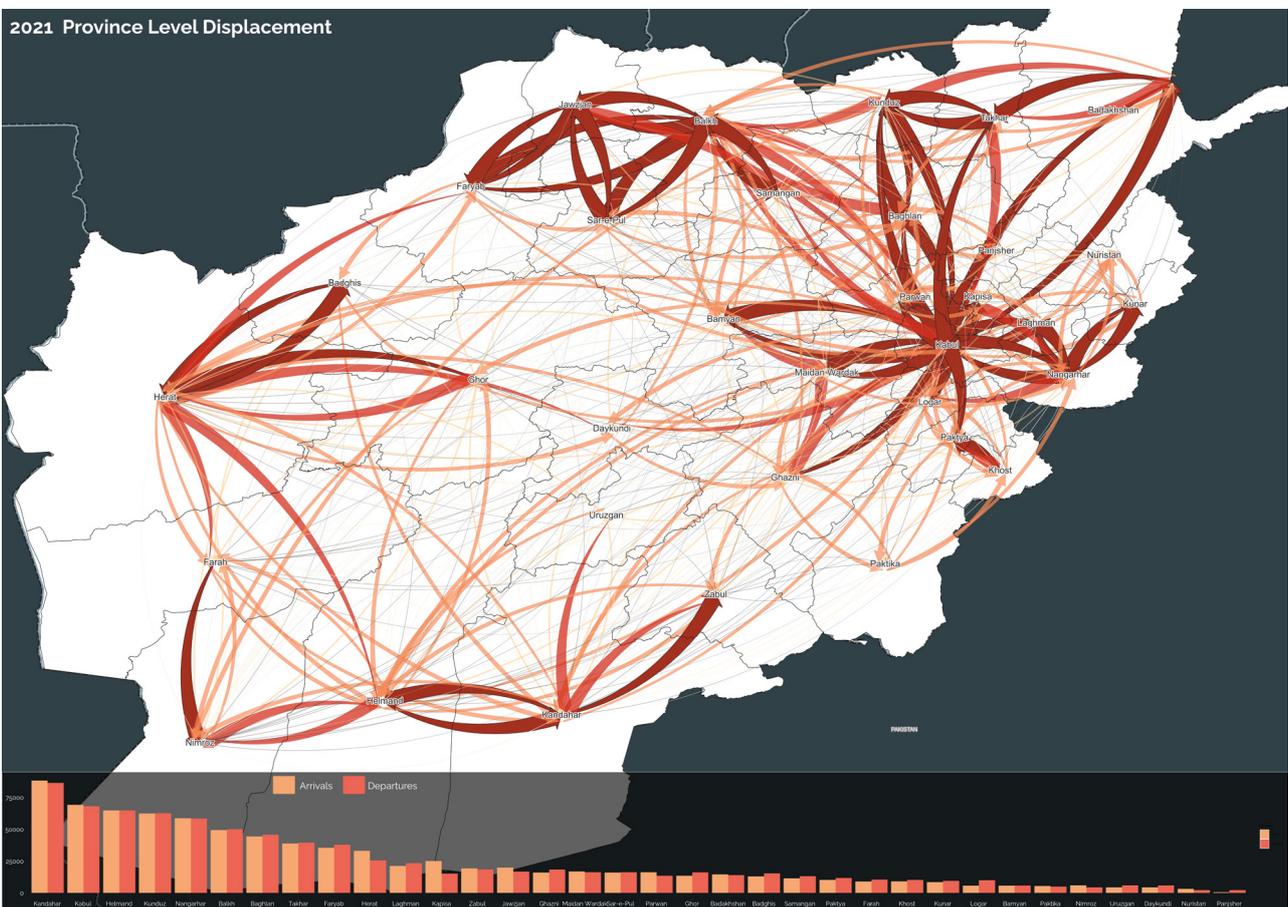
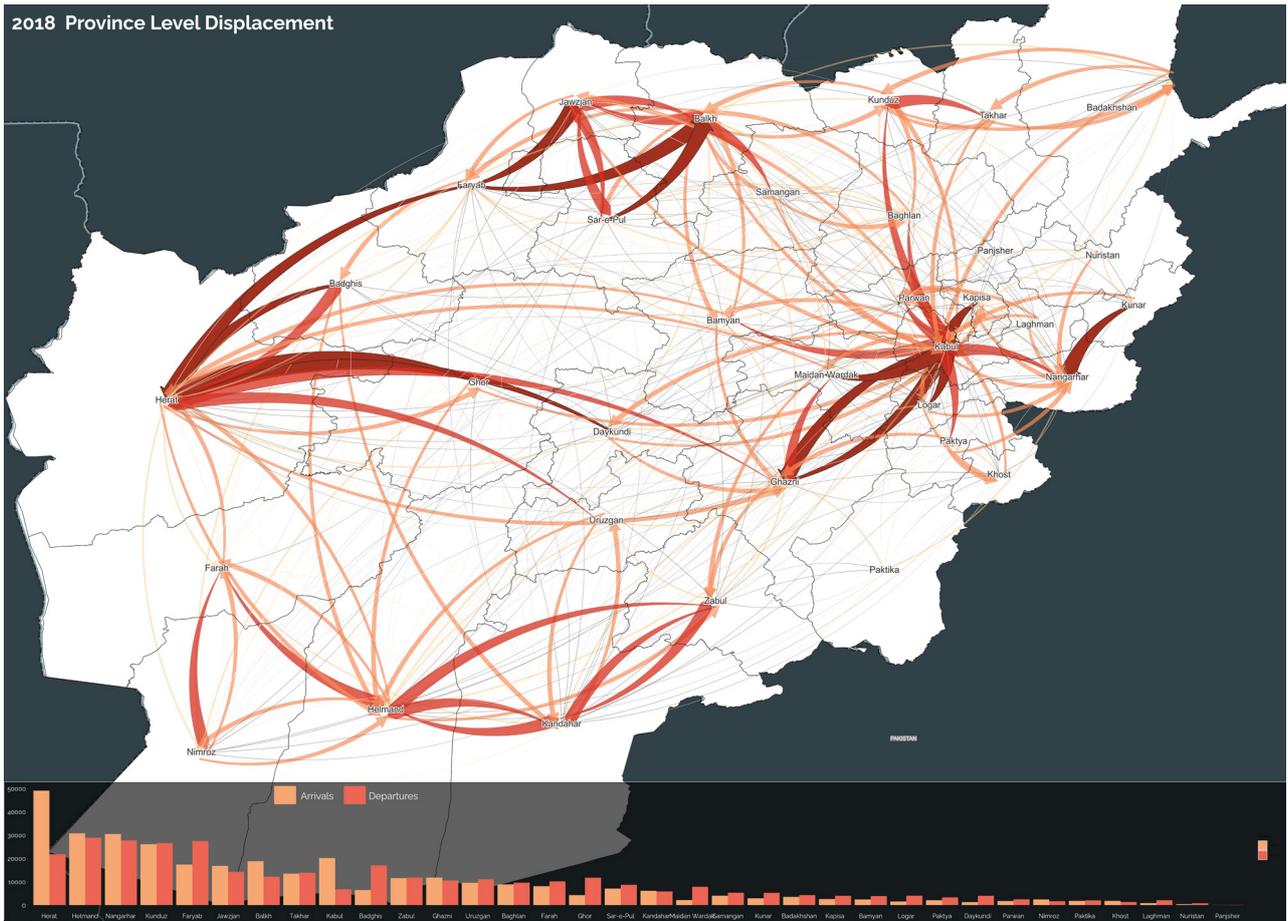
The reasons are multiple and compounding: in a time of food insecurity, access to farming land becomes newly appealing (despite the impact of climate change, as floods and droughts decrease yields and cause conflict over increasingly scarce available resources). Furthermore, as urban livelihoods have suffered in the wake of the withdrawal of international assistance, many now struggle to afford the higher costs of living in areas with better basic services. As one interviewee summarizes:

