

ERM Household Assessment Report

1. General Information:

Assessment Location: <i>(Province/District/Village)</i>	Province: Kuner	District: Asadabad, Barkuner, Khas Kuner, Sarkani, Marawara, Shigal wa Sheltan	
	Village : Many villages please, see HEAT data base		
Type of Crises:	Conflict		
Crisis Location:	Asmar, Chapa dara, Chawkay, Dara e Pech, Watapur, Barkuner, Dangam, Shigal wa Sheltan, Nurgal (Kuner), Waygal (Nuristan) and Sherzad (Nangarhar)		
Assessment Team:	DACAAR, SCI, WAW, WFP and DORR		
Crises Date:	June and July 2020		
Date of Notification:	17 August 2020		
Date of Assessment	19 - 24 August 2020, including completion of WASH re-assessment		
Total households assessed	78		
Affected Population: <i>(Total Caseload: IDP/CAT A/CAT B/Other)</i>	HHS:	Families:	Inds.
	43	44	302
Data Collection Method	Electronic	Hardcopy	
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2. Assessment Finding and Recommendation in brief:

Following assessment report covers those IDP families who have been displaced due to active fight between AOG and government forces in Asmar, Chapa dara, Chawkay, Dara e Pech, Watapur, Barkuner, Dangam, Shigal wa Sheltan, Nurgal (Kuner), Waygal (Nuristan) and Sherzad (Nangarhar), they have settled in secure areas of Asadabad, Barkuner, Khas Kuner, Sarkani, Marawara, Shigal wa Sheltan and brings a bad impact on both the affected people and local residents.

A joint needs assessment include WASH survey was conducted from 19 August 2020 - 24 August 2020- involving DACAAR, SCI, WAW, WFP and DoRR. The Joint Needs Assessment (JNA) teams found 44 families as eligible beneficiaries and recommended them for humanitarian assistance. According to HEAT Database, the average family size of 16 families is 7 persons per family.

Currently they are living in secure areas and no threat exists against them fortunately, they have access to existing social agencies which are active in Kuner (Human Right Commission, General attorney and Police stations). They have access to the public hospitals local market but due to poverty, they are not able to afford daily needs.

Lack of job opportunity and livelihood are the main protection concern against IDPs in the displacement location, during the assessment no proper household items were seen around them thus, they are suffering due to lack of Food, NFI, WASH for all families and other supplementary items. Therefore, the assessment team recommended them for emergency Humanitarian assistance.

According to the report analysis, Food was listed as the first priority, NFI second priority while WASH were listed as the third priority for all families.

Recommendations:

Based on team's observations, the displaced families live in bad condition; hence JNA Team recommends following assistance to be provided in this caseload.

1. SCI will provide NFI to all IDP families.
2. WFP will provide FI in kind to all IDP families.
3. WAW will provide protection to the all IDP families.
4. DACAAR will provide complete relevant WASH to all 44 IDP families.

3. Sectorial Issues:

WASH:

On water, there is high turbidity issue experienced by 2 IDP families collecting water from stream; the remaining families have been collecting clean and safe water from hand pumps (88.6%) and pipe water (6.8) that are located near (less than 500m) from their settlement area. Following is the water quality testing result of identified water points in this caseload.

Location	Type of Water Points	#	Focal coli form	pH	Turbidity	EC-u/cm	Date
Asadabad	Hand pump	2	0	7.4	1	828	19-Aug-20
Barkuner	Stream	1	0	7.3	13	966	20-Aug-20
Khas Kuner	Hand pump	1	0	7.4	2	692	24-Aug-20
Marawara	Hand pump	2	0	7.3	1	987	20-Aug-20
Sarkani	Hand pump	1	0	7.3	2	812	23-Aug-20
Shigal wa Shultan	Pipe water	1	0	7.2	1	872	20-Aug-20

To mitigate any health issue that may emerge due to consumption of high turbidity water, DACAAR proposes BSF distribution as alternative durable solution to those 2 IDP families who are using turbid water; its maintenance and operation will also be taught to them. BSF is considered to be the best alternative durable solution because no feasibility in constructing new wells.

