Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan Provinces of Afghanistan

A dissertation submitted in partial fulfillment of the requirements

for the award of

Post-Graduate Diploma in Health and Hospital Management

By

Upendra Kumar

International Institute of Health Management Research

NEW DELHI -110075

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Solidarity for Afghan Families (SAF)

همبستگی خانواده های افغان

TO WHOM IT MAY CONCERN

This is to certify that Dr. Upendra Kumar (PT) has successfully completed his 3 months internship in our organization from January 25, 2011 to April 24, 2012. During this intern he has worked on Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan Provinces of Afghanistan under the guidance of me and my team at Solidarity for Afghan Families (SAF). .....(any positive/negative comment)

We wish him/her good luck for his/her future assignments

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Certificate of Approval

The following dissertation titled " Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post- Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name	Signature
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NITISH DOGRA	

Certificate from Dissertation Advisory Committee

This is to certify that **Mr. Upendra Kumar**, a graduate student of the **Post- Graduate Diploma in Health and Hospital Management**, has worked under our guidance and supervision. He is submitting this dissertation titled " **Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan** " in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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Table of Contents

Page No.

LIST OF ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
BPHS	Basic Package Health Services
CBHC	Community Based Health Centre
CDC	Centre for Disease Control
CMAM	Community Based Management of Acute Malnutrition
CPHD	Center for Policy and Human Development
EPPH	Environmental pollution and public health
FAO	Food and Agriculture Organization
GIZ	Gesellschaft für Internationale Zusammenarbeit
GAVI	Global AIDS Vaccine Initiative
HIV	Human immunodeficiency virus
HSSP	Health Service Support Project
IDA	International Development Association
INGO	International Non- Governmental Organization
IRB	Institutional Review Board
IYCM	Infant and Young Child Feeding

MCH	Maternal and Child Health
MOPH	Ministry of Public Health
NGO	Non- Governmental Organization
NRC	Norwegian Refugee Council
SAF	Solidarity for Afghan Families
SC-UK	Save the Children- UK
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSC	United Nations Security Council
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

ABSTRACT

Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan

By

Upendra Kumar

Food insecurity and vulnerability of the population has become serious problem of the Afghanistan. This study is aimed to assess the situation of food insecurity vulnerability of the community which is residing in the drought affected areas. We carried out this study in four districts of Faryab and Jawzjan provinces of Afghanistan. For the data collection we surveyed the households from five villages of each district. Survey villages were selected in such a way that each village have equal chances of the selection.

The study examines the major problems in the disaster affected population. What are the practices being used by the community, what is the economic and social condition of the households, availability of the facilities, prevalence of different diseases. And what are the different coping mechanism used by the community to deal with the lack of food and water.

The study points the way forward in disaster management planning, stressing the need to take a more holistic livelihoods approach in both the pre and post disaster situations. It shows that disaster management cannot be a stand alone set of activities but rather that it should be integrated or "mainstreamed" into all rural development programming.

In this study we found that total population is affected by the drought and because of drought people are facing many problems. There is not much awareness among the population about their health and hygiene. People does not have access to the general facilities like transport, education, healthcare etc.. Also there is high prevalence of different diseases like diarrhea, pneumonia, sore throat, cough etc. and also there is not availability of community level system to combat the effects of the drought.

Therefore there is a great need of establishment of different disaster management teams and to provide the different facilities to the community. There is also a need to organize health and hygiene awareness camps to educate the population to reduce the prevalence of the diseases in the community.

ACKNOWLEDGEMENT

The Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan study is carried out to fulfill the requirement of the dissertation work of my post graduate diploma in health and hospital management. It gives me pleasure to remember the moments when my teachers and batch mates were extending their support and guidance to me. I feel highly fortunate too. I express my deep sense of gratitude and appreciation to all of them at this moment.

At the outset I feel great pleasure to express my warm regards to Dr. Sangram Kishor Patel, Assistant Professor, IIHMR, New Delhi for his incessant and precious boosting, inspiring encouragement, patience and ever readiness to help. It is my privilege to work under his dynamic supervision.

I am sincerely thank full to Mrs. Arunika Agrawal (Organization Development and management Advisor) and Dr. Faramarz jahanbeen (Organization Development Director), Solidarity for Afghan Families(SAF), Kabul, Afghanistan my external guide who provided me a caring and supporting environment throughout my training period, and who encouraged and helped me throughout the entire duration of the dissertation.

I am thankful to the IIHMR, New Delhi for having provided me with the invaluable learning experience.

I acknowledge the moral support and encouragement provided by my friends at the every stage of my study.

PART -1

INTERNSHIP

REPORT

Organization profile

Origin and development of the organisation

Solidarity for Afghan Families (SAF) is a nongovernmental, non-political and non for profit organization with an independent legal identity works with an aim to serve the disastrous and needy people irrespective of their thoughts, religion, race and language. Solidarity for Afghan Families (SAF) has been established in October 2005. SAF was registered with Ministry of Economy on 31.10.2005 (Reg. No. 148) and signed the memorandum of understanding (MoU) with Ministry of Public Health on 27.11.2005 (MoU No. 12) which was renewed on October 2010.

The Solidarity for Afghan Families (SAF) is mainly working in health sector. SAF since its inception in 2005 has the experience of working with various international organizations (World Bank, GF/BRAC, USAID, UNFPA, UNODC, WFP, ARD, GIZ, SC-UK, Oxfam Novib, MI-Canada etc) and related ministries. The Solidarity for Afghan Families (SAF) has been successfully implementing numerous projects in different parts of Afghanistan (Kabul, Ghazni, Faryab, Jawzjan, Balkh, Baghlan and Bamyan provinces). However, currently SAF through implementation of 14 developmental projects (Projects of BPHS, Nutrition, Reproductive Health, Child protection, and HIV), has active presence in Faryab, Jawzjan, Balkh and Kabul provinces of Afghanistan.

Considering the problems and inter-sectoral priorities, the Solidarity for Afghan Families (SAF) provides its services in four areas:

1. Health
2. Education
3. Social Development and
4. Agriculture & husbandry

Organisational objectives

SAF's **vision** is "a developed and welfare society for Afghan families" and its **mission** is "empowering and enabling Afghan families to combat against diseases, poverty, social injustice and illiteracy".

The people of SAF follow certain **principles** which give them strength to contribute towards the society in a best possible manner:

- **Independency:** The organization is managed by its management delegation, which is lead by general council (Trusty Board). All members follow the internal policies and express independency in policies, mutual assistance, to society, government and other organizations.

- **Non political:** The organization supports no party, group or politic personality and no member of the organization is allowed to use the reputation, influence and resources of the organization for political activities. The organization endeavors to unite Afghan families with the aim of economic growth, rehabilitation and development of Afghanistan.

- **Justice:** SAF is against all kind of racial, tribal, language, gender and regional discrimination and offers services based on justice. The organization will serve wherever it is needed and where it can contribute to rehabilitation and development of the country.
- **Professionalism:** The organization performs all management procedures on the base of professional standards.

- **Transparency, sincerity and accountability:** The organization, its members and representatives strongly follow the principles of transparency, sincerity and accountability during their activities and present transparent information about utilization of resources to society, government and other organizations.

SAF has a well organized structure. The structure of SAF is mainly made of:

1. The general council (Board of trusty)
2. The management board
3. Executive Board

The general council (**Board of trusty**) is the highest decision making body of the organization. The members of SAF's trusty board work voluntarily and the decisions are made by the majority. The trusty board has two categories of members:

1. **Core members:** Manage all affairs of the board and have the right to vote.
2. **Reserved Members:** These members are the founders of the organization that are employed by the organization. They do not have voting rights but can express their opinions freely. Whenever they quit their employment in the organization, they become Core members of the board and can participate in decision making.

However, the **management board** is the second highest decision making entity after the general council. The management board has the following authorities:

- Recruitment and dismissal of the staff according to the regulation and approval procedures
- Proposing changes in the principles and policies of the organization for approval of general council.
- Financial control of the organization
- Proposing working areas and activities to general council
- Proposal of annual budget and related projects to the general council

Currently, the **management board** of SAF consists of six highly qualified and experienced members namely Director General, Program Director (Deputy), Organizational Development Director, Operational Director, Organizational Development and Management Advisor and Finance Manager/Controller . The director general is elected by the general council (Only Afghan national can apply). Other members of management board are recruited through open competition on the basis of merits and abilities. The director general will approve recruitment of management board members and the final decision will be shared with general council.

Name	Degree	Profession	Position	Years on the Board
Dr. Abdul Basir Mansoor	MD, M.Sc	General Medicine, HLT Management, Social Medicine	Director General	1.5 Year
Dr. Juma Khan Khairzada	MD, MBA	General Medicine, Business Administration	Program Director	2.5 Years
Dr. Mir Mohammad Faramarz	MD,MPH,EMBA	Public health and General Management	Organizational Development Director	2 years
Ms. Arunika Agarwal	MBA, PGDHM	General management, Public health management	Organizational Development & Management Advisor	8 months
Dr. Abdul Manan Arify	MD	General Medicine, HLT Management	Program Manager	3 Years
Mr. Naqibullah Tahir	DBA	Operation management	Operation Director	5 Years
Mr. Sediqullah	CA, MBA (Finance)	Auditor, Finance management	Finance manager	11 months

The members of management board are presenting their **reports** to director general on monthly basis.

The **executive board** consists of the managers of various sections and provincial/ regional managers who implement the programs.

SAF has Central Office/Headquarter (CO/HQ) and Regional Offices (ROs). The main responsibility of Regional offices is to implement SAF's programs/projects at the related regions.

According to the current structure there are four functional departments in SAF as below:

1. Program Department

Purposes:

1) To coordinate health and health related training activities within organization as well as stakeholders.

2) To develop and maintain a high quality standards of health program.

3) To design, plan and follow up the health program in the existing areas of work as well as in the new targeted areas.

4) To provide effective technical support to all SAF health projects on timely manner.

5) To facilitate opportunities for continuous capacity building of health staff.

This department is headed by program director who is under direct supervision of general director. Accordingly, below staff members come under direct supervision of program director:

- Program manager
- Regional /Provincial Managers
- Harm reduction manager
- MCH/Gender manager
- CDC/Nutrition manager
- Pharmacy manager
- Lab officer

2. Organizational Development Department

Purposes:

1) To provide facilities for overall organizational development in terms of fundraising, capacity building, program development and improved organizational structure.

2) To formulate organizational policies and plan in participatory manner.

3) To design programs/ projects for organizational mandated sectors (health, education agriculture and social development) and develop proposals using global information.

4) To process information in such a manner to present the organization in prestigious way with reference to external affairs.

5) To search donor market place.

This department is headed by organizational development director and has three following units.

- PME/MIS Coordinator
- PME/CBHC Coordinator
- IT Officer

3. Operational Department

Purpose:

To develop appropriate and efficient administrative, human resource and logistics rules and regulations as well as guidelines. This directorate is also responsible to provide effective and efficient support services to program staff on timely manner. This department is headed by operational director and has three following units:

- Admin/security unit
- HR unit
- Logistics unit

4. Finance Department

The **finance department** is not operating under the supervision of operational director as it is directly reporting to the director general.

Purposes:

1) To develop and revise financial policy and guidelines in line with international standards.

2) To establish and maintain a smooth financial system within organization.

3) To ensure accuracy and completeness of financial information.

4) To ensure transparent financial transactions.

5) To inform the management of the organization on financial positions.

6) To develop financial planning and budget in consultation with relevant department/units.

7) To ensure fund safety and keep financial document safely.

8) To ensure all financial transactions are in line with available resources.

9) To advise financial course of action for project managers.

The unit is headed by Finance Manger/Controller who is under direct supervision of general director.

For the moment, SAF as awhole has 684 employees including 135 operational / program staff (106 males and 29 females) who are technical experts in the fields of general managment, administration, logistics, security, financial management, management information system (MIS), information technology (IT), public health, health management, community based health care, mother and child health, mental health & psychiatrics, social science, monitoring & evaluation (M&E), HIV/AIDS, harm reduction, health care financing, gender and research. In addition, 549 projects‘ staff members including MD, nurses, midwives, pharmacist, counselors, and supporting staff are working with SAF in Kabul, Balkh, Faryab and Jawzjan provinces.

Moreover, there are 1996 community health workers (999 males and 997 females) who are voluntarily working with SAF in Jawzjan and Faryab provinces.

Solidarity for Afghan Families is a national NGO for all Afghans in all over Afghanistan. SAF either designs projects or applies for the projects on the basis of:

1. Professional standards
2. Needs and priorities of Afghanistan.
3. Organizational vision, background and its capacity
4. Adaptibitly of projects‘ concepts, objectives, and goals with the people’s thoughts and customs

SAF currently is engaged in implementation of 14 developmental projects (Projects of BPHS, Nutrition, Reproductive Health, Child protection, and HIV), in Faryab, Jawzjan, Balkh and Kabul provinces of Afghanistan.

This is the list of the name of projects, their location, duration and the donor organization for each project:

Name of Project	**Dates of project**	**Location**	**Donor**
• Partnership Contract for health Services	Nov 23, 2009 to Nov 23, 2012	• Faryab	• USAID / MoPH
• Sub Centres & Mobile Health Teams	June 01, 2009 to Feb 29, 2012	• Faryab	• GAVI
• IYCF/CMAM	Apr 01, 2011 to Mar 31, 2012	• Faryab	• Oxfam Novib
• Equipping Lab	Apr 01, 2011 to Sep 30, 2012	• Faryab	• Global Fund
• Partnership	Nov 23, 2009 to Nov	• Jawzjan	• USAID / MoPH

Contract for health Services	23, 2012		
• EPPH	Jun 06, 2010 to Jan 31, 2012	• Jawzjan	• USAID-HSSP
• Result Based Financing	Aug 23, 2010 to Nov 23, 2012	• Jawzjan	• Multi-Donor SHARP
• Harm Reduction	Feb 11, 2011 to Jun 30, 2012	• Mazar	• IDA / World Bank
• SPHP	Apr 01, 2009 to Sep 30, 2012	• Mazar	• GIZ
• Better Future for Working Street Children	Jul 01, 2011 to Mar 31, 2012	• Mazar	• Save the Children
• FIDUS	Jun 15, 2011 to Apr 04, 2012	• Mazar	• UNODC
• Harm Reduction	Feb 11, 2011 to Jun 30, 2012	• Kabul	• IDA / World Bank

PART-2

DISSERTATION REPORT

CHAPTER-1

INTRODUCTION

Introduction

Food insecurity and poor nutrition affect a large part of Afghan population. Afghanistan has one of the highest stunting rates in the world. More than half (54%) of Afghan children under age five are stunted (chronically malnourished) and over a third (34%) are underweight. More than two-thirds (72%) of children also suffer from iodine and iron deficiency. These poor nutritional outcomes are closely linked to poor access and utilization of food in Afghanistan. According to the NRVA 2007/2008, nearly a third of Afghan population (29%) suffers from calorie deficiency—population whose calorie consumption is less than 2,100 calories per capita. Twenty percent of the population consumes a diet that lacks adequate dietary diversity, thus affecting the balance and diversity of micronutrient intake. The problem of food insecurity compounds in leaner seasons, for example in spring, when 33% of the population suffers from calorie deficiency and 24% from poor diet.

Commonly, the concept of food security is defined as including both physical and economic access to food that meets people's dietary needs as well as their food preferences. In many countries, health problems related to dietary excess are an ever increasing threat, In fact, malnutrition and food borne diarrhea are become double burden.

Food security is built on three pillars:

- Food availability: sufficient quantities of food available on a consistent basis.
- Food access: having sufficient resources to obtain appropriate foods for a nutritious diet.
- Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation.

According to Afghan official and aid agencies an estimated 2.6 million Afghans will face food shortages after one of the worst droughts hit northern Afghanistan. Already living in poverty in an in-conflict country like Afghanistan, disasters make the life more miserable. Recent drought has affected 14 of Afghanistan’s 34 provinces – all in the north. Afghanistan is one of the world’s most disasters prone countries facing frequent natural disasters on annual basis; disasters of different types like earthquake, floods, cyclones, drought and

landslides have hit Afghanistan over the years. As compared to other countries in the South Asian region, Afghanistan have relatively weaker disaster and response mechanisms and thus is at high risk and most vulnerable. Though various humanitarian organizations are working to mitigate the effect of disasters through emergency response interventions but still there is lot to be done. To add to their susceptibility, the lack of data about the vulnerability of the population due to the disasters is very weak. Not many studies have been conducted in this regard to assess the vulnerability and food security situation of the population in the most affected regions of the Afghanistan. Drought and harsh winter conditions regularly intensify the underlying food insecurity in the country, which sees nearly 50% chronic malnutrition rates.

Afghans are subjected to severe shortages of drinking water in emergencies, leading to displacement and migration from their home villages. The 2008 drought followed by the 2009 floods caused significant displacement across many provinces in the northern and north-eastern regions of Afghanistan. In such situations the shortage of water compounds the lack of proper sanitation and poor hygiene leading to preventable diseases including, inter alia, cholera and diarrhoea. UNICEF estimated in 2005 that diarrhoeal diseases account for 30% of all childhood illnesses. This number increases even more in emergency situations. At present more than 2.5 million people require either immediate solution to water supply or long-term drought, flood mitigation measures and food security.

Drought is a climatic anomaly, characterized by deficient supply of moisture resulting either from sub-normal rainfall, erratic rainfall distribution, higher water need or a combination of all the factors. The vulnerability to drought in relation to the increasing needs of the growing population has become a point of great concern, especially on the food front.

Drought differs from other natural hazards in several ways:

Slow-onset: Creeping phenomenon that makes it difficult to determine the onset and end of the event.

Duration may range from months to years.

No universal definition.

No single indicator or index can identify precisely the onset and severity of the event.

Impacts are generally non-structural and difficult to quantify.

Spatial extent is usually much greater than for the other natural hazards, making assessment and response action difficult, since impacts are spread over larger geographical areas.

Because of their potentially long duration, the core area or epicenter will change over time, reinforcing the need for continuous monitoring of climate and water supply indicators

Impacts are cumulative and the effects magnify when events continue from one season or year to the next.

