



**Household
Food Economy Assessment**

**Refugee Camp
Shamshatoo**

NWFP Pakistan

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CHAPTER 1

EXECUTIVE SUMMARY

This report addresses the issue of household food economy in the Afghan refugees Shamshatto camp near Peshawar. Special attention is accorded to dietary habits and household income expenditure to assess the nutritional status, especially of women and children. Based on the food and non-food consumption expenditure the report ranks 63.5 percent of the population to be among the poor and very poor. Nutrition data reinforces the same point; over 70 percent of the households were found to be most food insecure. Issues of living conditions of refugees, delivery of basic social services like health, education and water, sources of income within and outside the camp were investigated. Social networking, coping mechanisms and arbitration are also assessed and found to be weak. Based on these criteria, the report recommends a continuation of food aid to the vulnerable households.

Methodology

The study was initiated in June 2003. Investigative protocols were a blend of qualitative and quantitative research. The main instruments that contributed and supported the analysis were structured household (HH) questionnaires and Focus Group Discussions (FGDs). Interviews with key informants about conditions in the camp further strengthened the analysis. Direct observations and photographs also played a significant role in documenting aspects that could not be covered by the HH questionnaire and FGDs. Ten percent households were selected for the study by using a systematic random sampling technique.

Summary of quantitative findings

Demographic Information

340 households comprising of 2120 individuals were selected; the average household size was 6.23 percent. Male/female percentage was 50.8 and 49.2 respectively. The under 11 age-group constitutes 40.6 percent of this population while the 11-15 age-group is 18.1 percent. About 27 percent of the population falls in the age group of 16-45 years of age category, meaning that they have to support a huge dependent population.

Household ranking

We ranked all the households based on food and non-food consumption expenditure. A vast majority of the households (63 percent) are ranked as poor or very poor, followed by lower middle (25 percent) and middle (11 percent) income categories. Only 4 percent fall in the category of well-off.

Physical Infrastructure

90 percent of the houses are *kacha* (mud houses), 73 percent of the households are equipped with electricity, while 81 percent have ventilate pit latrines.

Water

72 percent of the drinking water comes through stand posts with taps. 33 percent of the people mentioned suffering from water related diseases.

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Education

63 percent of population is illiterate. Due to poverty, 53 percent of children were not admitted to school. Drop out ratio of children from school stands at 44 percent since they have to perform household chores.

Health

37 percent of the inhabitants contracted major illness during the last one year and 76 percent of the population reported suffering from minor illness during one month alone.

Livelihoods

Only five percent households had any of their members having a job, 12 percent are only in petty business/trade. 41 percent households mentioned day labor as the main source of income.

Livestock/Poultry

Only 21 percent reported having livestock/poultry.

Food

It was found that an overwhelming majority (96 percent) take three meals a day; however, 51 percent and 45.0 percent respectively reported that they eat fruit and meat rarely.

Assets

58 percent of the households have fans, 47 percent own watches/clocks, 12 percent have radio/cassette players, 3 percent households have television sets, while only two and one percent own motor cycles and gold jewelry, respectively.

Nutritional status

A female nutritionist physically checked a total of 397 household members. Male/female percentage visited and checked by the nutritionist is 28.5 and 71.5 respectively. The data collected through physical check ups by the female nutritionist revealed that 40.8 percent of the population was anemic. The existence of anemia symptoms was significantly high among females. Fatigue/tiredness, edema of the ankle, headaches and nausea and signs of breathlessness were recorded as the major symptoms of anemia.

CHAPTER 2

AFGHAN REFUGEES IN PAKISTAN: BACKGROUND POLICY ISSUES

This chapter provides the larger context within which Afghan refugees in the Shamshatoo camp encounter their day-to-day issues and challenges. In this regard, it outlines the following three broad areas that impact the refugee population's access to food and livelihood security:

1. Host government policies
2. Conditions of host population
3. Geographical conditions impacting refugee's food security

Present Situation:

According to a United Nations High Commissioner for Refugees (UNHCR) estimate (late 2002), Pakistan continues to host some 1.5 million Afghan refugees. During 2002, an estimated 1.7 million Afghans repatriated from Pakistan, 1.56 million with assistance from the UNHCR and about 150,000 on their own. According to the US Committee of Refugees, "earlier estimates placed the entire population of Afghan refugees in Pakistan at about 2.2 million. The fact that some 1.5 million Afghan refugees remain in Pakistan—despite the repatriation of more than 1.7 million—is based on many of the returnees (82 percent) having left from Pakistani cities, where most were not registered or counted as refugees. In early 2002, Pakistani authorities estimated the number of Afghan refugees living in cities to be some 1.6 million. However, later in the year, they said that estimate had been too low. Most of the 1.2 million Afghan refugees living in refugee camps or villages and a number of urban refugees remained in Pakistan at year's end." (2003 Report)

Background:

Historically, parts of Afghanistan and Pakistan constitute a civilizational whole through the Gandhara legacy, with the movements of people and conquests taking place continuously over the centuries. Sharing a common history, a common language, culture and customs have contributed to a sense of shared, but separate identity among *Pushtuns* on both sides of the border.

In the present context, Afghan refugee flows to Pakistan began when the Soviet Union sent its army into Afghanistan in December 1979. Initially a few hundred, but later, over a thousand people were crossing the Durand Line everyday until Pakistan became host to the largest caseload of refugees. By 1992, Pakistan was hosting over 3.5 million Afghan refugees and had devised an administrative system for their management, as well as provision of material aid and services.

Despite the presence of specific departments and a ministry that deals with Afghan refugee affairs, Pakistan has no formally enunciated policy on refugees, and it is not a signatory to any regional or international refugee convention or instrument. It should also be underscored that the Geneva Convention for Refugees and the subsequent 1967 Protocol for Refugees have not been accepted by any country in the South Asian region. As such, the treatment of

refugees has been inconsistent and changeable, depending, not upon a clear-cut policy or principles but the availability of international aid and political imperatives. The following subsection demonstrates the changing treatment and attitude towards refugees, from one of welcoming to one of pushing back.

Brief History of Developments 1980-2002:

This section describes the five major waves of refugees who entered Pakistan between 1980-2002. The first wave came as a result of the Soviet intervention in Afghanistan; the second wave came as a result of the *mujahideen* take-over in Kabul; the third wave came as a result of the Taliban take-over; the fourth wave came as a result of continued civil war and drought in Afghanistan; and the fifth wave came as a result of the US led Allied bombing of Afghanistan. Pakistan's approach, as will be seen below, shifted from one of extreme accommodation to an unwelcoming attitude, with emphasis upon repatriation after sealing of the border.

Until the mid-1980s, the Afghan resistance or *Mujahideen* were aided by the United States, Saudi Arabia, China, Pakistan and others to drive the USSR out of Afghanistan. This was finally achieved when the Geneva Accords were signed in 1988 between Pakistan and Afghanistan. These accords (five in number) called for the right of refugees to return to Afghanistan as well as a timetable for Soviet withdrawal from Afghanistan by February 1989 (University of Omaha Atlas Project, pp 7-8). Refugee movement, however, continued in the presence of instability within Afghanistan. After the overthrow of the Najibullah government (supported by the USSR) in 1992 and the installation of the *mujahideen* government, civil war continued in Afghanistan. Refugees who had repatriated to Afghanistan with hopes for peace were forced to flee back as infighting broke out within the *mujahideen* ranks by 1993. Repatriation also became slow this date onwards.

When the ethnically *Pushtoon* Taliban , largely *sunnis*, seized power and began to control 90 percent of the country, many of Afghanistan's ethnic minorities as well as *shia* population chose to enter Pakistan and neighboring Iran as refugees. As fighting continued between the Taliban and the Northern Alliance, refugees continued to pour into Pakistan. During the course of civil war, Afghanistan' frail administrative system for service delivery began to collapse and in the absence of rains, a drought sent more refugees into Pakistan. Crop failure by the late 1990s as well as destruction of irrigation systems created a severely difficult situation and compelled the UN to undertake emergency food drops in June 2000. Early in 2001 Afghanistan faced a humanitarian catastrophe according to the U.N. with over 10 percent of its populace in "*critical famine condition.*" (University of Nebraska at Omaha. Afghanistan Atlas Project, p. 28-29). The Taliban regime also faced UN sanctions when the attacks on US embassies in Nigeria and Sudan were linked to Osama Bin Laden, a Saudi millionaire who had funded and fought with the *mujahideen* and who enjoyed the protection of the Taliban regime. Pakistan expressed concern that the UN sanctions imposed on the Taliban in November 1999 would increase the flow of refugees from Afghanistan (ibid, p 24). Pakistan subsequently sealed its border with Afghanistan, citing that the new refugees are environmental refugees and the Afghan government should address the prevalent famine in Afghanistan.

According to the US Committee for Refugees, "during the late 1990s, as Pakistan's economy worsened and international financial support for the refugees dwindled, the authorities, the media, and the general public increasingly blamed refugees for Peshawar's and other cities'

growing social ills, including crime, drug abuse, prostitution, and the widespread availability of weapons. Police harassment of urban refugees increased during this period. In early 2001, the government of North West Frontier Province (NWFP), with the acquiescence of the national government, embarked on a policy of mass refoulement (forced return of refugees).”

