

## ERM Household Assessment Report

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

### 1. General Information:

<b>Assessment Location:</b> (Province/District/Village)	<b>Ghazni Province , Jaghori District Multiple Villages:</b> (Ab Burda, Abko, Angori, Baba, Baiqubi, Chamber, Cheljawli, Dasht Abko, Dolana, Ghardob, Ghajor, Haider, Kashai, Kata sang, Kosha, Mandok, Mirdal, Pashtana, Pedagh, Qadi, Qamber, Regak, Sabz chob, Ser Qul, Shahrak Imam Ali, Sharak Noor, Siabuta, Siazamin, Sorkhab, Toghi ... Villages)		
<b>Type of Crises:</b> (Conflict/Natural Disaster/Other)	Conflict		
<b>Crisis Location:</b> (Province/District/Village)	Khas Urozgan district of Urozgan province.		
<b>Assessment Team:</b> (Name of I/NGO in the Assessment Team)	DRC, NAC, ORCD and Jaghuri local government representative.		
<b>Crises Date:</b> (Date of Displacement-Estimated)	January to March 2017		
<b>Date of Notification:</b>	20 /5/2017		
<b>Date of Assessment:</b> (starting date/ending date)	May 21 to 25, 2017		
<b>TYPES OF ASSISTANCE PROPOSED</b>			
<b>Affected Population:</b> (Total Caseload: IDP/CAT A/CAT B/Other)	<b>HHS:</b>	<b>Families:</b>	<b>Inds.</b>
	171	171	1143
Multipurpose Cash (Full Amount)	166	166	1108
Multipurpose Cash (Top Up)			
NFI Kit			
Emergency Shelter			
Protection Referral			
Individual Protection Assistance			
<b>TOT. UNIQUE BENEFICIARIES</b>	<b>166</b>	<b>166</b>	<b>1108</b>
<b>Data Collection Method</b>	Electronic	Hardcopy	
	Yes	No	

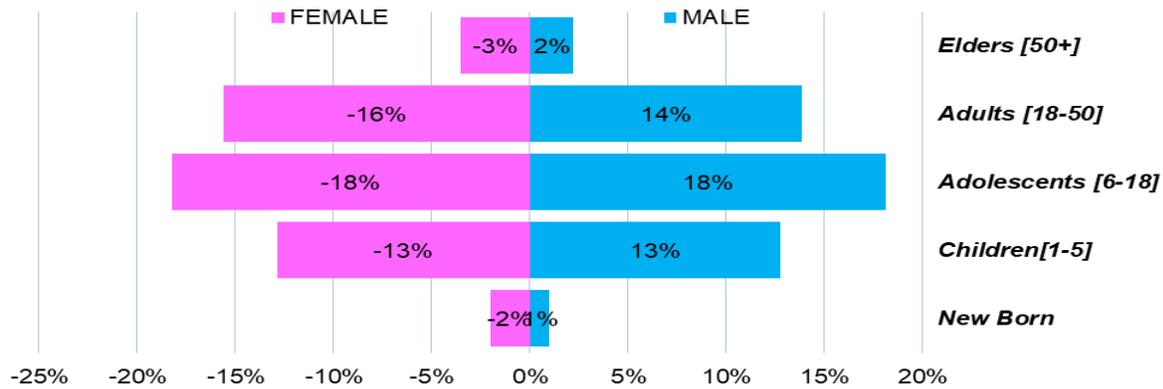
### 2. Assessment Finding and Recommendation in brief:

*Be very concise and provide # of affected people, information about damages, priority needs, and recommended assistance (Who, When, How should be assisted, By which Organization).*

Following the initial assessment of 319 conflict induced IDP families (out of which 269 selected and responded by DRC). On 18/5/2017 UNOCHA shared another list of 196 IDP families of Urozgan IDPs in Jaghuri district for assessment DRC along with other agencies started the assessment on 21<sup>th</sup> May which was completed on 25<sup>th</sup> May.

Breakdown of assessed population is illustrated in the following graph.

**Figure 1 Breakdown of assessed IDPs**



Current situation of IDPs, background/reason of displacement and place of origin of these IDPs are the same as previous (319 IDP families list) caseload i.e. these IDPs have been also displaced from various villages of Khas Urozgan district of Urozgan province to neighboring Jaghuri district due to ongoing conflict in their place of origin..