“People’s access to basic services has changed. Since the Taliban’s takeover, we do not have proper water or electricity. People have lost their jobs, and many people are emigrating to Iran and Pakistan. Also, some people prefer to go back to their rural areas because of financial problems.”³³

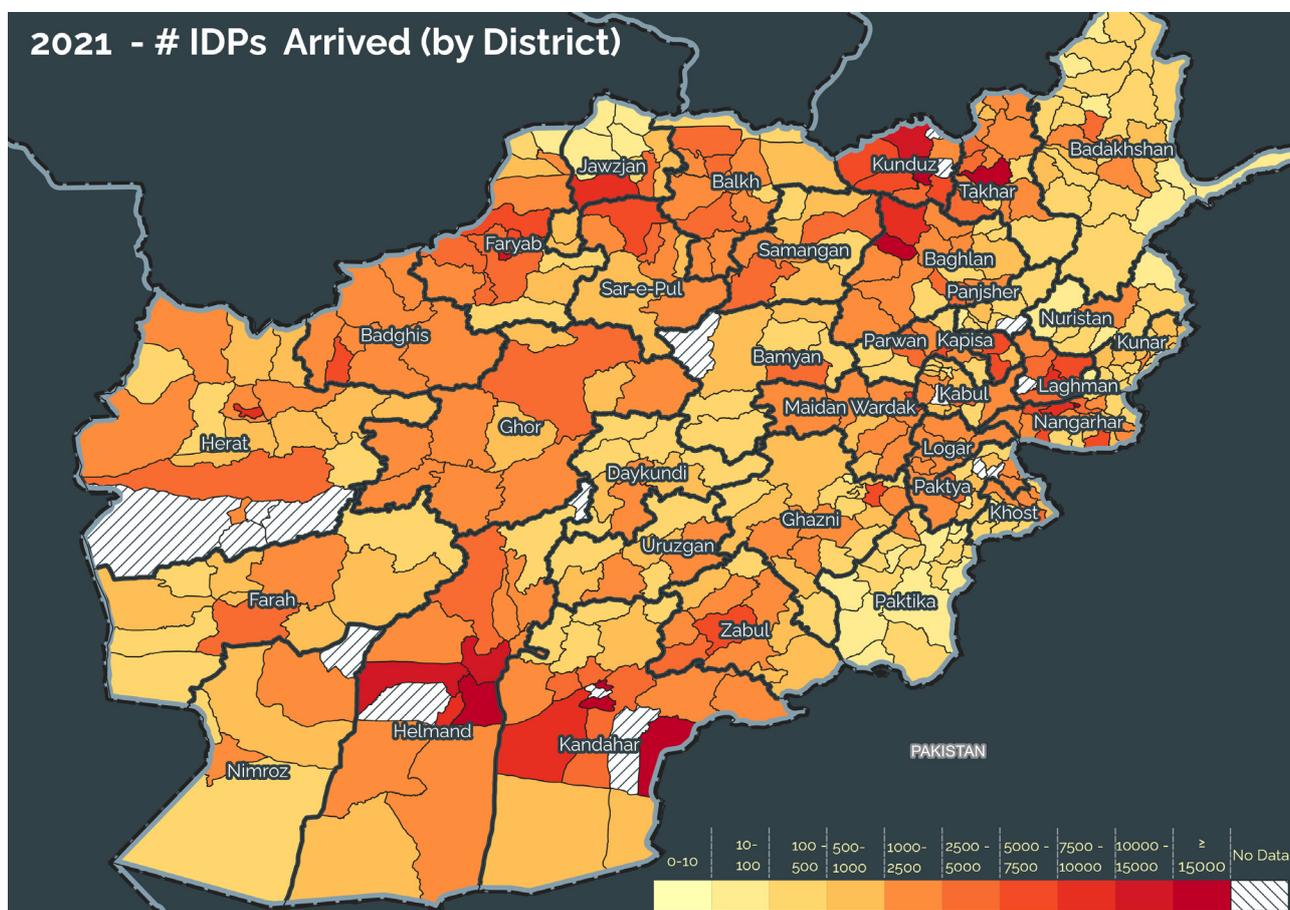
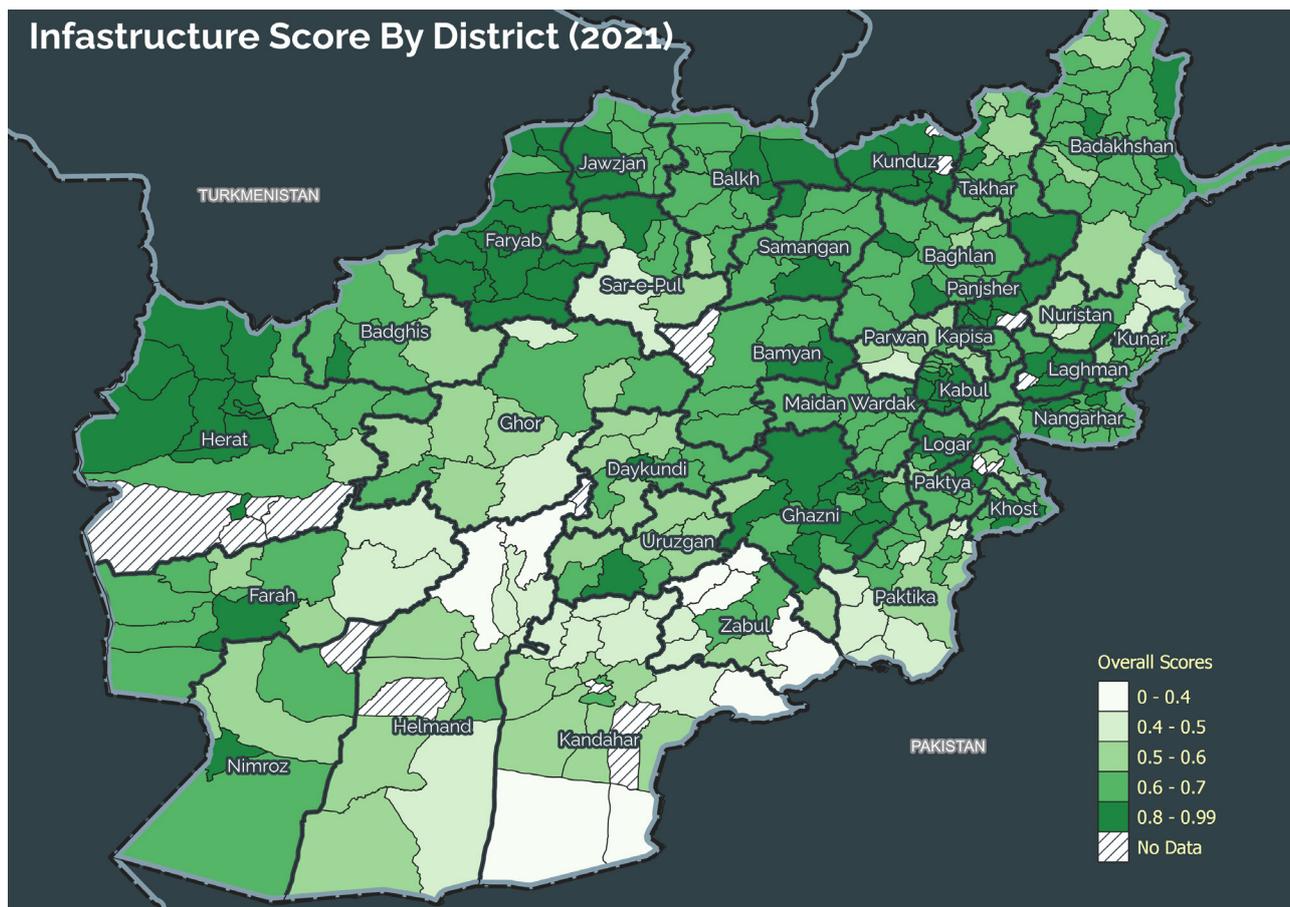
The DfA reportedly actively encourage this trend of return to the rural areas. As can be seen in Figures 3.1 and 3.2, not only was considerably more displacement recorded in 2021 than in 2018, the target locations were also more diverse, with comparatively more movement towards smaller hubs. This confirms the theory voiced by a research participant who noted that **choosing one’s destination based on the quality of infrastructure and basic services is not a luxury many Afghans have in 2021**, at a time when survival is the utmost priority. The trend can already be seen in the first half of 2021 (Figures 4.1 and 4.2). Between January and July, there was obvious correlation, at the district level, between the average infrastructure scores and the inflow of IDPs.

