Needs Assessment Survey for Emergency Water, Sanitation and Hygiene of Returnees and Prolonged IDPs within community, health centers and schools in Nangraham province - Afghanistan

CoAR targeted districts in Nangraham Province

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1. Introduction

1.1 Background

Nangrahar province is located in east of Afghanistan between 70 degrees and 28 minutes of east altitude and 33 degrees and 56 minutes of north latitude. Nangrahar located 599 metres above sea level and is 7916 square metres area, Jalalabad city is the provincial capital. The province is known for its history, water, weather, fruits and historical landscapes, in north it borders with eastern Kunar and Laghman and in west with capital Kabul and Logar provinces, and the Spinghar mountains is located in its south, the mountains separate Nangrahar from southern Paktia and Pashtonkhwah province of Pakistan. East and southeastern parts of Nangrahar are linked with the Duran Line. Nangrahar average temperature reaches to 45 C in summer and +2 C in winter, which has Mediterranean climate, where the rainfall level reaches 242 -390 mm in winter. There is no snowfall in other parts of Nangrahar, except Khogyani, Hisarak, Spinghar and Kashmond Mountains, which experience moderate temperature in summer, but temperature of other parts usually get hot.

In Nangrahar province, in eastern Afghanistan, there are several populations of internally displaced persons (IDPs) and newly arrived returnees which, because they are living in locations that are situated outside the purview of local administrations, such as Community Development Councils (CDCs), are completely overlooked by both national and international organizations and government authorities. Since their arrival, many of whom started to come in 2016, no institution has provided them with any form of relief support. Due to their extreme vulnerability, the Coordination of Afghan Relief (CoAR) aims to provide these vulnerable communities with emergency water and hygiene (WASH) assistance. CoAR completed a WASH needs assessment in Jan 2017 and found 4,685 families that do not have adequate access to safe and clean water, they are unable to maintain healthy personal hygiene due to a lack of hygiene awareness and insufficient water, Hand washing facilities and soaps are non-existent. As a result, high prevalence of sickness among children is 44% who suffered from diarrhea in the last two weeks Children below the age five are particularly exposed to water borne diseases such as diarrhea and measles. The proposed action will address the identified WASH gaps by: 1) improving access to safe water to meet the minimum Sphere indicator of 15 liters per person per day; 2) provision of water container at health centers and schools for returnees and IDPs use; 3) distribution of hygiene kits, and 4) enhancing hygiene knowledge surrounding behavioral practices, all in an effort to improve the public health and individual health of 32,795 identified IDPs and returnees residing in host communities in 16 villages in Rodat, Ghani Khill (Shinwari) and Khewa districts of Nangrahar province.

1.2 Assessment Objectives

The overall objective of the assessment was to identify the unmet needs of the conflict affected population in 16 villages of Rodat, Ghani Khill (Shinwari) and Khewa districts of Nangrahar 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 16 villages of Rodat, Ghani Khill (Shinwari) and Khewa districts of Nangrahar 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 Rodat, Ghani Khill (Shinwari) and Khewa districts of Nangrahar province.

1.3 Methodology

Sampling

Rodat, Ghani Khill (Shinwari) and Khewa districts were covered for the assessment. During the needs assessment 16 villages were reached by the assessment teams. Out of a total of 4685, 10% families were
taken as sample size. The total sample size for the HHs questionnaires was 34. 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 refugee and IDP families and consultation with community elders and host families.

