



## ERM Household Assessment Report

(Should be written and submitted ASAP after the completion of Rapid Need Assessment)

### 1. General Information:

<b>Assessment Location:</b> <i>(Province/District/Village)</i>	<b>Province: Kandahar</b> <b>District: Kandahar, Arghandab, Zheray</b> <b>Village: Many villages, for details please see HEAT Database</b>		
<b>Type of Crises:</b> <i>(Conflict/Natural Disaster/Other)</i>	<b>Conflict</b>		
<b>Crisis Location:</b> <i>(Province/District/Village)</i>	<b>Daikondi</b> (Patoo district) <b>Farah</b> (Porchaman, Tarsan, Almar districts) <b>Ghor</b> (Tiwara district) <b>Helmand</b> (Kajaki district) <b>Kandarh</b> (Ghorak, Shah Wali Kot districts) <b>Uruzgan</b> (Gezab, Dehrawod, Trinkot districts) <b>Zabul</b> (Qalat district)		
<b>Assessment Team:</b> <i>(Name of I/NGO in the Assessment Team)</i>	<b>DRC, DACAAR, WFP, UNHCR, HI, SCI, APA, HAPA, DORR &amp; GOV</b>		
<b>Crises Date:</b> <i>(Date of Displacement-Estimated)</i>	<b>May to June 2020</b>		
<b>Date of Notification:</b>	<b>06 August 2020</b>		
<b>Date of Assessment:</b> <i>(starting date/ending date)</i>	<b>(12 -23) August 2020 (including WASH Re-Assessment)</b>		
<b>TYPES OF ASSISTANCE PROPOSED</b>			
<b>Affected Population:</b> <i>(Total Caseload: IDP/CAT A/CAT B/Other)</i>	<b>HHs:</b>	<b>Families:</b>	<b>Inds.</b>
	<b>23</b>	<b>26</b>	<b>193</b>
<b>Data Collection Method</b>	<b>Electronic</b>	<b>Hardcopy</b>	
	<b>X</b>		

### 2. Assessment Finding and Recommendation in brief:

- During recent months, there were reports of battles and conflicts between ANSFs and AOGs in Daikondi, Farah, Ghor, Helmand, Kandahar, Uruzgan, Zabul Provinces related districts . As a result of these conflicts, many civilians left their houses and displaced to safer areas to Kandahar province and relevant districts , who are now in need of emergency assistance.
- DoRR reported that around 118 HHs which have been displaced due to conflicts and fights from Daikondi, Farah, Ghor, Helmand, Kandahar, Uruzgan, Zabul those areas which are under control of AOGs and are in need of humanitarian assistance.
- The alert of displacement was attained through a letter by DoRR to OCHA on 06<sup>th</sup> August 2020, After verification of clashes and fights which caused displacement, OCHA circulated the email amongst humanitarian agencies afterwards. DRC is the leading agency in Kandahar for Joint Needs Assessment, as they were busy in their other projects so that the Joint Needs Assessment (JNA) for this caseload started a few days later, which starting date is on 12th August 2020 and finished on 20th August 2020. Among those 118 HHs, 23 HHs (26 Families) were found eligible for assistance and other remaining families were protracted IDPs and were living for a long time in Kandahar city.



## Summary of Key findings and recommendations

- Assessment findings indicate, most IDP families did not have Food, Cash, NFI, WASH facilities for their daily usage/consumption. So, there is a dire need of humanitarian assistance.
- Key findings indicated that most IDP families preferred Food as their first priority need to be met, Shelter as second, NFI and Health as third priority.
- All of the IDP families are living in rented houses.
- All families have proper access to safe drinking water which source is Hand Pump and Dug Well, the water points are located near to their settlement area, which distance is less than 500m in average by walking.
- As per HEAT, 3 HHs were selected as eligible families. For the sake of better coverage of WASH response, families of more than 10 individuals were divided in to 2 families. For this reason, the number of families for WASH response in this caseload rose to 26 families (23 HHs). The split families have been highlighted in HEAT database for reference. The average family size in this caseload is 7.42 individuals. .
- HEAT database and direct observation show that there are two families that have disable individuals and need plastic chair.
- HEAT data shows that 5 families are being headed by female.

**Recommendations:** Based on team's observations, the displaced families live in bad condition; hence, JNA Team recommends and agreed upon to provide the following assistance in this caseload:

1. UNICEF will provide Hygiene kits to all families.
2. WFP will provide food for all IDP families.
3. SCI will provide NFI to all IDP families.
4. DACAAR will provide relevant WASH package (EBL, HE Session, Plastic Chair, Plastic Bags for solid waste management, BSF) to this caseload.

## 3. Sectorial Issues:

### A) Food Security, Nutrition and Livelihood:

Among those 26 IDP families, 2 IDP families are busy in agriculture, 4 IDP families are busy in livestock, 2 IDP families are busy in small business, 18 IDP families were busy as daily unskilled labor.