Types of Droughts

Drought proceeds in sequential manner. Its impacts are spread across different domains as listed below.

Meteorological Drought

Meteorological drought is simple absence/deficit of rainfall from the normal. It is the least severe form of drought and is often identified by sunny days and hot weather.

Hydrological Drought

Meteorological drought often leads to reduction of natural stream flows or groundwater levels, plus stored water supplies. Main impact is on water resource systems.

Agricultural Drought

This form of drought occurs when moisture level in soils is insufficient to maintain average crop yields. Initial consequences are in the reduced seasonal output of crops & other related production. An extreme agricultural drought can lead to a famine, which is a prolonged shortage of food in a restricted region causing widespread disease and death from starvation.

Socioeconomic Drought

Socioeconomic drought correlates the supply and demand of goods and services with the three above-mentioned types of drought. When the supply of some goods or services such as water and electricity are weather dependant then drought may cause shortages in supply of these economic goods.

Impact of Droughts

One of the sectors where the immediate impact of drought is felt is agriculture. With the increased intensity or extended duration of drought prevalence, a significant fall in food production is often noticed, which further causes food insecurity in the related regions. Drought results in crop losses of different magnitude depending on their geographic incidence, intensity and duration. The droughts not only affect the food production at the farm level but also the national economy and the overall food security as well. Their impact is also felt due to:

Deficit in ground water recharge.

Non-availability of quality seeds.

Reduced draught power for agricultural operations due to distress sale of cattle,

Land degradation.

Fall in investment capacity of farmers, rice in prices, reduced grain trade, and power supply.

Drought and food security in Afghanistan

Drought affects food security negatively, especially in developing countries, according to a report on “Mainstreaming Drought Risk Management” from the United Nations Development Programme. This fact is evident in Afghanistan which recently experienced a severe drought that left millions of people without enough food to eat or proper nutrition according to a report of world food programme (WFP). Compounding this problem, millions of Afghans living in the cold, mountainous regions are facing the worst food insecurity because those places are even not accessible for the aid agencies. Rather than simply

equating hunger, nutrition or starvation, food insecurity involves agricultural production, which is heavily affected by climate and the management of land and water resources. In addition, food security or insecurity may be tied to factors such as transportation and food distribution networks, which revolve around infrastructure as well as trade, border and customs policies.

Afghanistan has a history of droughts, which tend to occur in cycles, according to a November 2011 report from the WFP. The New Republic notes that these droughts have been occurring with increasing frequency and intensity. On a year-to-year basis, droughts are remarkably predictable in Afghanistan given that most of Afghanistan's water supply originates in snowfall, says a research paper from the Afghan Center for Policy and Human Development (CPHD).

However, experts interviewed by EurasiaNet indicate that drought is only one factor which contributes to food insecurity in Afghanistan. It is also affected by poverty and unemployment, which leave families unable to purchase food, and by donors' spending priorities. EurasiaNet highlights that, from 2002 to 2009, only 3% of international spending on reconstruction and development in Afghanistan had gone to the agriculture sector. Greater support for agriculture may have contributed to higher crop production and agricultural methods which were less heavily affected by drought. An expert from the Norwegian Refugee Council (NRC) interviewed by EurasiaNet also indicates that donor countries view Afghanistan's needs in terms of "reconstruction" and have not paid sufficient attention to – or allocated sufficient resources for – basic, life-saving and life-sustaining relief operations there. In addition, a report into food insecurity in Afghanistan from the United States Agency for International Development (USAID) notes that gender norms and inequalities contribute to food insecurity given that girls and women may not receive an equal share of available food.

Food insecurity reportedly has severe humanitarian consequences. A 2009 United Nations Security Council (UNSC) report, cited by EurasiaNet, says food insecurity has been a constant in Afghanistan in recent years due to the effects of war. The article states that some 40,000 Afghans die every year from hunger and poverty, which is several times higher than the number who are killed in conflict. A World Bank paper shows that, even where food

insecurity does not result in death, Afghan families are forced to adopt coping mechanisms which have implications for health. For instance, when prices rise during food crises in Afghanistan, consumers tend to sacrifice quality for quantity by buying extra calorie-rich staples and reducing their consumption of more nutrition-laded foods such as meat and vegetables. Without appropriate nutrition, vulnerability to disease increases, and physical as well as cognitive development is impeded among children, according to an FAO report.

Rationale of the Study

As in Afghanistan, especially in the northern provinces of Afghanistan disasters are very frequent and not many studies have been conducted to understand the impact of disasters on the population of the country and their coping mechanism. Lack of such data hinders the formulation of need specific policies and strategies by the policy makers; and humanitarian agencies could not reach to these areas because of absence of the data. This study will try to fill the gap of evidence based studies in the two most affected provinces of Afghanistan that is Faryab and Jawzjan.

The latest damage record of data available suggests that several thousands of lives have been lost due to earthquakes and many more due to prolonged drought and recurrent floods.

Loss during Drought in Afghanistan

Disasters		Number of Events	Killed	Total Affected	Damage (000 US$)
Drought	Drought	5	37	4808000	250
	Average per event		7	961600	50

It is further noticed that different provinces of Afghanistan have different intensity for different disasters.

No.	Province	Population	Earthquake	Drought	Flood	Landslide	Avalanche
1	Faryab	699,897	M	H	H	L	M
2	Jawzjan	508,660	M	H	H	L	M

H-High, M-Medium, L-Low

As you can see from the above tables that drought widespread damage and disruption in Afghanistan and Secondary or social impacts of droughts lik slow-onset disasters take a sustained toll in large parts of the country. Faryab and Jawzjan are highly drought affected provinces; therefore we have selected Faryab and Jawzjan provinces for our study.

Literature Review

The Concept of Food Security

Afghanistan is one of the world's poorest, most food-insecure countries. The international conference on nutrition in 1992 and the world food summits in 1996 and 2002 stressed that access to a safe and healthy variety of food is a fundamental human right. An optimum supply of safe and nutritious food is a prerequisite for the protection and promotion of health. The World Food Summit of 1996 defined food security as existing "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life". The USDA defines food security as "access by all people at all times to enough food for an active, healthy life". Recognizing the importance of food in the maintenance of health, WHO's governing body, the World Health Assembly, has adopted several resolutions supporting national and international action to strengthen food policies. In 1998 Hartwig da Haen, Assistant Director-general of the Food and Agriculture Organization of the United Nation (FAO) said that globally there is enough food to feed the world, but it is not equally distributed and many people do not have means to buy it. Even where food supplies are adequate at the national level, access to food is often a serious problem. Within countries and even within households, food is not always equally distributed. To ensure nutritional well being, every individual must have access at all times to sufficient supplies of a variety of safe, good-quality food.

According to a study "System Analysis of Food Security Situation in India" published in Journal of Food Security tries to explore and understand food security issue from the perspective of national food system. Analysis presented in this paper indicates that food security system of the country is being stressed at the sub system level of food availability, food accessibility and food utilization. It also revealed that factors which are influencing food

security are located in social, economic, political and technology domain. Therefore, for maintaining national food security, we need to work at sub system levels of food security simultaneously. Present compartmental model of development will not be effective for building food security of the country.

In an another study namely "Coping with Household-level Food Insecurity in Drought-affected Areas of Burkina Faso" authors examines strategies used by rural households in the Sahelian and sudanian zones of Burkina Faso to ensure food security in the face of drought-induced cropping shortfalls. It finds that three-quarters of the average household income in the Sahel sample and half of the same in the Sudanian sample come from non-cropping sources. These are more diversified regionally and sectorally in the case of the Sahel. The latter's non-cropping income is less covariant with the local cereal economy than is the case in the Sudanian sample. Moreover, much greater food aid was targeted to the Sahel for geographical reasons, without taking into account the more stable and higher level of purchasing power in the Sudanian zone.

The paper "Food Security and Wheat Prices in Afghanistan" investigates the impact of increases in wheat flour prices on household food security using unique nationally-representative data collected in Afghanistan from 2007 to 2008. It uses a new estimator, the Unconditional Quantile Regression estimator, based on influence functions, to examine the marginal effects of price increases at different locations on the distributions of several food security measures. The estimates reveal that the negative marginal effect of a price increase on food consumption is two and a half times larger for households that can afford to cut the value of food consumption than for households at the bottom of the food-consumption distribution. Similarly, households with diets high in calories reduce intake substantially, but those at the bottom of the calorie distribution make very small changes in intake as a result of the price increases. In contrast, households at the bottom of the dietary diversity distribution make the largest adjustments in the quality of their diets, since such households often live at subsistence levels and cannot make large cuts in caloric intake without suffering serious health consequences. These results provide empirical evidence that when faced with staple-food price increases, food-insecure households sacrifice quality in order to protect calories. The large differences in behavioral responses of households that lie at the top and bottom of

these distributions suggest that policy analyses relying solely on ordinary least squares estimates may be misleading.

An another report of Afghanistan, “poverty and food security in Afghanistan” investigates the status of food insecurity in Afghanistan with a focus on mapping provincial differences and an emphasis on understanding the impact of rising food prices on key measures of food security. It synthesizes findings from analysis of rising food prices and their impact on different measures of food access and utilization, such as calorie intake, protein consumption and the quality of diet in Afghanistan. The findings are based on the analysis of data from the National Risk and Vulnerability Assessment (NRVA) 2007/08, a sample of over 20,000 households from all 34 provinces of Afghanistan. It aims to further the understanding of household wellbeing and vulnerability from the standpoint of food security and complements the earlier work presented in “Poverty Status in Afghanistan: A Profile based on National Risk and Vulnerability Assessment". Food insecurity appears to be more pronounced in rural parts where about 80% of the country’s population resides. For example, calorie deficiency affects 30 % of the population in rural areas compared to 24.4 % in urban areas. Food security outcomes are also associated with the terrain characteristics, with the prevalence of food insecurity being generally higher in mountains and plateaus of Afghanistan.

An study “Food insecurity, food choices, and body mass index in adults: nutrition transition in Trinidad and Tobago” evaluated whether food insecurity and obesity were associated in a population sample in Trinidad. In this study a sample was drawn of 15 clusters of households, in north central Trinidad. Resident adults were enumerated. A questionnaire was administered including the short form Household Food Security Scale (HFSS). Heights and weights were measured. Analyses were adjusted for age, sex, and ethnic group. Overall, 134 (25%) of subjects were classified as food insecure. Food insecurity was associated with lower household incomes and physical disability. Food insecurity was frequent at all levels of BMI and was associated with lower consumption of fruit and vegetables. Food insecurity was associated with underweight but not with present obesity.

In Afghanistan most of the provinces have high or moderate food insecurity condition because of the poverty and different kind of disasters continuously hitting the country. According to Afghan official and aid agencies an estimated 2.6 million Afghans will face food shortages after one of the worst droughts hit northern Afghanistan. Already living in

poverty in an in-conflict country like Afghanistan, disasters make the life more miserable. Recent drought has affected 14 of Afghanistan's 34 provinces – all in the north. Therefore the population of Afghanistan is very vulnerable to the food insecurity and different kind of problems created due to that.

Rural livelihood strategies (Coping Mechanism)

A livelihood encompasses not only the income generating activities pursued by a household and its individuals, but the social institutions, intra-household relations, and mechanisms of access to resource through the life cycle. The purpose of understanding livelihood strategies is to shed light on how and when individuals, households and groups negotiate among themselves, with their communities, markets and society to improve their well being or reduce food insecurity by appropriating the benefits from their assets, activities and investments. Adapting to shock and stress is one dimension of rural livelihoods. The typical responses to food shortages are the intra-family insurance, extended in group's reciprocity, gifts, exchange, mutual support, redistribution to the poor etc.

Typically, food insecure households employ four types of consumption coping strategies.

First, households may change their diet. For instance, households might switch food consumption from preferred foods to cheaper, less preferred substitutes.

Second, the household can attempt to increase their food supplies using short-term strategies that are not sustainable over a long period. Typical examples include borrowing or purchasing on credit. More extreme examples are begging or consuming wild foods, immature crops, or even seed stocks.

Third, if the available food is still inadequate to meet needs, households can try to reduce the number of people that they have to feed by sending some of them elsewhere (for example, sending the kids to the neighbors house when their neighbors are eating).

Fourth, and most common, households can attempt to manage the shortfall by rationing the food available to the household (cutting portion size or the number of meals, favoring certain household members over others, or skipping whole days without eating).

It will be clear that all these types of behavior indicate a problem of household food insecurity, but not necessarily problems of the same severity. A household where no one eats for an entire day is clearly more food insecure than one where people have simply switched

from consuming rice to cassava. The basic idea is to measure the frequency of these coping behaviors and the severity of the strategies.

There was a study on local coping mechanisms in the face of disasters carried out in Lao PDR This study was carried out in nine villages in five different provinces of the Lao PDR. The consultant teams were assisted by the staff of INGOs (Concern Worldwide, Norwegian Church Aid and World Vision). The study examines the major disasters in Laos affecting the poorest and most vulnerable people in Laos, and reveals that there is a considerable gap between the generally accepted perception of government and most development practitioners as to what constitutes a disaster, and the perception of the poor themselves. The study examines in some detail the strategies adopted by poor communities. The study notes that many of these long-term trends are rendering indigenous coping strategies less and less effective and thus are increasing the vulnerability of the poor. The study points the way forward in disaster management planning, stressing the need to take a more holistic livelihoods approach in both the pre and post disaster situations. The principle issues arising from the study which need to be addressed by development and disaster management practitioners in their project design, are- the need to shift focus from the big disasters to "ongoing disasters" and need to take into account the rapid changes in the Lao socio-economic environment in which disasters occur. Other issues are need to be realistic about the efficacy of existing coping mechanisms and to ensure that a livelihood approach is integrated into disaster management programming.

The Research Problem & Research questions

Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan.

General objective

To assess the food security and vulnerability of drought affected districts of Faryab and Jawzjan provinces if Afghanistan.

Specific Objectives

1. To assess the impact of drought on the community in the affected districts of Faryab and Jawzjan.

2. To know the common water, sanitation and hygiene (WASH) practices in the drought affected community

3. To assess the prevalence of acute diseases (Diarrhoea, Malaria, Fever, Vomiting, Pneumonia, Sore throat, Cough and Running nose) in last 15 days of the survey among children and adults in the community.

4. To assess the food security situation among the affected population of the targeted districts.

CHAPTER-2

RESEARCH METHODOLOGY

Study Design

Type of Study

We adopted cross sectional descriptive study design for our research. In which we did household survey.

Selection of study area

As our study area we selected Faryab and Jawzjan provinces because these are highly drought affected provinces and also SAF is the BPHS implementer in these two provinces and SAF is interested to assess the needs of the people affected by the drought to provide them with relevant solutions. After that from these two provinces we selected 4 highly affected districts namely Khaniqa, Mingajik, Dawlatabad and Shirin Tagab.

Selection of study population

We select Households in the selected districts of the two provinces as the sample unit. Any male or female aged more than 16 years can be interviewed.

Inclusion Criteria

All the households affected by the drought in all the four districts.

Exclusion Criteria

Since it is a need assessment study, so there are no households or subjects which are excluded from the study.

Sampling technique and sample size

Two stage Cluster Sampling Technique

Adapted cluster sampling is a technique standardized by CDC (Center for Disease Control) as the best sampling method to conduct a rapid need assessment in the disaster affected areas. As per this sampling method a sample of 210 (30*7) is regarded as a cost effective and precise sample size to conduct rapid assessments.

As it is a sample size used by some standard studies like expanded programme on immunization by World Health Statistics and the no. of sample is smaller to keep the budget of the survey minimum. In our study we took 20 clusters instead of 30 as the affect of disaster is not concentrated to one village but is spread evenly to all the districts targeted. To reduce the variance, the sample households from each village have been increased from 7 to 15, thus making the sample size equal to **300**.

First stage: 20 villages (taken as clusters in this study) will be selected randomly from the list of the villages of the 4 districts.

Second stage: First household from each selected village will be selected randomly and thereafter the subsequent 14 households will be surveyed. In total 15 households from each village will be selected.

Variables on which data collected

We collected data mainly on these variables

1) Under the objective "To assess the impact of drought on the community in the affected districts of Faryab and Jawzjan" they collected data on these variables- Main difficulties faced by the people in last 2 years of the survey**,** Problems faced during last disaster, Community level systems in place and Governmental/ nongovernmental programs running in village in relation to disaster effect.
2) Under objective "To know the common water, sanitation and hygiene (WASH) practices in the community" variables are- Source of drinking water, Contamination of water source, Possible contamination of water source, Water treated before drinking, Method of Water treatment before drinking, Type of toilet facility, Special latrine facilities for women, Hands washing after Defecation and Material used for cleaning of hands after Defecation.
3) Under objective "To assess the prevalence of diseases related to water, sanitation and hygiene among children and adults in the affected regions" variables are- Prevalence of diarrhea among children in the community in last 15 days, Sex of the diarrhea case, Treatment of diarrhea case, Prevalence of other diseases among children in last 15 days, Type of other prevailing diseases among children, Prevalence of diseases

among adults in last 15 days and Type of prevailing diseases.

4) Under last objective "To assess the food security situation in Drought affected districts of Faryab and Jawzjan" variables are- Meals per day, Source of food, Food insecure months, Food consumption score and Coping mechanism.

Data Collection Tools

The standard survey tool (Structured Questionnaire) has been used to collect the data. The contents of questionnaire includes questions on demography, literacy level, socioeconomic status, common water, sanitation and hygiene practices, prevalence of diseases, food security and adverse effects of disasters in the community and their coping mechanism.

Duration of the study

Duration of the study in total was around 3 months. For this study we prepared a work schedule. We tried to do all our activities according to this schedule only. Although we have started the literature review for our dissertation topic before the starting of the dissertation but the actual study we started after joining the Internship Organization.

Data Analysis

Collected data entered first in the SPSS Software Pack.

After that data analyzed using SPSS only.

Quality of Data collection and Data analysis

As quality is one of the basic need for any study during data collection, data analysis and during all other steps. To assure the quality of data we will provide the 2 days training to all the data collectors about the filling of questionnaire and how to ask the questions to community to get the best response.