Throughout this period, a steady and increasing flow of refugees continued to find their way into Pakistan through its porous border by avoiding the main, officially marked, border crossings. Meanwhile, retaliatory military action by the United States against Afghanistan for the destruction of the Twin Towers on Sept 9, 2001 began in October 2001 and prompted a new exodus of tens of thousands of people from inside Afghanistan toward the border. The Pakistani authorities, particularly those in NWFP, again sealed the border to prevent Afghans from entering, thus trapping many of them inside Afghanistan. Some 150,000 Afghans were nevertheless able to make their way into Pakistan, many of whom went back after the bombing stopped. By year’s end in 2002, nearly 1,560,000 Afghans had repatriated from Pakistan—four times the number that UNHCR had originally anticipated.

Some of those who repatriated subsequently returned to Pakistan, largely because of the difficult conditions they encountered in Afghanistan. In October, UNHCR reported that several hundred families had returned in August and September, but that some of those only planned to spend the winter in Pakistan and would return to Afghanistan in the spring. However, Pakistani officials, cited in a German press report in December, said that as many as 300,000 Afghans who repatriated later returned to Pakistan.

In October, after months of negotiation, UNHCR and the governments of Pakistan and Afghanistan signed a tripartite repatriation agreement that calls for UNHCR to continue facilitating repatriation for three more years. After that, UNHCR and Pakistan will screen the remaining population to determine which among them continue to require international protection. (Source: World Refugee Survey 2003 Country Report, US Committee for Refugees <http://www.refugees.org/index.cfm>)

Conditions of Host Population:

As mentioned earlier on, Pakistan’s own poverty profile and human development indices rank it among the poorer countries of the world. 38-41 percent of the population lives below the poverty line. According to the World Bank *Pakistan Poverty Assessment* (2002) report, “The level of poverty in the country has not appreciably changed in the ten years preceding 1999, despite having fallen in the previous ten.” (p. i). Not only have Pakistan’s growth rates been low during the 1990s, but the ratio of inequality has also grown, giving rise to a greater contrast between the rich and the poor. The World Bank report also states that, “Pakistan, in comparison to other countries of similar income, had a 23 percent lower share of the population with access to sanitation. The gender gap in literacy has not decreased since 1970, as it has in comparator countries. School enrollment is lower in Pakistan, adult illiteracy is greater, and child mortality is higher.” (ibid, p. i).

The North West Frontier Province (NWFP) and Baluchistan are the two relatively less well-off provinces of Pakistan. These two have had to shoulder the brunt of the refugee flows, and in turn have been affected the most by the presence of refugees. An earlier study, conducted by SDPI for the UNHCR, entitled “Assessment and Recommendations for the Rehabilitation of Refugee Hosting Areas in Balochistan and the NWFP” addresses the issue of vulnerability among both Afghan and Pakistani populations. It is based on a situation

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analysis and needs assessment of the two populations and focused upon two districts each in the NWFP and Balochistan. This report concludes that, “household ranking indicates that most of our respondents and the surveyed localities belong to low-income households. Within this, the percentage of Afghans falling in the very poor and poor categories are 72.6% compared to 39% Pakistanis in the same categories. The ownership of assets, access to food and purchasing power with regard to medicines confirms this trend.” It further says that, “While it is difficult to assess the exact effect/correlation between refugee presence and the hosting population, we can safely assume that the vulnerable from both nationalities are worse-off than before... We find that some vulnerabilities are shared across communities, while others are area/province specific.”

In conclusion, we can safely assert that the poor in Pakistan, whether they are Afghans or Pakistanis, share some characteristics: They have less access to education, sanitation, electricity, clean water, health services and finally, their livelihood opportunities are limited, unreliable and inadequate. They need interventions that can ensure that they will have access to basic rights, including food security.

CHAPTER 3

RESEARCH METHODOLOGY

Objectives

- Assess levels of food insecurity among the various refugee groups in Shamshatoo. The assessment was aimed at having a good understanding of the different livelihood systems and levels of self-reliance among the various groups
- Determine the economic opportunities and constraints, as well as the effects, and desirability of various coping mechanisms used by refugees.
- Ascertain whether some refugees could survive without food aid or with a reduced ration, and define the appropriate average basic ration required to meet the food gap among the different income groups of the population living in Shamshatoo.

Methodology

The study involved both qualitative and quantitative research techniques for the proposed assessment. Therefore, the research methodology consisted of a variety of research instruments to encompass all aspects of the proposed study, such as interviews with key informants, household interviews, Focus Group Discussions (FGDs) to gather primary data from the camp area.

The main instrument upon which we relied for our analysis was the structured household (HH) questionnaire.

The Research Instruments

The SDPI team designed the research instruments in consultation with WFP. These were refined six times through a process of intensive discussions. The protocols were sensitive to gender issues, as well as local culture-specific contexts. The field tools used by the assessment were:

1. **Mapping:** The Shamshatoo camp is divided in four sectors for administrative purposes. Mapping was done to determine the boundaries of the four sectors where the household questionnaires were to be administered. This was also important for geographical coverage of FGDs and launching of fieldwork.
2. **Structured Questionnaires Administration:** Structured questionnaires were administered to a total of 340 households keeping in view the sampling methodology.
3. **Focus Group Discussions (FGDs):** FGDs with small groups of 10-12 people, including groups of representatives, ordinary refugees (males and females) were conducted.
4. **Interviews with key informants:** Field researchers identified knowledgeable individuals in the camp who could provide an overview of the kind of people engaged in different income generating activities and, detailed information about the camp.

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These included individuals from the business community and Afghan commissionerate office and NGOs staff.

5. **Observations:** Field researchers documented their observations of the camp site and refugees in their field journals.
6. **Photographs:** Snapshots of camp conditions, food distribution and its dynamics in/outside the camp were taken to reinforce the observations.

Scoping visit to Shamshatoo Camp

It was important to be knowledgeable about the dynamics of the camp before launching actual fieldwork, therefore a scoping visit to Shamshatoo camp was conducted. The project coordinator from SDPI visited Shamshatoo camp to obtain first-hand knowledge in order to plan the fieldwork strategy. SDPI staff also held meetings with WFP and UNHCR-Peshawar office personnel. These meetings helped us in understanding the interventions and the role of different NGOs and donors working in the camp.

Household (HH) Questionnaire Design

Keeping in mind the objectives of the project, SDPI team designed a household questionnaire, which was also shared with WFP and UNHCR staff. As mentioned earlier, this questionnaire went through six iterations prior to being finalized.

Training

A three-day training of field researchers was held at SDPI in Islamabad during July 03-06, 2003, in which special emphasis was placed on clear understanding of the proposed issues. The focal person from WFP also participated in one of the training sessions to explain the larger context of the study. During the training, intensive sessions on administering the questionnaire and conducting FGDs were held. Mock sessions were also organized to maximize the team members' familiarity with the questionnaire, as well as FGDs.

A pre-test was conducted on the second day of the field team training. Its purpose was two fold:

- ensure that the instruments developed before the training and improved upon during the training, were comprehensive, precise and faultless.
- advance familiarisation of the field researchers with practical field experience.

The pre-test brought out important issues in the questionnaire that needed to be addressed. Appropriate changes were made in the questionnaire after input from the field team. Fieldwork commenced from July 08, 2003 and continued till July 31, 2003.

Sampling frame

According to the updated list of households of Shamshatoo camp, there were 4754 households in the camp. The World Food Program (WFP), United Nations High Commission for Refugees (UNHCR), Shelter Now International (SNI) and Afghan Commissionerate had

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the similar figures. We planned to cover ten percent of the households in our survey by administering 475 household questionnaires.

Using the simple random sampling technique, we selected households to administer the questionnaire. We approached the Afghan Commissionerate office based in the camp for identification of households. Since the local staff could not identify households, a meeting of 48 Afghan representatives, which the Commissionerate has nominated from the refugee communities for administrative purposes, was called in the presence of WFP and UNHCR staff. The Afghan representatives could not identify approximately 35 percent of the households. Therefore, the only remaining option was actual visits and in-person selection of households. WFP and UNHCR representatives agreed to this and this was also shared with the WFP head office.

The first household was randomly selected and then every tenth household was selected for the study. All the households were selected physically and an Afghan representative and one person from the Afghan Commissionerate accompanied the team throughout the data collection activity. Using systematic sampling technique SDPI's field team covered 324 households in the camp. The team also administered 16 household questionnaires to the households that were living in a nearby camp but receiving food assistance from the Shamshatoo camp. The total number of households covered (340) is smaller, than was planned (475). The following reasons explain this variation:

- There are approximately 300-400 registered households receiving rations from Shamshatoo camp. However, these households live outside the camp because the Afghan population at this camp does not have proper facilities especially, livelihood options and electricity. This was confirmed during a meeting with 30 Afghan representatives at the site office in the presence of WFP, UNHCR and Afghan Commissionerate representatives.
- Around 400-500 households have two ration cards and they are not identifiable (except via physical verification). Some of our field researchers informed us that some of households in our survey held two ration cards, and this was later physically confirmed by the coordinator.
- A meeting was held with the Afghan representatives at Shamshatoo community center at the end of May 2003 by UNHCR staff and the District Administrator of the Afghan Commissionerate. They informed the refugees that there would be no food assistance after June 2003. This was an alarming situation for the refugees and a number of households moved out from the camp in search of jobs/work. A number of families (100-150) managed to find work in other areas and shifted from the camp.