To cope with this situation, the affected families have adopted different negative coping strategies such as relying on less preferred and less expensive food, borrowing food from local community or relatives, limiting portion size at meal times and restricting consumption by adults in order for small children to eat.

Families reported that all their family members (Men, Women & Children) have been affected by those coping strategies. Debt level since the shock for all that 26 families is more than 8,000 AFN it is average for each families 11596 Afs and about 3115 Afs loans.

All eligible families have access to markets but it is far from their living area but the road condition is good and accessible to purchased their needy items and average distance to market is around 1- 10 KM or 60 minutes by walking.

**Recommendation:** WFP will provide food to all IDP families.

**B) NFI:** The IDP families could not manage to bring of their HH items during their displacement and have left more than 90% of their household items and equipment's in their place of origin, direct observation indicated that family members have to use their HH items in share with each other, this issue would-be health frightening for families, particularly sharing of cooking and hygiene items between old members and kids. They have need for full package of non food items like clothing, bedding, cooking and hygiene.

**Recommendation:** SCI will provide NFI kits to all HHs in this caseload.

- **Shelter:** The household database indicates that currently all families are living in rented houses at relevant areas of Kandahar city.

## C) WASH

**Water** issue is experienced by 1 IDP families (3.85%) in this caseload because they are using turbid water of Dug Well NTU>5, the remaining IDP families in this caseload have access to nearest water points and clean water, they are collecting their needed water form Hand Pumps (50%), and Dug Well (50%) which are located less than 500m - average walking distance - from their settlement area. The water is mostly collected by male (Adults & Children).

To ensure that those existing water sources have clean and safe water for human daily consumption, DACAAR ERM Field Team conducts Water Quality Test (WQT). Results are found to be in line with ANSA standard on clean and safe water for human consumption; below table explains in detail WQT results:

Samples	Location	Type of Water points	#	Focal Coliform	pH	Turbidity	EC-u/cm	Date
Zarina	PD 15 Yakh Kariz	Hand pump	1	0	7.32	1.10	1623	15-Aug-20
Gulsika	PD 6 Mahlajat	Hand pump	1	0	7.56	0.92	1785	15-Aug-20
Abdul Hai	PD 12	Dug well	1	0	7.18	9.16	1533	16-Aug-20
Sakina	PD 1 Haji Aziz	Dug well	1	0	7.78	0.92	1731	17-Aug-20
Khan Moh	PD 9 S. Baba Masjid	Dug well	1	0	7.67	1.38	1768	17-Aug-20
Mirhamza	PD 4	Dug well	1	0	7.86	1.13	1771	18-Aug-20
Rahima	PD 5	Dug well	1	0	7.58	1.17	1745	19-Aug-20
Khan Agha	PD 9	Hand pump	1	0	7.92	1.25	1766	19-Aug-20
Shir Agha	Sangisar	Hand pump	1	0	7.79	1.46	1722	20-Aug-20
Ab. Rahman	PD 7 Ghazi Kalai	Hand pump	1	0	7.81	1.56	1742	22-Aug-20
Zainullah	Kochonai Monar	Dug well	1	0	7.67	1.26	1623	23-Aug-20
Abdul Ahad	Zara Mandyee	Dug well	1	0	7.44	1.52	1758	23-Aug-20

For 1 IDP families who is using turbid water NTU>5 of Dug well, DACAAR field team is recommending 1 No. BSF. BSF is considered one of the best economical alternative durable solutions. Moreover, for other durable solutions, regretfully, no further assistance can be proposed in this caseload because the number of families are less.

**Sanitation** needs were identified during JNA and WASH assessment because 7 IDP families (26.92% of the surveyed population in this caseload) are still practicing open defecation due to unavailability of latrine facilities in their settlement areas. The remaining IDP families have been using existing latrine facility in their household such as, family latrines (73.08%). To address open defecation and to prevent any airborne or waterborne diseases, DACAAR considers the construction of emergency bath and latrine (EBL). EBL will be constructed based on: (1) Geographical location of IDP families, (2) ethnicity background, and (3) their willingness to share EBLs. Following table describes the rationale of EBL distribution and construction:

Description of Families	# of Families	Proposed Sets of EBLs	Remarks
Families living separately from each other	7	7	1 set per family
<b>Total</b>	<b>7</b>	<b>7</b>	<b>7 sets of EBLs for 7 families.</b>

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 issue among IDPs. In addition to this, DACAAR also proposes provision of (2) plastic chairs to 2 IDP family having (2) disabled individuals who cannot easily use squat latrines. The plastic chair is a means to ensure **protection mainstreaming in WASH response**.

Majority of the population in this caseload have low living standard due to low knowledge on health and hygiene; the situation is worsened in the absence hygiene kits. Many of them do not take care of themselves. Their face is often dirty as well as their clothes are filthy and smelly. 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 in this caseload, based on discussion with UNICEF, OCHA and request of UNICEF that their kits will be expired so this time UNICEF provides Hygeine Kits to this caseload, therefore UNICEF will provide Hygeine Kits to all families.