To increase the quality of data analysis we will use double entry system. All data will analyzed by two separate person and after that we will look for the variance in the result. In the condition of any variance we will look for the mistakes and find out the correct results.

Limitations of the Study

1. Time constraint.

2. Inaccessibility to the community because of security reasons to conduct survey by own.

3. Language barrier.

Ethical Consideration

1. First Study protocol submitted to MOPH- IRB for the approval. After getting approval from the MOPH-IRB, the assessment has been commenced in the study areas.

2. During the data collection procedure, Informed Consent has been taken from each Respondent.

3. The data collected through this study will be used only for the research purpose and the confidentiality of the participants will be maintained throughout the survey and afterwards. Survey forms will be treated with utmost confidentiality.

4. There will be not any such kind of question which can hurt the feelings of any individual related to religion, economic status, gender etc.

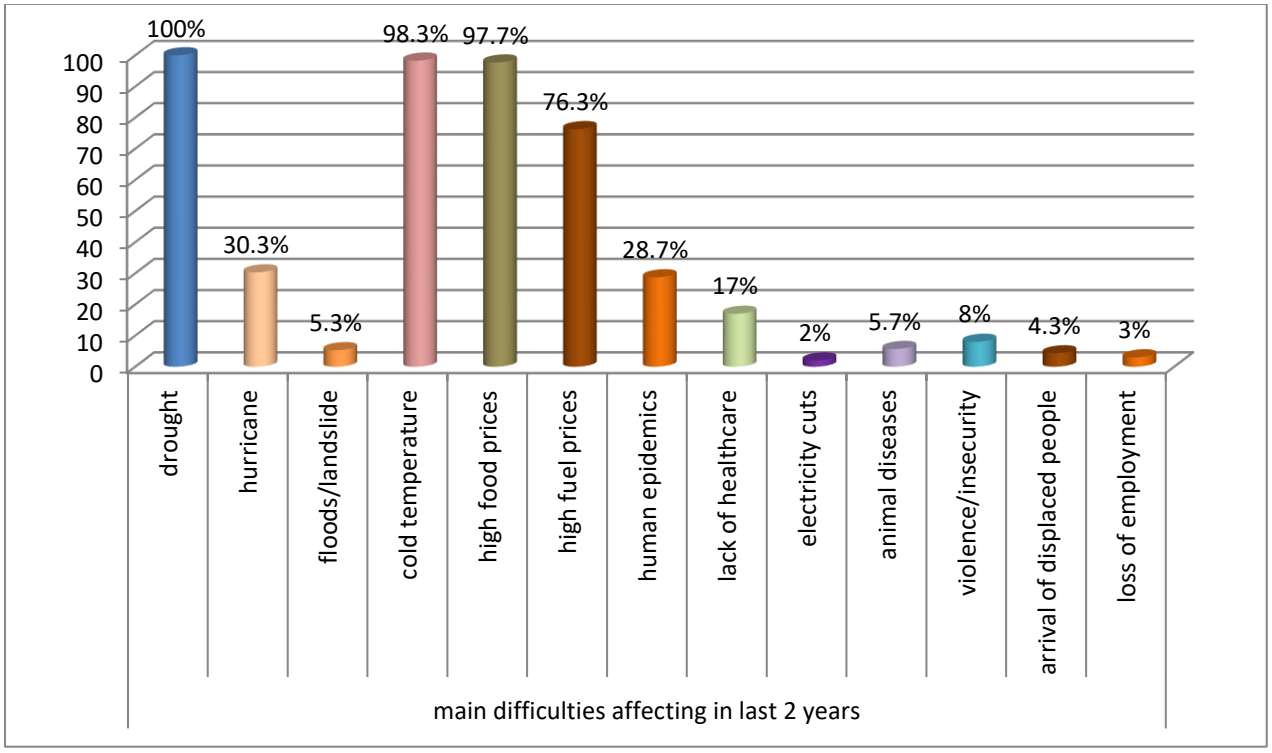
CHAPTER-3

RESULT AND INTERPRETATION

After the collection of whole data, the next step was the analysis and interpretation of data. Therefore first we entered the data in SPSS Software Pack and that analyzation was done using SPSS only.

1. **Impact of drought on the community**

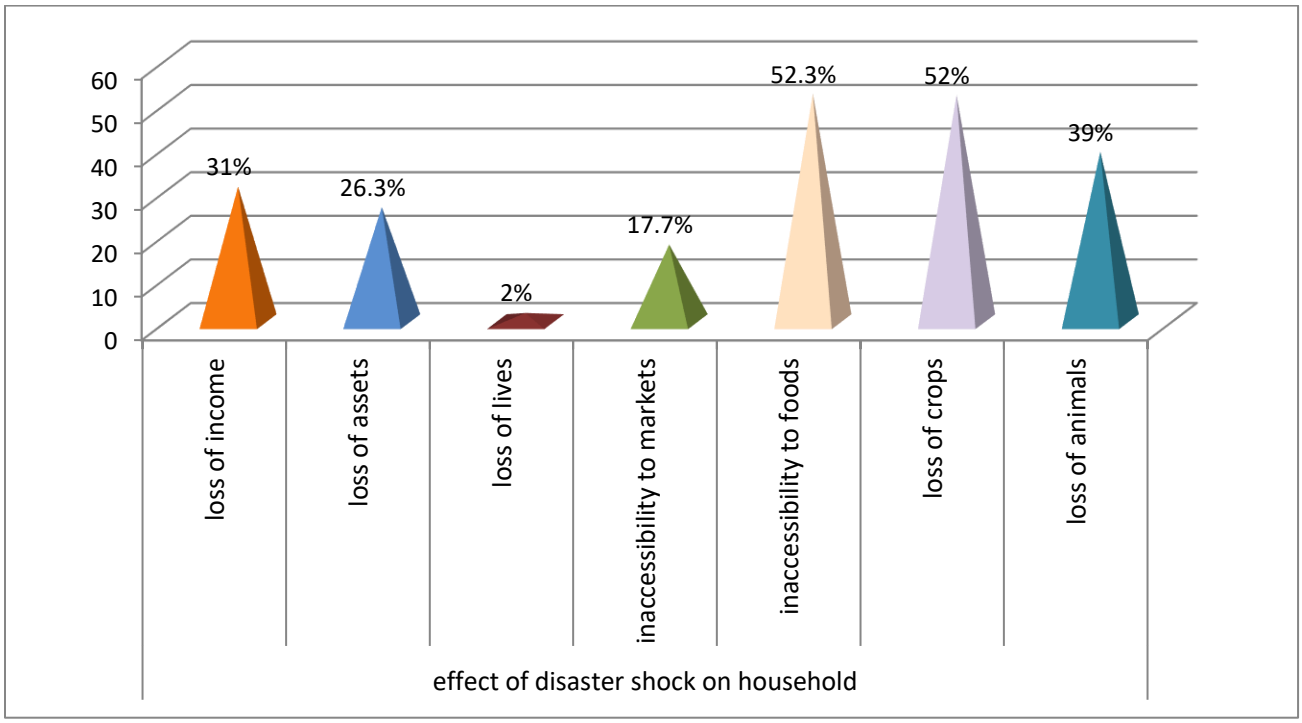
Figure 1(a) Main difficulties faced by the people in last 2 years



This data shows the main difficulties faced by the population in last two years in the affected areas of faryab and jawzjan. We can see here that drought is the one problem which is faced by the 100% of the population of these areas. Along with the drought other main problems of the areas are cold temperature, high food prices, high fuel prices, and hurricane and human epidemics.

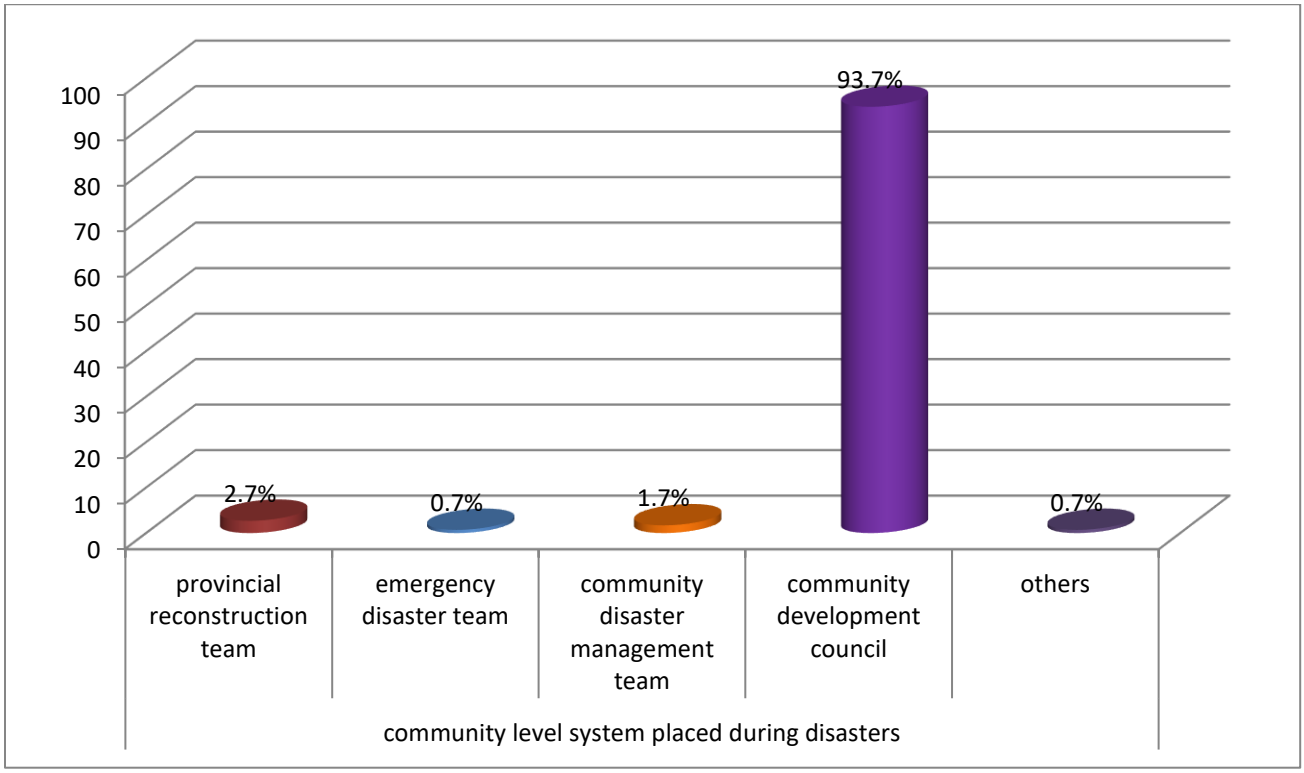
Electricity cuts, animal diseases, violence, arrival of displaced people, loss of employments and floods/landslides were not that much severe problems in these areas.

Figure 1(b) Problems faced during last disaster



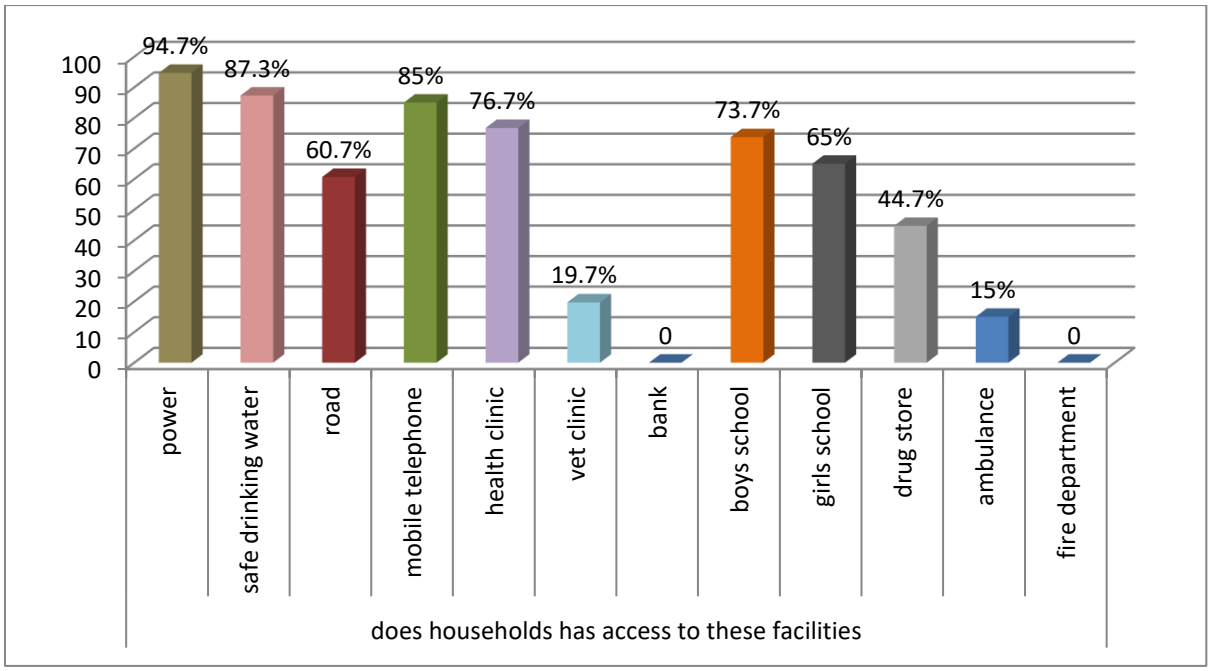
This graph shows different problems faced by the population during last disaster. We can see here that most common problems were inaccessibility to food and loss of crops, which is almost inter related. The main reason of these difficulties is drought. Other problems faced by the people were loss of income, loss of assets, inaccessibility to markets, loss of animals and loss of lives. Loss of the lives is very minimal during last disaster.

Figure 1(c) Community level systems in place



This graph shows the community level system placed during the disaster to cope up with the after effects of the disaster. This graph shows that only system placed was community development council, which was really present in the community everywhere and was providing help to the community. All other systems like provincial reconstruction team, emergency disaster teams etc. were for very minimal number.

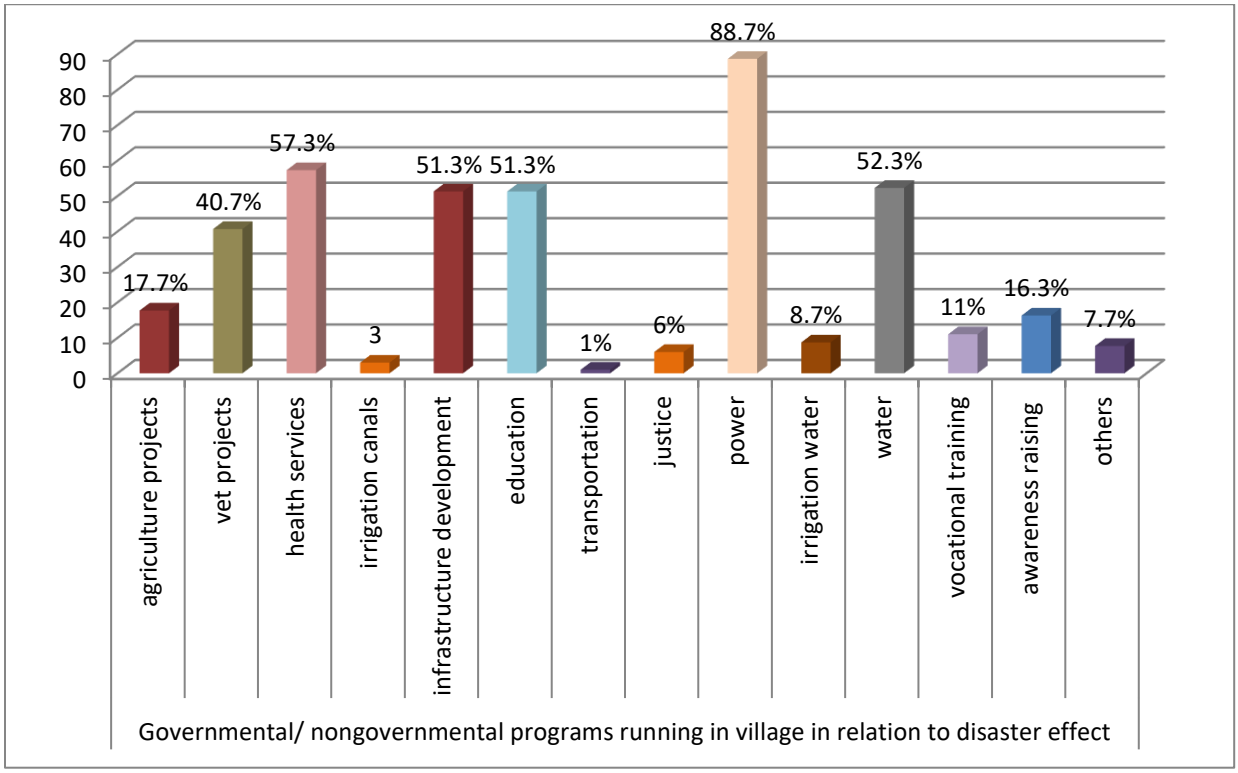
Figure 1(d) Access of the household to the general facilities



In this graph we can see that how much population of the drought affected areas has access to the different facilities. We can see here that 94.7% of the population have access to the electricity power, 87.3% population have access to the safe drinking water. 85 % of the population having mobile telephone etc. we can see here that there is zero accessibility to banks and fire departments and very less accessibility to wet clinic, ambulance.

So, by this graph it is very clear that there is a great need of improvement in the field of vet clinics, availability of the ambulances, establishment of banks and fire departments. Other facilities like road, girl's school and drug stores also need further improvement.

Figure 1(e) Governmental/ nongovernmental programs running in village in relation to effect of disaster.