In summary, infrastructure and basic services are a draw for in-migration in Afghanistan, but less so during a grave humanitarian crisis. If placemaking relies on reliable service provision, one might conclude that places are being ‘un-made’ as people seek temporary shelter from famine and economic collapse in the rural areas.

33 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul



Figures 3.1 and 3.2. On the move: internal displacement in Afghanistan, 2018 vs 2021 (source of raw data: IOM DTM)



Figures 4.1 and 4.2. Not an obvious correlation in 2021: infrastructure/basic services and in-migration

II. ACCESS TO BASIC SERVICES AND INFRASTRUCTURE

This section describes the situation in terms of quality of infrastructure and access to different basic services by different population groups. We focus on healthcare, education, and energy sources. Healthcare is used as an example to illustrate hierarchical service provision, along with opportunities related to it.

QUALITY AND SPATIAL ACCESS

Healthcare

Hierarchical healthcare systems in Afghanistan

As of 2022, it is estimated that there are over 3,000 different healthcare providers within Afghanistan.³⁴ The Ministry of Public Health reported that in 2018, 90% of the population in Afghanistan had access to a basic health services within a two hour drive compared to 9% in 2002.³⁵ The increase in access can be partially attributed to the 2003 Basic Pack of Health Services strategy, which remodelled its existing public health infrastructure to establish a hierarchical service provision model.³⁶

Within a hierarchical healthcare service system, there are multi-level facilities that provide differentiated

healthcare services to patients.³⁷ Typically, higher level services can treat a higher number of conditions and perform more complex diagnoses. Lower-level services provide basic services and operate on a referral system for conditions they are unable to treat. Each healthcare facility has their own population 'catchment area', with smaller healthcare providers under the umbrella of a larger provider's catchment area for referral purposes. Primary care services in Afghanistan are currently divided between outpatient and inpatient providers. Outreach programs are provided by mobile health teams who operate in areas too remote to host a standing facility.³⁸

Currently, basic outpatient services are provided at Health Posts (HP), Sub Health Clinics (SHC), Basic Health Clinics (BHCs) and Comprehensive Health Clinics (CHCs). When building a new healthcare facility, the

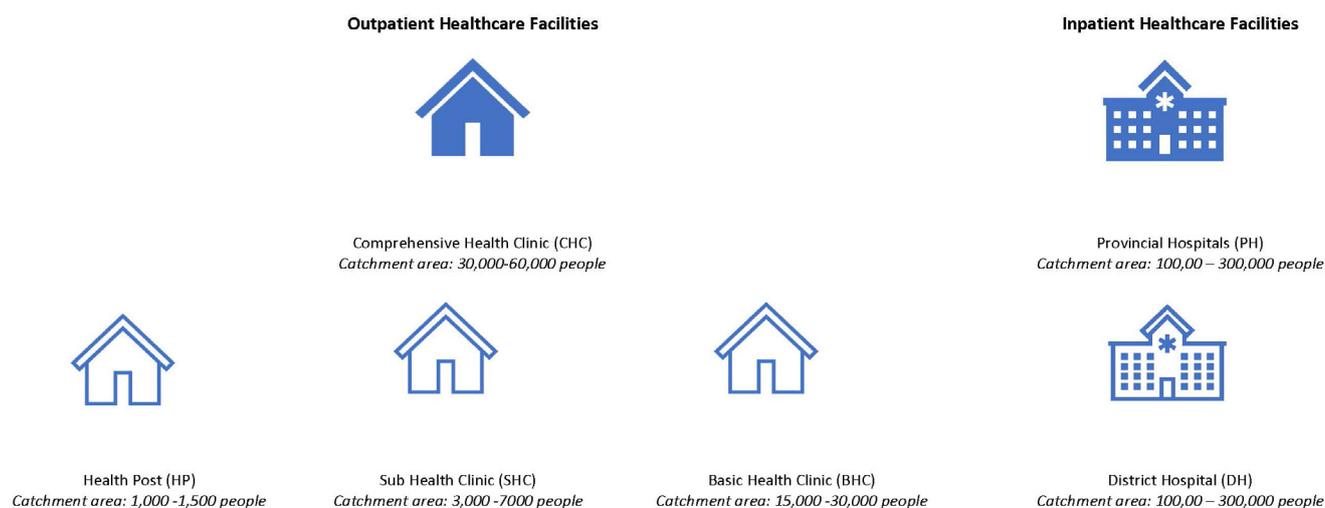


Figure 5. Hierarchy of primary healthcare facilities in Afghanistan

34 KII 3, NGO worker, Kabul

35 Ministry of Public Health, 'Afghanistan: Service Provision Assessment 2018-2019', 2019 p. 1.

36 Farewar F. et al, 'Efficiency analysis of primary healthcare facilities in Afghanistan, Cost Effectiveness and Resource Allocation', 2022.

37 Tao Z., 'Assessing the Impacts of Hierarchical Healthcare System', 2021, p. 2.

38 MOPH, 'Service Provision Assessment 2018-2019'.

type is decided by the designated catchment area of the facility (see Figure 5). Of these facilities, BHCs are the most common and accessible, however they vary in quality and can often only provide limited treatment options. CHCs provide the broadest range of outpatient services. **Inpatient care services can be accessed in district and provincial hospitals.** These are better resourced than outpatient facilities and can treat more conditions, though these healthcare types are less numerous and therefore more difficult to access. Of all healthcare types, provincial hospitals provide most comprehensive service.

Funding for all these types of health facilities has historically been dependent upon international actors, in particular the World Bank ‘Sehatmandi’ project, which contributed (US) \$600m between 2018 and 2021 to support over 2,300 health care facilities.³⁹ The project worked to increase the amount of female practitioners and operated a ‘pay for performance’ scheme in order to increase the volume of service delivery.⁴⁰ Beyond international assistance, households also pay for a proportion of costs.⁴¹

Since August 2021, the quality of available healthcare has suffered. Under the former Afghan government, many clinics and hospitals enjoyed the support of the international community in the form of medicines, equipment and sometimes salaries.⁴² Interviewees mentioned that **support has dried up, or at least decreased in frequency, from monthly to sporadic.** However, perhaps as a result of the ongoing economic crisis, anecdotal evidence points to healthcare providers who have not left the country in fact being more attentive and diligent to their clients than before the takeover by the DfA.

