

ERM KST HEAT Assessment Report / 17IDP Caseload HH KST/ERM/1704/12

1. General Information:

Assessment Location: <i>(Province/District/Village)</i>	Province: Khost Province Districts: Center, Mandozai, Gurbuz		
Type of crises: <i>(Conflict/Nat. Disaster/Other)</i>	conflict		
Crisis Location : <i>(Province/District/Village)</i>	Nangrahar(Bati Kot)-Kapisa(Alisa)- Kunduz(Chardara)- Baghlan(Pul-e-Humri) provinces		
Assessment Team: <i>(Name of I/NGO in the assessment team)</i>	Solidarités International – DoRR		
Crisis date: <i>(date of displacement-Estimated)</i>	Different to location		
Date of Notification:	15-April-17		
Date of Assessment: <i>(starting date/ending date)</i>	16-04-2017 to 19-04-2017		
Affected Population: <i>(Total Caseload: IDP/CAT A/CAT B/Other)</i>	HHs:	Families:	Inds.:
	17	17	129
Data collection method	Electronic	Hardcopy	
		✓	

2. Assessment Findings and Recommendations in brief:

Following a notification received by the DORR, SI ERM team organized a Household (HEAT) assessment jointly with DORR. The notification was issued on March 15-April -17 and listed 84 households. Following the HEAT assessment, 17 households were identified as being eligible, the rest were rejected by the joint assessment team.

Reasons for non-eligibility included displacements that had occurred more than 6 months ago and some the IDPs HHs are came for business purposes and registered with DoRR as IDPs .

Findings:

Overall, the population assessed is characterized by a consistent level of vulnerability. The bulk of the assessed population is less than 18 years old (71%) and females (including pregnant and breastfeeding women) are the most represented, accounting for 47.3% of the total population. Households are made of 7.6 individuals on average.

Table 1 - Population composition

	New born		Children's (1-5)		Adolescents (5-18)		Adults(18-50)		Elder(+50)		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	Total
TOTAL #	2	2	19	30	23	15	16	20	1	1	61	68	129
Total Ratio %	0,6%	1%	11%	16%	20%	18%	14%	16%	15%	27%	47%	53%	100%

The average financial situation is low with 23% of jobless and 71% relying on daily jobs. Average income is at 2600 AFN per month. 76% of the households have important debts on-going.

23.5% of households are in a borderline situation and 76.5% are in a critical situation when looking at coping strategies adopted.

88% of households have no or very few food stocks available.

Regarding the WASH situation of these families, all of them have reported having a regular, sufficient and easy access to safe drinking water. However, 18% of them do not have access to any latrines, and reported having to resort to open defecation as a result. During the assessment for 3 HHs confirmed the need of latrines of these who declared not having access to latrines.

As for shelter, most families (88%) are accommodated in rented houses while 12% are hosted by local population.

The 17 families reported not having received any kind of assistance since they displaced from their locations.

Recommendations: At the result of the HEAT assessment, 17 HHs have been identified as eligible for ERM assistance.

As a result of these assessment findings, three different need of assistance have been identified for these 17 HHs:

- **Food assistance** would be provided for all 17 HHs
- **WaSH (latrines + Hygiene Kit):** would be provided, latrine for 3 HHs and Hygiene Kits for all 17 HHs
- **NFI assistance:** would be provided for all 17 HHs

All the three identified needs would be cover by Solidarités International

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)*

The food security situation of assessed families is precarious with 100% of the families having to adopt negative coping mechanisms when facing difficulties in meeting their food needs. Their average CSI score is at 12.5 with 76.5% being in a critical situation (CSI above 11), while 23.5% can be considered in a borderline situation. In addition, 6% of the families have to send their children to work to offset the lack of income.

In addition, households benefit from no or very low food stock, with 47% of them reporting having no food stock at all, and 41% having less than a week, 12% 1 to 3 weeks' worth food stock. Food was thus expressed as the first priority need by 94% of interviewed households.

Food stock length	HH #	HH %
No stock	8	47.1%
Less than a week	7	41.2%
1 to 3 weeks	2	11.8%
Up to 3 months	0	0.0%
Over 3 months	0	0.0%

Table 2 Food stocks

Table 3 - Debt rate among HHs

Debts	HH #	HH %
No debts	4	23.5%
Less than 2,000 AFN	0	0.0%
Between 2,000 and 8,000 AFN	2	11.8%
More than 8,000 AFN	11	64.7%

Monthly income	Before shock	After shock	% decrease
Average	11,000	2,618	76.2

Table 4 CSI categories of HHs

CSI	HH #	HH %
Less critical (<7)	0	0.0%
critical (7<x<11)	4	23.5%
Most critical (>11)	13	76.5%
Avg. CSI	12.5	

Table 5 – Monthly incomes

Recommendations:

Food assistance is the main need of these IDP families. The significant level of negative coping strategies adopted, the lack of food stock and the poor financial status indicate a high vulnerability regarding food security. All 17 families should receive Cash for Food 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.)*

Non-Food Items were reported to be the first and second main priority needs for 96% of the families. The most needed NFI items reported by the families is hygiene supplies (82%).