As result of household assessment 166 IDP families were identified as genuine IDPs and in need/eligible of humanitarian assistances, 11 families were covered in previous response/caseload, 5 families were repeated in DoRR list, 9 families changed their locations and assessment team couldn't find them, 5 families did not fit ERM eligibility criteria for.

**Figure 2 Finding of Assessment**

Initial Reported in DoRR list	Covered in previous caseload	Repeated in DoRR list	Not found /reachable	Total Asses sed	Not eligible for support (protracted IDPs/hosts etc.)	Total Eligible for humanitarian support.
196	11	5	9	171	5	166

**Needs:** the following are the priority needs identified by assessment teams:

- Food.
- NFI (kitchen kit, bedding items and cooking items).
- WASH (hygiene kit).

**Response Plan:** DRC committed to cover two months basic needs of the IDPs through provision of MPCA (Multi-Purpose Cash Assistance) of AFN 30000 to 166 families in two installments.

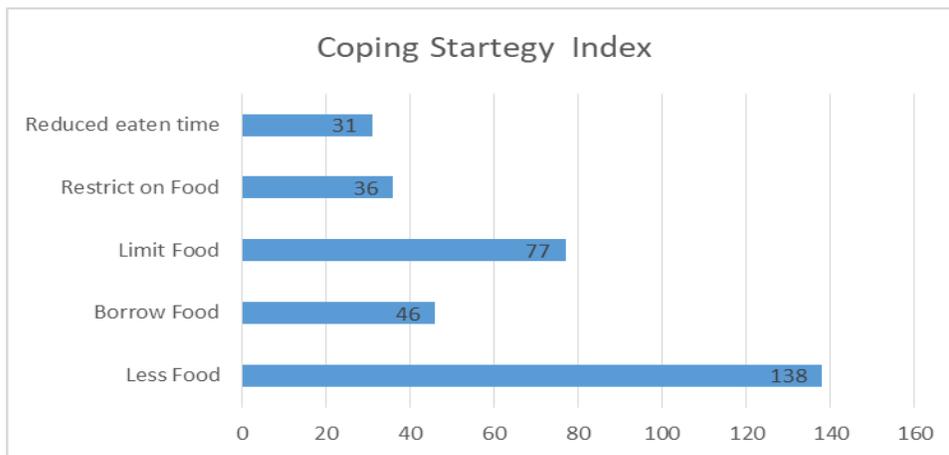
WASH/Hygiene needs will be referred to DACAAR, ERM WASH partners.

### 3. Sectorial Issues:

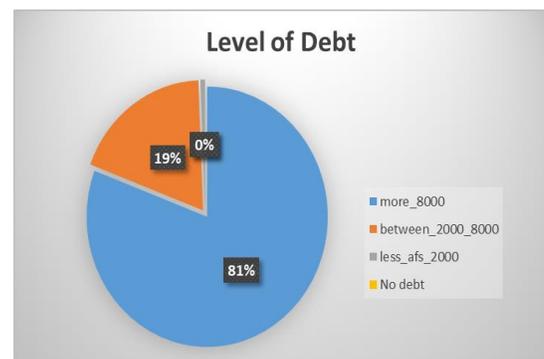
**A) Food Security, Nutrition and Livelihood:** *(provide detailed information about the impact of food security and livelihood i.e. lost/damaged food stock, current food stock statues, income sources, damaged/destroyed crops and agricultural land, type of agricultural land, agricultural inputs availability, diet diversity, irrigation system, livestock etc. Also describe immediate food and nutritional need and provide recommendation about the short and long term food and nutrition assistance)*

Assessed IDPs had been mostly poor farmers in their places of origin, and mostly had been engaged in small scale agricultural related livelihood activities. The protracted insecurity severely undermined the foundation of their economy over years. After displacement to Jaghori they have lost access to their farm lands, livestock and livelihoods, these losses have posed serious risk to their food security and disturbed their normal life. Currently mostly IDPs are engaged in daily wage activities with an average income of AFN 4049 per month. Need assessment finding indicate that common negative coping strategies that are adopted by IDP families are consumption of less food, imposing limitation of food, consumption of less preferred, cheap and low quality food (for instance bread with tea is very common diet among them or the most precious meal for them is cooked potato two or three time in a week). The following charts illustrate different coping strategies practiced by IDPs to cope with shortage of food within their households.