“Before, the health centre distributed three to four kinds of medicines to the patients. Now, due to a lack of international aid, the service is more limited. It is worth mentioning that before the health staff were not on time and came late in the government hospitals and health centres. Under the watch of the new [DfA], they are on time and more solicitous.”⁴³

Like other services, healthcare quality differs drastically depending on province and locality. Those in urban areas have access to more services. Distances to centres or providers are generally shorter, and roads are paved, further facilitating access. Also, health centres in rural areas struggle to recruit, as respondents reflect:

“The differences are really big. For instance, the hospitals in rural areas don’t have qualified doctors who might possess a master’s or specialist degree. They also lack many necessary facilities. However, the conditions are better in the city. They have doctors with Ph.D. degrees. They have laboratories, x-ray, blood tests, and various scanning services.”⁴⁴

“No specialist with a degree from a good institution would agree to work in a remote area like Bamyan.”⁴⁵

Healthcare access and preferences

Basic healthcare centres, often found in rural areas, tend to be small and under-resourced. It is common for staff at smaller clinics to instruct clients to seek health services at a larger facility. Accordingly, **within the sampled population, there is a stated preference for more healthcare providers with a more comprehensive offer of services even when located further from respondents’ place of residence.** If a basic local healthcare centre exists, community members may also first seek to access healthcare centres closest to their homes only to seek referral to a larger care provider. Those with the means utilise private care facilities directly whenever possible. One research participant notes:

“I prefer a well-equipped hospital a little further away from our houses because quality is important. . . I will find a way to afford it. When anyone gets sick in my family, I will take him/her to a well-equipped hospital located further away from my house instead of taking them to nearby clinics. Those cannot treat our patients well. Even if I take them to small clinics, eventually I will have to turn to another hospital.”⁴⁶

39 Ministry of Public Health (2018), ‘Sehatmandi Project’, (accessed 13/09/2022).

40 Ibid.,

41 Farewar F. et al., ‘Efficiency analysis of primary healthcare facilities’, 2022.

42 Of particular importance was the World Bank Sehatmandi Project. Spanning from 2018 to 2022, US\$ 600 million was contributed for the purposes of increasing access to and quality of health, nutrition and family planning services within Afghanistan.

43 SSI 4: Rural Community Leader, Karukh, Herat

44 FGD 1: Female returnees, migrants and displaced persons in PD 13, Kabul

45 FGD 2: Female returnees, migrants and displaced persons in Gul Abad, PD4, Jalalabad

46 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul

“When people don’t find good health services there [in the nearby BHC/CHC], they go to the city. Many think it is a waste of time to go there.”⁴⁷

However, respondents report that while they prefer the services of larger and better-resourced facilities, the distances and costs associated with travel mean they often wait until the last moment to access healthcare.

For pregnant women, these access constraints commonly lead to them choosing to give birth at home. Interviewees frequently pointed out the difficulty of emergency care, noting that local clinics do not have the capacity for such care, and the distance to better-resourced hospitals becomes unmanageable given poor road conditions, especially in the winter. The difficulty of accessing comprehensive healthcare facilities was highlighted by a key informant:

“In my own village. If you want to go to the provincial center (to access the hospital), it should be in the early morning (as there are two times you can get transport. Early in the morning or late afternoon. If you leave in the late afternoon you get stuck there overnight. There needs to be a local healthcare centre.”⁴⁸

This quote reflects how **distance can have compounding negative effects**: affordable transportation is only available twice a day, and the cost of accommodation can also be prohibitive. Therefore, as this informant notes, it is also important to have functional local primary care centres to ensure at least limited access to healthcare when medical emergencies arrive.

In summary, for healthcare, a balance is needed between access to comprehensive care (preferred yet often out of reach) and immediate treatment options (currently of low quality and unused).

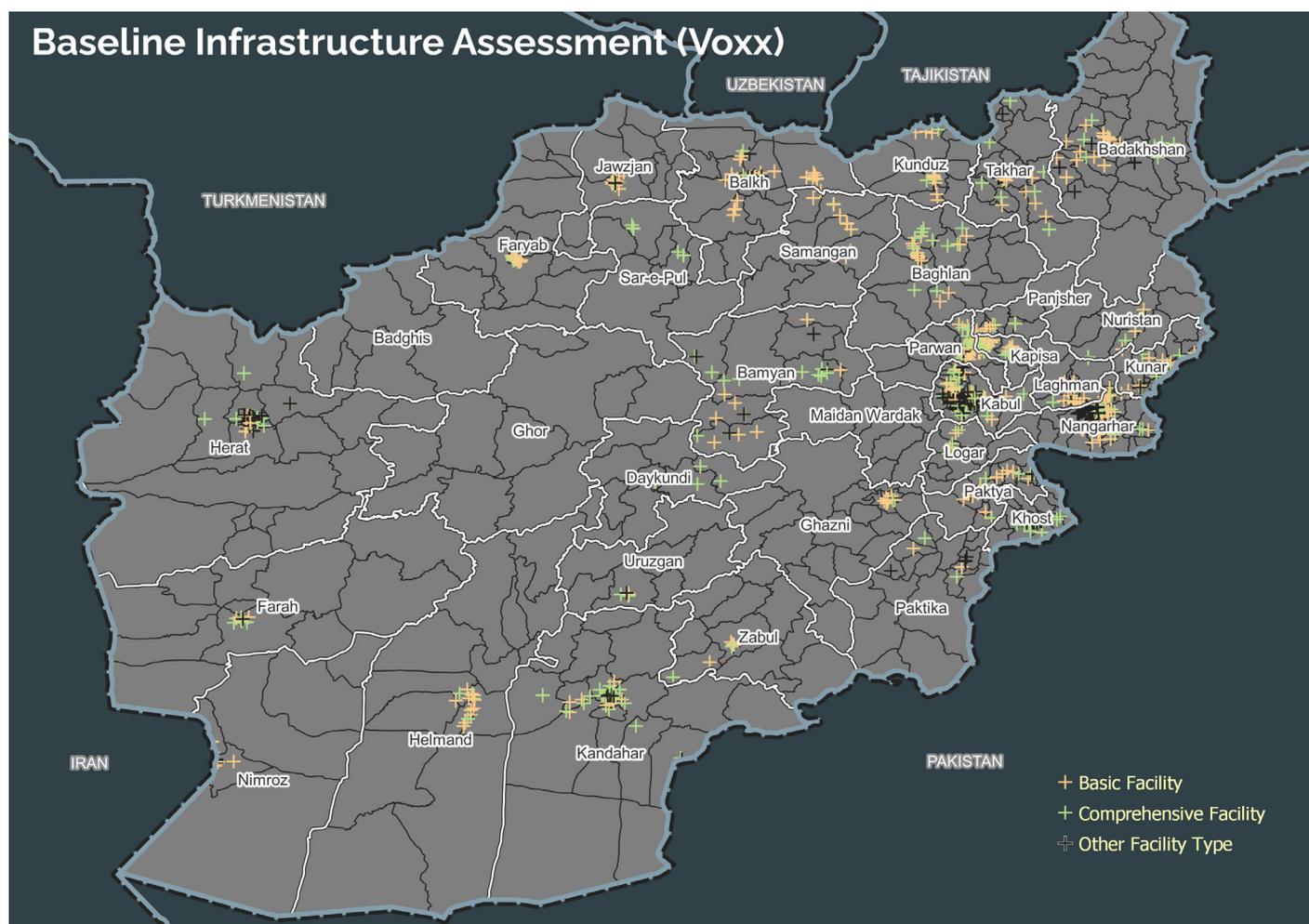


Figure 6. Clustered in cities: distribution of healthcare facilities across Afghanistan (source: Voxxmap, not comprehensive)

47 SSI 3, Rural Community Leader, Ghourian, Herat

48 KII 1, former NGO Worker, Stockholm

Education

Education in Afghanistan can be accessed via private or public institutions – private institutions only being affordable to a minority of the population. While in most villages, populations can access public education institutions, these are typically under-resourced. They lack basic supplies and have difficulty finding qualified teachers. One community leader recounts:

*“We have only one primary school in the village, it does not have enough chairs. The children study on plastic mats. There is a shortage of books, half of the students do not have one. The teachers are not experienced, and we also do not have enough of them.”*⁴⁹

The new DfA opened the education sector in Afghanistan, beginning with the prohibition of (most) girls attending school beyond the primary level.⁵⁰ Many teachers left the country, while others remained and are strongly encouraged to keep teaching, however have not been paid in months.⁵¹ Additionally, the end of support from the international community has meant that many education initiatives were abruptly cancelled. As a key informant notes:

*“After the Taliban takeover of Afghanistan, most of the improvements in Bamiyan province regressed. For example, there was a foreign NGO, which was supported by India and taught students science courses. But they stopped their work after the arrival of the Islamic Emirate of the Taliban. It had teachers for science, English, and computer courses. Many students learned English in this learning centre.”*⁵²

As with healthcare, those can afford to prefer to send their children to private educational institutions due to the higher quality of services that are offered. When these are unavailable due to locality or financial constraints, most communities can access a public institution. However, travelling to these education facilities can be difficult due to distances, with some children having to walk over an hour to school. As boys and girls are educated separately, getting to school becomes a practical concern for girls who need to have a male chaperone (locally referred to as *maharam*). Safety is a

major concern for many families who send their girls to school. When students have to travel long distances to access education, as they do in rural areas, they are often too tired to focus. Nonetheless, respondents prefer better institutions further afield if they are accessible. One informant notes that :

*“It is wise to choose quality over short distance. In Regreshan [PD 13, Kabul], there are...many schools, and there is also Marefat High School. Graduates of schools other than Marefat have not attained any remarkable achievements. However, graduates of Marefat have reached high positions. I studied there for a while for a literacy course. Now, my classmates are mostly in foreign countries... For my children, I prefer a well-equipped school a little further away from my house.”*⁵³

Barriers to access

Access to the infrastructures and basic services mentioned above is not the same for different groups across Afghanistan; migratory status is one of multiple determining factors. Data collected for this brief show that the differences lie only to some extent in people’s migratory status – indeed, in a country where most have been displaced at least once over the course of their lifetimes, a non-displaced ‘host’ is increasingly a rarity – rather, we find the main differences in access to basic services are due to locality, roads, gender, social networks and disposable income.⁵⁴

Roads

Afghanistan’s roads are often unpaved and can become impassable, due to snow or rain, especially in the autumn and winter. This is a problem especially in rural areas, where roads are often in poor condition, which makes accessing healthcare and other basic services located further afield challenging and, in some cases, impossible. Research participants unanimously agreed that asphalted streets were a major advantage of city life:

“The village roads are in bad condition. About 11km of our roads are rough and raw. It creates dust and soil when cars, motorcycles, and scooters are passing in the area...In the

49 SSI 1:Rural Community Leader, Injil, Herat

50 Farr G., ‘Female Education in Afghanistan After the Return of the Taliban’, 2022. (It should be noted that there are some exceptions to this rule: In parts of Northern Afghanistan, some girls’ schools have reopened, and others reportedly never shut.)

51 FGD 1: Female returnees, migrants and displaced persons in PD 13, Kabul; SSI 5: Rural Community Leader, Kama, Nangarhar; KII 1, NGO Worker, Kabul

52 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul

53 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul

54 DACAAR and Samuel Hall ‘Agency and Choice among the displaced’, 2015

winter season, when the rainfalls start, water is collected on the roads and creates ponds that case mud and dirt. We can't move the patients on time due to the bad condition of the roads.”⁵⁵

The roads which are in adequate condition today are largely a result of international cooperation. The Afghanistan Reconstruction Trust Fund (ARTF) alone was tasked with the expansion and maintenance of over 2,200 kilometres of new roads, 3,000 metres of bridges, and improvement of 6,000 kilometres of existing roads. Parts of the infrastructure was destroyed during the Taliban advance. After the fall of Kabul, the DfA announced several major road construction projects. All of them however depend on donor funding which has not been forthcoming. Respondents consulted for this brief were keenly aware of this challenge:

“The development projects have stopped. We had a project to cement village lanes. But the project is only 25% done and there is no more progress. It is not just roads, either: The municipality doesn't have the budget to [collect] garbage on time. Before, they [collected garbage] each month. Now, they do it every two months.”⁵⁶

When seeking healthcare in rural areas, the trip to any facility providing comprehensive services can be long and difficult. The long distances result in many households choosing to not access healthcare until illnesses become severe, at which point the journey is more dangerous. The stay in the location where such services are provided is also costly:

“Around 100 households live in this place. There is no health centre. We take our sick to Jalalabad City Regional Hospital. Sometimes we have to spend many hours on the

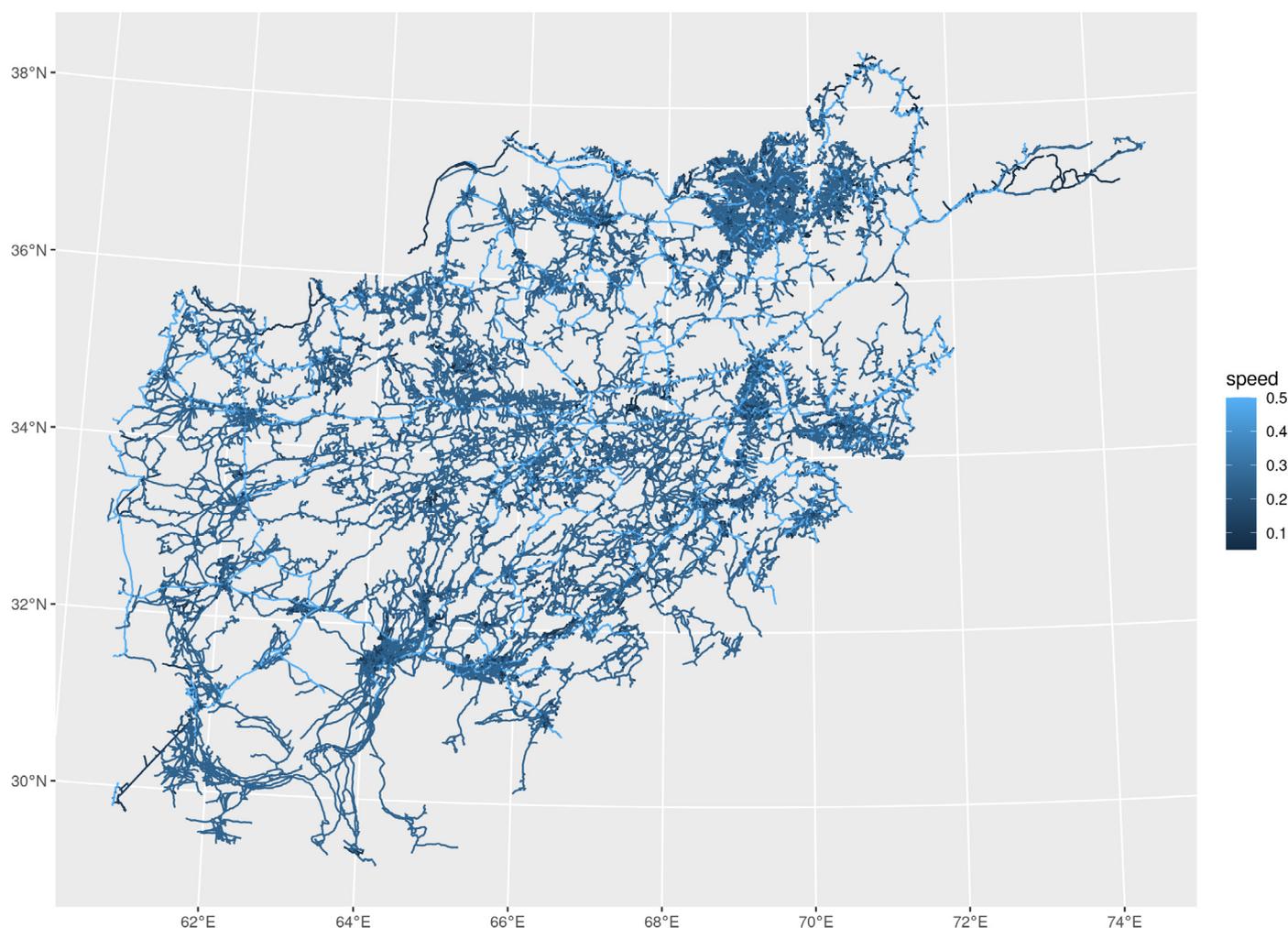


Figure 7. Road network in Afghanistan - an important hindrance to hierarchical service provision