Considering above-mentioned factors, it was not possible to determine the exact number of Afghan refugees at the beginning. Given these constraints and barriers to knowing the exact number of households in the camp, we covered ten percent of the households living in the camp. A focal person from WFP visited and monitored the sampling methodology and observed data collection activity.

At the end of Feb. 2003, UNHCR did a comprehensive household listing of the camp and the provided list was the result of that activity. Long queues at camp were observed during those days. Camp refugees called their relatives living outside the camp (mostly in old Shamshatoo

camp and Peshawar) for re-registration. A considerable number of families came to camp to re-register themselves. After registration they moved back. Majority of such families are living at an hours drive from the camp. We managed to gather pictorial evidence of families living outside the camp, but receiving rations from inside.

The role of a nutritionist was critical in the project in order to examine the intake of calories, the quality of available food and the need for food elements required to make up any identified deficiency. We had designed all the pertinent questions in accordance with advice from the nutritionist. A female nutritionist accompanied the field team, who administered 100 questionnaires to obtain information about height, weight, Body Mass Index (BMI) and anemia status. The nutritionist physically checked 397 household members (females, and children under the age of 10 present in the house at the time of visit) from among 100 households that had also been administered the household questionnaire.

Field team

An experienced team of seven Pushto and Persian-speaking field researchers led by the SDPI coordinator (total of five females and two males) completed the fieldwork in 24 days. A total of 340 household questionnaires were administered. The team conducted four FGDs (2 with males and 2 with females) and 3 interviews with key informants.

The results emerging from these research instruments are discussed in the following chapters.

CHAPTER 4

THE SHAMSHATOO CAMP

The Government of Pakistan's Commissionerate for Afghan Refugees (CAR) and UNHCR established the New Shamshatoo camp in December 1999. However, the camp was populated a year later in Dec. 2000. All the refugees settled in the newly established camp by Jan. 2001. The camp is located approximately 40 km. south-east of Peshawar city on the Chamkani-Kurram Agency Link Road. The topography of the land is barren. The camp is divided into four parts for administrative purposes.

**Population**

A total of 4574 families receive food aid in Shamshatoo camp. In March 2002, there were 53006 individuals in the camp. However, the population has gradually shrunk in size as people have opted for voluntary repatriation.

Population Breakup 2002 is as follow:

Month	Population
January	52797
February	52773
March	53006
April	52600
May	48172
June	43247
July	37988
August	35036
September	34066
October	33616
November	33616
December	33532

Source: CAR

Ethnic division

Pushtons	2797 HH
Tajiks	1746 HH
Uzbaks	15 HH
Turkmans	78HH

Health

There are three Basic Health Units (BHUs) and one CHU operating in the Shamshatoo camp, and managed by the SOS, PDH and IMC. The BHU, which is managed by SOS, entertains only 30 patients a day. Doctors are available only from 9:00 am to 1:00 pm. There is no ambulance and no other means of transport are available for emergency situations. Every patient is charged a nominal fee of Pak rupees five per consultation. Free medicines are provided, but patients complain that they are ineffective. The female patients, particularly pregnant women, face a lot of difficulties due to the non-availability of lady doctors in the night.

Water

There are four tubewells in the camp with 355 stand posts and 231 hand pumps. However, only two tube wells are operated six hours daily by DACAAR. The refugees face severe water related problems, especially during summers. Water disputes are also common in the camp. A water committee handles such disputes. The shortage of water can be reduced to a great extent if a third tubewell is also operationalized.

Education

A total of 19 primary schools are operating in the camp, out of which 16 are for boys and 3 are for girls. There is no middle or senior level educational institute.

Livelihoods/Economy

Around 300 to 400 families, engaged in different types of income generating activities outside the camp, commute daily to and from the camp. The nearby area is surrounded by a number of brick kilns. Owners of these brick kilns prefer to hire Afghan labor, as it is easily available and at lower rates of remuneration compared to local Pakistanis. These owners provide free pick and drop service to refugees, hence most of the population is engaged in brick kiln work.

Carpet weaving is the main source of income for the 500 and 600 female-headed households. One fifth of them are dependent on food assistance. Such households either do not have male members or they are disabled. These families sell their food rations in order to obtain other commodities.

Similarly, 500-700 households are involved in manual labor. Majority of this group works as laborers in Punjab or Kashmir. A few well-off families in the camp are involved in rag-picking or the scrap business.

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300-400 households from Kandahar are the wealthiest group in the camp, because they are involved in the carpet business, livestock rearing and goods supply from Peshawar to other parts of the country.

Refugees from Baghlan are among the better off refugees in the camp. Initially, this group was dependent on food assistance because their agricultural land in Afghanistan lay uncultivated. At present, their land is being cultivated and they receive an income from there.

There are 40-50 households who also receive remittances from overseas. Members of such households have managed to settle in the Middle East.

Food

Every month the WFP, through SNI, distributes food amongst refugees. The food is distributed on a per person basis. Every refugee, whose name appears on the ration pass is entitled to receive 15 kg of wheat flour, 1.8 kg of pulses and 900 grams of cooking oil and 300 grams salt.

Security

Security is considered a serious problem for the refugees of Shamshatoo camp. A security post is situated in the camp with a total strength of 12 guards.

Conflicts

Most of the conflicts between the refugees are based on issues such as water, food or children's disputes. The social committees of the refugees handle all such conflicts.

CHAPTER 5

QUANTITATIVE FINDINGS¹**Respondents Profile**

According to the data, of the total 340 respondents at the household level, 83.8 percent were male and 16.2 percent female.² 78.5 percent were married, while 15.9 percent were widows/widowers. Only 5.6 percent respondents were unmarried. A vast majority of respondents (82.6 percent) were illiterate.

A majority of the respondents (30.6 percent) were laborers, followed by 27.6 percent who were jobless. 12.6 percent were brick kilns workers and 5.0 percent each were carpet weavers, housewives or self-employed. Females dominate the carpet weaving work, indicating the effectiveness of skill development activities conducted by different NGOs (usually funded by UNHCR) in the camp. In the beginning, only Tajiks and Turkmans were equipped with this skill, but now the *Pushtoons* have also acquired this skill from the training school in the camp. A small proportion (3.8 percent) of respondents had jobs, while 1.8 percent had their own business.

43.5 percent respondents know at least one skill. 32.9 percent knew brick making followed by wool-making and carpet weaving (23.5 and 17.4 percent respectively). 7.4 percent women mentioned embroidery, a majority had learned it from skill learning institutes within the camp. Driving, as a skill, was mentioned by 2.7 percent.

Table. 1 Respondents' Profile

Sex	Percent	Number
Male	83.8%	285
Female	16.2%	55
Marital Status		
Married	78.5%	267
Widow/widower	15.9%	54
Unmarried	5.6%	19
Education		
Literate	17.4%	59
Illiterate	82.6%	281
Profession of respondents		
Labor	30.6%	104
Jobless	27.6%	94
Brick kiln worker	12.6%	43
Carpet weaving	5.0%	17
Housewife	5.0%	17

¹ Quantitative data refers to percentages of responses and not the whole sample.

² It may be noted that while field researchers made initial contact with women in the household and insisted upon holding the meeting with the women, often a male household member would interrupt and insist upon providing all the answers in the questionnaire. Women in the household answered the health portion of the questionnaire, as men often did not have the requisite information.

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Self-employed	5.0%	17
Job	3.8%	13
Business	1.8%	6
Farming	0.9%	3
Student	0.6%	2
Other	7.1%	24

Know any Skills

Yes	43.5%	148
No	56.5%	192

Type of skill

Brick making	32.9%	49
Wool making	23.5%	35
Carpet weaving	17.4%	26
Embroidery	7.4%	11
Driving	2.7%	4
Other	16.1%	24

Demographic Information³

D-1 According to the data, the total population of selected households is 2120, with an average household size of 6.23 percent. Data shows that 18.4 percent of population in less than five years, followed by age group of 6-20 years (48.9 percent). Age group of 21-50 years constituted 27 percent and population over 50 years was 5.6 percent. Gender-wise break down shows that male/female percentage is 50.8 and 49.2 respectively. Marital status of population above 10 years age⁴ showed that 62.2 percent are married, 33.1 percent unmarried and a small proportion 4.6 percent are widows/widowers.

D-2 Household data about literacy of individuals above five years of age shows that two third of population (63.3 percent) is illiterate.

D-3 4.5 percent of the households mentioned that at least one family member suffered from a disability.

D-4 The data revealed that the main disability (43.1 percent) is amputation, followed by limb handicaps and blindness 19.0 and 9.5 percent respectively. According to our statistics, 6.0 percent are mentally retarded, 4.3 percent are deaf, 0.9 percent stammer and 9.5 percent mentioned other disabilities.

D-5 31.6 percent knew at least one skill.

D-6 Among the types of skills, carpet weaving and wool making were high (36.2 percent and 34.6 percent respectively), followed by brick making and handicrafts (embroidery) 12.6 and 9.1 percent respectively. A very small proportion mentioned driving (0.6 percent)⁵ and mechanics (0.5 percent), while 8.3 percent informed us about other skills.