**Figure 3 Coping Strategy Index of assessed IDPs**



After displacement and drastic loss of income, debt level soared among IDP families and according to DB 80% of IDPs reported more than 8000AFN debts. 19% (30 families) reported debts between AFN 2000 and AFN 8000. 4% (7 families) have reported no debts (these families have not recommended by assessment team for ERM assistance)



Income has dropped significantly (approximately 50%) since the displacement, their income decreased from average 7119 AFN/month before displacement to 3068 AFN/month after displacement. IDPs reported that it is very difficult for them to address their basic needs with this income.

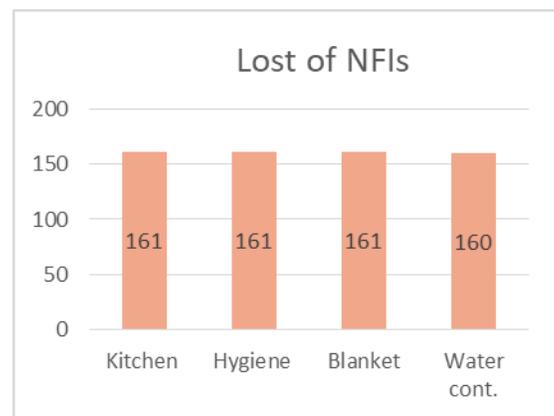
All families have access to market and an average distance is 4.9 KM or 43 minutes.

**Recommendation:**

Food assistance in-kind or in cash to 166 IDP families as part of MPC assistance.

- B) NFI:** *(provide detailed information about NFI items lost due to disasters/crises as well as what type of NFI is needed for how many families and when? NFI can include cooking items, kitchen items, hygiene items, bedding, clothing, fuel etc.)*

IDPs reported that they have drawn out their families from battle scenes and insecure risky areas in a horrific situation. They couldn't take their essential HH items. Except few (10 families) mostly they have lost or left their HH items in place of origin. HEAT survey indicate that 166 out of 171 families have lost their NFIs (kitchen items, hygiene items, blankets and water containers) Direct observation findings indicates that currently IDP families suffer from shortage of NFIs. They have access to few NFI items particularly kitchen, cooking, bedding item and carpets.



**Recommendation:**

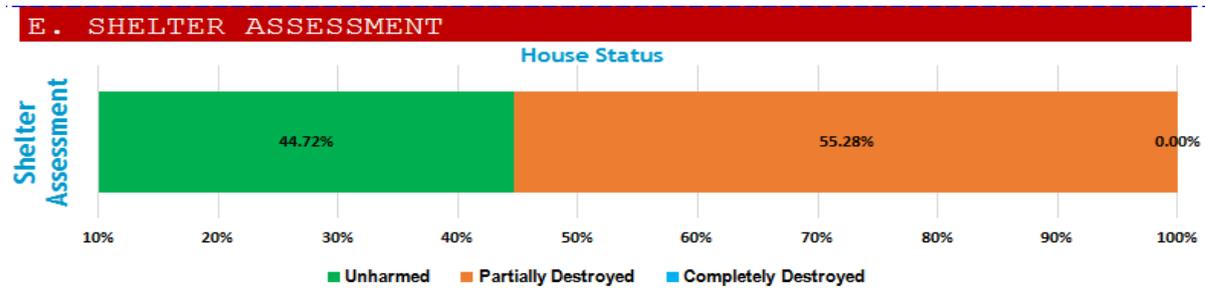
Provision of cash for full package of NFIs to 166 IDP families as part of MPC assistance.

- C) Shelter:** *(please provide detailed information about the status of shelter condition i.e. type of normal shelters, # of shelters moderately damaged, severely damaged and completely destroyed by crises. How many people live in open space, sheltered with host families, etc. What kind of shelter support/assistance is needed and for how many families). Are there land ownership issues?)*

In the current location, most of the IDPs (164 IDP families) are hosted by local population. They have been accommodated in poorly constructed or abundant houses of local people free of charge. Despite the fact they don't pay rent, they reported taking care of farms and garden of landlords/owners in exchange for shelters accommodation. 7 families reported that they pay rent and the average rate of rent is 1517AFN/month.