55 SSI 12: Rural Community Leader, Khewa, Nangarhar

56 SSI 10: Rural Community Leader, Bagrami, Kabul

way, emergency patients would die along the way. The health centre in Sangar Sari is closer, half an hour away, but the condition of the roads creates problems for us.”⁵⁷

Participants highlight the correlation between long distances to the hospital and maternal and infant health. Due to the risks associated with long distance travel, many women choose to give birth at home. However, this solution has its own inherent risks and can result in tragic outcomes for both the mother and child:

“Some children even lost their lives during birth due to the long distance to the hospitals. So, pregnant women would mostly give birth to their children inside the houses and in the presence of midwives. However, the process of giving birth as such was faulty. Some women would even lose their lives during the above-mentioned process.”⁵⁸

A key prerequisite for efficient hierarchical service provision is the physical accessibility of “central place services or functions”⁵⁹ to people traveling from a more rural setting. This prerequisite is currently not met for an important share of the population.

Social networks

Past research has found that **IDPs may face discrimination by host community members and government actors**, as evidenced during the 2018 drought in the north-west.⁶⁰ As per the literature review, an information gap can hamper their access to services in certain contexts. However, as noted by a key informant interview consulted for this project, in the Afghan context, IDPs “**tend to know their entitlements and the law of the land. Kinship networks are key.**”⁶¹ The respondents consulted for this brief considered basic services an opportunity to create links and for those who knew their way around the community to assist those that did not. Basic services can thus help build networks:

“Migrant children go to the same school as our children. Therefore, they get acquainted easily and they will play with each other...Similarly, we can get acquainted with each other in a hospital. We can establish a relationship with each other through this method. Moreover, we can

cooperate with them in case they don't have the required information...If our new neighbour doesn't have much information about the hospitals in the community, then we will accompany them to the hospitals.”⁶²

Support however appears to be more limited for some ethnic groups, as noted by one Hazara interviewee, who faced discrimination, citing differences in available equipment at hospitals along ethnic lines:

“When we go to a public hospital in Shar (PD1, Kabul) to benefit from its free-of-charge services, there is no difference between us who have lived in Kabul and the migrants from Daikundi, Wardak, Bamyan, Ghazni, and other rural areas. But when we go there, the equipment that is available for a Pashtun is not available for us who are Hazara, ie there is discrimination against our ethnic group. This discrimination is still practiced.”⁶³

This illustrates that while it is not the migration status which leads to disadvantages in service provision, exclusion does occur based on networks and ethnicity. The displaced are especially vulnerable to this.

Gender

Women have long suffered unequal access to basic services, a situation aggravated by the Taliban takeover of the country. For women, it is harder to find health-care services that fulfil the larger array of women's healthcare needs (maternity care). At the same time, their access is constrained by the need to travel with a male family member when in need of medical attention. Many households wait until women's ailments are particularly severe until accessing healthcare as travel and costs make healthcare access difficult. As has been mentioned, many choose to give birth at home rather than risk a long transit to a healthcare facility. A research participant notes that women's access to healthcare greatly depends on distance:

“For us there are two options. If there is no water in the river, we can go to village [x], which is three kilometres away. Our female community can go alone, or with other women. When there is water in the river, we go to [Y]

57 SSI 5: Rural Community Leader, Kama, Nangahar

58 FGD 1: Female returnees, migrants and displaced persons in PD 13, Kabul.

59 Rhoda R., 'Urban and regional analysis for development planning', Routledge. 1982.

60 ADSP, 'Solutions to Afghan Displacement: A Rapid Review of the Evidence', 2018.

61 KII, Cardiff University

62 FGD 5: Female returnees, migrants and displaced persons in Khatam-ul-Anbiya, Herat

63 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul.

village’s clinic, which is eight kilometres away. In this case, a male family member has to go with the woman.”⁶⁴

Although prohibitive distances tend to stop both boys and girls continuing school beyond primary level, it is also harder for girls to access education, particularly based on recent rulings by the DfA in which girls are prohibited from attending public schools past 6th grade. Families are concerned for girls’ safety on the way to school. A respondent summarizes:

“Unfortunately, we don’t have any girls’ school in the area. Some village girls go to a nearby village [x] but they face problems on the way. It takes 30 minutes to get there and they are supposed to be accompanied by a family member. That is why very few go to school.”⁶⁵

Money

Money is a significant factor in the access to basic services for a variety of reasons. Primarily, those with greater disposable income can afford private healthcare and education, affording them a much greater quality of service:

“There are private hospitals, and when we go there, we have to have 5,000 AFN (\$55) to 6,000 AFN (\$66). Every little thing costs money in those private health centres. The majority do not have it.”⁶⁶

It can also be expensive to travel long distances to reach basic services, rendering these services inaccessible:

“Most people go to [x] district health which is 8km away from us. It takes 15 minutes to get there, the car fare is 400 AFN (\$4.4).”⁶⁷

Third, those without sufficient means prioritise livelihoods when making movement decisions. This may come at the expense of access to services, as is the case with the current trend of ‘reverse’ migration. Due to the current economic crisis, some households are forced to return to their rural settlements to access agricultural land where both educational and health services are in short supply.

In summary, connectivity is not yet ubiquitous or evenly distributed by migration status, social and economic status, nor by geographic location.



Public clinic, Kabul (Credit: Samuel Hall 2022)

64 SSI 3: Rural Community Leader, Ghourian, Herat

65 SSI 9: Rural Community Leader, Behsood, Nangarhar

66 SSI 14 Rural Community Leader, Paghman, Kabul

67 SSI 13: Rural Community Leader, Farza, Kabul

III. THE ROLE OF BASIC SERVICES AND INFRASTRUCTURE IN (RE)INTEGRATION

REINTEGRATION

Respondents surveyed for this research highlighted the importance that services play in (re)integrating displaced persons. One participant noted that the support of local communities was essential to connect them to necessary services and infrastructure:

Since we came here, we have enrolled all our children in school. They are very eager to study. The locals continue to help our children go to school and study. We did not have electricity at first, but later (a) local elder helped us and provided us with electricity.”⁶⁸

Another respondent remarked that the small tailoring business they were able to open as a result of infrastructure in Herat city provided opportunities for them meet newly displaced households:

I have a tailoring business. So, the IDPs visit my shop whenever they get to hear about me. We get to know each other and I think that it is a positive thing to happen.”⁶⁹

In particular, education was seen as a way to bring communities closer together. Both host and displaced communities access the same public educational services, enabling social connections that may not have developed naturally due to ethnic background or migratory status.⁷⁰

International frameworks

The IASC (Inter Agency Standing Committee) Framework aims to provide clarity on the concept of durable solutions and provides general guidance on how to achieve it. The Framework provides stakeholders with several key principles, based on international humanitarian and human rights law, which should guide the search for sustainable solutions. The IASC identifies eight criteria that can be used to assess the level of integration of a displaced person: safety, an adequate standard of living, access to livelihoods, HLP rights, doc-

umentation, family reunification, participation in public affairs and access to justice.⁷¹

These eight criteria highlight the multi-dimensionality of forced displacement, acknowledging the fact that a successful reintegration goes far beyond economic wellbeing. The adequate standard of living and access to livelihoods dimensions specifically are linked to basic services and infrastructure.