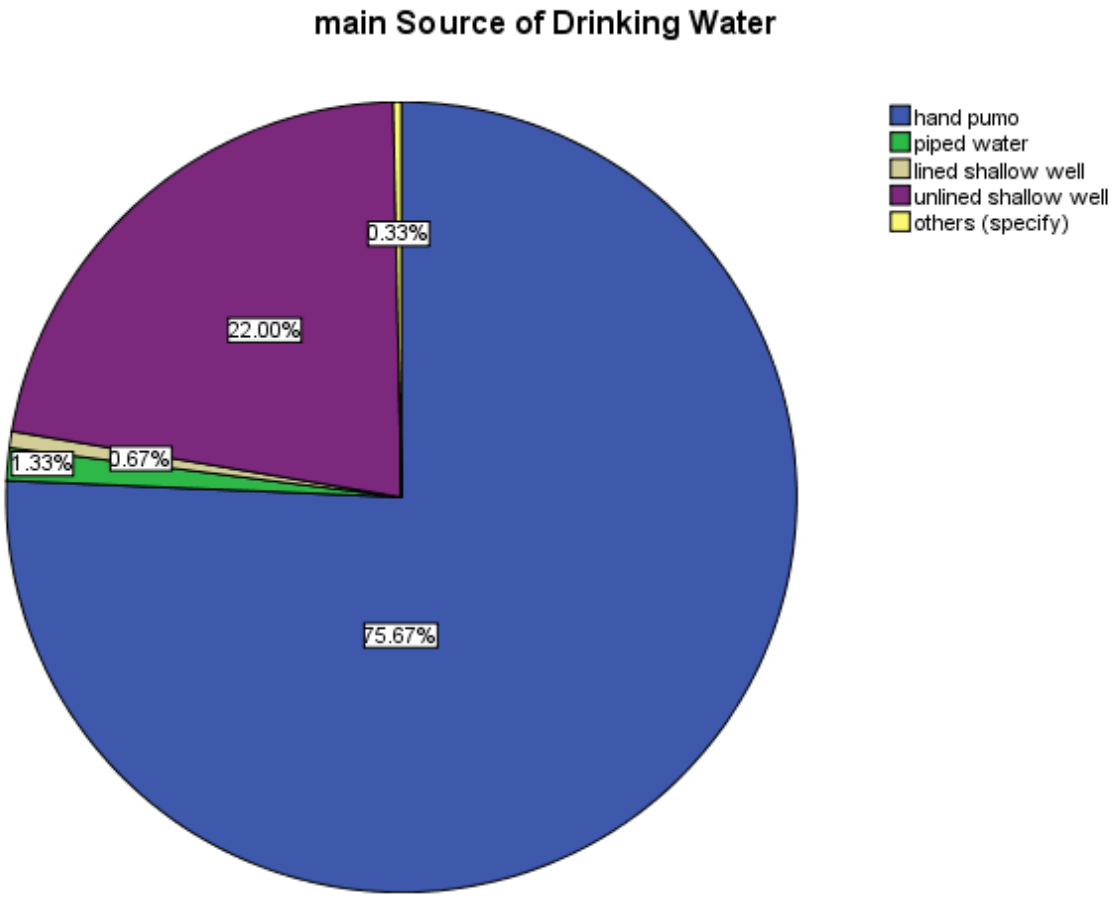


This graph shows the various Governmental/ nongovernmental programs running in the villages to reduce the effects of disaster. This graph shows that electric power programmes are running in the maximum villages. Other programmes which are related to agriculture, vet projects, health services, infrastructure development education, water etc are also present up to a satisfactory level in the community. However there are very minimal programmes running related to transport, irrigation, justice etc.

It is clear by the graph that how many more programmes are needed in different fields by the government and other non-governmental organizations.

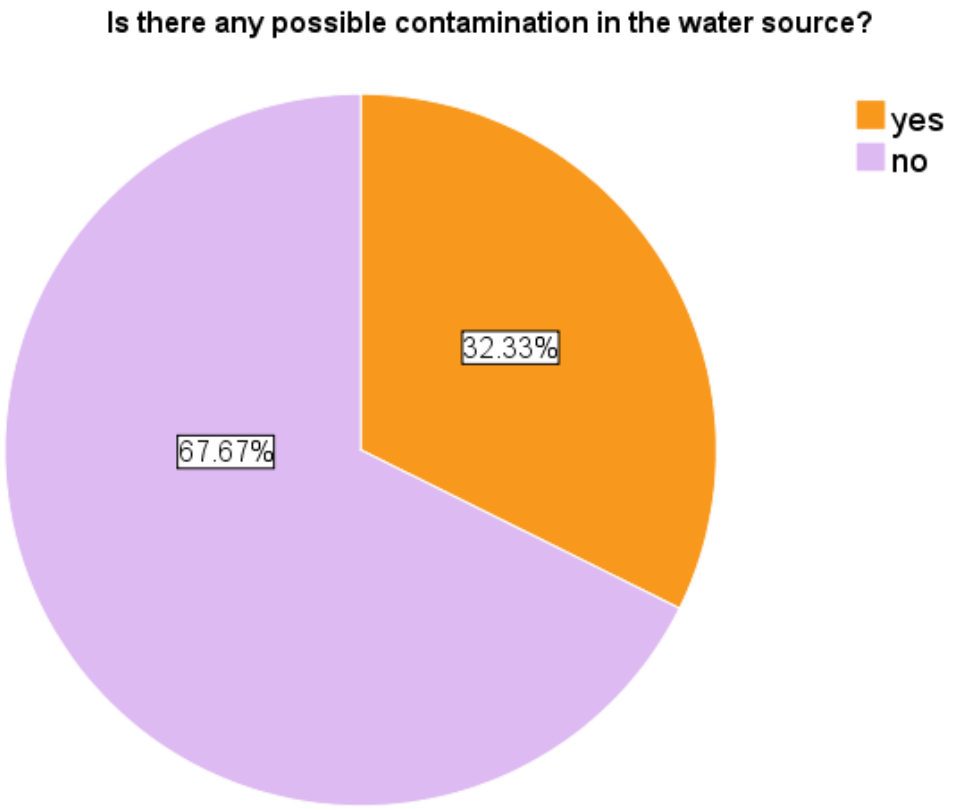
2. **To know the common water, sanitation and hygiene (WASH) practices in the community.**

Figure 2(a) Source of drinking water



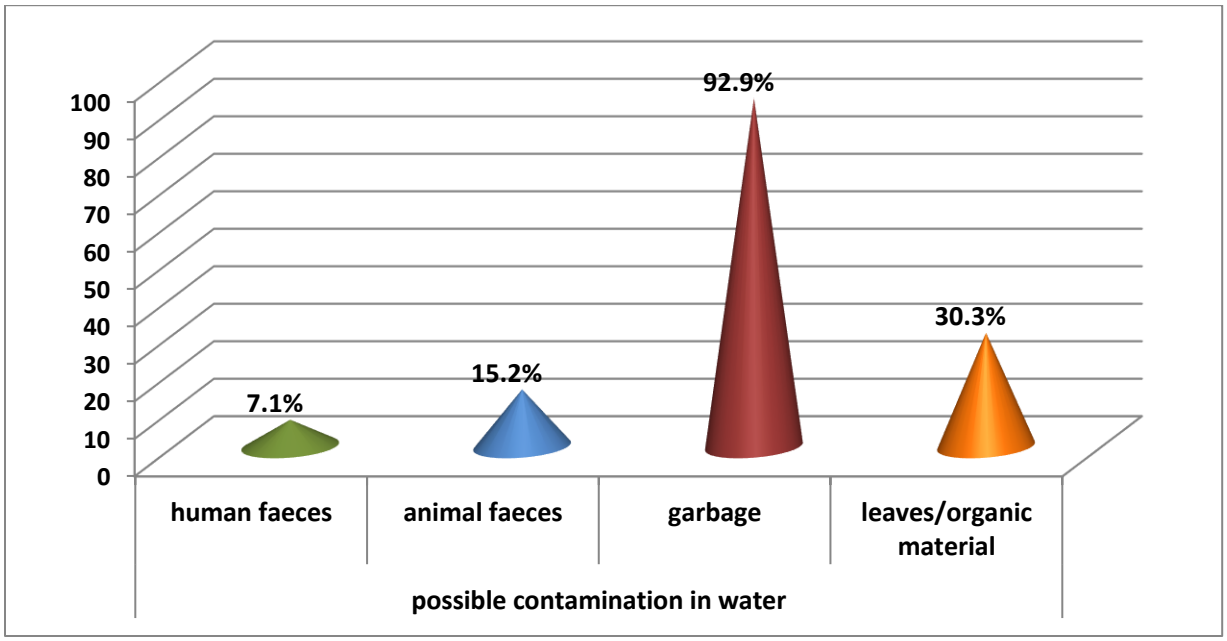
With the help of this graph we can see that in the community maximum people obtains drinking water from hand pump. Second most common source of the drinking water is unlined shallow well. Other sources of the water are piped water, lined shallow well etc.

Figure 2(b) Contamination of water source



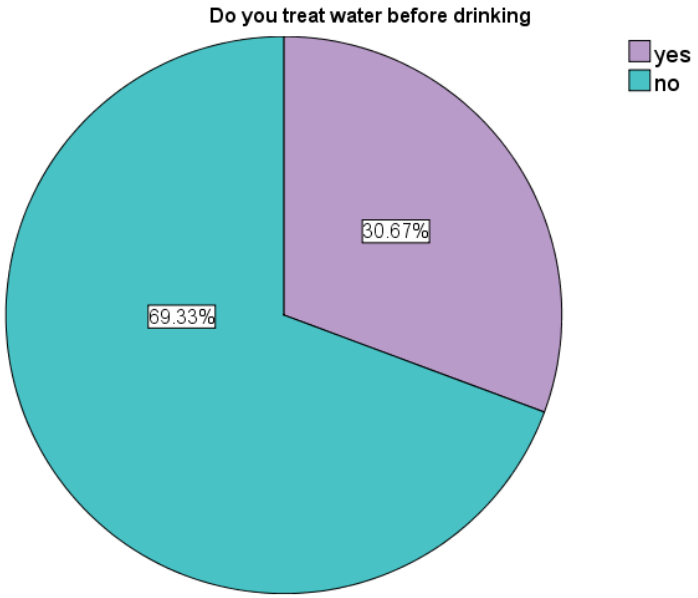
This graph shows that one- third of the population says there source of water has the chances of the possible contamination. However two- third of the population denies the same. It means that one- third of the population has higher chances of the spread of the water borne diseases. And they are the more vulnerable to various diseases in comparison to the other population.

Figure 2(c) Possible contaminants in water source



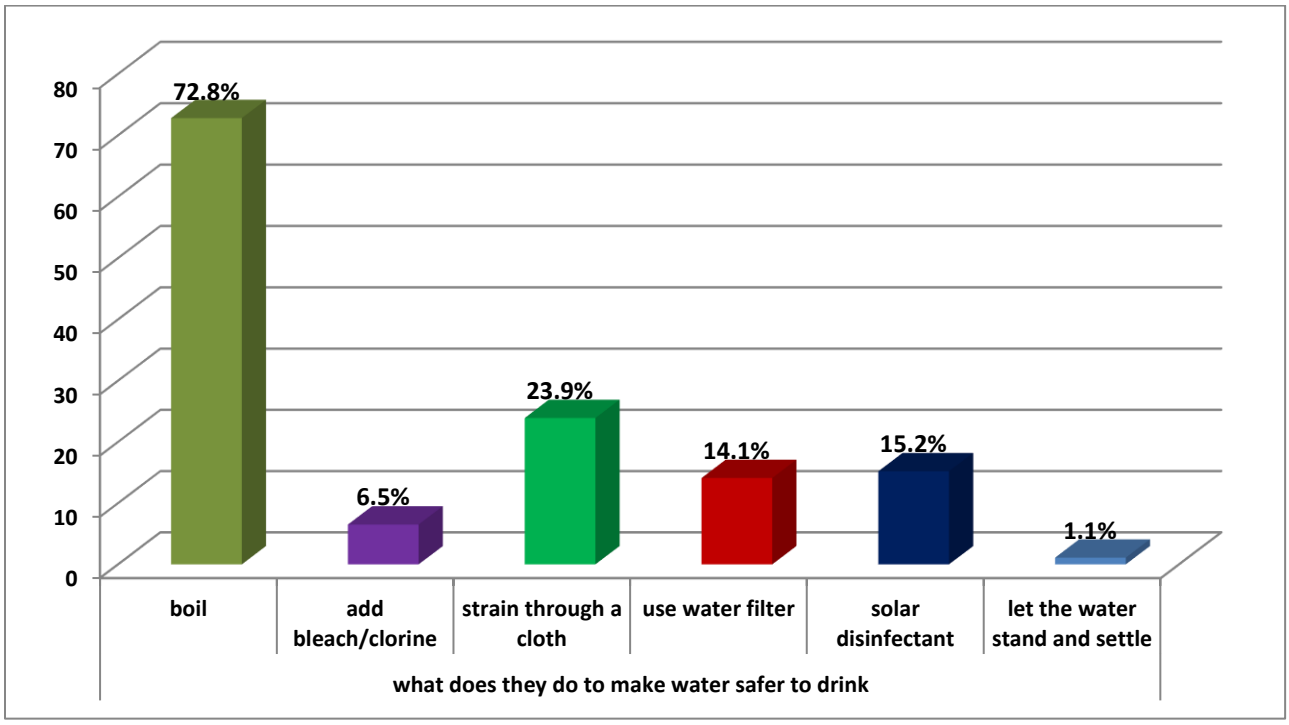
This graph describes the various pollutants of the water sources. Garbage are reason of the contamination of most of the water sources. Other pollutants which are contaminating the water sources are human faeces, animal faeces and leaves and other organic materials.

Figure 2(d) Water treated before drinking



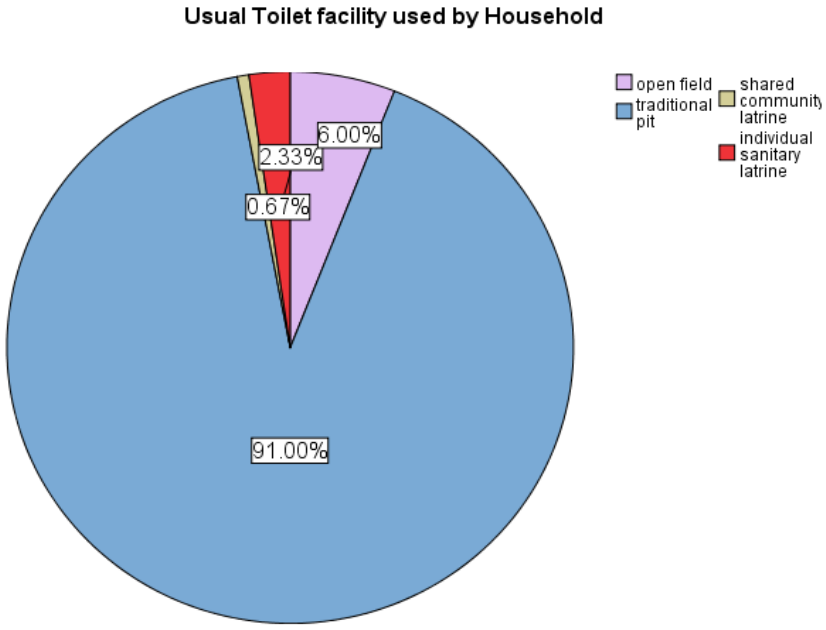
This graph says that around 31% of the households treat water before drinking whereas around 69% of the household does not treat water with anything.

Figure 2(e) Method of Water treatment before drinking



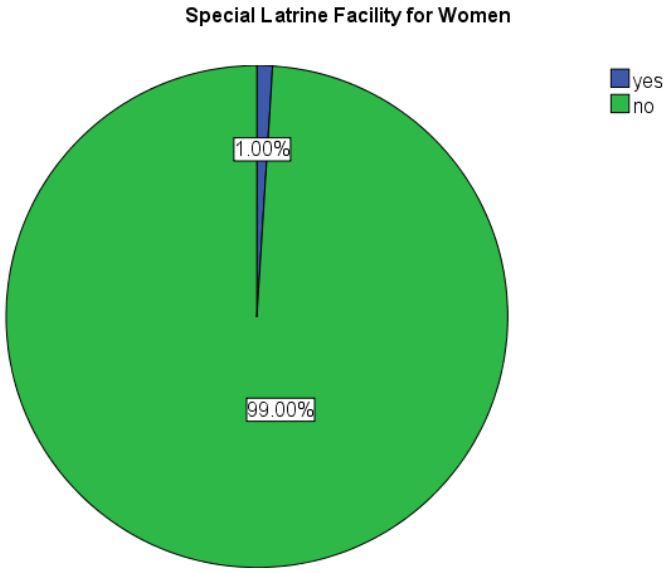
Out of 300 household only 31% treats water before drinking. And this graph describe the various water treatment methods applied by those 31% households to make the water drinkable. By this graph we can see that almost 73% of that 31% population uses the method of boiling the water before drinking. Other methods applied by the community are strain through cloth, adding bleach or chlorine, using water filter and solar disinfectant. Around 24% of the population uses the method of straining water through a cloth before drinking. Around 15% people use solar disinfectant method to make the water drinkable and 14% people ese water filter.

Figure 2(f) Type of toilet facility



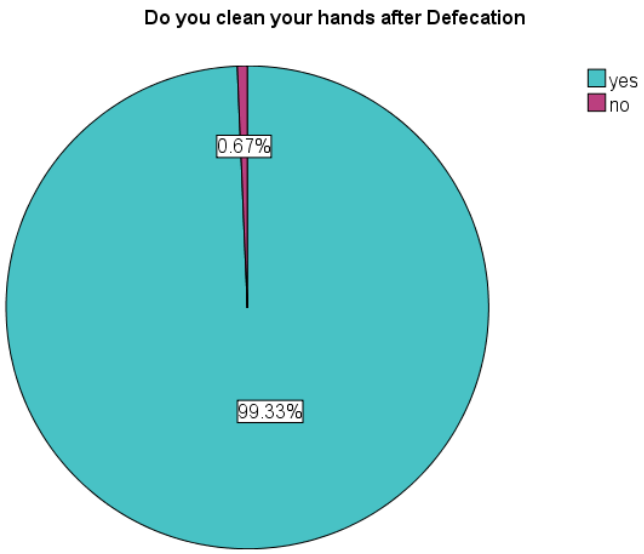
This graph shows that most of the household using traditional pit for the toileting purpose. Other facilities used by the community are shared community latrine, individual sanitary latrine and open field.