³ Due to unavoidable reasons, demographic information has been tabulated as D-1 through D-6; the remaining information is tabulated without any preceding alphabet

⁴ We assumed that there might be cases of child or early marriages

⁵ This percentage is different to earlier 2.6% mentioned for respondents as this pertains to the overall household survey that included a greater number of individuals

Household ranking

Households have been ranked on the basis of food and non-food consumption expenditure. According to this method, we have the following five ranks:

Very Poor	< 1000
Poor	1001 – 3000
Lower Middle	3001 – 5000
Middle	5001 – 7000
Rich or Well off	7001 and above

Total food and non-food consumption expenditure by households:

Income Groups	Percent
< 1000 (Very poor)	10.7
1001-3000 (Poor)	52.8
3001-5000 (Lower middle)	25.2
5001-7000 (Middle)	7.7
7001 and above (Rich or well off)	3.6
Total	100.0
N	340

Source: SDPI Data

The table above demonstrates that the very poor and poor categories constitute over 63 percent of the camp population. If we add the lower middle category to the poor and very poor, they would come to 88 percent, implying that a vast majority may be quite vulnerable.

Physical Infrastructure of Household

1.1 The data shows that 89.7 percent are *kacha* or mudhouses, followed by semi *kacha* houses (9.1 percent). Only 1.2 percent houses are *pacca* or made of bricks and cement.

1.2 The data reveals that 73.5 percent households are equipped with electricity, although voltage was so low that people used lanterns for lighting. We observed that voltage was too low to operate a fan.

1.3 In response to the question about the type of toilets used by the households, 81.1 percent mentioned that they use ventilated pit latrines, followed by dry raised latrines (11.8 percent) and flush pit latrines (3.5 percent). A small number of households (2.4 percent) do not have latrines and go to the fields, while only one respondent mentioned using a flush connected to the septic tank.

The Nature of Drinking Water

2.1 According to the data, a majority of households (72.4 percent) use standposts with taps for drinking water, followed by 22.6 percent who use wells with hand pumps. Only 0.9 percent have in-house sources of drinking water. A few households (3.5 percent) mentioned other sources of drinking water and 3.5 mentioned in-house connections.

2.2 53.8 percent respondents informed us that the supply of water is not continuous, while 46.2 percent were satisfied with the supply of drinking water. The level of dissatisfaction (54

percent) can be attributed to the closing down of two tubewells. In the beginning, the camp had four tube wells that were enough to meet the water needs of the refugees, but the camp administration closed down two of them after many refugees opted for voluntary repatriation.

2.3 A considerable percentage of respondents (33.2 percent) mentioned that their family members suffered from water related diseases.

Education

Reasons for not admitting children to schools

3.1 Poverty was mentioned as main cause for not admitting children in schools (53 percent), followed by the non-availability of schools (24 percent). But a majority of the responses were about higher level of schooling, because camp based schools are of primary level only. The nearest middle and high schools are at the distance of two kilometers from the camp. The advantages of education and help in household chores were mentioned by 13 and 10 percent refugees respectively, as the reasons for sending children to school. An earlier research study⁶ confirms that poverty is the major reason (60.0%) for not admitting children to school.

Reasons for dropping out of school

3.2 Our data showed that the prime reason children drop out of school is to assist in the household chores. This percentage was slightly higher for girls (47.0 percent) compared to 41 percent for boys. 12 percent stated the non-affordability of schooling as a reason not to send girls and boys to school (18 percent for boys and 6 percent for girls). A considerable percentage of 12 left school due to illness (males 6 percent and females 18 percent). 'Other reasons' constituted 25 percent of the responses.

Health

4.1 Only 37 percent respondents in households reported suffering a major illness over the last 12 months.

4.2 Upon closer analysis, we found that nearly all the ailments suffered could have been prevented through a better diet, hygiene practices and proper sanitation. The most common illness was that of kidney stones (16 percent) – painful, and easily preventable through a proper diet that is low in oxalates and phosphates, and the drinking of safe water. Gastritis was also a common disease, caused by poor diet and hygienic conditions and unsafe water supply. Tuberculosis was also reported in 9 percent of the cases (12 in numbers), and that too probably as a result of the congested living quarters and poor hygiene – a clear reason for the gradual phasing out of this refugee camp and relocation of its people.

4.3 Our data showed that 75.6 percent respondents mentioned a household member or members contracting any minor disease during the last one month.

4.4 Majority of respondents 16.5 percent reported fever followed by diarrhoea and headache 13 and 11 percent respectively. Skin diseases and stomach problems were reported 8.2 percent each.

⁶ Assessment and recommendation for the rehabilitation of refugee hosting are in Baluchistan and the NWFP, by SDPI Islamabad

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4.5 Most of the ill in this camp visited the BHU for treatment (94 percent), while a negligible few went to private doctors, both inside and outside the camp.

4.6 The Camp BHU also supplies most of the patients (87 percent) with free medicines. In this area, the BHU has been efficient and effective in treating a few major and most of the minor illnesses.

4.7 An overwhelming majority 93.5 percent said that they have to pay to see doctor.

4.9 This is especially important for pregnant or lactating mothers, who were 38 in number among the sampled households.

4.10 Ironically none of the currently pregnant women is getting additional food while again a vast majority 92 percent is not getting any supplementary food during pregnancy.

4.11 Data shows that 90 percent received BCG, 88 percent DPT, polio drops 95 percent and injections for measles 77 percent. The BHU plays a key role in the immunization program for the Camp children as 92 percent reported that their children were immunized from BHU.



Health staff at Polio day

4.12 This pattern is reflected in the antenatal and postnatal care of the women at the Camp, as of the 92 percent women who gave birth over the last three years, only 54 percent received antenatal and post natal care. However, 58 percent of those mothers were cared for and vaccinated for tetanus at the BHU. Only 9 percent of these pregnant women gave birth at the BHU, while an overwhelming majority (83 percent) delivered their baby at home under the attendance of a family member, friend or neighbor. It may be argued that cultural and traditional practices amongst the refugees may have prevented them from using the BHU, but it is also true that these health units lack the necessary equipment and expertise to deal with complications caused during parturition, hence forcing the patients to seek consultation elsewhere.

Livelihoods

5.1 Our data indicated that 41.5 percent households reported at least one person working as laborer, while 24.2 percent households reported two and 12.8 percent reported three members of the household working as laborers.

5.2 The average daily wage for a male laborer was Rs. 54, and for females this rate was Rs. 23, approximately half that of males.

5.3 According to the data, 22 percent respondents said that due to various reasons, at least one member of the household had not gone to work during the last one month.

5.4 The main reason for not going to work, as cited by 41 percent respondents, was non-availability of work due to the rainy season, as a considerable number of Afghan refugees work as laborers on nearby brick kilns that stop production during this season. The second major reason for not going to work, as mentioned by 24 percent respondents, was sickness. According to our data, 11 percent respondents cited both these reasons for not going to work, while 24 percent cited other reasons.

5.5 22.4 percent respondents informed us that others helped those households whose members were out of work during that time. This indicates the existence of social networking in the camp.

5.6 From amongst those who received help from others, 36 percent said they received assistance from relatives, while 64 percent said they received support from shopkeepers.

5.7 45.5 percent respondents obtained help in the form of received assistance in the form of financial help and rations (food stuff) on credit from shopkeepers.

5.8 An overwhelming majority (86 percent) said they obtained loans, as this was a major coping mechanism for the refugees.

5.9 Data reveals that 27 percent of the respondents took loans for treatment during illnesses, while 20.5 percent took loans for household expenses. The percentage of respondents who used loans to buy food, to pay for children's marriage or business was 16.8, 3.1 and 2.4 percent respectively. A considerable number of respondents (16.1 percent) mentioned a combination of illness and household expenses for taking loans. Similarly, another 6.2 percent respondents cited illness and food purchases as reasons for seeking loans. A small percentage (1.7 percent) took loans just for household expenditure and to buy food. Overall, illness remains the main reason for obtaining loans.

5.10 The data reveals that the average amount of debt is Rs. 16,523 per household.

5.11 The data also shows that only 15.9 percent will have to pay interest on their loans.

5.12 Only one respondent informed us that s/he or other family members took part in harvesting someone else's crop in the last harvest and earned a meager amount from that harvesting. The almost nil involvement of refugees in harvesting or agriculture can be attributed to the barren land in the area and the refugees' uncertainty about their stay in the camp.

5.13 Our data shows that 12.4 percent (42) household respondents mentioned that at least one household member was involved in petty business/petty cash trade/shops.

5.14 We found that 11.9 percent households are involved in shopkeeping, followed by vending (4.8 percent) and repair shop (2.4 percent), while 81 percent of the respondents were involved in other business. This 'other' category comprises of a long list of other businesses in which no subcategory involves more than 2 percent households.

5.15 The average daily income from business was recorded as Rs. 51 only. Four fifth of the respondents (80.5 percent) mentioned that their daily income from business is upto Rs. 50, followed by 12.2 percent with a daily income of Rs. 51-120. Only 7.3 percent reported that their daily income is between Rs. 121-300 per day.

