

RAPID PROTECTION ASSESSMENT REPORT

[Sharak Sultan Mahmud, Ghazni City, Ghazni province] // Afghanistan // [February 2021]



BACKGROUND AND TRIGGER FOR ASSESSMENT

DRC conducted a Rapid Protection Assessment (RPA) on the 25th of February 2021 after a new displacement had been observed during the protection monitoring and after communities reported new displacements of 65 to 100 households (HHs) in their village during the last 5 months. Due to ongoing armed conflict between the Afghan National Army (ANA) and Armed Opposition Groups (AoGs), approximately 65 – 100 HHs were displaced from Rashidan, Waghaz and Qarabagh districts and Esfandi area of Ghazni City to Sharak Sultan Mahmud (PD3) of Ghazni City. The DRC Protection Team conducted 3 Key Informant Interviews (KIIs), 2 Community Discussions (CDs) and 6 Direct Observations (DOs) with men, women, youth, and elderly people. 22 community members including 10 women and 12 men participated.



DISPLACEMENT CONTEXT AND SITE INFORMATION

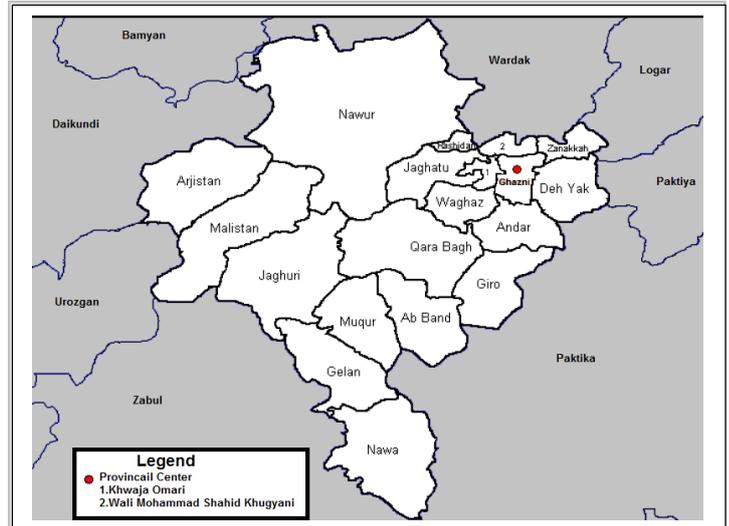
Due to ongoing armed conflict between ANA and AoGs, approximately 65 – 100 HHs were displaced from Rashidan, Waghaz and Qarabagh districts and Esfandi area of Ghazni City and settled down in Sharak Sultan Mahmud (PD3) of Ghazni City. These IDPs were displaced during the last 5 months. Sharak Sultan Mahmud is a residential area and consists of 400 HHs of protracted IDPs and host community members. It is located close to the Kabul-Kandahar high way. IDPs reported that they fled the armed conflict during the night and walked for a few hours until they were able to find transportation to Sharak Sultan Mohmud (PD3) of Ghazni city. During CDs, IDPs reported that 55 HHs had left 5 months ago and came to Sharak Sultan Mohmud to join their relatives; while approximately 25 HHs fled 3 months ago as conflict intensified. All IDPs reported that they do not intend to return due to ongoing armed conflict and since they are well-integrated in their current location. They reported to have access to available services.



COMMUNITY STRUCTURES AND PARTICIPATION

The population of Sharak Sultan Mahmud (PD3) consists of a combination of host community members, and protracted and recently arrived IDPs.

The community and family structures are mostly male-dominated and patriarchal. Men are responsible for decisions taken at the household and community levels. Women are excluded from decision making bodies and have limited participation, indicating greater challenges in accessing services and claiming their rights. During CDs, women reported that female-headed HHs have to reach the Mullah (religious leader) to seek advice and solutions. Persons living with Physical Disabilities (PIWD) are also excluded from decision making structures due to their limited movement and



Source: <https://en.wikipedia.org>

dependency on other family members for all their needs.

Assessment findings show no significant tensions between IDPs and the host community, however, IDPs reported low level tensions between recently arrived and protracted IDPs over humanitarian assistance and shared resources. Protracted IDPs have also excluded recently arrived IDPs from social structures such as informal gathering in the evening, and gatherings at Mosques



SAFETY AND SECURITY

The safety situation in the displaced location is stable and no movement restriction or detainment was reported to the assessment team. However, all IDPs reported that they feel unsafe going out during the night due to fear of robbery and thefts.



ARMED ACTORS

An Afghan Police checkpoint is located 800 meters from the displaced location and IDPs reported feeling safe in their presence. DO findings show respectful interactions among Police, Afghan National Army (ANA), IDPs and host community. However, IDPs reported that they keep distance from police and ANA as AoGs threaten or target people if they are found interacting with them.

Children were not reported to be wearing police or military uniforms or carrying arms. No children were seen to be working with armed personnel.



KEY PROTECTION CONCERNS

CHILD PROTECTION

Direct threats to boys and girls was neither reported nor observed during the assessment, however early marriage of girls was reported to be common. During KIIs and CDs, 85% of IDPs reported early and forced marriages as pre-existing practice but is increasing among families who have a high number of dependents due to displacement as coping strategy to limited income. Child labor is common, and IDP children engaged in labor and begging do not attend school. IDP women reported that 8% of the children in their community have lost their parents in armed conflict and are under the care of their grandparents, who are unable to provide for them; therefore, children have to beg to meet livelihood needs. 70% of IDPs during KIIs and CDs reported that children are suffering from psychological distress including aggressive behavior and nightmares due to conflict and displacement.

