

ERM Household Assessment Report

1. General Information:

Assessment Location: <i>(Province/District/Village)</i>	Province: Kuanr	Districts: Asadabad, Khas Kuner and Marawara	
	Villages : Kerhalah, Serai, Lar kalai and camp		
Type of Crises:	Natural disaster		
Crisis Location:	Province: Kuanr		
	Districts: Districts: Asadabad, Khas Kuner and Marawara		
Assessment Team:	DACAAR, IOM, WAW, WFP, DoAIL, ANDMA and district representative		
Crises Date:	July 2020		
Date of Notification:	12 July 2020		
Date of Assessment	12 July - 13 July 2020, including completion of WASH re-assessment		
Total households assessed	26		
Affected Population: <i>(Total Caseload: IDP/CAT A/CAT B/Other)</i>	HHS:	Families:	Inds.
	5	5	34
Data Collection Method	Electronic	Hardcopy	
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2. Assessment Finding and Recommendation in brief:

The following assessment report covers a caseload of flash-flood-affected families from Asadabad, Khas Kuner and Marawara districts of Kuner. A heavy rainfall (natural disaster) caused a bad impact on the affected people.

A joint needs assessment include WASH survey was conducted during 12 - 13 July 2020, with the involving of DACAAR, IOM, WAW, WFP, DoAIL, ANDMA and district representative. The Joint Needs Assessment (JNA) teams found 5 families as eligible beneficiaries and recommended them for humanitarian assistance. According to HEAT Database, the average family size of 5 families is 7 persons per family.

100% Of households reported that their main vulnerability is only due to heavy rainfall and flood and currently they are living in their own partially damaged houses, which they are unable to meet their basic needs however, they have access to the existing public clinics and hospitals and during the assessment no proper household items were seen around them thus, they are suffering due to lack of Food, NFIs, WASH 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, NFIs second priority while WASH was listed as the third priority.

Recommendations:

Based on team's observations, the affected families live in bad condition. Therefore, the team recommended them for emergency humanitarian assistances as below:

1. WFP will provide FI to all affected families.
2. IOM will provide NFIs to all affected families.
3. DACAAR will provide complete relevant WASH to all affected families.

3. Sectorial Issues:

WASH:

Water is an issue to a family because there is unsafe dug well means contaminated with e-coli (used by one family); meanwhile, the remaining families have been collecting clean and safe water from the nearest hand pumps (80%), that are located near (less than 500m) from their settlement areas. Below table describes water quality test result in those locations showing correlation with ANSA standard for clean and safe water.

Location	Type of Water Points	#	Focal coliform	pH	Turbidity	EC-u/cm	Date
Asadabad	Hand pump	1	0	7.5	1	829	12-Jul-20
Marawara	Dug well	1	6	7.4	3	689	12-Jul-20
Marawara	Hand pump	1	0	7.3	0.5	630	12-Jul-20
Khas Kuner	Hand pump	1	0	7.3	2	928	13-Jul-20

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

Sanitation:

May become a challenge if left un-addressed because 3 families are still doing open defecation due to unavailability of latrine facility in their household; meanwhile, the remaining affected families have been using existing latrine facility such as, family pit latrine (40%). 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) to those affected families who do not have latrine. Following table describes EBL construction plan.

Condition	# of families	Proposed Constructed EBL
family living separately from each other	3	3

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 affected families.

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. Their face is often dirty as well as their clothes are filthy and smelly. 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.

Note: All flood affected families have heard about **COVID-19** through media, 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 distance 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 5 affected 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 (5 sets) to all 5 affected families** in order to enable the people to self-practice good hygiene and sanitation in their daily life.
3. Construction of **EBL (3 sets) to 3 affected 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. Distribution of **8 plastic garbage bags per family to all 5 affected 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.
5. Rehabilitation of **one water point through Chlorination** for a families who are using that water point which are contaminated with e-coli.

Challenges:

- Expectation of the other host community.
- Interference of some government authority and local community elders and etc.
- Huge number of people have been assessed in many locations but, JNA teams have found less eligible families.

4. Annex:

2020 07 14 Kuner - HEAT Database
2020 07 14 Kuner - WASH Survey

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Date of report : 14 July 2020
Reviewed by :

DACAAR Recommendation:

Sn	Description of Activities	Unit	Quantity	Unit Price in AFS	Total Amount AFS
1	EBL construction	Sets	3	10,580	31,740
2	HE Kit distribution	Sets	5	1,947	9,735
3	Plastic garbage bags distribution	Item	5 x 8	12	480
4	Rehabilitation of one water point through chlorination.	No	1	100	100
Total					42,055
Human Resources					
1.	Staff	Hygiene Couple (Male and Female), Engineer will support the process.			Mobilize existing staff funded by ECHO