5.16 In response to a question whether it cost them to start the business, 47.6 percent replied in the affirmative.

5.17 We found that the average cost needed to start a business was Rs. 3055. All the respondents explained that the business was of small scale. 35 percent of the respondents invested less than Rs. 500 to start a business, followed by 25 percent respondents who invested Rs. 501-2000 to start their business. There were 20 percent people who invested Rs. 2001-5000. Similarly 20 percent said tat they invested more than Rs 5000 in a business.

5.18 Our data describes that 55 percent respondents informed us that they used their past savings to start the business, while 45 percent borrowed money. These figures highlight that the concept of saving and helping others or networking is common among refugees.

5.19 Only five percent reported that any member of their household had regular employment and the average income of the households with a person doing job was Rs.1820. Majority of them worked in camp based schools, health outlets, bakeries and training institutes.

6. Risk and vulnerability

6.1 Data shows that 31 percent respondents occurrence of drought and flood each in the area during last one years. Epidemics like cholera, diarrhoea and measles was reported by 33 percent. Happening of crop failure and crop infestation were extremely low 0.3 percent each.

Livestock/Poultry

7.1 Our data describes that 21 percent households reported that they have livestock/poultry. This percentage is lower than an earlier research, which concluded that 55 percent⁷ of Afghan

⁷ Assessment and recommendation for the rehabilitation of refugee hosting are in Baluchistan and the NWFP, by SDPI Islamabad

households owned livestock/poultry. Perhaps, barren/rain-fed and infertile land, limited fodder and grazing places/pastures are the main reasons for reduction of livestock rearing.

7.2 A vast majority (95.7 percent) of livestock owners said that they did not sell livestock or poultry products. Only 2.9 percent said that they earned Rs. 20 from sale of dairy products, while 1.4 percent said that they had earned Rs. 40 from daily/livestock sales during the last one month.

Food

8.1 In response to the question about the number of daily meals they took, 96.5 percent replied that they took three meals a day, while the rest (3.5 percent) said that they took two meals a day.

8.2 Our data showed that 51.5 percent informed our research team that they rarely ate fruits. Most (24.7 percent) responded that they had fruits once a month and 10.6 percent ate it twice a month. The percentage of those who ate fruits once a week and twice a week was 7.9 and 3.8 respectively. Only 1.5 percent respondents said that they ate fruit daily.

8.3 Data showed that 45 percent informed that they rarely ate meat. Most (34 percent) responded that they had meat once a month and 12 percent ate it twice a month. The percentage of those who ate meat once a week and twice a week was 6 and 2 respectively. Only 0.3 percent respondents said that they ate meat daily.

8.4 A few of our respondents (1.5 percent) said that they did not receive food items from donors on a regular basis, while 98.5 percent reported receiving food items from donors on a regular basis.

8.5 Only 1.9 percent (only six in number) reported that they sold some of the food items from their rations. 98.1 percent did not sell any part of their rations.

8.6 Among the respondents who informed us that they sell food rations, 60 percent said that they receive cash in exchange for food, while 40 percent said that they got other food items at the end of the month.

8.7 77.5 percent respondents said that there had been no change in food distribution during the last one year. A considerable percentage (17.5 percent) were of the view that the quantity of food rations had decreased and only 5 percent mentioned an increase in food rations during the last one year.

8.8 Half of the respondents (51.1 percent) who mentioned decrease in rations, took loans to manage, while 28.9 percent managed to cover this decrease through the income of the male household members. The income of female household members was used by 8.9 percent of the households to cope with that time. Only 4.4 percent used past savings and 6.7 percent used other sources to manage.

8.9 A small number of respondents (12.9 percent) informed us that current food allocation to their households was adequate, while 87.1 percent said that food allocation was inadequate.

8.10 Data revealed that 23.2 percent borrowed rations from shopkeepers, 22.1 percent bought rations with money earned by the household members, and 9.1 percent took loans from relatives. 14.7 percent borrowed rations from shopkeepers as well as used up the money earned by household members. Another 10 percent responded that they resorted to both these practices: taking loans from relatives and borrowing rations from shopkeepers. A small percentage mentioned that they borrowed rations from shopkeepers, took loans from relatives and used the money earned by household members.

Assets/Coping Mechanisms

9.1 The data demonstrates that only 58.2 percent have fans, 47.4 percent own watches/clocks, 12.1 percent have radio/cassette players, 2.9 percent households have televisions, 1.8 percent own a motor cycle, 1.5 percent have bicycle and only 0.9 percent have gold jewelry.

9.2 A majority (95 percent) mentioned that they never sold these household items. Only 5 percent informed that they sold household items.

9.3 The data showed that 87.5 percent sold their assets for treatment of illness and 12.5 percent to purchase food items.

9.4 According to our data, 43.8 percent informed us that loans are easily available and the rest of the 56.2 percent said that loans were not easily available.

9.5 37.7 percent respondents mentioned two sources of loan: relatives and shopkeepers. 31.8 percent cited shopkeepers as a source for loans, followed by 26.6 percent who quoted relatives as a source of loans.

9.6 In response to a question about terms and condition of loans, all the respondents mentioned that loans were easily available without interest.

Safety Nets

10.1 None of the respondents secured any *zakat/usher* from the Pakistan Zakat administration. Afghans are not entitled to receive the *zakat/usher*.

10.2 Our data indicated that only 1.5 percent respondents knew of any *tanzeem* (organization) in the camp.

10.3 Data showed us that only 2 respondents informed us that the organization in the camp was a welfare organization and only one mentioned the nature of the organization/*tanzeem* as a political one. The remaining one percent fell in the category of others.

10.4 Among those that mentioned that there was an organization/*tanzeem* in the camp 60 percent said that women were not entitled to be members of that organization/*tanzeem*.

10.5 Only one respondent mentioned that s/he or other members of the household was a member of that organization/*tanzeem*.

10.6 Only 1.2 percent informed us that there was a group that could be approached during a crisis.

10.7 Only three respondents informed us that they had approached that group.

10.8 Two respondents mentioned that they had reached that group in order to get help in solving a dispute, while one respondent approached that group to take food assistance.

10.9 Two respondents informed us that the group had addressed their issue/problem.

Non-food Supplies

11.1 An overwhelming majority (97.4 percent) said that the supply of non-food items from the donors is not on a regular basis. In the beginning, donors, especially UNHCR, provided non-food items such as tents and soaps, but that was a need-based provision.

External Assistance

12.1 Only 14 percent respondents replied in the affirmative when asked whether they received any assistance from their relatives living inside or outside the camp. Further breakdown is provided in 12.2 and 12.3 below.

12.2 The data showed that from amongst those who received external assistance, 41.7 percent were receiving assistance from their relatives on a regular basis.

12.3 According to our data, 69 percent are receiving cash and the rest of the 31 percent are receiving commodities from their relatives.

12.4 Only 2.9 percent (10 cases) mentioned that they are receiving assistance from other donors/groups besides UNHCR/WFP.

12.5 Among those that receive assistance mentioned the type of assistance as food (90 percent- 9 cases) and non-food items (10 percent -1 case) from other donors/groups other than WFP/UNHCR.

13. Nutrition

13.1 Male/female percentage visited and checked by the female nutritionist is 28.5 and 71.5 percent respectively.

13.2 Our data on the age group revealed that the majority of family members (29.5 percent) were less than five years of age, followed by the age group of 6-10 years (22.6 percent). According to the data 24.2 percent fell in the age bracket of 11-20 years and the population of 21-50 years was 21.6 percent. Only 2.1 percent were above fifty years of age.

13.3 The data collected through physical check ups by the female nutritionist revealed that 59.2 percent of the population was not anemic (males: 36.2 percent and females: 63.8 percent. Among anemic symptoms, fatigue/tiredness were high (12.1 percent: males 4.2 percent and females 95.8 percent), followed by edema of the ankle (11.1 percent: males 15.9 percent and females 84.1 percent) and headaches and nausea (6.0 percent: males 20.8 percent and females 79.2 percent). Signs of breathlessness were found in 3.5 percent (males 14.3

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percent and females 85.7 percent), followed by black circles around the eyes 1.5 percent (males 33.3 percent and females 63.7 percent).

CHAPTER 6

QUALITATIVE FINDINGS

The following issues appeared in the four Focus Group Discussions (2 with men and 2 with women):

Education

The importance of schooling for the children in the camp underscored the women were relatively pleased with the education system in the camp. They stated that their husbands also provided them educational literature from time to time. One widow, with children, said that the women were happy that their children were studying.

The locals, however, did have complaints about the teachers. According to them, the teachers were not sincere with their jobs. In addition, uniforms and stationary were inadequate. Bibi Ayesha said, *“I have four school going children. They go to school, but it has not done them any good. It has been three years and they have not learnt anything constructive, because the teachers come when they want and there is no check on them. What is the use of this type of education? My children are better off if they are at home or if they work to earn a penny.”*

Similarly, Guldasta, a mother of seven children, said that the arrangements for schools for girls should be taken into consideration. Most of the girls in the camp did not go to school because of the non-availability of female teachers. Given the cultural context the men do not want girls to be taught by male teachers. Prolonged and untreated illnesses were also cited as prime causes for children dropping out of schools in both the group discussion of males and females.