GENDER-BASED VIOLENCE

During KIIs, 2% of women reported increase in domestic violence due to displacement. However, they mentioned that women don't want to share information on domestic violence as they consider it social stigma. During CDs, all men and women IDPs refused to discuss domestic violence and reported that it does not exist in their community. 60% of IDPs reported that there is only one school in their area, with two shifts (morning and afternoon) for girls and boys; however, IDPs are not sending their girls to school since there are only male teachers. IDPs further reported that in general, education is deprioritized for girls, and if girls attend classes, they are only allowed to attend a religious institution. During KIIs and CDs, 85% of IDPs reported early and forced marriages as pre-existing practice but that is increasing among families who have a high number of dependents due to displacement as a coping strategy to limited income. Women participants also mentioned that older girls (age 20 and above) receive marriage proposals from men who are looking for a second wife, therefore, they prefer early marriages.

Women reported that men are the decision makers and do not consider women's consent or choices in decisions related to marriages, inheritance, or property. They further reported restrictions on their movement imposed by male family members, causing difficulties and stress in completing their daily tasks. No women and girls' space is present in the area. However, men reported that women and girls attend Islamic school (Madrasa) daily and also socialize with each other at the Madrasa.

VULNERABLE GROUPS

IDPs reported that PIWD have restricted movement in the absence of assistive devices such as crutches, wheelchairs and walkers, etc. Due to limited movement and dependency on family members for their needs, PIWD are excluded from decision making structures and also have limited to no access to services and information.

HOUSING, LAND AND PROPERTY

IDPs are settled in rental houses and paying around AFN1,500 to 4,000/monthly. IDPs reported that their houses and properties are looted and destroyed by AoGs at AoO. They expressed concerns that they won't be able to rebuild their houses, potentially impacting their ability to return safely. They further reported that due to lack of livelihood opportunities, they are unable to find work daily, which make it difficult to meet monthly rent payments. Therefore, they fear eviction.

CIVIL DOCUMENTATION

95% of men and 20% of women reported possessing tazkira, while the remaining IDPs reported that they have not felt the need to

obtain tazkira. Women did not report any barrier to access civil documentation. All participants in CDs and KIIs reported awareness on the importance on civil documentations and procedures to obtain them.

MINE RISK

During CDs, men reported presence of mines near the police checkpoints and on some routes connecting the Kabul-Kandahar highway. Therefore, IDPs are not allowing children and women to go out during evenings.



ACCESS TO SERVICES AND COPING MECHANISMS

Direct Observation findings show that public school, public and private health clinics are accessible on foot; however, IDPs reported that only male teachers are teaching at the school, therefore, girls are not attending due to the conservative culture. IDPs also reported that the public clinic has basic medical facilities, however they are not approaching private clinics, which seem to have more facilities, due to limited income. Women participants in CDs reported that female-headed HHs beg on streets as a coping strategy to earn income.

SHELTER / NFIs

All IDPs reported that they are unable to meet rent payments due to lack of income generation opportunities and being unable to find work daily. They further reported that they had to flee without taking any belongings including NFIs, beddings, blankets and clothes, etc., and face shortages of these items. Host community members and protracted IDPs supported them with few necessary items, but these items are not meeting their needs. Therefore, they requested immediate humanitarian assistance to support shelter/NFI needs.

HEALTH AND NUTRITION

Although public and private health clinics exist, the IDPs reported that public clinics have basic health facilities but they cannot afford fees of private clinics, which have more medical facilities. Women requested presence of female gynecologists at the public health clinic to meet their reproductive health needs.

EDUCATION

60% of IDPs reported that there is only one school in their area, with two shifts (morning and afternoon) for girls and boys; however, IDPs are not sending their girls to school since there are only male teachers. IDPs further reported that in general, education is deprioritized for girls and if girls attend classes, they are only allowed to attend a religious institution.

FOOD SECURITY AND LIVELIHOOD

IDPs reported working as daily laborers, while women are not allowed to work due to the conservative culture. 40% of women reported that due to the conservative culture, it is difficult for female-headed HHs to find work, therefore, they have to beg on the streets along with their children or send their children to work in Ghazni city to support their livelihood.

WASH

IDPs reported fetching water from nearby wells and hand pumps, however water is not potable as it is not chlorinated.



RECOMMENDATIONS

1. Emergency shelter (cash-for-rent) and NFI support is recommended to reduce the risk of forced eviction.
2. MPCA support is recommended to meet basic needs and reduce reliance on negative coping strategies.
3. Child Friendly Spaces are recommended to be established in the displaced location to reduce psychological distress among children and support child development and strengthen their resilience.
4. Women/Girls Spaces are recommended to be established to provide an opportunity to women and girls to engage with each other, exchange information, and rebuild community networks and support.
5. Health services (with a female gynecologist) are recommended to meet the health needs of affected populations, especially reproductive health needs of women.
6. Awareness raising on water chlorination is recommended, and communities need to be trained on safe chlorination methods to mitigate the risk of spreading diarrhea and other related diseases among communities, especially children.
7. Humanitarian Mine Action survey and clearance is recommended in the displaced location to reduce mine risks in the community. Mine Risk Education is recommended for both IDPs and host community members.