Figure 2(g) Special latrine facilities for women



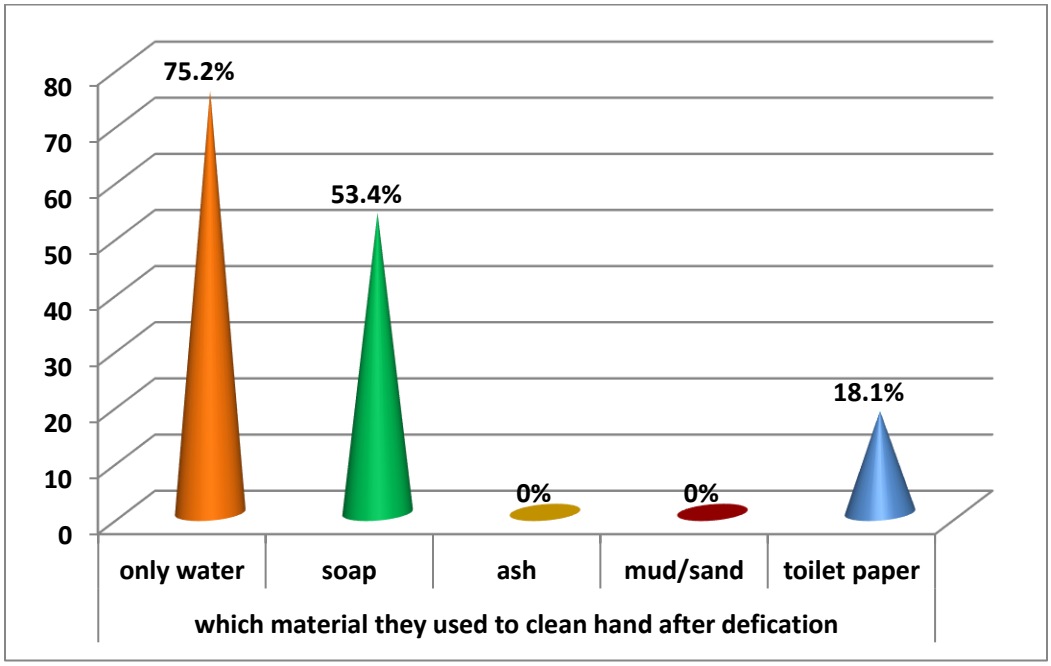
Only 1% of household has the facility of separate latrine for women in their vicinity.

Figure 2(h) Hands washing after Defecation



This graph shows that most of the people in the community wash their hands with something or other after defecation.

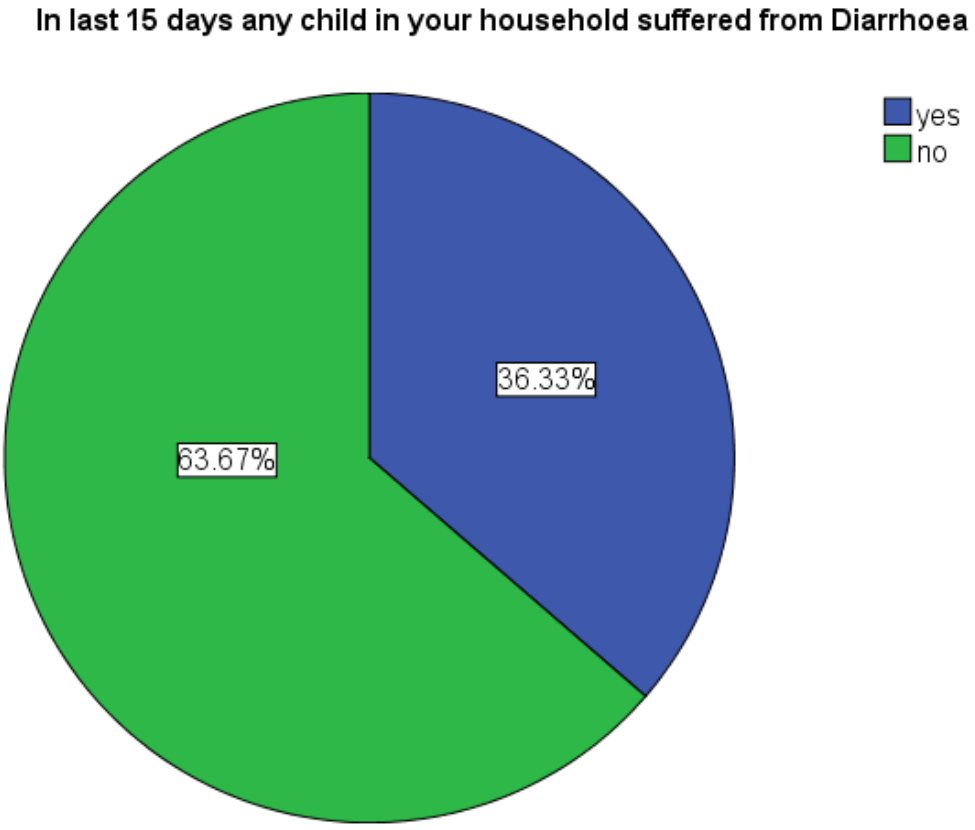
Figure 2(i) Material used for cleaning of hands after Defecation



This graph shows that 75% of the household washes their hands with only water after the defecation. 53% of the households use soap for the hand wash and 18% of the household use toilet paper for the hand washing after defecation.

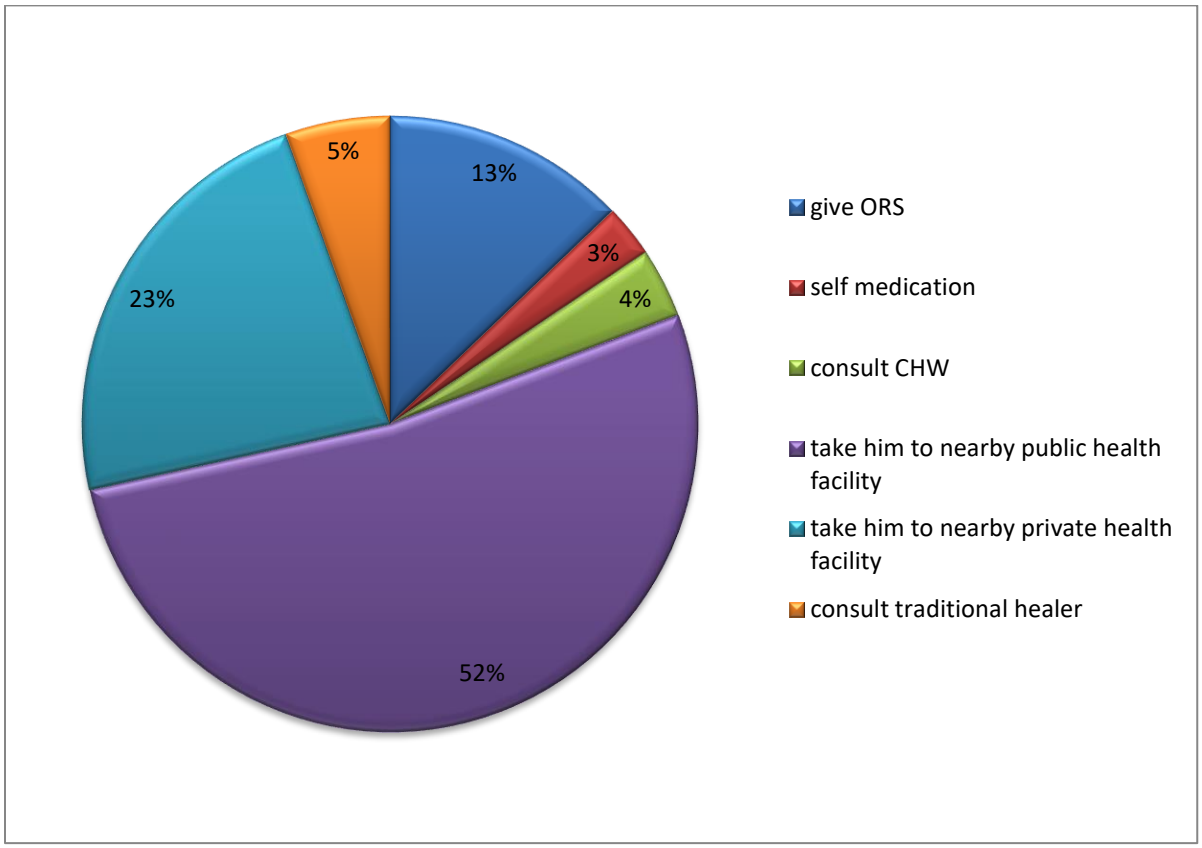
3. **Prevalence of diseases related to water, sanitation and hygiene among children and adults in the affected regions**

Figure 3(a) Prevalence of diarrhea among children in the community in last 15 days



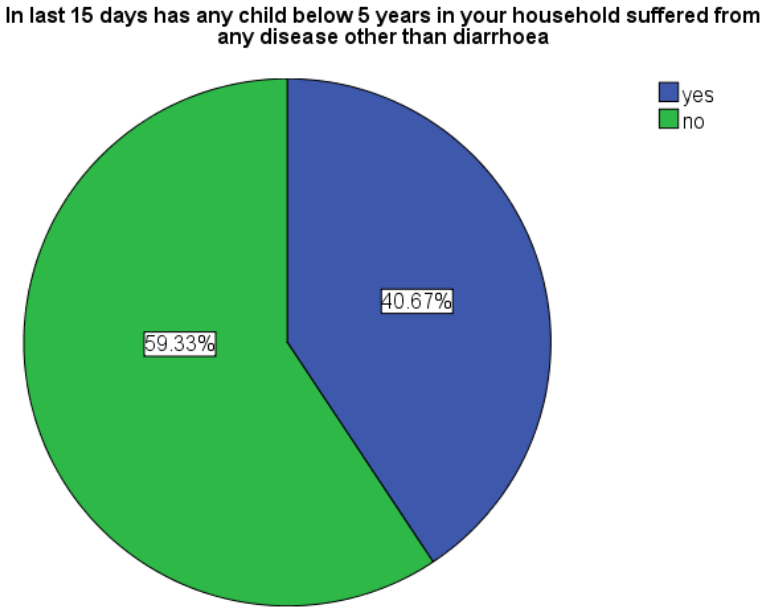
This graph shows that among 300 household, in around 36% of the households there was the prevalence of diarrhea in last 15 days of the survey conducted.

Figure 3(b) Treatment of diarrhea case



Out of 300 households only in 109 households there was the prevalence of diarrhea in last 15 days from the survey. And by this graph we can see that out of 109 households 52% of the parents had taken their child to the public health facility and 23% had taken their child to private health facility. 13% of the parents gave ORS to their children, 5% of the parents had taken their child to traditional healer and 4% consulted CHW. Out of total 3% parents used self medication for the treatment of diarrhoea.

Fig 3(c),(d) Prevalence of diseases and symptoms other than diarrhea in children below than 5 year age



By above graph we can see that around 40% of the households have prevalence of the other diseases, that is 122 households. And graph shown below describes the prevalence of pneumonia and malaria diseases among those 122 households. Out of those about 71% households has the prevalence of pneumonia, and prevalence of malaria was around 3%.

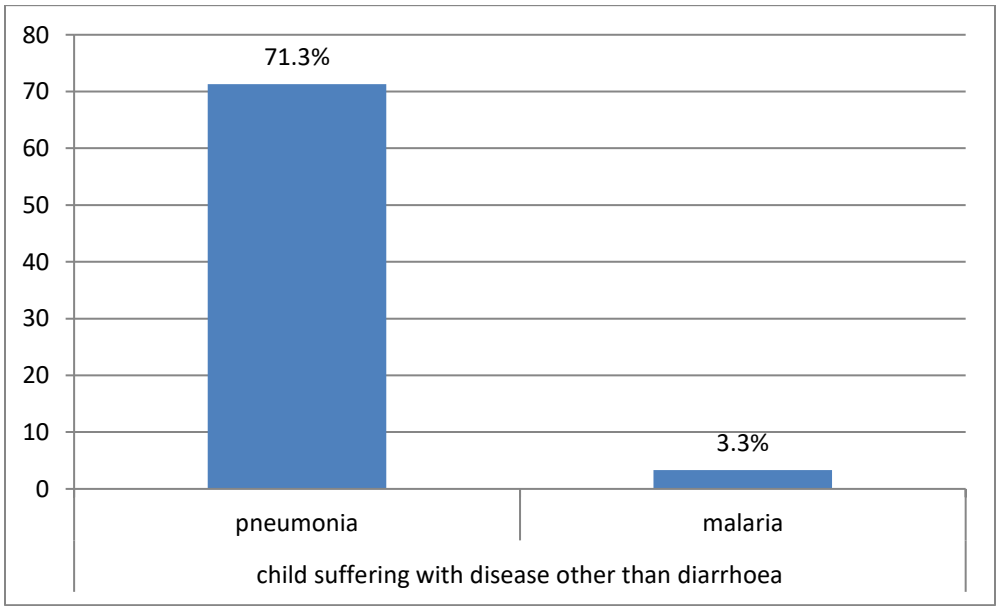


Figure 3(e)

This graph shows the population having different symptoms among 122 households out of 300 households. Around 67% has the prevalence of sore throat/cough/running nose. Prevalence of fever was 57%, prevalence of vomiting was 22%

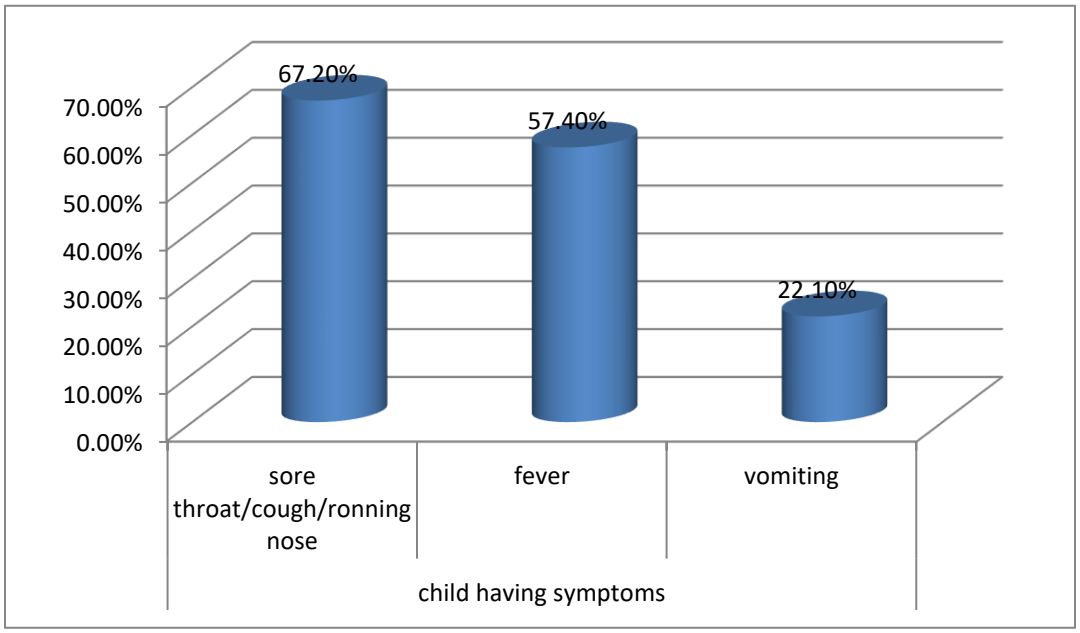
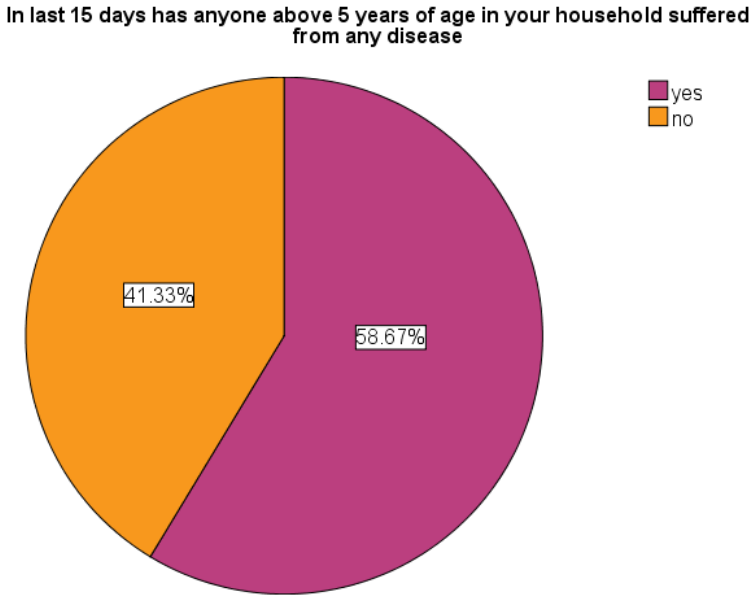
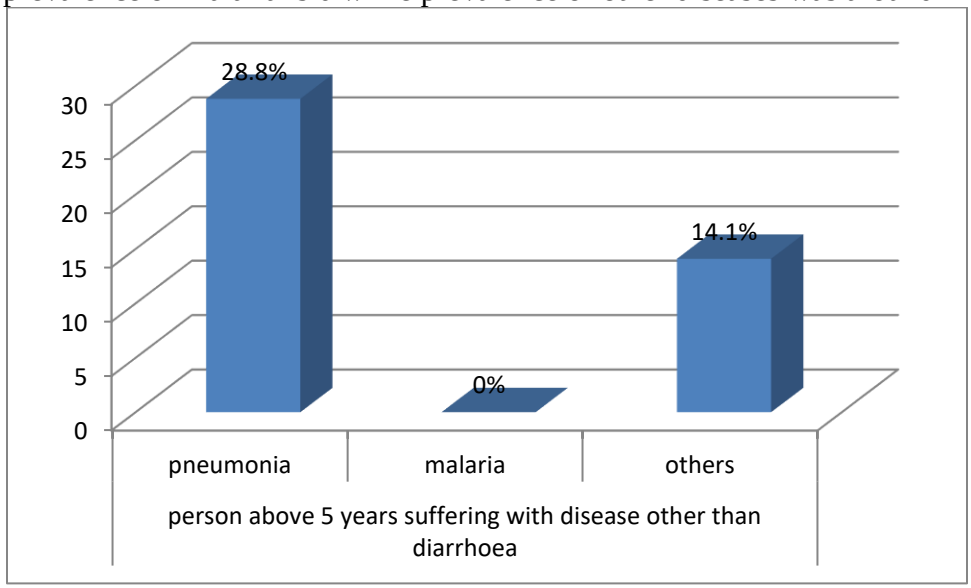


Figure 3(f), (g) and (h) Prevalence of different diseases in person above 5 years of age.