Participants of male FGDs raised the issue of non-availability of educational institutes in the camp, thus depriving the children from accessing higher education. They also expressed support for girls education but were dissatisfied with the existing educational facilities in the camp.

Health

The women felt that the facilities for children at the Basic Health Units (BHUs) were sufficient, but the clinics for women, including the BHUs did not provide substantial treatment. Lack of ambulances also force the sick to walk long distances to reach the centers, only to be misdiagnosed by the physician, they shared. Many women also related instances where they were led away from the BHU, not allowed to sit, or just given prescriptions and sent away, without the doctor conducting a proper examination. The women also complained that the medicines the BHUs provided did not help in the recovery of patients. Some said that they are given the same ‘little white pill’ for everything.

Some women did not buy food so that they could buy medicines prescribed by the doctor. Instead of going to doctors, some women also go to the villagers having knowledge of herbal medicine or those who practice herbal treatment by paying 80 rupees, on account of the poor attention given by doctors. We found that pregnant women did not receive any special care or any supplementary food. Our team was told that they are given the tetanus shot during their pregnancy and that most of them went for their monthly examinations to the BHU.

Emergency care in the camp is not available in the evening. Glubahara informed us that *“I lost my pregnant daughter because it was night time and there was no doctor at the BHUs, even the private doctor was not available at night. My daughter died while giving birth to her child.”* If an emergency occurs, a patient has to go to a hospital outside the camp, usually in the city of Peshawar, 40 km away. However, when the women are pregnant, the doctors inform them to come for their check-ups and injections, laying out a timetable for them.

Livelihoods

Working facilities for women at the camp are not feasible. The women said that although there were skill centers at the camp teaching carpet weaving, stitching and embroidery work, such work was of little financial use to them. Finding work was extremely difficult both inside and outside the camp, especially for women. Most of the women spin yarn, but labor is so cheap that women hardly secure any money from such work.

Khyalounah told us that she was a widow and that the only skill that she knew was yarn making. She makes one kilo yarn in 20 days and secures Rs.30 for it. At times, she only receives Rs. 20 for it. 20-30 rupees a month cannot run a household. Her children are too young to work, she is the only person who earns for the entire household of seven.

The women in the camp mainly do housework and spin wool. They make meager wages from spinning wool yarn, and are paid by the kilograms of wool spun. There are centers in the camp in which women can go and learn skills such as embroidery and carpet-weaving. However, the number of women admitted to these centers is very small and many women cannot be given the chance to work there. No one in our FGDs was a part of the handicraft center.

The men of the family are the moneymakers, but a majority of men in the camp do not work, because of the lack regular employment. There are very few opportunities for men to make money. Some of the women have sent their children to the city of Lahore as paper collectors to receive a monthly salary to purchase household items.

Participants of the male FGDs were dissatisfied about the livelihood opportunities available at the camp. They told us about a coaching center in the camp run by an NGO that plays an important role in skill learning. But, the non-availability of work in and around the camp is a major hurdle towards using these skills for income generation activities. Men have to go to far-off areas of the country to earn their livelihoods, mainly through manual labor.

Security

Talking about security measures at the camp, the women said that they do come across thefts, although there is not much to steal. They said: *“It is a great problem when there are many girls in a household, especially if the men folk are not there. The women are harassed. So, many of the households have watchdogs just for this purpose.”* Painda shared that, *“My neighbor’s son was killed when the thieves fired at him during the burglary.”*

According to the male FGD participants, no proper investigation is carried out whenever such an incident takes place. Similarly, the refugees working outside the camp also face security problems. A number of refugees are in jails because they did not have any identity to prove their existence or arrival as refugees to Pakistan.

Water

The water system in the camp, according to the women, is not well-organized. The women elucidated scenarios of other women fighting with stones at the water pumps because no one makes proper queues. The women shared their concern that the water level in the camp was low. One woman even stated that there was no water within the camp at all.

Water is available only at two distinct times within the camp, early in the morning and in the evening. Fighting over who reaches the water pump first is usual, and the fighting usually only ends when male family members become involved. Our field team observed long queues of empty utensils near the water taps.



Food

The general consensus among the FGD participants was that the allotted ration is insufficient and almost every family had to buy additional food items from the local shops to survive. Furthermore, a common complaint regarding food distribution was that the families received less food than the stipulated quantities. Some of the refugees blamed the Commissionerate for this. They were of the view that women and children were in poor health because of the inadequate food supply.

Discussing their diet, some of the women participants said that they did not eat sufficient food, since their diet is restricted to the rations they get every month. If they have the money, they purchase tea, rice and vegetables. Otherwise, they survive on the rations, which are insufficient for them. Guldasta said, *“When there is no work, there is no money, hence there is no food.”*

Meat and fruits are totally missing from their diets. As mentioned earlier, their diet only includes wheat, vegetables, and pulses. Khurma said, *“I have even forgotten what beef, mutton or chicken tastes like. Since ages, my family and I have not even seen any kind of meat at home.”*

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The men and women eat equal quantities of food. The food is first served to the male members of the household and then to the rest of the family. Whatever is cooked at home is served to the whole family. Pregnant women have no special diet. They eat whatever the family eats. Similar is the case with lactating mothers. They informed us that they could not afford to purchase supplementary foods for the pregnant and the lactating women.

When these women were asked about what they would do and how they would survive if the food rations were stopped, they responded that they were highly dependant on the rations, because of which they could at least eat without earning. Badama said, *“I am a widow with four children, if the ration is not given to us then we are going to move out of the camp in search of some work and earn for ourselves. Then there would be no point in staying in the camp and starve to death because there is no work in the camp.”* According to some of the women FGD participants, the rations that the families of New Shamshtoo receive are sufficient and they were pleased and grateful for receiving them.

Many women voiced having problems with their ration passes, some women had six people on their ration pass, but twelve people ate from their home. They did not know how to get new members of their families registered on their ration pass. The women also shared that during the distribution, the distributors are sloppy and not careful with the amount of food given and that this made a difference in their month’s meal. The women said that when WFP or UNHCR representatives are present, the distributors are accurate, but when they are not around they become careless. All the women in the FGDs had to buy more food other than their monthly rations.

Rations are the main survival kits in the camp because there is large-scale unemployment. However, they are not enough to last for the whole month. Refugees also demand other items to be included in their ration, for example, vegetables, rice, milk and beef, as well as non-food items. Another main complaint is that the distributed food items are of very low quality, especially the flour.

Male participants of an FGD made the following comments:

- *“We sell rations to the local shopkeepers to exchange them for other necessary items.”*
- *“Our ration is not enough for us. We need a lot of other items to be included in our ration supply such as vegetables, rice, milk, beef, fruit and clothes as these items are distributed in other camps, but not here.”*
- *“The flour is low quality and is not very advisable to eat.”*
- *“The shopkeepers give us money in exchange of ration items but they give us less money than the worth.”*



Sale of ration at local market

Possession of more than one ration card

During FGDs, women also gave us information that one of the leaders/representatives had approximately 300 ration passes. These passes belonged to former residents of New Shamshatoo. The women said people bought the passes and changed the picture on the pass, since the food distributors do not pay close attention to the pictures.

Similarly, we found that when families permanently leave the camp, they sell their ration passes and so families end up having two or three ration passes.



Non-resident refugees taking ration out of the camp

CHAPTER 7

DISCUSSION OF MAIN FINDINGS

This chapter is based on the findings that have come through the different research protocols used for the study for example the household questionnaire, FGDs and interviews with key informants. The commentary on some of the issues is highlighted as follows:

Household Ranking

Different indicators determined that a majority of the surveyed population belongs to the poor or very poor segment of society. These two categories consisted of 63.0 percent of the population. The status of household assets was extremely low and of those having a few assets 96 percent have had to sell them for the treatment of illnesses or to purchase food. Livestock/poultry, the main asset especially of rural population, was not visible in the Shamshatoo camp. Only 21 percent of the households reported having livestock/poultry, and of those who had livestock, only 5 percent were selling their dairy products.

Poverty is the main obstacle cited by half the respondents (53 percent) for not admitting children in schools. The dietary habits of the Afghan population confirms extreme poverty in Shamshatoo camp where fruits and meat is eaten very rarely.

There is enough emphasis on skill enhancement activities, but none on marketing. UNHCR and other NGOs are imparting skill development courses, both for the males and females, but lack of access to the main markets is one of the major barriers due to which workers are unable to get proper rewards. The main share of the profit goes into the pocket of middle man. Proper marketing and access to main markets can lead very poor and poor groups towards self-reliance.

Nutritional Status

Two international nutritional and health status indicators considered potentially generic for such studies are height and weight readings at various ages from infancy, through to adolescence. Data was collected, analyzed and compared to the height/ weight charts designed by the CDC in the United States. The data was compared to the height and weight reading of boys and girls of the specified ethnic group labeled as required by the CDC standard pediatric growth charts.

Analyzing the cumulative data obtained from the survey of the New Shamshatoo Camp, it was found that girls of all age groups (from below 1 to more than 20 years), the height percentile curve was between 5 and 25 percent, which indicated a well below average growth rate. As for the weight category, the data indicated a slightly better result, with the average readings falling in the 25-50 percentile range, in other words just below average.

