

ERM Household Assessment Report

ERM8-Ext+/2021-DA-KAP-10

1. Key Facts

Type of shock	Active and Anticipated Conflicts (Between ANSFs and the Taliban)
Crisis date	February to April 2021
Crisis location	Province: Kapisa District: Tagab and Nejrab Village: Many Villages (for detailed locations, please see the HEAT Database)
Reported households	765
Assessed households	765
Identified eligible households	572 HHs/ 625 Families/ 4,274 Individuals
Alert date/s	01-Mar-21
Assessment Location	Province: Kapisa District: Hisa-e-Awal-e-Kohistan, Mahmud-e-Raqi & Nejrab Village: Many Villages (for detailed locations, please see HEAT Database)
Assessment date/s	(03-March-21) to (10-Apr-21), Including WASH Survey
Referred by	DoRR & OCHA
Assessment team/s	DACAAR, DRC, WSTA, ARCS, IDS & DoRR

2. Context

On 01-March-2021, an OCT meeting was called by Kapisa DoRR and OCHA in the DoRR office to discuss the situation of a large number of families who had been displaced from their original locations recently due to military operation by Afghan National Security Forces in different villages of Nejrab and Tagab districts of Kapisa province. During the meeting it was decided that joint needs assessment of the reportedly displaced families will start from Nejrab district and after that, the assessment will start in Kapisa center; the assessment teams went to Nejrab for assessment on 3rd March 2021 and until 9th March 2021 they found 58 eligible households and the assessment in Nejrab was postponed due to some coordination and permission issues in the AOGs (Taliban) controlled areas as the displaced families had settled in both sides of the frontline (Government controlled areas and Taliban controlled areas), as the negotiations between the Taliban and humanitarian organizations were ongoing for gaining access to those families who had settled in Taliban controlled areas, the assessment teams assessed those families who had reportedly settled in Kapisa center. After the completion of negotiation between the humanitarian agencies (with OCHA's leading) and the Taliban and gaining access to Taliban controlled areas, DACAAR and ARCS resumed their assessment in Nejrab district and found 509 households eligible for assistance whose houses had been destroyed or damaged by the ongoing military operation in Nejrab district.

Totally around 765 households were assessed by the joint teams in Kapisa center and Nejrab district and as a result 572 households were identified as eligible IDPs for humanitarian assistance, the rest of the HHs were rejected by the joint teams as they did not meet the ERM selection criteria.

The assessment took a lot of time due to negotiations between the humanitarian agencies (with the leading of OCHA) and the Taliban to gain access to the Taliban-controlled areas for assessment.

During WASH re-assessment, DACAAR has divided 53 large households whose individuals were more than 10 persons into 2 families for proper coverage of their WASH needs, so for DACAAR's WASH response the total number of families in this caseload is 625 families or (572HHs).

Number of households assessed	765
Number of households eligible under ERM assistance	572 HHs or 625 Families

3. Needs and recommendations

IDENTIFIED NEEDS

Food	<p>Food availability and consumption of the majority of the households are not satisfactory and they don't have access to enough food for consumption. As per the HEAT database and interviews with the heads of households, the food consumption score status of 342 HHs is poor, of 132 HHs borderline, and 98 HHs acceptable. As per interviews with the heads of households, 513 household heads are daily wage workers (skilled and unskilled laborers), 9 are jobless, 47 rely on agriculture and livestock activities, and 3 own small businesses like sewing, shoe repair, etc.</p> <p>To cope with the current situation and survive, the IDP families have adopted different negative coping strategies like relying on less preferred and less expensive food, borrowing food from their neighbors or host community, and reduced the number of meals eaten in a day. IDPs reported that all of their household members have been affected by the above-mentioned coping strategies. Currently, most of the households suffer from lack and shortage of food and need food assistance in kind or in cash.</p>
NFIs	<p>As per the assessment findings, most of the households don't have access to enough essential NFIs and are faced with a shortage of household items because they had left their places of origin in an emergency when the military operations started and only managed to bring some of their household items with them.</p> <p>As per direct observations, all of the 572 IDP households need NFIs support.</p>
Financial status	<p>Most of the IDPs HHs are currently living in poor financial conditions as most of the breadwinners are daily wage workers and daily wage activities are rarely available and the families suffer from a lack of income and livelihood. Most of the HHs have contracted new debts in the current locations and have huge debts on them; they have contracted those new debts to buy food, clothing and to pay their shelter rents.</p> <p>All IDP families need financial support.</p>
Shelter	<p>As per assessment findings, 227 households are currently living in concrete/brick houses, 4 HHs are living in non-residential buildings and 341 HHs are living in makeshift shelters or tents, 225 households are hosted by their relatives or host community, 338 are living in rented places and 9 HHs are living in their owned places.</p> <p>Shelter concerns are eviction, landlord problems, and insecure tenure.</p>
WASH	<p>All of the families need WASH support, identified WASH needs are listed below:</p> <ul style="list-style-type: none"> • Hygiene promotion sessions • Hygiene kits • EBL construction • BSF distribution
Protection	<p>HEAT database indicates the following additional vulnerabilities among the IDPs households:</p> <ol style="list-style-type: none"> 1) Elderly headed households = 11 HHs 2) Female headed households = 14 HHs 3) P.L.W = 193 HHs 4) Physical disabilities = 3 HHs

	5) Chronically ill = 200 HHs Most of the IDP families don't send their children to schools due to lack of documentation, distance, and security issue.
COVID-19	As per assessment findings, 506 households have awareness about COVID-19 which they have received from family/friends, media, government, etc; and 66 households have not received awareness about COVID-19. 344 households have access to hand wash facilities while 228 households don't have access to any hand wash facility. Mobile communication facilities are functional in most areas.