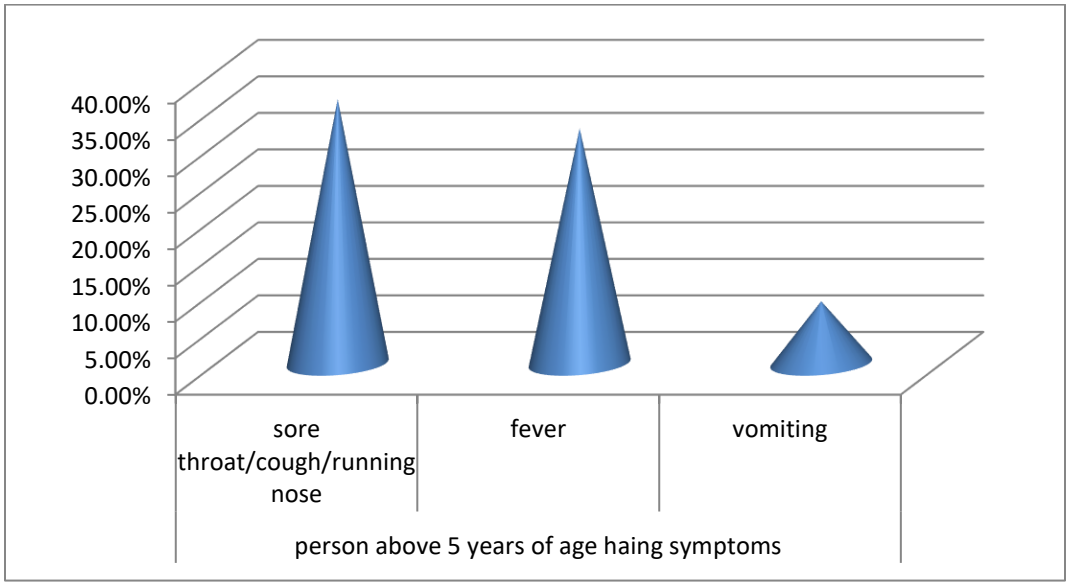


By above graph we can see that around 59% of the households have prevalence of any disease or symptoms, that is 177 households.

Graph shown below describes the prevalence of different diseases among those 177 households. Out of those about 29% households has the prevalence of pneumonia, and prevalence of malaria is 0 while prevalence of other diseases was around 14%.



And out of 177 households around 36% has the prevalence of sore throat/cough/running nose. Prevalence of fever was 32%, prevalence of vomiting was 8%.



4. **To assess the food security situation in Drought affected districts of Faryab and Jawzjan Number of meals eaten in a day by the households.**

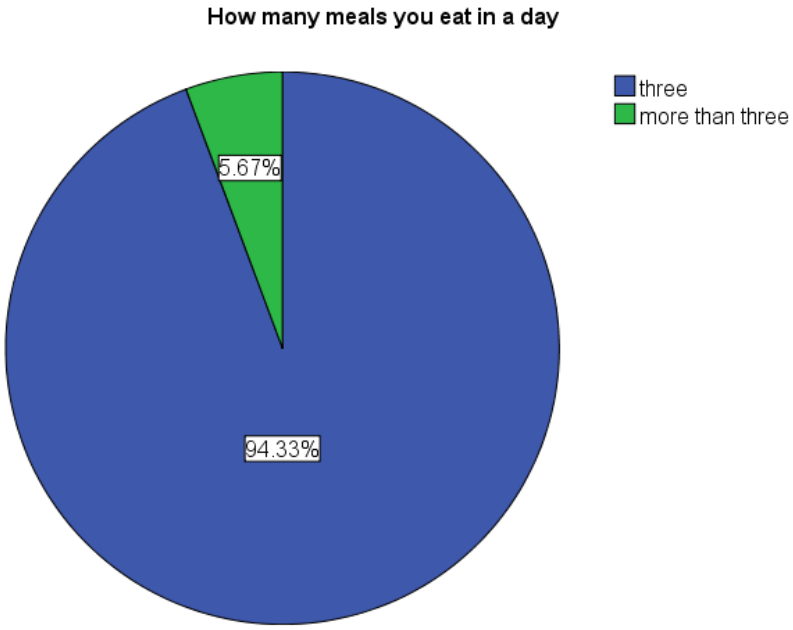


Figure 4(a)

This graph shows that out of total households around 94% of the households eat three meals a day. And around 5% of the households eat more than three meals a day.

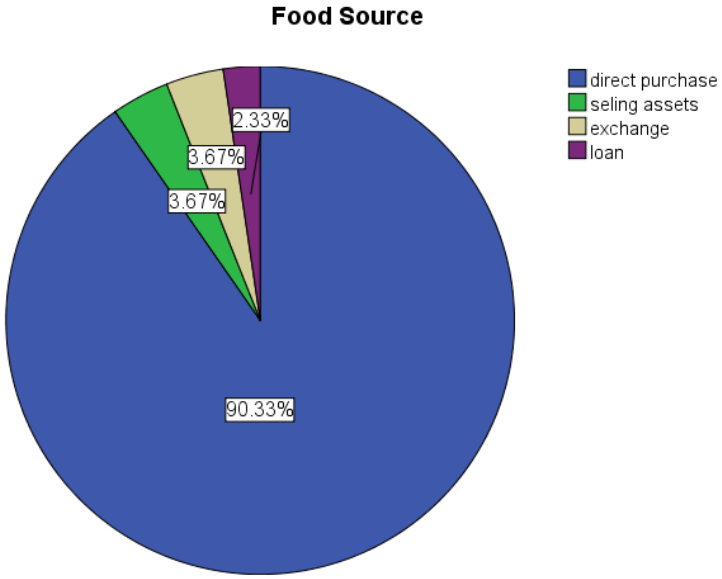
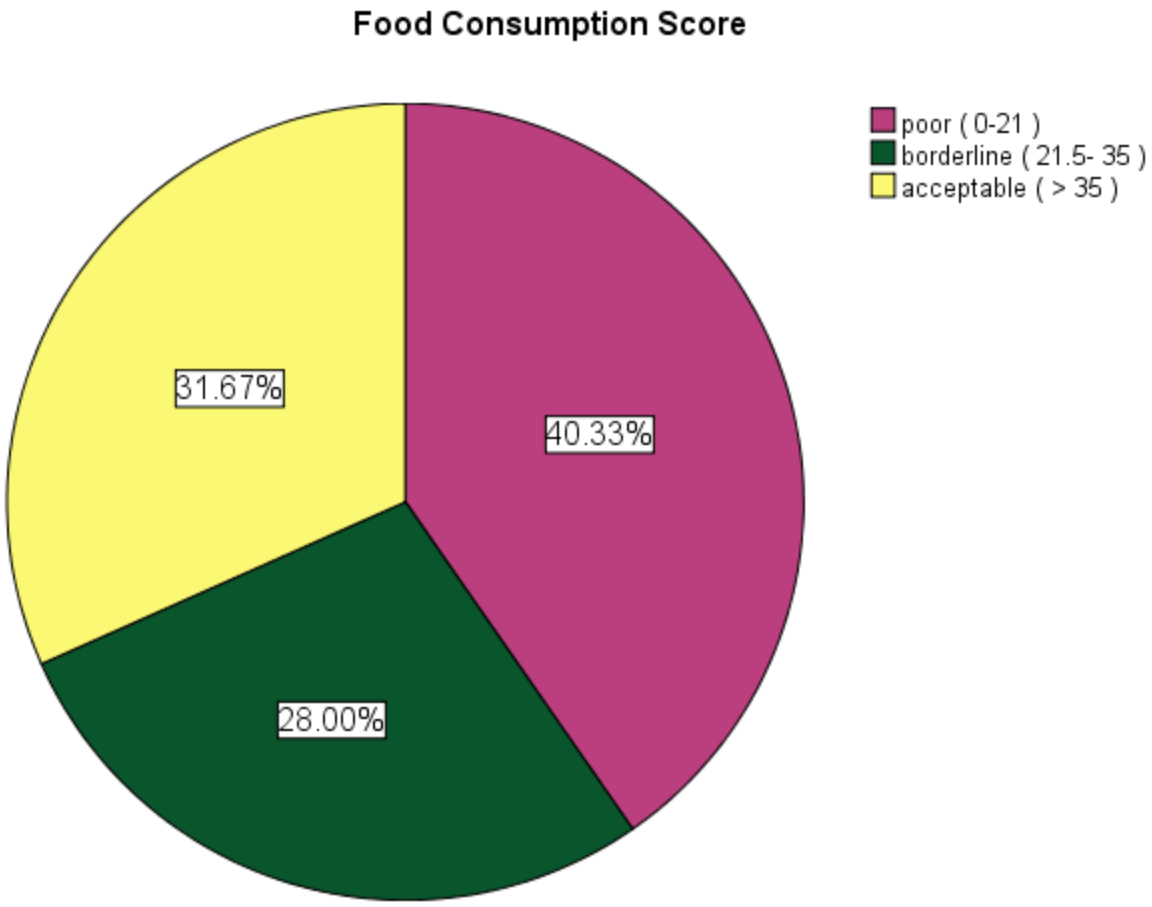


Figure 4(b)

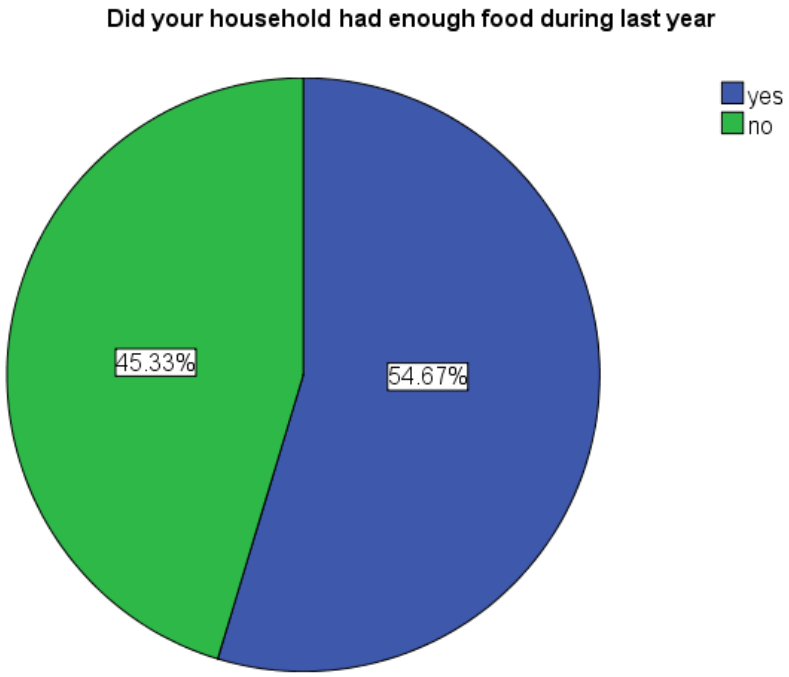
This graph describes the source of their food. And this graph shows that 90% of the households get their food from direct purchase of the food items. Other sources are selling assets, exchange and loans, which are very minimal in number.

Figure 4(c) Food consumption score



This graph shows the food consumption score of the households. With the help of this graph we can see that only 32% of the household consuming the food which has the acceptable food consumption score. This score has counted by adding the nutritive values of all items consumed by the household in a week. Out of total households 28% were on the borderline food consumption score and around 40% of the households were on the poor food consumption score.

Figure 4(d) and 4(e)



This graph shows that how many households of the total does not have enough food during the last year. And according to this graph around 45% of the households does not have enough food during last year. And This graph is showing the food insecurity of each month of the last year. By this we can easily find out that September, October, November and December were the most food insecure months of the last year.

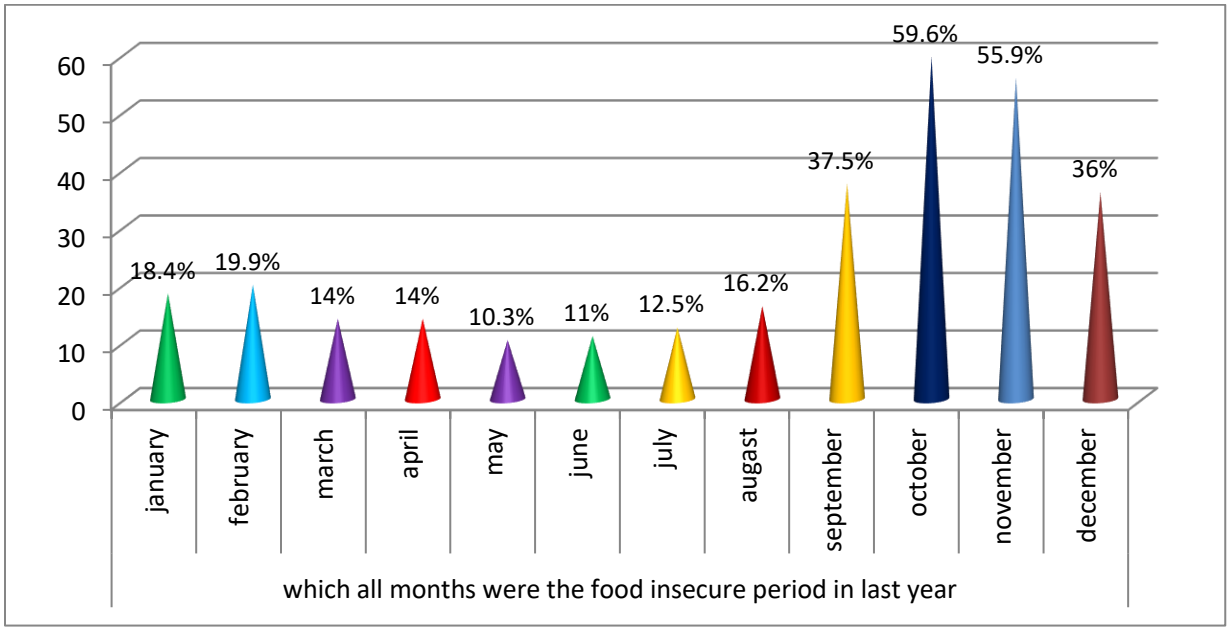
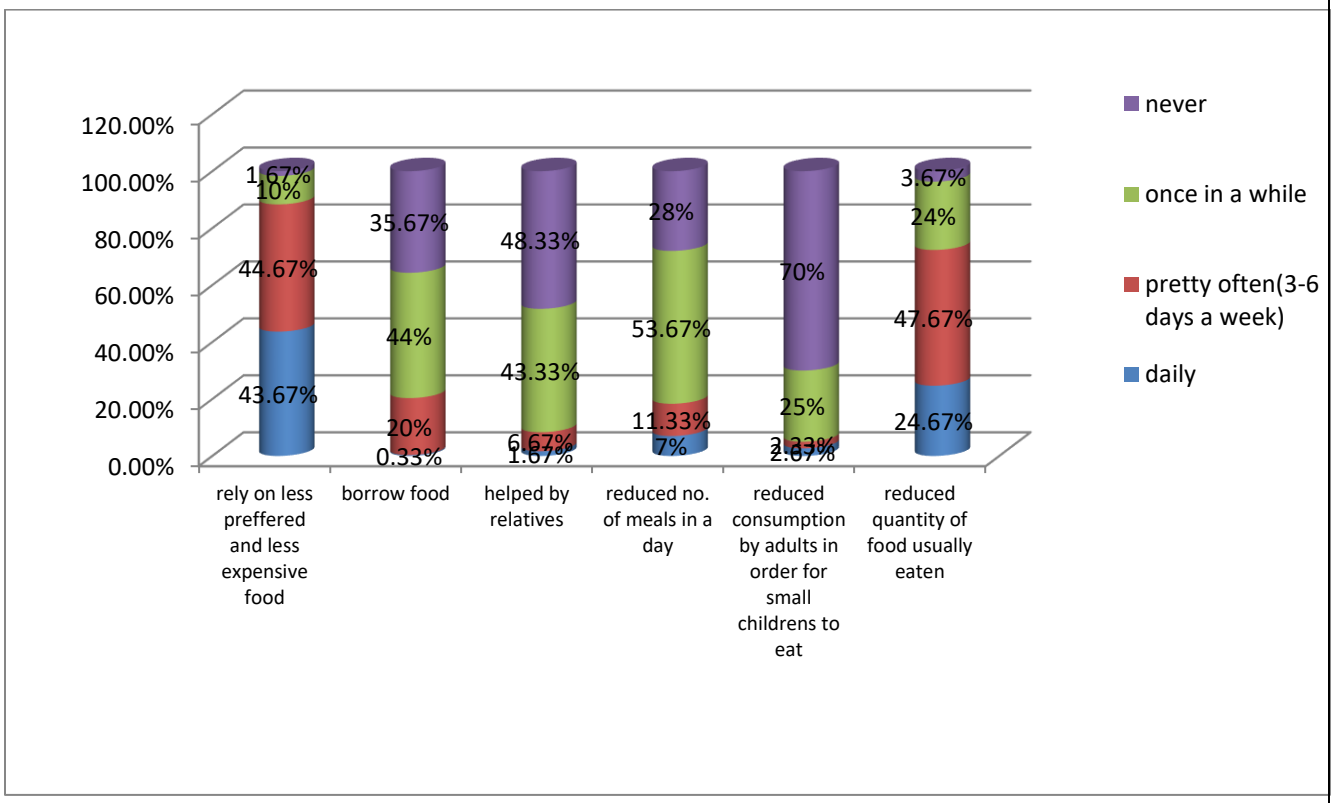


Figure 4(f) Coping mechanism



This graph shows the frequency of the different coping mechanisms adopted by the community to combat the problem of the food insufficiency. This graph indicates that rely on less preferred and less expensive food and reduced quantity of food usually eaten are the most commonly used methods. Almost whole of the population use these methods daily, often or once in a while. Less expensive and less preferred food used by around 44% of the population daily and around 25% of the population reduces their meals daily. Only 5% of the population used the method of reduced consumption by adults in order for small children to eat daily or oftenly. Around 8% of the population takes help from the relatives usually and around 20% of the population borrow food daily or often.