Similar findings were reflected in the survey for the boys, with a slight improvement in the weight category. Of the boys, the average height curve fell in the 25-percentile range, whereas the average weight curve was slightly better falling in the 25-50 percentile range. This may be attributed to the traditional practice of preference given to boy children, in terms of the amount of food allocated to them and the preferred healthcare over that given to girl children and young women.

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Percent distribution of height and weight by age and gender

Age	Height (CM)				Weight (KG)			
	Male	N	Female	N	Male	N	Female	N
Less than 1 Year			55.20	3			5.33	3
1-5 Year	81.19	52	85.79	62	12.10	52	14.73	60
6-10 Year	113.71	41	115.0	47	22.59	41	21.79	47
11-15 Year	135.0	13	134.27	41	31.0	13	35.27	41
16-20 Year	152.0	1	142.05	20	45.0	1	49.05	20
More than 20 Years	103.0	3	146.35	108	29.33	3	49.22	108
Total	100.91	110	124.98	279	19.01	110	34.65	279

However, the overall picture still seems to indicate that the great majority of the refugees residing in the camp are susceptible to food insecurity, and must be identified so that the larger portion of donated food can be distributed to those who need it the most.

One recognized method of self-reliance, in terms of food security, is the rearing of livestock. At the New Shamshato camp a quarter of the households claimed to be involved in the practice of rearing livestock and or poultry. Furthermore, a large majority of these households also stated that they were not selling any of their livestock or poultry products, indicating that all animal produces were self-consumed. This translated into food supplements for the household, which means that the food they are receiving from the donor agencies may be adequate.

Health and Food Status

The food security status among the refugees of Shamshato Camp seemed quite varied, despite the fact that 96 percent of the refugee population claimed that they took three meals per day. The quantity and quality of food consumed by them seemed inadequate and lacked basic, balanced nutritional requirements for healthy living; especially for young, adolescent girls, pregnant, or lactating women and of course children.

According to the data compiled, approximately 83 percent of populous may be categorized as the most food insecure, while 15 percent are partially food insecure and about 2 percent are self-reliant. These figures may be unexpectedly high and upon close scrutiny may be reduced, but in real terms and when compared to the other parameters determined by the survey, at least two thirds of the population fall in the category of the most food insecure. These figures were revised when the data showed that 21 percent of the households were rearing livestock and or poultry and of these, a great majority (96 percent) were not selling any of their livestock or poultry products. This translated to food supplements for the household, which meant that the food that they were receiving from the donor agencies may be adequate. However, 17 percent of the households still felt that there had been a decrease in the food supply, which translated to poor nutritional and health conditions of their family members.

The argument for strengthening a balanced diet was greatly emphasized by the data on the specific food items, such as meat and fruit consumption. Of the households questioned, more than half said that they rarely ate fruit, and 45 percent said that they rarely ate meat. This compounds the lack of nutritional value in the food these refugees receive. Wheat flour does provide them with the necessary carbohydrates, but the equally essential protein intake is not there, therefore the cases of anemia and infant mal-nourishment are prevalent amongst the

women and children. The overall susceptibility to illnesses and infectious diseases, such as diarrhea, respiratory tract infections and dental caries is also high.

The question of quantity again comes into play as it may be argued that the wheat, pulses and edible oils that the refugees receive is adequate for their daily dietary intake, it seems in reality that certain groups are still suffering from food insecurity. The demographic layout of the camp is such that 47 percent of the population has a family of six or more persons. In turn, about 39 percent of the refugees secure 14-15 kilograms of wheat flour per person each month, which roughly translates into 0.5 kg per person each day. Yet the remaining population gets less than this. While again it may be feasible to think that this quantity is enough, but for a growing child, adolescent girl, or a pregnant or lactating woman, the amount is insufficient and may lead to anemia, low birth weight infants, who in turn would be more susceptible to infection.

Furthermore, WHO reports 2002 have confirmed that due to lack of calcium in the diet of women, the highest number of cases of osteoporosis have been reported in the South Asian region. Therefore, subsequent food distribution methods must take this into consideration and the most vulnerable groups given the largest portion of available food.

The same could be said of the amount of pulses and edible oil distributed to the refugees. The refugees deemed the quantity of pulses -a source of protein-distributed by the donor agency, as inadequate. The size of the family and income generation capability should not be the sole criterions to judge greater food needs; the number of children, young, adolescent girls and pregnant women in a family should also be taken into consideration.

Of the total food distributed to the refugees at Shamshatoo, 97 percent is from donor agencies, namely the World Food Program and others. Furthermore, of the total households interviewed in this study, 91 percent claimed that they did not sell their allotted food. This emphasizes that, although, the food distributed may be deemed adequate by the donors, it still falls short of the requirements of a great many of the refugees, as 83 percent clearly stated that the food was inadequate, while 15 percent said that it was sufficient. 77 percent of the refugees felt that there has been no change in food supply, 17 percent felt that there had been a decrease in the food supply, while 5 percent claimed that there was an increase. Such disparity in the results, showed that a certain portion of refugees have become self-reliant in terms of food security, yet still a great majority is (1) food insecure and (2) rely heavily on the regular supply of food from the donor agencies.

Linkage between nutrition and income

We found very interesting results by matching the nutrition and household income data. It showed that majority of the anemic persons were from the very poor group. Of those that were anemic, 37.3 percent mentioned at least one household member as being anemic. All these cases were from the poor and very poor population of the camp. The households that reported two household members suffering from anemia (16.2 percent) were from the same income group. 16.0 percent households had three anemic family members. Our data revealed that there was not a single anemic person in the middle and rich group. Ironically, there were 13.0 percent households that had five members suffering from anemia.

Livelihoods, Coping Mechanisms and Safety Nets

While the section on an overview of the Shamshatoo camp provides some information about the camp as a whole, the quantitative and qualitative information obtained from the ten

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

percent households that were part of the study, showed that the main income generating activity outside the camp is manual labor, followed by brick-kiln work. Both men and women engage in the latter. Carpet weaving and yarn spinning is also a source of income, especially for women and women-headed households.

At Shamshatoo camp, we found that regular employment for men and women is rare. A considerable number of households (41 percent) reported that at least one person was involved in day labor, while almost 60 percent of those households said that more than one person from the household was engaged in daily wage labor. The remuneration for this work averages at Rs.54 per day for men and 23 rupees per day for women, reflecting not only low wages, but also women's unequal wage for similar work. In addition, such work is not regular and dependable. Some households also depend upon small businesses, such as vending or petty trading and small shops. Their daily income from such activities also averages approximately 50 rupees. Only 12.2 percent households earn between 50–120 rupees a day, and 7.3 percent mentioned a slightly higher income of between 121-300 rupees a day from business.

Those who are better-off are engaged in carpet businesses, and buying/selling livestock. A small number of households receive remittances from the Middle East, while some receive agricultural income from their hometowns.

Women-headed households are the most vulnerable, because women receive less for their work, and also because there are cultural restrictions upon the type of work they can access. While there are skill imparting centers in the camp, these centers teach women skills such as embroidery and carpet weaving or spinning wool yarn that are underpaid and undervalued. Many women are unable to access employment after learning skills because there is little demand for such work inside the camp. However, some women are able to work with the NGOs which provide outlets for their work.

Indebtedness among the households is high as 80 percent reported having taken loans, either from a relative or a shopkeeper. The average loan amount is approximately 16,500 rupees. Few households have to pay an interest on this amount. Loans are usually obtained for treatment during illness, household expenditures and to buy food. Marriages and businesses accounted for very little, underscoring the fact that the meager livelihood sources are inadequate for sheltering the vulnerable.

Many vulnerable households reported that they have had to sell their household items such as fans, clocks or televisions to meet health related expenditures, and a few sold these to buy food items. All the households covered in our survey indicated that they were not accessing any *zakat* or *usher* (charity) funds from the Pakistan government. Few knew about any organization that they could access for help during a crisis. As such, their only fallback option continued to be borrowing from relatives and shopkeepers. Almost all were entirely dependent upon WFP/UNHCR food assistance.

Given the deteriorating economic conditions, the irregularity of waged employment, the low wages for women inside the camp, as well as the vulnerability of all households with regard to the ability to cope with any illness or other household expenditures, it would appear to be imperative to devise strategies for the revival of local economies that in turn would generate increased employment opportunities and livelihood options. Of course, the impediments imposed upon women by a combination of customs, traditions and the gendered ideology of

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work that results in unequal access to work and unequal remuneration, requires not only social change, but also legal and institutional protection mechanisms.

Informal channels to get loan are the major coping mechanism in the camp. Mostly people rely on these channels because these channels do not involve any mark up/interest on loans. Relatives and shopkeepers are the main sources of loan. Majority of household sought these informal channels mostly for treatment of illness to any household members. This clearly indicates that health facilities for the treatment of major illness or emergency are inadequate in the camp. BHUs in the camp are enough efficient to meet the needs of minor illness. But, for major illnesses or even for emergency treatment after BHUs timings patients have to go to out of the camp mostly to Peshawar. That costs a lot and refugees already have meager sources of income.