### **Recommendations:**

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

1. Conducting **hygiene session for all 26 IDP families** in order to raise people's awareness 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. **1 No BSF** for 1 Families which is using Dug well turbid water NTU>5.
3. Installation of **7 sets of EBL for 7 IDP families** who have been practicing open defecation. It is expected that (a) EBLs 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 2 Plastic defecation chairs (latrine)** for 2 disabled IDP individuals who have difficulty in using squat latrine with ease.
5. Distribution of **8 plastic garbage bags per family to all 26 IDP families** in order to help them avoid littering as well as to increase their knowledge on the importance of solid waste management in their life.

### **D) Corona Virus (COVID-19):**

In actual all these families have information about Corona COVID-19 virus but they get this information from Media, Family friends, but these families don't received any awareness ad protection messages from any organization and to present not received any assistance for their protection from Corona Virus which is necessary to have these protection or security tools like Gloves, Mask, Sanitizer, Hand washing liquid, Antiseptic spray.

To present there is no any positive case in this area of COVID-19. All the IDP families requesting to NGOs to support them through COVID-19 necessary tools and messages.



Humanitarian Aid  
and Civil Protection



There is working Phone networking and there is no internet access because to present no active internet bundle in Phone networking system.

### E) Protection:

- Report on casualties, we have not got any family with member injured or dead in the conflicts.
- HE messages are the most required, because IDPs were not in good health condition.

**F) Health:** All families have access to public and private clinics in their near markets and assessment teams not reported any serious disease.

**G) MARKET ASSESSMENT:** Team conducted three market assessments in Kandahar city, all the families have access markets which are well-functioning and have adequate amount of food and non-food items, they restocking from Pakistan, Iran and other foreign countries. Below table indicates current prices in Kandahar city markets.

If not applicable, write N/A – do not leave blank.					
	Wheat flour, white – low price (Kg)	Rice - low price (Kg)	Cooking oil (L)	Cooking gas (L)	Diesel (L)
An average Current selling price (AFN)	AFN 25	AFN 80	AFN 75	AFN 60	AFN 48
An average Selling price 2 weeks ago (AFN)	AFN 22	AFN 75	AFN 68	AFN 55	AFN 43
How often do you buy new stocks?	Every ...30....days	Every ...15 days	Every ...7 days	Every 15..days	Every 15.days

All customers have easy access to markets, daily wage rate is 300-350 AFN, money transfer and changing facilities (Hawala and banks ...) are available in the market.

Rent cost of small house for 7 persons is 1000-6000 AFN per Month).

### 4. Urgent Priority needs of affected people (as per affected point of view)

- **WFP** is going to provide Food to all families.
- **UNICEF** is going to provide Hygiene kits to all families.
- **SCI** is going to provide of NFI packages to all families.
- **DACAAR** is supposed to cover WASH package to all families as following:
  - Conducting **hygiene session for all 26 IDP families** in order to raise people's awareness 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).
  - **1 No BSF** for 1 Families which is using Dug well turbid water NTU>5.
  - Installation of **7 sets of EBL for 7 IDP families** who have been practicing open defecation. It is expected that (a) EBLs 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.
  - **Provision of 2 Plastic defecation chairs (latrine)** for 2 disabled IDP individuals who have difficulty in using squat latrine with ease.
  - Distribution of **8 plastic garbage bags per family to all 26 IDP families** in order to help them avoid littering as well as to increase their knowledge on the importance of solid waste management in their life.

Response has been coordinated with all involved humanitarian actors and all agreed with proposed response.



Humanitarian Aid  
and Civil Protection



ERM  
Emergency  
Response  
Mechanism

## Challenges:

- Scattered location of IDPs was a challenge during assessment.
- Shortage of time and huge number of IDP
- Expectation of the host community.

## 5. Annexes

*(Please provide the database collected under the ERM household assessment in electronic form)*

2020 08 23 Kandahar - HEAT Database

2020 08 23 Kandahar - WASH Survey

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Date of writing: 24 August 2020

Reviewed by:

Approved by:

### DACAAR Kabul Main Office Recommendation

Sn	Description of Activities	Unit	Qty	Unit Price in AFS	Total Amount AFS
1	Construction of EBLs	Set	7	10,508	73556
3	Distribution of BSF for 1 IDP family	No	1	1434	1431
4	Plastic defecation chair for disabled persons	No	2	1000	3,000
5	Plastic Garbage bags for solid waste, 8/Family.	Kg	26	85	2210
<b>Total</b>					<b>130,403</b>
	Human Resources				
1.	Staff	Hygiene Couple (Male and Female), Engineer, Regional Manager will support the process.		Mobilize existing staff funded by ECHO	