CHAPTER-4

DISCUSSION

Discussion

Food insecurity is a very big problem in drought affected areas all over the world especially in developing countries. In Afghanistan almost 2.5 million people, or 10 percent of the population, are at risk and many of them will need assistance for at least the next 12 months. We have seen that in Afghanistan that because of drought there is loss of crops and high food prices, because of that there is high food insecurity among population. Agriculture is one of that field where we felt immediate effect of drought. As the intensity and duration of drought increases, food production decreases and further in related fields food insecurity increases. Not only the food insecurity but increased prevalence of diseases, displaced population, violence and high food prices are some other effects of drought. Drought also affect national economy.

Not only in Afghanistan but many other countries also facing the same problems, like in Ethiopia an estimated 8 million of Ethiopia's 60 million people are at immediate risk due to drought. UNICEF estimates that 1.4 million of those at risk are children under five. In Somalia due to seven consecutive poor harvests coupled with chronic insecurity in some regions, food stability is deteriorating, affecting as many as one million people, including 300,000 children aged under 5 years. The drought has been made worse by sudden torrential rains and flash flooding. In India also Madhya Pradesh, along with the western states of Rajasthan and Gujarat and Andhra Pradesh in the south, are in the grip of a severe drought following the failure of last year's monsoon rains. Nearly 130 million people living in 12 States have been seriously affected by what some officials call the worst drought in 100 years. Other main drought affected countries are Eritrea, Sudan, Uganda, China, Iran, Morocco and Pakistan.

To reduce the condition of food insecurity in population there is the need of poor empowerment and proper distribution of the food. In most of the cases there is enough supply of the food but that does not reach to the needy population. So there should be a proper food supply management. As drought and Food insecurity are a major problems threw out the world, so government of the countries have to make proper plan and policies to reduce the effects of the drought and to fight with the after effects of the drought.

CHAPTER-5

CONCLUSION AND RECOMMENDATION

Conclusion

After the assessment of the population in our study we found that there are many problems in every aspect of the assessment which are faced by the community in day to day life and also in the long running scenario of life. We found that population has faced many problems in the last two years and still they are facing those problems. Some of them due to natural disasters and some are man created problems. Drought, cold temperature, high food prices and high fuel prices has affected almost all population in last two year.

During last disaster also population have faced many problems like loss of crops, loss of assets, loss of income and animals and inaccessibility to food and markets. The population does not have enough access to the all general facilities, which all are necessities in today life, like transportation, drug stores, ambulance and vet clinics. And there is no access at all to the banks and fire department. Although population has acceptable access to the electricity, health clinic and school etc.

And to fight with these problems there is not much help provided by the government. Some non-governmental organizations are working in the area but that is also not enough. Not enough community level systems are there to fight with the after effects of the disasters also. There is huge lack of governmental and non-governmental programmes running in the areas. Like programmes related to agriculture, irrigation, transportation are very minimal.

Water used by the people for drinking is also contaminated at many places. Garbage, organic materials and faecal matters are the common sources contamination of drinking water. And as there are contaminated water sources, still people are not treating water with anything to make it potable. For the defecation most people is using traditional pit and after defecation most of the people used only water for hand wash, which will again increase the health risk of the population. So we can see here that people are not much aware about their water, sanitation and hygiene practices. There is huge lack of awareness about the health.

Prevalence of diarrhea and other diseases is also very high in the children. Although most of people using private or public health facilities for the treatment of diarrhea. Other more prevalent diseases in the community are sore throat/ cough/ running nose, fever, pneumonia etc.

Recommendations

As Afghanistan is disaster prone country and drought hits the country very frequently therefore government of Afghanistan should focus on pre disaster plan and policies to reduce the effect of drought on population. Government should apply an effective and efficient disaster management plan.

There is a need to focus more on transport, health problems, and other general facilities like roads, irrigation etc by the government and other NGOs as in drought affected areas of the Afghanistan situation of these facilities is not very good.

Government of the Afghanistan should work on the poor empowerment and to uplift the economy level of the population. For that government has to work on the availability of employment of the population.

Government should provide employment to the affected population in emergency situation as many of the people lost their jobs and earnings due to drought and other disasters.

Government and other NGOs should organize health awareness camps in the community as we have in this study that people are not much aware about the health and hygiene of themselves. They are still using old traditional practices to wash their hands after defecation and also in disease treatment.

Government has to provide facility of individual sanitary latrine to the households as people are still using traditional pit for defecation which is not that much hygienic and safe for the health of population.

Government should focus more on proper supply of drinking water and food to the community in disaster affected areas. For that government should establish emergency disaster management teams.

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APPENDICES

QUESTIONNAIRE (ENGLISH) **APPENDIX 1**

Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan

SECTION A: FORM AND INTERVIEWER CODES				
A-1	FORM ID NUMBER			
A-2	INTERVIEWER NAME/CODE			
A-3	DISTRICT CODE			
A-4	VILLAGE CODE			
A-5	PROVINCE CODE			
A-6	HOUSEHOLD NO.			

SECTION B: RESPONDENT AND HOUSEHOLD PROFILE				
B-1	Full Name of Respondent(optional)			
B-2	Sex of Respondent	1. ☐ Male 2. ☐ Female		
B-3	Age of Respondent	1. ☐ Under 16 years 2. ☐ 16 – 49 years 3. ☐ 50 or over years		
B-4	How many people live in your **HOUSEHOLD**?	..... (people)		
B-5	Household Status	1. ☐ Woman-headed 2. ☐ Man headed 3. ☐ Person(s) with disability Male 4. ☐ Person(s) with disability Female		
B-6	Type of Shelter (observe)	1. ☐ Temporary 2. ☐ Mud House 3. ☐ House made of brick and		

		cement 4. ☐ Mixed(mud and bricks) 5. ☐ Others Specify……		
B-7	Does your household have access to the following facilities? (can choose more than one option)	A. ☐ Power B. ☐ Safe drinking water C. ☐ Road D. ☐ Mobile telephone E. ☐ Health clinic F. ☐ Vet clinic G. ☐ Bank H. ☐ Boys school I. ☐ Girls school J. ☐ Drug store K. ☐ Ambulance L. ☐ Fire department		
B-8	What is the main source of your income?	1. ☐ Agriculture 2. ☐ Animal husbandry 3. ☐ Labour 4. ☐ Remittance 5. ☐ Other Specify……..		
B-9	How much you spend on each category mentioned below in a month?	Total		
A	Essential food items (cereals, condiments, oil, vegetables, fruits, meat/fish, milk, milk products)	.....AFS		
B	Other household needs	.....AFS		
C	Fuel/Energy sources	.....AFS		
D	Health	.....AFS		
E	Education			

		.....AFS	
F	Clothes	.....AFS	
G	Debt repayment	.....AFS	
H	Social events	.....AFS	
I	Transport	.....AFS	
J	**Total Expenditure**	.....AFS	

B-10	How much is the monthly income of the household?	.....AFS		

SECTION C: DISASTER AND ITS EFFECTS

C-1	What have been the main difficulties or shocks that have affected you in the village in the past 2 years? (can choose more than one option)	A. ☐ Drought B. ☐ Hurricane C. ☐ Floods, landslides D. ☐ Cold temperature E. ☐ High food prices F. ☐ High fuel prices G. ☐ Human epidemics H. ☐ Lack of health care I. ☐ Electricity cuts J. ☐ Animal diseases K. ☐ Violence, insecurity L. ☐ Arrival of displaced people M. ☐ Loss of employment		
C-2	What was the effect of the shock on your household (can choose more than one option)	A. ☐ Loss of income B. ☐ Loss of assets C. ☐ Loss of lives D. ☐ Inaccessibility to markets E. ☐ Inaccessibility to food F. ☐ Loss of crop G. ☐ Loss of animals		
C-3	In the event of disasters what kind of community level systems are in place? (can choose more than one option)	A. ☐ Provincial reconstruction team B. ☐ Emergency disaster team C. ☐ Community disaster management team D. ☐ Community development councils E. ☐ Others, Specify……..		

C-4	Which are the main governmental/ nongovernmental programs running in your village in relation to disaster effect? (can choose more than one option)	A. ☐ Agriculture projects B. ☐ Vet projects C. ☐ Health services D. ☐ Irrigation canals E. ☐ Infrastructure development (roads, building, culverts, bridges) F. ☐ Education G. ☐ Transportation H. ☐ Justice I. ☐ Power J. ☐ Irrigation water K. ☐ Water L. ☐ Vocational trainings M. ☐ Awareness raising N. ☐ Others Specify…….	
SECTION D: SOURCE OF WATER			
D-1	What is the main source of drinking water?	1. ☐ Hand pump 2. ☐ Piped water 3. ☐ Lined shallow well 4. ☐ Unlined shallow well 5. ☐ Protected spring 6. ☐ Unprotected spring 7. ☐ River/stream 8. ☐ Karaze 9. ☐ Public tap 10. ☐ Tanker 11. ☐ Tube well 12. ☐ Rain water 13. ☐ Others Specify…….	
D-2	Is there any possible contamination in the water source?	1. ☐ Yes 2. ☐ No	If Answer is 2, go to D-4
D-3	If yes, what is the possible contamination?	A. ☐ Human feces/urine	

	(can choose more than one option)	B. ☐ Animal feces/urine C. ☐ Garbage D. ☐ Leaves/organic material E. ☐ Others Specify……	
D-4	Do you treat water before drinking?	1. ☐ Yes 2. ☐ No	If Answer is 2, go to E-1
D-5	If yes, what do you do to make the water safer to drink? (can choose more than one option)	A. ☐ Boil B. ☐ Add bleach/Chlorine C. ☐ Strain through a cloth D. ☐ Use water filter E. ☐ Solar disinfection F. ☐ Let it stand and settle G. ☐ Others Specify……..	
SECTION E: SANITATION AND HYGIENE			
E-1	What kind of toilet facility do people in your household usually use?	1. ☐ Open field 2. ☐ Traditional Pit 3. ☐ Shared/community latrine 4. ☐ Individual sanitary latrine 5. ☐ Others Specify……	
E-2	Are there special latrine facilities for women?	1. ☐ Yes 2. ☐ No	
E-3	Do you clean your hands after Defecation?	1. ☐ Yes 2. ☐ No	If Answer is 2, go to E-4
E-4	If yes, which material you used for cleaning of hands? (can choose more than one option)	A. ☐ Only Water B. ☐ Soap C. ☐ Ash D. ☐ Mud/sand E. ☐ Toilet paper F. ☐ Others Specify……	
SECTION F: PREVELENCE OF DISEASE			

F-1	In last 15 days has any child in your household suffered from Diarrhoea?	1. ☐ Yes 2. ☐ No	If Answer is 2, go to F-4
F-2	If yes, what is the sex of the child?	A. ☐ male B. ☐ female	
F-3	What do you do when a child suffers from diarrhea?	1. ☐ Give ORS 2. ☐ Self medication 3. ☐ Consult CHW 4. ☐ Take him to the nearby public health facility 5. ☐ Take him to the nearby private health facility 6. ☐ Consult traditional healer 7. ☐ Others Specify…….	
F-4	In last 15 days has any child below 5 years of age in your household suffered from any other disease?	1. ☐ Yes 2. ☐ No	If Answer is 2, go to F-6
F-5	If yes, which disease did the child suffer from? (can choose more than one option)	A. ☐ Sore throat, cough, running nose B. ☐ Fever C. ☐ Vomiting D. ☐ Pneumonia E. ☐ Malaria F. ☐ Others,Specify……..	
F-6	In last 15 days has anyone above 5 years of age in your household suffered from any disease?	1. ☐ Yes 2. ☐ No	If Answer is 2, go to G-1
F-7	If yes, which disease did the adult suffer from? (can choose more than one option)	A. ☐ Sore throat, cough, running nose B. ☐ Fever C. ☐ Vomiting D. ☐ Pneumonia E. ☐ Malaria F. ☐ Others,Specify……	
SECTION G: FOOD SECURITY			

G-1	How many meals do you eat in a day?		1. ☐ One 2. ☐ Two 3. ☐ Three 4. ☐ More than three 5. ☐ None		
G-2	We would like to know what your household consumed during last week. Could you tell us how many days you household ate the different food groups				
A. Groups	B. Types	C. No. Of days consumed (0-7)	D. Score (Value*no. Of days	E. Food source	
1	Cereals, roots, tuber (Value =2)				
2	Pulses (Value = 3)				
3	Vegetables and leaves (value =1)				
4	Fruits (value = 1)				
5	Animal protein: meat, fish, eggs (Value=4)				
6	Dairy products: fresh milk, yoghourt (value =4)				
7	Sugar and sugar products, honey meal (value=0,5)				
8	Oil, fat, butter (value0,5)				
9	Tea, coffee, spices (value=0)				
***SOURCES:** Direct Purchase- 1, Self production -2 , Selling Assets -3, Exchange -4, Loan -5, Gifts -6, Food Distribution -7, Others, Specify -8.					
G-3	Did your household had enough food during the last year?		1. ☐ Yes 2. ☐ No		If Ans is 1 end survey
G-4	If answer of G-3 is no, which all months were the most food insecure period? (can choose more than one option)		A. ☐ January B. ☐ February C. ☐ March		

		D. ☐ April E. ☐ May F. ☐ June G. ☐ July H. ☐ August I. ☐ September J. ☐ October K. ☐ November L. ☐ December			
G-5	If answer of G-3 is no, which coping mechanism you adopt?	**Coping mechanism**	**Frequency** **01**=daily; **02**=pretty often(3-6 days/week); **03**= once in a while; **04**= never		
		A. Rely on less preferred and less expensive foods			
		B. Borrow food			
		C. Relatives helped me			
		D. Reduce quantity of food usually eaten			
		E. Reduce number of meals eaten in a day			
		F. Restrict consumption by adults in order for small children to eat			

APPENDIX 2

سوالنامه (DARI QUESTIONNAIRE)

مصئونیت غذایی و بررسی آسیب پذیری ولسوالی های متاءثر شده از خشک سالی در ولایات فاریاب و جوزجان

بخش الف : معلومات در مورد مصاحبه کننده			
الف -1	**نمبر شناخت فورمه**		
الف -2	**اسم مصاحبه کننده / کود**		
الف -3	**کود ولسوالی**		
الف -4	**کود قریه**		
الف -5	**کود ولایت**		
الف -6	**نمبر خانوار**		

بخش ب : معلومات در مورد جواب دهنده و خانواده			
ب-1	**اسم مکمل جواب دهنده (انتخابی)**		
ب-2	**جنس جواب دهنده**	**1- مذکر ☐** **2- مونث ☐**	
ب-3	**سن جواب دهنده**	**1- کمتر از شانزده سال ☐** **2- بین 16 تا 49 سال ☐** **3- 50 و بالاتر از 50 ☐**	
ب-4	**چند نفر در خانهء شما زنده گی می کنند ؟**	**_____ نفر**	
ب-5	**حالت خانواده**	**1- توسط زن اداره میشود ☐** **2- توسط مرد اداره میشود☐** **3- توسط شخص معلول اداره میشود☐** **4- بیجا شده گان داخلی ☐**	

ب-6	نوعیت سر پناه خانواده (مشاهده)	1- موقتی ☐ 2- خانهء گلی ☐ 3- خانهء کانگریتی ☐ 4- مخلوطی از گل و خشت ☐ 5- غیره ☐ مشخص سازید _____	
ب-7	آیا خانوادهء شما به تسهیلات ذیل دسترسی دارد؟ (چندین گزینه را هم انتخاب نموده میتوانید)	1- انرژی برق ☐ 2- آب مصئون آشامیدنی☐ 3- سرک ☐ 4- تلیفون موبایل ☐ 5- کلینیک صحی ☐ 6- کلینیک حیوانی ☐ 7- بانک ☐ 8- مکتب پسران ☐ 9- مکتب دختران ☐ 10- ادویه خانه ☐ 11- امبولانس ☐ 12- بخش اطفایه ☐	
ب-8	منبع اساسی عاید خانواده چه میباشد ؟	1- رزاعت ☐ 2- مالداری ☐ 3- مزدورکاری ☐ 4- حواله پول از خارج ☐ 5- غیره ☐ مشخص نمائید _____	
ب-9	چه مقدار پول راشما در مواردی که ذیلاً ذکر گردیده اند مصرف مینمائید ؟	مجموعه	
الف	اقلام ضروری غذایی (حبوبات , غله جات , روغن , سبزیجات , میوه , گوشت شیر و لبنیات)	_____ افغانی	
ب	دیگر ضروریات خانه	_____ افغانی	
پ	تیل و منابع انرژی	_____ افغانی	
ت	صحت	_____ افغانی	
ث	تعلیم و تربیه	_____ افغانی	