PLANNED RESPONSE

Food	Food assistance will be provided by WFP
NFIs	NFIs will be provided by UNHCR
WASH	WASH needs will be covered by DACAAR

WASH

Water:

As per the HEAT database and WASH Survey, all 625 IDP families (572 HHs) have access to drinking, cooking, and bathing water and the average distance from water sources to their households is less than 500 meters. 38 families (34 HHs) use dug wells, 542 families (501 HHs) use hand pumps, 24 families (19 HHs) use pipe water, 3 families (3 HHs) use pond/lake water, 2 families (2 HHs) use protected spring water and 16 families (13 HHs) use stream/river water. The water is mostly collected by females (adults & children), no WASH barriers are faced by the IDP families except those who use water from pond and stream, water of the mentioned sources has high turbidity and bacterial contamination.

Based on JNA and WASH survey, DACAAR found out that none of the IDPs families have proper hygienic water containers with a lid to fetch and store water, mostly they have left or lost their water containers during the displacement and the existing water containers are old, dirty and without a lid to keep the water clean for later consumption.

Water sources	Number of families
Dug Well	38 families (34 HHs)
Hand Pump	542 families (501 HHs)
Pipe Water	24 families(19 HHs)
Pond/Lake	3 families (3 HHs)
Protected Spring	2 families (2 HHs)
Stream	16 families (13 HHs)

WQA Test Result in field level:

Location / Village	Type of Water Points	#/ Total	Focal Coli form	pH	Turbidity	EC-u/cm	Date
Nejrab/ Kormaii	Dug Well	02	0	7.7	2.1	895	08-04-021
Nejrab/ ZacerKhil	Hand Pump	01	0	7.73	1.1	923	08-04-021
M. Raqi/ Reg Rawan	Hand Pump	01	0	7.75	1.2	1125	08-04-021
Nejrab/ Jar Kalay	Stream	01	8	7.45	14	742	08-04-021

Results show that water from all sources (except pond and stream water) is acceptable and within the standard of ANSA and clean for daily human consumption.

19 families (16 HHs) use water from pond and stream, which have turbid water and bacterial contamination, hence, DACAAR will distribute plastic BSFs to those 19 families for filtration of water before use.

Sanitation:

As per the HEAT database and WASH Survey, 596 families (546 HHs) have access to latrine and bath facilities but 29 families (26 HHs) don't have access to any sanitation facility and are practicing open defecation. 9 families (8 HHs) use community latrines and 587 families (538 HHs) use family latrines.

To prevent any open defecation issue that may harm the IDPs and general population, the DACAAR ERM Field Team proposes the construction of emergency bath and latrines (EBLs) that will consider beneficiaries' geographical location and their willingness to share EBL.

Below table shows the distribution of EBLs among needy families:

Condition	#of families	Propose Construction of EBLs
Families living separately from each other	23	23
2 families living in one house	06	03
Total	29	26 Set EBLs

Furthermore, there are 6 elderly persons, 5 pregnant women, 2 paralyzed persons, and 1 amputee in 14 households in this caseload who cannot use the squat latrines easily, so DACAAR will provide them plastic defecation chairs to enable them to use the latrine facilities with ease. The plastic chair is a means to ensure protection mainstreaming in WASH response.

Hygiene:

Joint needs assessment team finds poor standard of living due to lack of sufficient knowledge on health and hygiene. It can be seen from: (1) lack of concern on personal health either to themselves as well as to their families, (2) littering in the surroundings, and (3) the absence of good waste management within the households. Considering this, DACAAR targets the distribution of HE Kits and HE sessions as an integrated intervention to increase health awareness among the IDP households and teach them how to stay healthy and prevent diseases.

Recommendations:

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

1. Implementation of **hygiene education sessions to all 625 IDP families** 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); also DACAAR's hygiene promoters will provide awareness about COVID-19 and teach prevention ways to the families.
2. Distribution of **625 sets of hygiene kits to 625 IDP families** to enable the people to self-practice good hygiene and sanitation in their daily life.
3. Construction of **26 sets of EBLs for 29 IDP families** who practice open defecation.
4. Distribution of **14 No plastic defecation chairs to 14 IDP households** whose members have difficulty in using squat latrines.
5. Distribution of **19 sets of BSFs to 19 IDP families** who use the unsafe pond and stream water.
6. Distribution of **8 pieces of plastic garbage bags per family to all 625 IDP families** to help them avoid littering as well as to increase their knowledge on the importance of solid waste management in their daily life.

DACAAR recommended WASH assistance quantity and cost:

S/N	Description of activity	Unit	Quantity	Unit Price in AF	Total Amount AFS
1	Distributing H.E kits to 625 families	No	625	1,931	1,206,875
2	Distributing plastic garbage bags to dump solid waste to 625 families (8 bags per family)	Piece	5,000	12	60,000
3	Construction of 26 EBLs for 29 families	Set	26	10,508	273,208



Humanitarian Aid
and Civil Protection

4	Distribution of Plastic Defecation Chairs to 14 households	No	14	900	12,600
5	Distribution of Plastic BSFs to 19 families	No	19	1,434	27,246
Total					1,579,929

3. Annexes

Assessment Report: **572 HHs 625 families in Kapisa province of CRO Region**
WASH Survey: **572 HHs 625 families**
HEAT Database: **572 HHs 625 families**
Report written by: **Habibullah Gheyasi, DACAAR Emergency Team Leader (Central Region)**
Report date: **11 April 2021**
Approved by: **Thomas Fergusson, DACAAR Emergency WASH Advisor**