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1. Introduction

1.1 Background

Ghazni is one of the most important and central provinces of Afghanistan. The province is second grade based on the statistics of Central Statistical Office (CSO) of Afghanistan for the density of population; the province has long and rich history. Ghazni is located in 33 degree, 33 min of north latitude and in 68 degree, 25 min of the east longitude. Ghazni city is located 145 km south from Kabul city on Kabul-Kandahar highway. Maidan Wardak and Bamyan provinces are in the north of the province while Paktia, Paktyka and Logar provinces are in the east, Zabul is in the south while Urozgan and Zabul provinces are bordering the province in the west.

The province total land is 32797 km square and in accordance of the 2000 census the total population was 965572 people.

The winter is cold in Ghazni while summer is warm, the lowest degree in the winter goes under minus 20 to 30, The Nawar area is the coldest area in which the temperature does not get over +20 degree.

The province has been distributed to eighteen districts which are:

Ghazni capital, Andar, Muqur, Qara Bagh, Gilan, Waghiz, Giro, Deh Yak, Nawar, Jaghori, Malistan, Rashidan, Ab Band, Khugiani, Nawa, Jaghato, Zankhan, Ajeristan and Khwaja Omari

The residents of the province consist three big tribes including Pashtuns, Tajik and Hazara. There are several small other tribes such as Bayat, Sadat and Sikh and the majority of the residents are Pashtun.

As per assessment survey, which has been conducted by CoAR, there are 496 IDPs family (3968 individuals), which are recently displaced from Qara Bagh, Ajeristan Nawar and Waghis districts of Ghazni as well as from Uruzgan, Wardak and Daikunde provinces to Ghazni center. The major causes of displacement were military operations conducted by Afghan Security National Forces (ANSF), armed conflict between Anti Governmental Elements (AGEs) and ANSF, as well as harassment and intimidation of civilians by AGEs, which included threatening the families and tribes of those affiliated with the Government, and forcing civilians to provide them with accommodation, food and money. Other causes included, general insecurity in some districts (particularly in western region), including criminal activities such as targeted killings and kidnappings; and inter-tribal armed clashes which negatively affected the normal live of communities and contributed to general insecurity.

1.2 Assessment Objectives

The overall objective of the assessment was to identify the unmet needs of the conflict affected population in 8 villages (Hayder Abad, Shehrak, Naw Abad, Tawhead Abad, Pashtun Abad, Sahadat, Qala Meeri and Qala Shahada of Ghazni center in Ghazni Province, focusing on WASH needs of affected population (age, gender and vulnerability) in accordance with Sphere standards age markers. The specific objectives of the assessment were as follows:

- To establish a good understanding of the entire humanitarian crisis by effective consultations with affected population to grasp the context.
- To assess the emergency WASH needs of the conflict affected population of 8 villages of Ghazni center in Ghazni Province.
- To ascertain the various types of assistance provided to affected population by different actors and identify possible gaps.
- To identify most vulnerable segments of affected population according to gender, age and vulnerability and understand the challenges being faced by them.
- To provide recommendations for immediate actions needed to assist the disaster affected population of Ghazni center.

1.3 Methodology

Sampling

Ghazni center was covered for the assessment, which are currently, not receiving assistance. During the needs assessment 8 villages were reached by the assessment teams. Out of a total of 496 families, 15% families were taken as sample size. The total number of questions for each family was 21. The respondents were randomly selected from the village population. Recognizing the traditional and conservative culture in the area, the team made sure to incorporate interviews with women headed households in the assessment process. Therefore, the team tried to interview such households through ‘deliberate sample selection’ wherever possible. The types of respondents selected were men, women and children of IDP families and consultation with community elders and host families.
1.4 Methodology

<table>
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<th>Individual</th>
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<td>Total</td>
<td></td>
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2. Findings - WATER

Water Sources and accessibility

According to the assessment results, there are different types of water sources in the villages assessed. These sources are unprotected tube wells, hand pumps, water trucking on payment, protected wells and open ponds. 45% of families residing with host communities reported that they collect water from tube wells but due to the large number of users from one collection point, this process takes many hours. Those who wait till late reported that water quality appears to be turbid and possibly contaminated (Direct observation & Community feedback). The community is using the underground water which is not safe for drinking. Human waste and animal waste has contaminated the water sources. The IDP population in general and women in particular do not have access to water for bathing and cleaning. Women have specific needs which they do not access to at present. 11 % of the total families surveyed responded that they pay money for water trucking and fuel for generator to draw water from the well. The utilization of water sources reported during the assessment are summarized in below figure.