Reflecting this multi-dimensional framework, metrics developed to assess the degree of integration of a displaced person have taken a multi-dimensional approach, and also contained indicators to measure the access to infrastructure and basic services. The **Multi-dimensional Integration Index (MDI)** is an inter-agency process spearheaded by Samuel Hall and UNHCR. A specific Technical Working Group (stemming from the existing Reintegration Working Group) was created in 2015

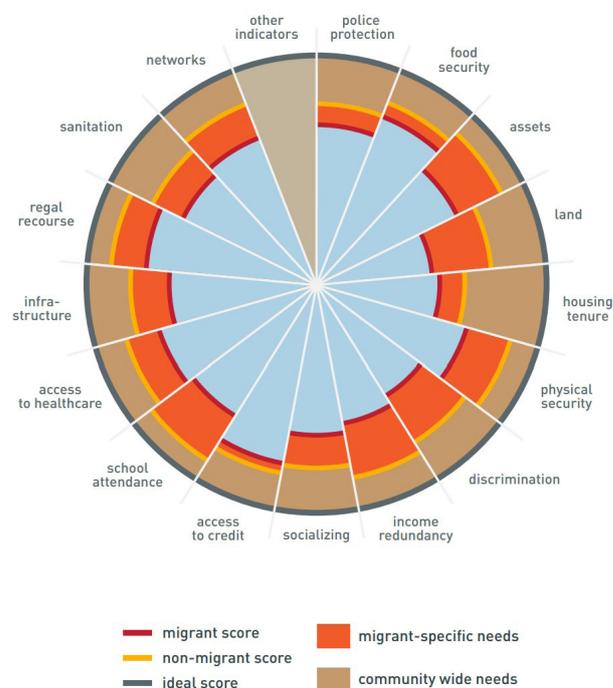


Figure 8. Indicators linked to basic services and infrastructure are components of the Multi-Dimensional Integration Index

68 FGD 3, Female returnees, migrants and displaced persons in PD 4, Jalalabad

69 FGD 5, Female returnees, migrants and displaced persons in Khatam-ul-Anbiya, Herat

70 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul

71 The Brookings Institution and University of Bern, 'Project on Internal Displacement', April 2010. IASC 'Framework on Durable Solutions', p. 27.

for the purpose of this exercise and consulted regularly throughout the entire process. It included stakeholders with experience in field data collection in Afghanistan, such as government entities, UN agencies, IOM, and NGOs such as Mercy Corps, DRC, NRC, IOM, DACAAR, ACBAR, etc. Academic partners contributed their expertise, and a bottom-up approach was ensured through the inclusion of returnees themselves via direct consultations. The core idea behind the MDI is that to understand integration as a measure of “differences between the displaced and the non-displaced,” using the UNHCR definition, one must focus on areas where specific displacement-related deprivations exist. These deprivations are local in nature.

Comprised of 25 indicators, the framework measures integration along an economic, social and safety and security dimension and constitutes an assessment in relative terms and in comparison with local populations. Several of these have a clear link to infrastructure and basic services. These include **dwelling amenities like water and electricity, access to or distance from a healthcare provider, and educational options and achievements.**

Data collected for this project in 2016–2017 showed important regional differences related to the indicators relevant to infrastructure – the displaced were not systematically at a disadvantage everywhere, but rather this was found to be a local phenomenon. In Kabul, for instance, the teams found that hosts were significantly more likely to benefit from electricity, particularly in the rural outskirts. They were also much more likely to have access to piped water. Access to healthcare was a clear differentiator, as hosts were considerably more likely to have received medical treatment over the past year. In terms of school attendance on the other hand, the differences were marginal with some two thirds of host and returnee households stating that all school-aged boys were in school and approximately half of school-aged girls. It was concluded that in Kabul, **based on the definition of reintegration used at the time (reintegration as the absence of differences between the displaced and local hosts), improving displaced people’s access to water, electricity, and healthcare would improve their reintegration.**

The tool was also employed in Jalalabad, Nangarhar, where electricity and healthcare access were also

found to be important differentiators between hosts and displaced populations. The same differences were not found in Herat, however. Improving access to infrastructure and basic services to foster reintegration may only make sense in a context where there are important differences between the displaced and the non-displaced. When differences do not exist, area-based programming rather than specific targeting of the displaced would be a better approach. In any event, settling in an area is not an option for the displaced in a context where infrastructure and basic services are not adequate.

Wellbeing

The relationship between infrastructure and basic service access and wellbeing is both intuitive and aligned with academic knowledge. A theoretical framework conceptualized by the IIED for the GCRF-supported multi-year project ‘Protracted Displacement in an Urban World’ defines wellbeing along the bodily, economic, social, political and psychosocial dimension. Many of these contain a basic services component, such as access to clean water, access to healthcare, education, roads, electricity but also green space. Using this framework, the consortium’s work (forthcoming) compares the wellbeing of displaced persons in cities to their camp-based counterparts. Basic services are essential to wellbeing, confirmed by data collected for the project, which surveyed 910 respondents in the city of Jalalabad (displaced and host respondents) and the IDP settlement of Barikab near Kabul (displaced respondents).⁷² The data showed that hosts reported higher overall wellbeing score on average than the displaced in both camp and urban settings, with differences specifically found in bodily wellbeing. **Respondents who were more satisfied with their access to certain basic services had on average higher overall wellbeing scores.**

Echoing the conceptual framework developed for the project, respondents mention the beneficial effect of accessible basic services on their physical, economic, and social wellbeing.

Physical wellbeing:

“The most important infrastructures are hospitals and schools. If there is no school, no one shall have the opportunity to become a doctor. If there is no hospital,

72 Protracted Displacement in an Urban World, 2022.

those who are sick shall not have the chance to be cured. It is thanks to schools and hospitals that people grow and stay safe from diseases.”⁷³

Economic wellbeing:

“The mentioned infrastructures have a prominent role in our lives. The greater our access to facilities, the greater our household wellbeing. For example, if one has graduated from a good school, he/she can seek employment opportunities that pay them high salaries. In the past, our fathers were mostly employed in laborious work. My niece, for example, is an educated person who can make sufficient money by using a computer. In comparison, in the villages the uneducated have to work hard all day long until their hands are cracked. At the end of the day, they return home exhausted. They fall asleep, and the next day they continue their laborious tasks.”⁷⁴

Social wellbeing:

“When people from different groups (migrants, displaced people, returnees, and host community members) live together in an area, accessing the same basic services and infrastructure will bring friendliness among them and can cause easy integration.”⁷⁵

Wellbeing of the interviewed displaced Afghans improved, on average, with better access to public transport, grocery stores and places of worship.

Respondents in whose households all or some school-aged children go to school have on average higher wellbeing scores than their counterparts who live in households where school-aged children do not go to school at all. Lowest wellbeing scores (both the overall wellbeing and across individual dimensions) are reported by

the displaced in urban settings whose children do not go to school. Those who judged the quality of schooling in their area as high on average have higher overall wellbeing than those who reported the schooling quality to be low. The highest correlation between the overall wellbeing and the reported schooling quality can be observed within the displaced in camp settings.

Similar tendencies can be observed if reported life satisfaction of respondents, instead of the wellbeing score, is considered. Those who reported the quality of schooling as high tended to be more satisfied or very satisfied with life than respondents who reported the quality of schooling to be low or neutral. Echoing the important of education, those who judged the quality of health-care in their area as high on average had higher overall wellbeing scores than those who reported the health-care quality to be low. The relationship is most apparent for the displaced in camp settings, and somewhat less straightforward for the displaced in urban settings. Similarly, more respondents are somewhat or very satisfied with their life among those who reported the quality of healthcare as high in comparison to those who said it is low or neutral.

Respondents who have access to healthcare and education felt more optimistic about the future of their children and children in the area. They tend to think more often that children will have a better or much better future when they reach the age of the respondents, than respondents who do not have healthcare and education available. Similarly, more respondents were somewhat or very satisfied with their life among those who reported the quality of healthcare as high in comparison to those who said it is low or neutral.