Sanitation may become a challenge if left unaddressed because 14 IDP families are still doing open defecation due to unavailability of latrine facility in their household; meanwhile, the remaining IDP families have been using existing latrine facility such as, family pit latrine (68.2%). To prevent any airborne or waterborne disease that may occur as the consequence of open defecation, DACAAR considers the construction of emergency bath and latrine (EBL). EBL will be constructed based on: (1) families' geography location, (2) ethnicity background, (3) their willingness to share EBLs. Following table describes EBL construction plan:

Condition	# of families	Proposed Constructed EBL
IDP families living separately	9	9
IDP families living in the same compound	2	1
IDP families living in the same compound	3	1
Total	14	11

EBL will be constructed in such a way that it can be used by all population groups, including children, elderly people, and pregnant women. To encourage them to use the EBL on regular basis, they will also be taught through hygiene session that targets to increase awareness of hygiene issues among IDPs.

In addition to this, DACAAR also proposes **provision of 8 plastic chairs to 8 IDP families who has family members with physical limitation** who cannot easily use squat latrine. The plastic chair is a mean to ensure **protection mainstreaming in WASH response**.

Majority of the population have low living standard due to low knowledge on health and **hygiene**; and the situation is worsened by the absence hygiene kits in the families. Many of them do not take care of themselves. Their face is often dirty as well as their clothes are filthy and smelly. According to HEAT database, majority of the surveyed IDP families are in need for water storage containers and hygiene kits. No good **waste management** system is in place; littering seems to become a common practice in this caseload. To address the aforementioned issues, DACAAR will provide HE session and HE kits in this caseload.

Note: All conflict IDP families have heard about **COVID-19** through media, government, community elders, religious leaders, healthcare workers, family friends and they understand some primary symptoms about it. Also, they know some good practices about its prevention. However, they do not perform discipline social distancing nor use hand sanitizers or wash their hands regularly to prevent them from being exposed to corona virus.

Recommendations:

To address the above mentioned issue and also following criteria under ERM Project, DACAAR proposes following points to be considered as WASH assistance for this caseload.

1. Implementation of **hygiene session to all 44 IDP families** in order to raise people's awareness about **COVID-19** and to ensure knowledge increase on self-practice on good sanitation and hygiene. The hygiene session will be an integrated WASH approach that supports the distribution of hygiene kits as well as the proper usage of existing WASH facilities (water sources and latrine facilities).
2. Distribution of **hygiene kits to all 44 IDP families** in order to enable the people to self-practice good hygiene and sanitation in their daily life.
3. Construction of **EBL (11 sets) to 14 IDP families** who have been conducting open defecation. It is expected that (a) EBL will be used on regular basis, (b) in the future no open defecation case will be found, and (c) any fecal- oral-transmission disease can be prevented in the near future.
4. Provision of **8 plastic chairs to 8 IDP families** who have family members with physical limitation who cannot use squat latrine. Plastic chair will be considered as **protection mainstreaming approach** in WASH response.
5. Distribution of **8 plastic garbage bags per family to all 44 IDP families** in order to help them avoiding littering as well as to increase their knowledge on the importance of solid waste management in their life.
6. Distribution of **BSF (2 set) to 2 IDP families** who collect turbid water from stream. As alternative durable solution, it is expected that with BSF those families will no longer have any challenge in using safe water for their daily activities, especially drinking and cooking.

Challenges:

- Expectation of the host community.
- Changing IDPs location from one place to other place because of no enough rooms, place and social issues.
- Some of the IDPs mobile phones were not working properly, for ERM team it was difficult to find their location.
- Interference of some local elder and etc.
- Some IDPs families did not have ID card which are left in their place of origin and were default their recognition.

4. Annex:

2020 08 25 Kuner - HEAT Database

2020 08 25 Kuner - WASH Survey

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Date of report : 25 August 2020

Reviewed by :

DACAAR Recommendation:

Sn	Description of Activities	Unit	Quantity	Unit Price in AFS	Total Amount AFS
1	EBL construction	Sets	11	10,580	116,380
2	HE Kit distribution	Sets	44	1,947	85,668
3	Provision of plastic chair	No	8	1,300	10,400
4	Plastic garbage bags distribution	Item	44 x 8	12	4,224
5	Provision of BSF	set	2	1,378	2,756
Total					219,428
Human Resources					
1.	Staff	Hygiene Couple (Male and Female), Engineer will support the process.			Mobilize existing staff funded by ECHO