<table>
<thead>
<tr>
<th>S.No</th>
<th>District</th>
<th>Village</th>
<th>No-Returnee and IDPs families</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rodat</td>
<td>Ghazi Amanullah, Baro Nomray, Shayeedano Meena, and Kabul Camp</td>
<td>1751</td>
</tr>
<tr>
<td>2</td>
<td>Ghani Khill (Shinwari)</td>
<td>Sher gar, Anar Bagh, Katilai, Ghani Khill</td>
<td>1082</td>
</tr>
<tr>
<td>3</td>
<td>Khewa</td>
<td>Markazi Khewa, Qala Tak, Shaga Kali, Bodyali, Kashkoot, Salam Por Kali, Gambari Area and Saidabad</td>
<td>1852</td>
</tr>
</tbody>
</table>

2. Findings - WATER

According to the assessment results, there are different types of water sources in the villages assessed. These sources are unprotected wells, tube wells, hand pumps, water trucking on payment, protected wells and open ponds. Out of the total families assessed, 3% returnees’ and IDP families, living in the self-settled camps, 100% of the respondents stated that they had to go out and collect household water. Surface water for drinking was collected by 58.5% of the household and only 20.3% said they were able to collect drinking water from a protected water source, such as a hand pump. A further 21.2% said they collected drinking water from an unprotected water source. Forty-one percent of the surveyed households state that they consume less than 11 liters per person per day; below the Sphere indicator of 15 liters per person per day. There is a lack of understanding amongst the communities regarding the importance of correct water treatment procedures. wells with hand pump and motorized piped scheme which are not functional will be rehabilitated.

![Using of Water points](chart1)

![Un functional water points](chart2)

Addition, 17.5% of the exist dug wells and 25.7% bore wells with hand pumps are un functional, and 8% piped scheme are un functional.
**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 returnees and IDPs population that have a storage facility in the vicinity of their residential units. According to the data, 87% of respondents said they have the Water storage capacity, however this capacity is of various sizes. 24% of respondents reported that they have a water storage capacity for more than hundred liters, 13% for more than 50 liters and the remaining 63% 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 Storage Capacity](image)

**Water Quantity**

According to the data analyzed water availability in 60% 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.

![Water consumption per household per day](image)

**Findings - SANITATION**

According to the survey using assessment survey form, 82% of respondents own latrines in their houses but did not use latrines due to lack of awareness on the importance of latrine.
Findings – HYGIENE

Understanding of hygiene practices is very poor, with only a quarter of respondent stating that handwashing was important before eating, 19.3% said it was important after defecating, and a mere 1.3% said it was important after handling an infant’s faces. Only 18% of the households use both soap and water to wash their hands, with 77.8% of them stating that soap was too expensive as a reason for not having any in the household. Most hygiene messages are heard via the radio (28.8%), at the mosque (26.9%), and at a health facility (23.7%). Seventy-eight percent of the households reported that they had a child between the ages of 0 – 59 months who recently suffered from bouts of diarrhea. While 39.5% said they would go to the health clinic when someone has diarrhea, 24.1% said they would seek treatment from a traditional healer, and 22.5% said they would administer herbs to the person. Many of the respondents have little understanding of the importance of properly treating diarrhea and the severe consequences this can have for young children.

Presence of disease

Almost 45% 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. 38% 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, un functional of water points, 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 returnee and IDP population, elevating the risk of increase in water borne diseases especially in children of 5 years and below. Water availability in 60% 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 returnees and 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 returnees and 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.

Women and children hygienic conditions are extremely poor. Women and children practice open defecation due to lack of latrines using importance. 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. Returnee and IDP population is coping with the issues using their existing capacities. They are selling their livestock at cheap prices to buy tents, food and other necessities of life. Most of the returnee population has shifted to the areas away from the local population towards the high mountainous area in order to get access to firewood. Extreme winters and non-availability of appropriate shelters may increase the sufferings of the returnee population. Addition, at schools and health centers there was the urgent needs of water and hygiene facilities.

4. Recommendations

The main objective of this assessment was for CoAR to identify the needs of the population in the Rodat, Ghani Khil (Shinwari) and Khewa districts of Nangrahar where returnees and IDPs are residing with host communities and self-settled camps. The assessment covered 16 villages of 3 districts focusing on WASH needs of returnee and IDP 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 16 villages assessed are currently not receiving any assistance and our recommendation is that we focus on these 16 villages.