

ERM 30 Household (40 Families) Assessment Report

1. Key Facts

Type of shock	Conflict
Crisis date	June- September 2020
Crisis location	Province: Kunar, Nuristan, Nangrahar District: Sarkani, Marawar, Drah pich, Mohmandarah, Shigal, Wigal Village: for details please, see HEAT data base
Affected households	30
Assessed households	103
Identified eligible households	30 HH 40 Families 238 individuals
Alert date/s	6 Sep 2020
Assessment Location	Province: Kunar District: Sarkani, Marawar, Asadabad Villages: Details is in HEAT data base
Assessment date/s	9-13 Sep 2020 , Wash Reassessment 14-15 Sep 2020
Referred by	DoRR/ OCHA
Assessment team/s	DACAAR, SCI, WFP, WAW and DORR

2. Context

Related to insecurity, threat, and clashes between AOG and government forces in Marawarah, Drah pich, shigal districts of Kunar and always conflict and security threat in Wigal district of Nuristan; causes of civilian displacement to Marawarah, Assadabad districts of Kunar province and armed clashes between Afghan and Pakistan forces on the border in Sarkani district of Kunar and Torkham area of Nangrahar causes of civilian displacement to Sarkani and Assadbad, A joint needs assessment was conducted during 9-13 Sep 2020, with the involving of DACAAR, SCI, WFP, WAW and DORR and the WASH re-assessment was also performed during 14-15 Sep 2020. The Joint Needs Assessment (JNA) teams found 40 families as eligible beneficiaries and recommended them for humanitarian assistance. According to HEAT Database, the average family size of 40 families is 6 persons per family.

Currently they are living in secure areas and no threat exists against them, they have access to existing social agencies which are active in Kunar (Human Right Commission, General attorney and Police stations). They have access to the public hospitals and clinics which are active in their present settlement area but due to poverty, they are not able to afford medication cost in case of any sickness,

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.

Number of households assessed	103
Number of households eligible under ERM assistance	30 HHs= 40 families

3. Needs and recommendations

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

IDENTIFIED NEEDS

Food	yes
NFIs	yes
Financial status	yes
Shelter	
WASH	yes
Protection	yes
COVID-19	

PLANNED RESPONSE

Food	WFP will provide FI to all IDP families
NFIs	SCI will provide NFI for all families
Shelter	
WASH	DACAAR will provide complete relevant WASH assistance to all IDP families
MPCA	gap
Protection	WAW will provide protection assistance to all IDP families

WASH

Water:

On water, there are 3 conflict affected families who have been using dug well water (7.5%) which have been contaminated by bacteria; and the remaining families have been collecting clean and safe water from hand pumps (90%), pipe water (2.5%), that are located near (less than 500m) to their settlement area mostly the water is collecting by children and female.

To mitigate any health issue that may emerge due to consumption of contaminated water with bacteria, DACAAR proposes chlorination for rehabilitation (treatment) of contaminated dug well with bacteria; its maintenance and operation will also be taught to them.

Water sources	Number of families
Hand pump (11)	36
Pipe water (1)	1
Dug well (1)	3

WQA Test Result in field level:

Location / Village	Type of Water Points	#/ Total	Focal Coliform	pH	Turbidity	EC-u/cm	Date
Sarkani/ Amran Abad	Dug well	1	6	7.4	3	985	9-Sep-20
Sarkani/ Saidkhil	Hand pump	1	0	7.5	1	1200	10-Sep-20
Marawarah/ Sadiqabad	Hand pump	1	0	7.7	1	968	12-Sep-20

Sanitation:

May become a challenge if left unaddressed because 17 IDP families (42.5%) are still doing open defecation due to unavailability of latrine facility and no proper bath in their household ; meanwhile, the remaining affected families have been using existing latrine facility such as, family latrine (57.5%). To prevent any airborne or waterborne disease that may occur as the consequence of open defecation, DACAAR considers the construction of (8 set) emergency bath and latrine (EBL) to that 17 affected families who have not latrine and Bath .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
3 IDP families living in the same compound	9	3
2 IDP and Flood affected families living in the same compound	6	3
IDP and Flood affected families are living separately from each other	2	2
Total	17	8

EBL will be constructed in such a way that it can be used by all population groups, including children, elderly people, and pregnant women.

DACAAR also proposes provision of 7 plastic chairs to 7 IDP families who has family members with physical limitation and pregnant woman who cannot easily use squat latrine. The plastic chair is a mean to ensure protection mainstreaming in WASH response.

COVID-19:

52.5% of the affected families have heard about COVID-19 through media, community_leaders Religious_leaders healthcare_workers; they understand some primary symptoms of COVID-19 but, at all they do not have enough information about the spreading and prevention of it also, they do not observe spacing and contact moreover, they do not use hand sanitizers or any other means to be prevented from

COVID-19. it all because of low economical situation of the affected peoples.

Hygiene:

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, because of less access to hygienic items. According to HEAT database, majority of the surveyed 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.

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 the affected peoples.

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 40 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 40 IDP families in order to enable the people to self-practice good hygiene and sanitation in their daily life.
3. Construction of EBL (8 sets) to 17 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 7 plastic chairs to 7 IDP families who have family members with physical limitation and pregnant woman 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 40 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. Chlorination of 1 dug well through Chlorine for 3 families who are using unsafe dug well water.

DACAAR recommended WASH assistance quantity and cost:

S/N	Description of activity	Unit	Quantity	Unit Price in AF	Total Amount AFS
1	EBL construction	Sets	8	10,580	84640



Humanitarian Aid
and Civil Protection

2	HE Kit distribution	Sets	40	1,947	77880
3	Provision of plastic chair	No	7	1,150	8050
4	Plastic garbage bags distribution	Item	40 x 8	11	3520
5	Rehabilitation of 1 dug well through chlorination.	No	1	100	100
Total					174190

3. Annexes

Assessment report: 30 HH 40 families in Kuner province ERO
WASH Survey: 30 HH 40 families
HEAT database: 30 HH 40 families
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Approved by :