Water Storage Capacity

Water storage is an important and major component of any water supply system. The data reveals that there is a major percentage of the IDPs population that have a storage facility in the vicinity of their residential units. According to the data, 73% of respondents said they have the Water storage capacity, however this capacity is of various sizes. 21% of respondents reported that they have a water storage capacity for more than hundred liters, 18 % for more than 50 liters and the remaining 61 % have less than 50 liters’ storage capacity. Water storage containers are not of accurate size and type. Women and girls transport water in most cases while donkeys and trucking is also used to transport water in some area. The percentile breakup regarding water storage capacity is shown in figure below.
Water Quantity

According to the data analyzed water availability in 52% households is 50-100 liters which includes washing, cooking, drinking and animal use. According to the woman respondents they have started utilizing less water for drinking and personal hygiene as they have to collect water from distance and manage the needs of all at household level including considerable population of livestock.

Findings - SANITATION

According to the data in 8 villages assessed the sanitation facilities in the area is not very encouraging. According to 46% respondents there is no latrine, 54% respondents there is latrine, but using by more than 6 families at the residential units of IDPs for all groups. All groups including elderly, women, men and children practice open defecation around their residential units which was observed by the assessment team as well. In addition, there are no bathing and hand washing spaces for men and women. 24% of respondents reported the presence of one latrine which happened to be a traditional simple pit latrine. Only 6% reported the presence of a pour flush latrine. 94% of respondents reported that there are no hand washing facilities available. 64% reported the non-availability of bathing spaces. 36 % available bathing spaces are not enough and are insecure for women use. Most of the women reported that they bathe in the open after dark which is very harsh in extreme cold and is also unsafe. Households where simple pit latrines are available are not according to sphere standards and the main responsibility for cleaning is with women.
Findings – HYGIENE

According to the data collected and analyzed from 8 villages, latrines are not used by the majority of men, women and children. Less than 200g of soap for personal hygiene per person per month soap for hand washing is available in only 66% households due to inability of buying soap. Hand washing and bathing facilities are also not available at 61% of area visited by the assessment team. 63% of population with large numbers of children do not wash their hands with soap after defecation and before eating.

**Presence of disease**

According to observations, almost 81% of respondents reported the presence of cold, fever and heavy coughing among children. Poor hygiene Influenza and pneumonia may cause severe complications, especially in groups at risk. 32% respondents reported the presence of diarrhea cases due to contaminated drinking water or food, or poor sanitation.

**3. Problem Analysis**

Availability of limited water sources, pressure of users on each water sources and difficult access to water sources has resulted in increased water collection hours for women and children. Water sources are at risk of microbiological contamination because of the presence of human and animal waste around water sources especially open ponds, springs and unprotected wells. Water quality is turbid in most cases which needs treatment before usage. There is a risk of contamination of water while transporting and storage because of lack of appropriate size and type of storage containers, poor hygienic conditions at household level and absence of proper cleaning of water storage containers. In addition, lack of awareness on the importance and techniques of water treatment has resulted in the usage of unsafe drinking water by all the groups in the IDPs population, elevating the risk of increase in water borne diseases especially in children of 5 years and below. Water availability in 52% households is 50-100 ltrs/day which includes washing, cooking, drinking and animal use. According to the woman respondents they have started utilizing less water for drinking and personal hygiene as they have to collect water from distance to manage the needs of all at household level including considerable population of livestock. Poor hygiene, Influenza and pneumonia may cause severe complications, especially in groups at risk. There is a risk in increase of reported diarrhea cases due to contaminated drinking water or food, or poor sanitation.

Women and girls are mainly responsible for collecting, handling, storing and treating water in the IDPs population. The burden of fetching drinking water from outdoor sources falls disproportionately on girls and women. In some cases, boys and men also collect water. Women and girls are the worst affected groups in IDPs population as they don’t have access to enough water for drinking and personal hygiene. In addition, in order to meet the needs of family comprising of above ten members, women have to collect water from distant areas, more than 3 times a day. In several villages, collecting water takes longer than 3 hours for more than a quarter of the population. This considerably reduces the time women and girls have available for other activities such as childcare, household chores and personal hygiene.

Safe, lockable and well-lit latrines are not available for women and children in the villages’ assessed. The majority of the IDPs population comprises of women and children (5 years and below). Women and children hygienic conditions are extremely poor. Women and children practice open defecation. Without access to latrines, all women and girls become ‘prisoners of daylight’, daring to relieve themselves only under the cover of darkness. Night-time trips to fields for defecation and bathing, however, can put them at risk of physical attack and sexual violence. In some cases, young girls collect water in the evening to avoid the presence of men and are subjected to the fear of animals on the way while transporting water. Girls often have to walk long distances to fetch water and firewood in the early morning and late in evening. Assessment team observed that there is no education facility for the children of school going age and they are engaged in collecting water for the household use. IDPs population is coping with the issues using their existing capacities.

**4. Recommendations**

The main objective of this assessment was for CoAR to identify the needs of the population in the Ghazni center of Ghazni province where IDPs from insecure districts and provinces are residing with host communities. The assessment covered 8 villages of Ghazni center focusing on WASH needs of IDPs population (age, gender and vulnerability) in accordance with Sphere standards.
Based on the main findings we find that our intervention is very much needed. All the 8 villages assessed are currently not receiving any assistance and our recommendation is that we focus on these 8 villages.