The assessment has been conducted in the rural areas, where renting houses is not very common. Thus, majority of the assessed families don't pay rent but provide some services to landlords of houses owners in exchange for shelter. In some case the landlords or houses owners have moved out of the villages (mostly to Kabul or other cities) and have left their houses behind which are currently occupied by IDPs.

45% of IDPs have reported that their houses in their place of origin has not been damaged or destroyed. However, 55% reported that their houses have been partially destroyed.

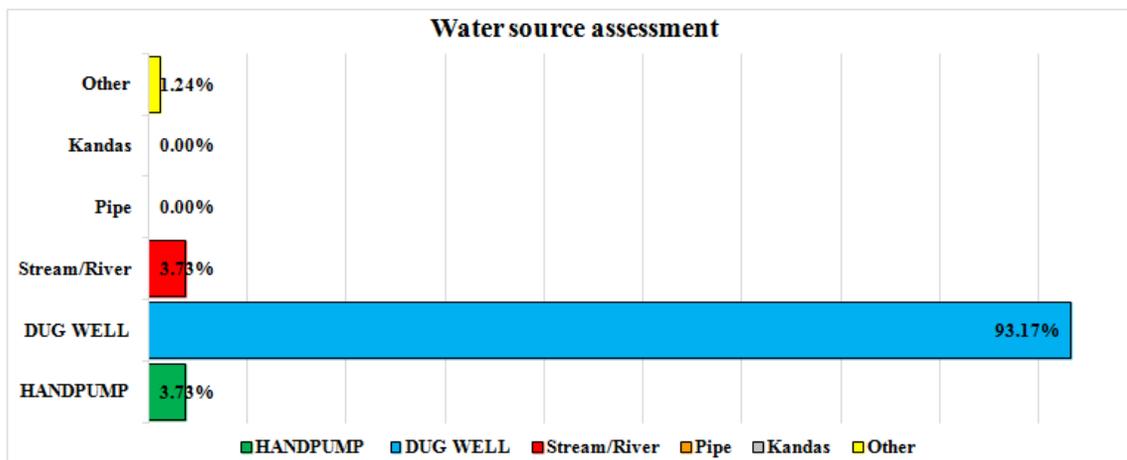


**Recommendation:**

All assessed families are currently sheltered, mostly in old and muddy poorly constructed, and abundant houses. . Currently no one is without shelter or in open space. Therefore, not emergency shelter (tent) is needed. However, DRC will provide MPCA (Multi-purpose Cash Assistance) which include cost for shelter support which can be used for small repairs and improvements of shelters.

**D) WASH:** *(provide detailed information about Water sources, affected water source, sanitation (latrines, used water and solid waste management) and hygiene issues. What is recommended in WASH sector and when?)*

Water source for 88% IDPs (156 families) is dug well, while 8 families fetch water from hand pumps and remaining 8 from stream/river. Though, 100% of families reported that their current water sources are safe and clear but those families who fetch water from spring and open stream is not considered safe. No diseases reported/observed among IDP families that originate from water sources.



As the IDP families are living in village environment and population density is low, so, solid waste is not considered an issue. They usually burn or use as manure their organic solid wastes.

Due to unavailability or lack of hygiene items among the IDP families they can't properly implement hygiene practices in their families. Most houses have improper bathing facility which is usable during warm weather.

Family pit traditional latrines are available in all houses and no open defecation was reported.

**Recommendation:**

Provision of hygiene kit preferably in-kind to 166 families.



WASH needs (distribution of hygiene kits) will be referred DACAAR (ERM WASH partner)

It is worth mentioning that DACAAR had committed distribution of hygiene kits to previous caseload of 269HH in Jaghuri, which have not been yet distributed.

In case distribution of hygiene kits are further delayed (until the distribution of 2<sup>nd</sup> installment is arranged to previous caseload), DRC may act and arrange distributions of its own hygiene kits along with 2<sup>nd</sup> installment of MPCA.