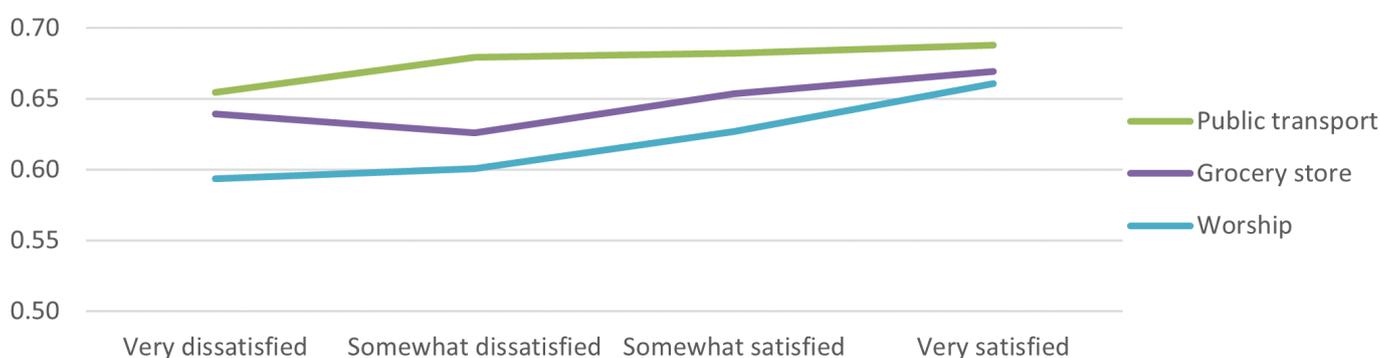


Figure 9. Overall average wellbeing score vs satisfaction with access to infrastructures

73 FGD 2: Male returnees, migrants and displaced persons in PD 13, Kabul

74 Ibid

75 FGD 3:Female returnees, migrants and displaced persons in PD 4, Nangarhar

CONCLUSION

This brief has laid out both the importance of infrastructure and basic services to the Afghan population's lives, health, prospects and general wellbeing. Infrastructure was once a compounding set of factors drawing returnees, IDPs, economic migrants towards the cities, along with economic opportunities and the promise of an easier, healthier, more educated life. Respondents were drawn not to the centre but to the periphery, areas where services and opportunities could be accessed, even if it required some travel, while social networks and lower living expenses impacted their decisions.

From there, they would travel to obtain basic services as needed. At the time of writing, in mid-2022, the trend of movement towards the urban agglomerations, towards better infrastructure and basic services, has been reversed. Today, many Afghans are heading back towards rural areas which may offer cheaper living and the opportunity to farm for survival, but where infrastructure and services are rudimentary at best. It can be assumed that this trend will not last, but rather that cities will again become magnets for the displaced when the current humanitarian crisis abates.

In the meantime, however, we show that the state of infrastructure and basic services has declined drastically. The brief has demonstrated that fragile gains are now being reversed. Road and communications infrastructure is no longer being invested in, pushing remote populations further into isolation. Education is no longer accessible to most girls beyond primary level in most parts of Afghanistan, while that which remains is provided by under-resourced establishments and teachers who have not been paid in months. Clinics are mostly functioning without international support which means less equipment, medicines, and staff, and unreliable grid electricity.

Hierarchical service provision is in place in some sectors, such as healthcare, but is not currently functioning well. Indeed, a functioning hierarchical system depends on both nearby basic facilities offering a (limited) range of adequate services, and on more central sophisticated service providers being accessible to those in need of services exceeding the abilities of the local solution. Neither is currently assured: the basic clinics are under-resourced and understaffed, and often simply refer clients on to the more central option. Said central options however are not easily accessible to potential clients far away, due to the state of the roads and absence of transport options and accommodation. Women in particular suffer from this, but so do those who do not have the means to pay for transport and accommodation far from their homes. The displaced are not disadvantaged based on their migration status, but suffer from compounded vulnerabilities in this regard: indeed, they are more likely to live on the outskirts of urban areas, are often financially at a disadvantage and they are more likely to lack the social networks which can help obtain access to many services.

This disadvantage in turn hampers (re)integration of IDPs and returnees. Previous research has shown that access to functioning infrastructure and basic services are a prerequisite when it comes to integration. Implicit in the IASC framework, and in work done by Samuel Hall for UNHCR when designing a local reintegration metric, access to electricity, schooling, and healthcare are core indicators to be considered when measuring integration and planning programming. Past research found that the displaced tend to be at a disadvantage to the point that reintegration outcomes are threatened in some areas but not everywhere.

Improving the access to infrastructure and basic services is crucial for all Afghans, and for displaced Afghans in certain locations. We show in this brief that these factors are crucial to the wellbeing of Afghans. Those who enjoy reliable services have higher economic, social and psychosocial wellbeing, feel more settled and display greater confidence in the future.

RECOMMENDATIONS

1. **Further explore the links between infrastructure, basic services and in-migration.** This brief serves as a proof of concept for the leveraging of DTM data to study what factors draw Afghans on the move while controlling for others. Covering over 30,000 Afghan communities in a panel dataset, the DTM data is a rich repository of information, and could be used for additional advanced analysis, including spatial analysis, to further investigate the factors that impact displacement. Specific factors could be isolated, and their importance assessed in a rigorous fashion. This in turn would allow for better city planning and inform the development of humanitarian and development projects.
2. **A two-pronged approach to improve hierarchical service provision in Afghanistan.** While hierarchical service provision is the goal in Afghanistan, it is not currently working well, as illustrated by the health sector. Service provision is hampered both by a lack of resources and capacity, especially at the local level, and by a lack of accessibility of options further afield. Women can find it difficult to access services by central service providers due to restraints put on them by the DfA, but travel is also challenging generally given the state of the roads and the financial resources needed. To begin building a functioning hierarchical system, a two-pronged approach would be needed to improve both service provision at the local level (basic clinics) and accessibility of central options by improving road infrastructure.
3. **Use the window of opportunity in terms of access.** Infrastructure and basic service improvement can be situated at the heart of the triple nexus: humanitarian in its life-saving work, a precursor to longer term development, and with positive implications for peace and security. The takeover of the DfA in the summer of 2021 threatens funding streams, as many donors are reluctant to engage with the new administration, whether directly or indirectly – even as it simultaneously opens a window of opportunity in terms of access to previously inaccessible areas, and more secure operating conditions. Additionally, the fact that many have (temporarily) left the cities may be an opportunity to improve services before this trend reverses.
4. **Focus on area-based solutions unless specific displacement-related vulnerabilities are apparent.** Infrastructure access does not primarily appear to depend on migration status, but rather a complex web of factors including gender, ethnicity, finances and living environment. Many of these factors are compounded with migration-related vulnerabilities. Area-based needs assessments using tools such as the MDI can help shed light on the differences between displacement-related factors. Where disadvantages are not linked to displacement, funds spent on improving returnees lives specifically would risk hampering the integration process – blanket targeting to improve access for all would be a more just and effective approach.
5. **Gender-mainstreaming should take place in all basic services and infrastructure programming.** It was illustrated in this brief that women are at a grave disadvantage when accessing services and infrastructure in Afghanistan today, be they related to health or education. Any programming must take this into account and maximize the benefit to women and girls, while being careful to consider the challenging circumstances. A first step would involve putting in place systems that ensure a systematic collection of relevant gender-disaggregated data on access and use. Further, design should account for linkages between infrastructure, basic services and women's wellbeing via a gender analysis.
6. **Set up community-based monitoring and planning mechanisms.** The quantity of basic services does not make a difference if the quality is poor – there should be an effort to increase the quality of these services. Systems of community-based monitoring can be revived in the current context, learning from systems that were implemented in the two decades preceding the return of the Taliban to power. Re-investing in community-based monitoring can further ensure a link to communities, provide them a link with organisations able to support them, and reinforce social cohesion.

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