Recommendations:

NFI is a verified need that should be covered. Assistance in cash should be provided to all 17 families.

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 completed 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?)*

The assessment showed that 15 households (88%) are living in rented housed, while 2 of them are hosted. No life threatening situations have been observed during the assessment.

Accommodation		
House	0	0.0%
Host	2	11.8%
Tent	0	0.0%
Rented house	15	88.2%
Open	0	0.0%

area		
Other	0	0.0%

Among families being hosted or renting a house, the average monthly rent or contribution cost is 3441 AFN. This amount accounts for 131% of the average current monthly income of these families.

Shelter was not mentioned as a need

Table 4 - Accommodation status

Recommendations:

No specific shelter assistance is planned for the 17 HHs being accommodated in rented houses or by hosts.

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?)*

The WASH assessment revealed an unbalanced situation among returnees.

Overall the access to water is sufficient: 100% of HHs reported having enough and clean water for all purposes (drinking, cooking and bathing). Women (71%) and children (29%) are in charge of collecting water. The main water source of these families is hand pumps (100%). No households reported having limited access to these water sources, and the average time required to access these water points is 2 minutes by foot on average (which is in line with SPHERE standards). Therefore, it can be concluded that all households have access to a stable and close water source.

However, only 82% of the families have access to latrine facilities (family pit), but only 18% of these facilities are reported by the families to provide enough privacy and dignity. The remaining 49% of families (7 HHs) do not have access to any latrines and are thus resorting to open defecation, a practice that can be a vector for diseases (especially water borne diseases).

Table 5 - Access to sanitation facilities

	Latrine availability		Type of latrine				Enough privacy and dignity	
	Yes	No	Open defecation	Community latrine	Family pit latrine	Family VIP latrine	Yes	No
HH #	14	3	3	0	14	0	14	3
HH %	82%	18%	18%	0%	82%	0%	82%	18%

In addition, 82% of the families (17 HHs) expressed a need for hygiene supplies. Finally, hygiene represents a need that was confirmed by 100% of the respondent and that should be addressed. Hygiene kits should be provided preferably in kind to avoid misuse of money and make sure to address special needs of women and children.

Recommendations:

Hygiene was reported as one of the top 3 needs of the returnee families. Hygiene kits should be provided, in cash, SI currently has the response capacity for covering the latrine needs of the 3 households who do not have any.

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)*

As presented in the table below, IDP families are characterized by a high level of vulnerability due to their demographics: 66.7% are children under 18, and 53% of the entire population is female including 4% of pregnant women, and 41% of breast feeding women who are present in 10 out of the 17 assessed families. People with disabilities and chronic illness also account for 6% of the total population.

	Elderly Headed HH #	Female Headed HH #	Child Headed HH #	HH # with more than 3 children <5	HH # with disabled Pp	if Yes # of disabled Pp	HH # with breastfeeding woman	if yes # of women	HH # with pregnant woman	if Yes # of pregnant women	if Yes # of chronic ill person	if yes # of chronic ill person
Yes	0	1	0	0	2	2	7	7	1	1	3	3
No	17	16	17	17	15	15	10	10	16	16	14	14
%	0%	6%	0%	0%	12%	12%	41%	41%	6%	6%	18%	18%

Table 6 - Specific vulnerabilities of interviewed HHs

The assessment showed that several families have specific vulnerabilities that may result in a need for protection:

- 1 women-headed HH
- 7 breastfeeding or pregnant women
- 2 people with disabilities
- 3 people with chronic illnesses.

Recommendations: Referral of some of these specifically vulnerable families will be done in and planning assessment for protection.

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)*

Child immunization

According to the assessment findings, all children are immunized, but they do not have immunization card. No TB cases were reported. No death case was reported.

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

The assessment showed that 100% of returnee families have access to a fully functional market. The average distance to the market is 2.5 km, with no security constraints reported.

The supply of the market is stable and secured. Most of the food items are available in the market.

H) 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)*

People are coming for business purposes, but still they are submitting petition to DoRR as IDPs, so mostly we receive a big list of IDPs from DORR, but in the result of the assessment less HHs are being eligible for assistance,

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)

As shown in the table below, the 3 main priorities expressed by returnee families are:

Food

NFI

WASH (hygiene and latrines)

Table 7 - Main priority needs

Needs	1st priority		2nd priority		3rd priority		Total mentioned	
	HH #	HH %	HH #	HH %	HH #	HH %	#	%
Needs	0	0%	0	0%	0	0%	0	0%
WASH	0	0%	0	0%	0	0%	0	0%
Shelter	0	0%	0	0%	0	0%	0	0%
Food	16	94%	1	6%	0	0%	17	28%
Hygiene	0	0%	0	0%	14	82%	14	23%
Latrines	0	0%	0	0%	13	76%	13	21%
NFI	1	6%	16	94%	0	0%	17	28%
Total respondent (HH #/%)	17	100%	17	100%	27	159%	61	100%

Annexes:

- Assessment database

[KST-ERM-1704-12 HEAT database.xlsx](#)

Report written by: Shah Mahmood – ERM PM, wdk.erm.pm@solidarites-afghanistan.org.

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