**E) Protection:** *(provide detailed information about protection issues, protection needs, PSN and EVIs (Female H, elderly HHs, child HH, chronically ill members, disable members) and provide precise recommendation regarding IPAs)*

- DRC field team followed on the issue of access of IDPs children to education which was reported in the previous caseload assessment report and also applicable for current caseload. DRC field team discussed this issue with head of education department in Jaghuri district (Mr. Mohammad Yusuf Naeby). According to official government policy students with no identity document in emergency situation can temporarily sit in class and continue their education/lessons, until they return to their places of origin or obtain (Tazkera);  
School principals who have refused admission of IDP students in their schools have violated the policy. Mr. Naeby committed to follow up the issue with relevant schools.
- In addition to 10 deaths and 3 injuries, the following additional vulnerability status have been reported by the assessed population.
  - 14 elderly headed households
  - 12 female headed households
  - 1 child headed households
  - 5 disable headed households and
  - 16 chronically ill reported.
  - 21 families with more than 10 members and only one bread winner
- ERM team have identified some potential IPA cases. Few of these IPAs cases needed to be referred to protection service providers outside Jaghuri. DRC is currently working on the mapping of protection actors in Ghazni province. Once this exercise is completed relevant cases will be referred to relevant actors either in Ghazni or other provinces as the case may be.

**F) Health:** *(provide information about health issues, damaged/destroyed health facilities, current/available health facilities, access to health services and recommended assistance in this regards)*

Public health service (basic health clinics in cluster level and a hospital in district level) are accessible for all IDP families. For serious health cases IDPs have to travel to Ghazni city. Travel to Ghazni center is about 4hours drive from Jaghuri. No worrying common diseases outbreak after displacement among the IDP families reported/observed during door to door assessment.

**Recommendation:**

Provision of MPC assistance to cover basic health needs

**G) MARKET ASSESSMENT:** *(provide summary information regarding the local market, accessibility, security constrains and fill the table if a market assessment has been conducted)*

As part of the market assessment, DRC Emergency team conducted FGD with IDP representatives, . In FGD session, IDPs identified four local markets in Jaghuri district (Ghujor, Sangmasha, Baba and Anguri). These markets are considered as large markets having more than 500 shops/venders each. 90% of these IDPs are settled around Sangmash and Ghujor markets. All essential food and non-food items are available in mentioned markets.

All IDPs have not reported physical or security constraints in the way of access to the markets for both male and female members of IDP families. Average distance from markets is about 5Km (43minut by walk), all families are located within proximity of 8KM distance of major local markets. Local transportation is available in all IDP settled areas and average round trip cost is 150AFN/individual.

Villages where IDP families are living in are connected to the market centers, IDPs can use local transportation system, small vehicles and trucks are available in local transport, all essential goods are available in markets and there have not been remarkable changes in basic food and non-food price within last month.

According to market assessment conducted in Ghojor, Sangmasha and Anguri market centers, all basic items and materials are available in mentioned markets. As the markets are large enough, displacement of this IDP group has not affected the markets. Traders reported that Jaghuri markets integrated with Ghazni and Kandahar provincial markets. Prices of key commodities (particularly food items) has been slightly increased (5%-7%) since last couple of weeks (since first round of assessment). However, this could be associated with arrival of the month of Ramadan, which has been limited to Jaghori only. Increase in the prices of food items have been also reported from other cities. Increased demand during Ramadan has been identified as main reason for such increase.

The following table contains update prices of essential food items in Ghojor, Sangmasha and Anguri market centers.

<b>ITEM</b>	<b>Unit</b>	<b>Price AFN /Unit</b>	<b>Change in price?</b> <i>(Yes/No/Increase since the displacement/Decreased)</i>
<b>Wheat Flour, White</b>	<b>Kg</b>	<b>28.5</b>	<b>no</b>
<b>Rice</b>	<b>Kg</b>	<b>84</b>	<b>no</b>
<b>Oil</b>	<b>Liter</b>	<b>84</b>	<b>no</b>
<b>Sugar</b>	<b>Kg</b>	<b>60</b>	<b>no</b>
<b>Salt</b>	<b>Kg</b>	<b>20</b>	<b>no</b>
<b>Mung Beans</b>	<b>kg</b>	<b>84</b>	<b>no</b>
<b>TOTAL COST FOOD BASKET/MPC ASSISTANCE</b> <i>(from the cash tool)</i>			<b>0000Afs</b>

Prices of other essential materials (fuel) are stated in the following table.