ج	البسه	_____ افغانی	
د	پرداخت قروض	_____ افغانی	
ذ	تقریبات اجتماعی (عروسی , ختم , مسایل سیالی و شریکی)	_____ افغانی	
ر	ترانسپورت	_____ افغانی	
ز	مجموعهء مصارف	_____ افغانی	
ب-10	عاید ماهانه خانواده چقدر میباشد ؟	_____ افغانی	
ج : حوادث طبیعی و تاءثیرات آن			
ج-1	درطی دوسال گذشته با کدام مشکلات بزرگ و حوادث غیر مترقبه مواجه شده اید ؟ (بیشتر از یک گزینه انتخاب شده میتواند)	1- خشک سالی ☐ 2- طوفان و باران های سیل آسا ☐ 3- سیلاب و لغزش کوه ☐ 4- سردی هوا ☐ 5- قیمت بلند مواد غذایی☐ 6- قیمت بلند تیل ☐ 7- امراض وبایی ☐ 8- عدم مواظبت های صحی ☐ 9- برق گرفتگی ☐ 10- امراض حیوانی ☐ 11- خشونت و عدم امنیت ☐ 12- موجودیت بیجا شده گان ☐ 13- ازدست دادن وظیفه ☐	
ج-2	تاءثیرات مشکلات و حوادث غیر مترقبه بالای فامیل شما چه بود ؟ (بیشتر از یک گزینه انتخاب شده میتواند)	1- ازدست دادن عواید ☐ 2- ازدست دادن اموال ☐ 3- از دست حیات اعضای خانواده ☐ 4- عدم دسترسی به بازار ☐ 5- عدم دسترسی به غذا ☐ 6- از دست دادن محصولات زراعتی ☐	

		7- از دست دادن حیوانات ☐	
ج-3	در حالت وقوع حوادث طبیعی کدام نوع سیستم در سطح جامعه فعال میباشد ؟ (بیشتر از یک گزینه انتخاب شده میتواند)	1- تیم باز سازی ولایتی ☐ 2- تیم واقعات عاجل حوادث طبیعی ☐ 3- پلان اهتمامات حوادث طبیعی در سطح جامعه ☐ 4- شورای انکشافی جامعه ☐ 5- غیره ☐ مشخص نمائید _____	
ج-4	کدام پروگرام اساسی دولتی و یا غیر دولتی در مورد مقابله با تاءثیرات حوادث طبیعی در قریه شما فعالیت می کند ؟ (بیشتر از یک گزینه انتخاب شده میتواند)	1- پروژه های زراعتی ☐ 2- پروژه های مالداری ☐ 3- خدمات صحی ☐ 4- کانال های آبیاری ☐ 5- پروژه های ساختمانی انکشافی (سرکسازی,خانه سازی, نهر سازی , پل سازی) ☐ 6- تعلیم و تربیه ☐ 7- ترانسپورتیشن ☐ 8- قضائیه ☐ 9- انرژی ☐ 10- آب آبیاری ☐ 11- رسانیدن آب آشامیدنی ☐ 12- آموزش حرفوی☐ 13- ارتقاء آگاهی ☐ 14- غیره ☐ مشخص نمائید _____	
بخش د :منابع آب			
د-1	منبع اساسی آب آشامیدنی شما چیست ؟	1- چاه پمپ دار ☐ 2- آب نل در خانه ☐ 3- چاه سطحی پخته کاری ☐ 4- چاه سطحی خام ☐ 5- چشمهء محفوظ ☐ 6- چشمهء غیر محفوظ ☐ 7- دریا/جوی ☐ 8- کاریز ☐ 9- نل عمومی ☐ 10- تانکر ☐ 11- چاه عمیق ☐ 12- آب باران ☐ 13- غیره ☐ مشخص نمائید _____	

د-2	آیا احتمال ملوث شدن منبع آب موجود است ؟	1- بلی ☐ 2- نخیر ☐	در صورتی که جواب نخیر باشد از سوال د-3 صرف نظر شود.
د-3	اگر جواب بلی باشد احتمال ملوث شدن با چه چیزی ممکن است ؟ (بیشتر از یک گزینه را انتخاب نموده میتوانید.)	1- مواد غایطه ویا ادرار انسان ☐ 2- مواد غایطه و یا ادرار حیوانی ☐ 3- خاکروبه ☐ 4- برگ ها و مواد عضوی ☐ 5- غیره ☐ مشخص نمائید _____	
د-4	آیا شما اهتمامات خاصی را برای پاک نمودن آب قبل از نوشیدن می گیرید ؟	1- بلی ☐ 2- نخیر ☐	در صورتی که جواب نخیر باشد از سوال د-5 صرف نظر شود.
د-5	اگر جواب بلی باشد به کدام طریق شما آب را برای نوشیدن مصئون می سازید ؟	1- جوشاندن ☐ 2- انداختن بلیچ/ کلورین مایع ☐ 3- فلتر از یک تکه ☐ 4- استعما فلتر های آب ☐ 5- ضد انتانی نمودن با آفتاب ☐ 6- پاک نمودن به طریقهء ترسب ☐ 7- غیره ☐ مشخص نمائید _____	
بخش ذ – حفظالصحه و نظافت			
ذ-1	از کدام نوع بیت الخلاء در خانهء شما استفاده میشود؟	1- بیت الخلاء باز ☐ 2- یک گودال به شکل قدیمی ☐ 3- بیت الخلاء مشترک محله ☐ 4- بیت الخلاء انفرادی پاک ☐ 5- غیره ☐ مشخص نمائید _____	
ذ-2	آیا بیت الخلاء خاص برای خانم ها وجود دارد ؟	1- بلی ☐ 2- نخیر ☐	
ذ-3	آیا شما دست هایتان را بعداز تغوط پاک می کنید ؟	1- بلی ☐ 2- نخیر ☐	در صورتی که جواب نخیر باشد از سوال ذ-4 صرف نظر شود.

ذ-4	اگر جواب بلی باشد به کدام مواد آن را پاک می نمائید ؟ (بیشتر از یک گزینه را انتخاب نموده میتوانید.)	1- تنها با آب ☐ 2- با صابون ☐ 3- با خاکستر ☐ 4- خاک/ریگ ☐ 5- کاغذ تشناب ☐ 6- غیره ☐ مشخص نمائید _____	
بخش ر : شیوع امراض			
ر-1	آیا در پانزده روز گذشته کدام طفل در فامیل شما مبتلا به اسهال گردیده بود.	1- بلی ☐ 2- نخیر ☐	در صورتی که جواب نخیر باشد از سوال های ر-2 و ر-3صرف نظر شود.
ر-2	اگر جواب بلی است پس طفل مذکر بود یا مونث ؟	1- مذکر 2- مونث	
ر-3	وقتی که طفلی مصاب اسهال باشد شما چی می کنید ؟	1- ORS می دهید ☐ 2- تداوی بدون مشوره ☐ 3- مشوره با کارکن صحی جامعه ☐ 4- به تسهیل صحی نزدیک مراجعه می کنید.☐ 5- به کلینیک شخصی مراجعه می کنید. ☐ 6- مشوره با طبیبان سنتی ☐ 7- غیره ☐ مشخص نمائید _____	
ر-4	آیا در پانزده روز قبل کدام طفلی زیر پنج سال در فامیل تان به کدام مریضی دیگر مصاب شده است ؟	1- بلی ☐ 2- نخیر ☐	در صورتی که جواب نخیر باشد از سوال ر-5 صرف نظر شود.
ر-5	اگر جواب بلی باشد طفل شما مصاب کدام امراض شده است ؟ (بیشتر از یک گزینه را انتخاب نموده میتوانید.)	1- گلودردی,سرفه , جاری شدن آب از بینی ☐ 2- تب ☐ 3- استفراق ☐ 4- سینه بغل ☐ 5- ملاریا ☐ 6- غیره ☐ مشخص نمائید _____	
ر-6	آیا در پانزده روز گذشته یکی از اعضای فامیل شما که بالاتر از پنج سال سن داشته است به کدام بیماری مصاب شده است ؟	1- بلی ☐ 2- نخیر ☐	در صورتی که جواب نخیر باشد از سوال ر-7 صرف نظر شود.

ر-7	اگر جواب بلی باشد شخص مذکور به کدام مریضی مصاب شده است ؟ (بیشتر از یک گزینه را انتخاب نموده میتوانید.)	1- گلودردی,سرفه , جاری شدن آب از بینی ☐ 2- تب ☐ 3-استفراق ☐ 4-سینه بغل ☐ 5-ملاریا ☐ 6-غیره ☐ مشخص نمائید _____	
بخش ز : مصئونیت غذایی			
ز-1	روزانه شما چند غذا را میخورید ؟	1- یک غذا ☐ 2- دو غذا ☐ 3- سه غذا ☐ 4- زیادتر از سه ☐ 5- هیچ ☐	
ز-2	ما میخواهیم بدانیم که در هفتهء گذشته چه غذایی را مصرف نموده اند . آیا شما برای ما گفته میتوانید که ازگروپ های غذایی مختلف برای چند روز فامیل شما استفاده نموده است.		

گروپ	نوع مواد غذایی	تعداد روز های که آنرا مصرف نموده اید . (0-7)	نمره گذاری (مقدار تعدادروزها)	منبع غذا
1	حبوبات , نباتات ریشه یی (ارزش =2)			
2	(ارزش =3)			
3	سبزیجات و برگ های نباتی (ارزش =1)			
4	میوه (ارزش=1)			
5	پروتین حیوانی گوشت ماهی و تخم (ارزش= 4)			
6	لبنیات شیر م ماست (ارزش =4)			
7	شرینی و محصولات آن یا محصولات عسل (ارزش =0.5)			
8	روغن و مسکه (ارزش =0.5)			
9	چای , قهوه و مساله جات (ارزش =0.5)			

منبع: 1- خریداری مستقیم,2- تولیدات خود, 3- فروش اموال, 4- تبادلهء مواد غذایی, 5- قرض, 6- به شکل تحفه از دیگران, 7- توزیع مواد غذایی, 8- غیره, مشخص نمائید _____			
ز-3	**آیا فامیل شما در سال گذشته بصورت کافی غذا را داشت ؟**	**1- بلی ☐** **2- نخیر☐**	اگر جواب بلی باشد سروی را ختم نمائید.
ز-4	**اگر جواب سوال فوق نخیر باشد کدام یک از ماه های سال ماه های مشکل از لحا ظ دسترسی به غذا بودند؟ (بیشتر از یک گزینه را انتخاب نموده میتوانید)**	**1- جنوری☐** **2- فبروری ☐** **3- مارچ ☐** **4- اپریل ☐** **5- می ☐** **6- جون ☐** **7- جولای☐** **8- اگست ☐** **9- سپتمبر ☐** **10- اکتوبر ☐** **11- نومبر ☐** **12- دسمبر ☐**	

ز-5	**اگر جواب سوال ز-3 نخیر باشد از کدام میکانیزم مقابله دربرابر این مشکل کار گرفته شده است ؟**	**میکانیزم مقابله**	**تکرر** **01 = روزانه** **02 = اکثراً (3-6 روز در هفته)** **03 = یکبار بار در هر وقت** **04 = هیچگاه**	
		الف : گذاره نمودن با غذای های کم مصرف.		
		ب : درخواست غذا از دیگران		
		ج : خویشاوندان به من کمک می کنند.		
		د : استفاده از غذا های با کیفیت پائین		
		ذ: کاهش در تعداد دفعات غذا		
		ر: ممانعت بزرگسالان از غذا تا اطفال بتوانند غذا کافی بخورند.		

INFORMED CONSENT FORM (ENGLISH) **APPENDIX 3**

This is a study initiated by 'Solidarity for Afghan Families' (SAF), on Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan.

Title: Food Security and Vulnerability Assessment of Drought Affected Districts of Faryab and Jawzjan provinces of Afghanistan

Information about the study:

I am----------from Solidarity for Afghan Families, we want to conduct a study on Food Security and Vulnerability Assessment of Disaster Affected areas.

Since Afghanistan is vulnerable to various natural disasters like floods, droughts, earthquakes etc which leads to scarcity of resources and even impose difficulty in access to the resources. Therefore this study will provide valuable data on the living conditions of these drought affected people and their coping mechanism. The study will also encourage further research in this field. We invite you to participate in this study. Therefore, we will ask some questions and fill a questionnaire.

Confidentiality:

We ensure that all measures will be taken to maintain the confidentiality and anonymity of data. Also there are no risks to you, and your name will not be used. The questionnaire will remain totally nameless and no one will be able to trace any information back to you.

Risk/benefits:

It is mentionable that the result of the study will be used, to make recommendation for better health and improved access to food and other facilities for the affected population.

Participation in this study is voluntary. If you do not wish to participate in this study, you are free to do so. You may also withdraw from the study at any point. If you refuse from participation in the study, this will not have any positive or negative effect on you.

Hopefully by now you might have understood about the study.

If you have still any questions please feel free to contact:

Primary investigators: Dr. Upendra Kumar (PT) **(**Intern)
Organization Development Department (SAF)
House#54 Badam Bagh Street, Close to Hassa-e-Dowom
Kart-e-Parwan Square Kabul-Afghanistan
Mobile#: +93(0)788-337-086
E mail: upen.dr82@gmail.com

Co- Investigators: Ms. Arunika Agarwal, Dr. Faramarz Jahanbeen

Now if you would like to participate in the study please sign this paper.

I certify that I have explained the above to _____that she/he understood what I said and she/he agreed to participate in the study.

Investigator Signature …… Date_____
[Name]

I have understood the explanation given to me by _____ and I agree to join the study and answer the questionnaire.

Signature or Mark …….. Date_____

APPENDIX 4

(INFORMED CONSENT FORM DARI) **اجازه نامه**

این یک تحقیقیست که توسط موسسهٔ همبستگی خانواده های افغان (صف) در مورد مصئونیت غذای و ارزیابی آسیب پذیری ولسوالی های متاثر از خشکسالی در ولایات فاریاب و جوزجان افغانستان انجام داده میشود.

موضوع: مصئونیت غذای و ارزیابی آسیب پذیری ولسوالی های متاثر از خشکسالی در ولایات فاریاب و جوزجان افغانستان

معلومات در مورد تحقیق:

من..... از موسسهٔ همبستگی خانواده های افغان (صف) هستم، میخواهیم تحقیقی را در مورد مصئونیت غذای و ارزیابی آسیب پذیری در نقاط متاثر از خشکسالی انجام دهیم

از آنجائیکه افغانستان یک کشور آسیب پذیر در برابر حواد ث طبیعی از قبیل سیلاب ها، خشکسالی ها، زلزله ها و امثال آن است که این خود کمبود منابع و مشکلات دسترسی به منابع را سبب میگردد. بناً این تحقیق معلومات با ارزشی در مورد شرایط زندگی و میکانیزم دفاعی مردمان متضرر از خشکسالی را فراهم مینماید. این تحقیق در عین حال زمینه را برای تحقیق های بعدی درین ساحه مساعد تر خواهد ساخت. ما از شما دعوت مینمایم تا در این تحقیق شرکت نمائید. به این اساس ما سوالاتی را جهت خانه پری یک پرسشنامه طرح مینمائیم.

محرمیت:

ما به شما اطمینان میدهیم که تمام اصول جهت حفظ محرمیت و سری بودن معلومات در نظر گرفته خواهد شد. همچنان هیچ نوع خطری متوجه شما نخواهد بود چون نام شما ذکر نمیگردد.

اضرار و فوائد:

قابل یاد آوری است که نتایج این تحقیق مفید خواهد بود تا سفارشاتی جهت بهبود صحت و دسترسی بیشتر به غذا و دیگر تسهیلات برای مردم متضرر در ساحات آسیب پذیر ارائه گردد. اشتراک درین تحقیق رضاکارانه است. اگر نمیخواهید درین تحقیق شرکت نمائید آزاد هستید.

همچنان در جریان این تحقیق در هر زمانی که خواسته باشید میتوانید از تحقیق منصرف شوید. چنین یک تصمیمی عواقب مثبت و یا منفی را برای شما در قبال نخواهد داشت. امید است تا حالا همه چیز راجع به این تحقیق برای شما روشن گردیده باشد. برای پرسش هر نوع سوالی دیگری لطفاً آزادانه با ما به تماس شوید.

محقق: داکتر اوپندرا کمار

دفتر مرکزی کابل

کابل ناحیهء چهارم سرک بادام باغ ,خانه نمبر 54 نزدیک به چهارراهی حصهء دوم کارته پروان

Mobile#: +93(0)788-337-086

E mail: upen.dr82@gmail.com

معاونین: خانم اورنیکا اگروال، داکتر فرامرز " جهانبین"

حالا اگر شما موافقید تا درین تحقیق اشتراک نمائید لطفاً بالای این کاغذ امضا نمائید.

من تصد یق مینمایم که نکات فوق را برای _____ شرح دادم و آن آقا/خانم آنچه را که من گفتم فهمید و قبول نمود تا درین تحقیق شرکت نماید.

امضای محقق ..... تاریخ_____

[نام]

من آنچه را که برایم توسط_____ شرح داده شد فهمیدم و حاضرم تا درین تحقیق شرکت نمایم و به این پرسشنامه جواب ارائه دهم.

امضا و یا شصت..... تاریخ_____

APPENDIX 5

List of randomly selected villages of Faryab and Jawzjan provinces of Afghanistan for the study

Serial no.	Province Name	District Name	Village Name	Village Code
1	Jawzjan	Mingajik	SAFAR WALI AWAL	V1
28	Jawzjan	Mingajik	QAZAN NAROW	V2
4	Jawzjan	Mingajik	KALAK	V3
13	Jawzjan	Mingajik	BALJA ABDULRAHMAN	V4
9	Jawzjan	Mingajik	QOUD CHANGHAWI MAHJER	V5
37	Jawzjan	Khaniqa	CHAKASH	V6
42	Jawzjan	Khaniqa	SEYA KAMAR SUFLA	V7
4	Jawzjan	Khaniqa	YANGI QALA AFGHANYA	V8
23	Jawzjan	Khaniqa	BATE	V9
41	Jawzjan	Khaniqa	MESRIYA	V10
5	Faryab	Shirin Tagab	HAJI LAHL MOHAMMAD	V11
25	Faryab	Shirin Tagab	FAIZ ABAD	V12
38	Faryab	Shirin Tagab	TASH QALA	V13
29	Faryab	Shirin Tagab	TAPA QALA	V14
52	Faryab	Shirin Tagab	QOUR QOUL	V15
22	Faryab	Dawlatabad	ARAB HA	V16
47	Faryab	Dawlatabad	DAWLAT ABAD City Nahia 01	V17
41	Faryab	Dawlatabad	KAR KALY KHAIR ABAD	V18
33	Faryab	Dawlatabad	JAR QALA 3 ASEYAB	V19
13	Faryab	Dawlatabad	POSTA BAGH HAJI AB.AHMAD	V20