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)
1. An average Current selling price (AFN)	AFN 29	AFN 84	AFN 84	AFN 53	AFN46
2. An average Selling price 2 weeks ago (AFN)	AFN 27	AFN 80	AFN 80	AFN 50	AFN44
3. How often do you buy new stocks?	Every ...30....days	Every ...30 days	Every ...15 days	Every 15..days	Every 15.days

All IPDs in assessed locations have access to local markets, daily wage rate vary from 300-350 AFN (depending on location and type of work),

There is a Kabul bank branch in the DAC of Jaghuri which is often used for the transfer of salaries of government staff. 6-8 money changers (teller or SARAF) also existed in center of the district who dealers who provide currency exchanges services and cash transfer (Hawala services).

Rent cost of 3 room houses vary from AFN 3000 to AFN 5000 depending on the condition and location of house. Often IDPs share houses to reduce their rental costs. Average monthly cost of for one room is about 1500 AFN per month. Usually 2-3 families share one house and pay per room. Though, most of the IDPs are hosted by local people and don't pay any rent, but those who pay rent, average monthly cost of rent paid by IDPs is AFN 1440 per family or one room.

**L) Other:** *provide detailed information about any other issue that is not covered above, this can include, security, infrastructure, coordination & assistance provided by others, problems encountered during the assessment, e etc)*

As per the opinions of IDPs who displaced recently from Urozgan Khas district of Urozgan, security situation and ethnical tensions are increasingly worsening in their places of origin. In addition to Taliban groups, recently ISIS (DAESH) affiliated groups also emerged in Urozgan rural areas and behaved brutally against Hazara ethnicities who are mostly follower of Sheiat School of religion. IDPs revealed that most people in their places of origin are fleeing to secure neighboring areas like Jaghuri, Malistan and Ghazni city. According to IDPs they had to pay illegal tax to Taliban militant, and Taliban forced them to cultivate opium (poppy). Therefore, Taliban don't allow people to leave the area under their control. People take advantage of any opportunity and secretly leave their villages and take refuge to secure areas.

Assessment findings indicated that the majority these IDP families are part of the previous (1<sup>st</sup>) IDP caseload in Jaghuri district. However, as they have displaced after the submission of previous petitions to DoRR, and due to their lack of knowledge regarding the petition system, they were missed from previous list.

Among the assessed caseload 5 families were not found eligible by assessment team for ERM support. Four of them were found protracted IDPs while one family was not IDP (found to be from local/host community).



Humanitarian Aid  
and Civil Protection



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

*(Provide detailed information about top 3 priority needs of affected population as per the opinion of affected population and provide your recommendation how and when identified needs shall be addressed)*

##### Needs:

Based on door to door need assessment and interviews with HH heads, Food, NFI (kitchen kit, bedding items and cooking items) and WASH (hygiene kit) are three urgent priorities of these IDP families. Transportation and health needs should be considered as well

##### Response plan:

- **DRC will address** identified needs of the IDPs through provision of MPC Assistance to 166 families which cover their expenditures on **basic needs for two months period. AFN 30000 (Full SMEB package)** will be distributed in two installments.
- WASH needs (distribution of hygiene kits will be referred to DACAAR (ERM WASH partner)

##### Challenges:

Assessment team assessed several beneficiaries holding NID cards (Tazkera) with the same registration serial number. When inquired about this, IDP representatives, reported the issue due to lack of professionalism from demography officials in their palaces of origin (Urozgan Khas district) . The representative further explained that due to delays in receiving blank NID (Tazkera) forms, demography officials often take one blank NID form and copy it in multiple numbers and issue to different people. The result is therefore multiple NID (Tazkera) forms with the same serial number to different individuals.

#### 5. Annexes

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

Annex 1: HEAT Database

Report written by: Owais Jamshidi (Field Officer) and Aqal Khan Senior Emergency Program Officer

Date of writing: May 27, 2017

Reviewed by: Gul Rahman (ERM Manager) Date: May 29, 2017

Approved by: Andrea Malatesta, Date: May 29, 2017

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