CHAPTER 8

RECOMMENDATIONS

On the basis of income expenditure data: A case for targeting

- The main thrust of the study was to assess whether or not the refugee population could survive without food assistance. We ranked households on the basis of their food and non-food consumption expenditure.⁸ Based on this ranking, we found that a case can be made in favor of the lowest two ranks who cannot survive without food support. Since the lowest two ranks account for 63.5 percent of the total sample size, we argue that a mechanism should be devised by which there should be more targeted rationing of food that ensures that those falling in the lowest income category could be supported through food rationing. If the food rationing is continued on across-the-board basis, there is a chance of subsidizing the rich at the expense of the poor. In a campsite, it is not very difficult to rank households according to various income groups. We, therefore, recommend issuing different types of ration cards to different income groups.
- Data on nutritional status showed that out of the 40 percent anemic population, 81.5 percent are female. Rationing can, therefore, be further targeted on the basis of the gender composition of the households. The number of female members of the household can be a basis for food rations so that more food rations are provided for households with more females. The camp administration can also collect data on the number of lactating mothers and further provide specific targeted rations.
- Our data showed us that 16.2 percent of households are female headed, with no male earning member, we recommend that such households be provided more assistance.

On the basis of nutritional data

- Nearly 70 percent of the sampled refugees households at Shamshatoo are most food insecure, about 10 percent partially insecure and only 20 percent are self-reliant. Therefore, it is recommended that, since the camp is relatively small, those food insecure households be identified and marked as such so that the maximum possible food aid is provided to them. That is, 20 kilos of wheat flour, 5 kilos of pulses and 2 kilos of edible oil, per person each month.
- As for the partially food insecure population, 10 kilos of wheat flour, 0.5 kilos of pulses and 1 kilo of edible oil, per person each month be distributed.
- To ensure a balanced diet, the 20 percent refugee populace having livestock should be encouraged and if possible given financial assistance in order to increase their livestock quota. This can be a source of the necessary supplementary dietary needs of the populous, such as eggs, milk and meat.
- In order to give the refugees a feeling of self-reliance and worth, vocational work, such as wool making, carpet weaving, embroidery must be encouraged, especially amongst the females, and their access to market should be designed in such a way that they are able to earn money to buy necessary food items and non-food commodities.
- Since the donor agencies are determined to phase out the food aid, it is essential to design programs that ensure that the refugees have some alternative means of purchasing,

⁸ In literature, expenditure is used as a proxy for income.

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growing or rearing their own food. Otherwise, they would haphazardly disperse throughout the rural and urban surroundings, putting more stress on the already fragile economy of the host nation.

ANNEXURES

Annex I
HOUSEHOLD QUESTIONNAIRE

ID Code No

Date of interview _____

Name of Researcher _____

Name of head of household _____

Name of Respondent _____

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

Household top sheet

Note: Use additional sheet, if household members are more than 14

No	Name (start from Head of HH)	Relation to head	Sex M 1 F 2	Age If less than 8 Go to 7	Marital Status	Profession	Literate Yes 1 No 2 (go 9)	Education No. of completed years	disable? Yes 1 No 2 (Go to 11)	What is the disability?	Does s/he knows any skill? Yes 1 No 2 (Go to 13)	What type of skill? **	Reside Yes 1 No 2
	1	2	3	4	5	6	7	8	9	10	11	12	13
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

Marital status codes:

Married 1, Un married 2, Widow/widower 3, Divorced/separated 4

Relation codes:

Self 01, Wife 02, Daughter 03, Son 04, Husband 05, Son in law 06, Daughter in law 07, Grand son 08, Grand daughter 09, Aunt 10, Uncle 11, Nephew 12, Niece 13, Grand Father/mother 14, Brother/sister 15, Mother/Father 16, Father/mother in law 17, Brother/sister in law 18, Other (specify) _____77

Profession codes:

Casual labor 01, Farming 02, Business 03, self-employed 04, Job 05, Carpet weaving 06, Housewife 07, Brick kiln worker 08, Student 09, jobless 10, Other (specify) _____77

Disability codes:

Amputee 01, Limb 02, Deaf 03, Dumb 04, Blind 05, Mental 06, Stutter 07, Stammer 08, Other (specify) _____77

Type of skill:

Handicraft 1, Carpet weaving 2, Brick kilns 3, Mechanic 4, Driver 5, Other (specify) _____7

For interviewer:

Check household ration card to verify the number of household. Include the members that are missing from top sheet

1. Physical infrastructure of household

1.1 What is the type of construction of house?

- Mud 1
- Pakka 2
- Kacha Pakka 3
- Tent 4
- Other (Specify)_____ 7

1.2 Does your house have electricity supply?

- Yes 1
- No 2

1.3 What type of toilet is used by your household?

- Ventilated pit latrine 1
- Flush connected to septic tank 2
- Flush pit latrine 3
- Dry raised latrine 4
- No toilet/fields 8
- Other (specify) 7

2. Water

2.1 What is the nature of drinking water?

- Stand posts with taps 1
- In house connections 2
- Well with hand pumps 3
- Shallow well with bucket or rope 4
- Rain water catchments 5
- Other (Specify) _____ 7

2.2 Is the water supply continuous?

- Yes 1
- No 2

2.3 Have you or any member of your family suffered from water related diseases like cholera, dysentery, diarrhea?

- Yes 1
- No 2

No 3. Schooling and education

3.1 How many children of school-going age (5-18) are in this household?

Number of Children_____ (Check with top sheet)

3.2 For children never admitted

No	Name of children	Reason not to admit to school *
1		
2		
3		
4		

* **Codes:** Poverty 1, Non-availability of school 2, to help in hh chores 3, no advantage of education 4, Other _____ 7

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

3.3 For children dropped out?

No	Name of children	Sex	Main reason of drop out *
		Male 1, Female 2	
1			
2			
3			
4			
5			

Codes for reason of drop out

No suitable school available	1
Cannot afford schooling	2
Not interested in schooling	3
Failed at school	4
Due to illness	5
To help in household chores	6
Other (specify) _____	7

4. Health

4.1 Has there been any major illness or injury in your household in the last one year?

Yes	1	
No	2	Skip to Q 4.3

4.2 If yes,

No.	Name of person	Sex check from HH top sheet	Age	Nature of illness or injury*
1				
2				
3				
4				
5				

* Paralysis 01, Diabetes 02, Kidney stone 03, Cancer 04, Rickets 05, Urinary tract infection 06, Scurvy 07, Gastritis 08, Cardiovascular diseases 09, Spinal cord defect 10, Asthma 11, TB 12, Hepatitis 13, constipation 14, Jaundice 15, Other (Specify) _____ 77

4.3 Has there been any minor illness or injury in your household in the last one month?

Yes	1	
No	2	Skip to Q 4.5

4.4 If yes,

No	Name of person	Sex check from HH top sheet	Age	Nature of illness or injury*
1				
2				
3				
4				

* Codes: cold 01, cough 02, fever 03, anemia 04, vomiting 05, Stomach/muscular pain 06, Dizziness/headache 07, diarrhea 08, Night blindness 09, Skeletal bone disease 10, Goiter 11, skin diseases 12, Other (specify) _____ 77

4.5 Usually where do you go for treatment?

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

- BHU in the camp 1
- Private doctor in the camp 2
- Private doctor outside the camp 3
- Govt. health facility outside the camp 4
- Other (specify)_____ 7

4.6 Do you get free medicine from BHU?

- Yes 1
- No 2

4.7 Do you have to pay to see the doctor?

- Yes 1
- No 2 Skip to Q 4.9

4.8 How much you have to pay for one consultation?

_____Rupees

For interviewer: Total number of women of reproductive age (15-49) years in this household?____
(check from household sheet) If ZERO skip to 4.11

4.9 How many married women of reproductive age (15-49) of this household are currently pregnant? _____ if Zero skip to Q 4.11

Name of women	Do the pregnant women get supplementary food items ? Yes 1 No 2 Skip to 4	Where from?*	What type of food?***	Do the pregnant women get additional food? Yes 1 No 2 Skip Q 4.10	Where from?*	What type of food?***
	1	2	3	4	5	6

*BHU 01, RHC 02, FWC 03, MCHC 04, Govt. Hospital 05, Private clinic/hospital 06, Other (Specify) _____77
**Milk01, Fruite 02, Meat 03, Fish 04, Other (Specify) _____77

4.10 How many married women of age (15-49) are lactating? _____ if Zero skip to Q 4.11

Name of women	Do the lactating women get supplementary food items from centers? Yes 1 No 2 Skip to 4	Where from?*	What type of food?***	Do the lactating women eat additional food according to nutritional demand? Yes 1 No 2 Skip Q 4.11	Where from?*	What type of food?***
	1	2	3	4	5	6

*BHU 01, RHC 02, FWC 03, MCHC 04, Govt. Hospital 05, Private clinic/hospital 06, Other (Specify) _____77
**Milk01, Fruit 02, Meat 03, Fish 04, Iron tablet 05, Other (Specify) _____77

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

4.11 Vaccination to children

For Interviewer: Number of children under age 5 years _____ Check from HH top sheet

Name of child	Sex Male 1 Female 2	Has s/he received vaccination? For interviewer: check from vaccination card Yes 1 No 2 BCG – an injection that leaves a scar on the shoulder, usually given at birth DPT – an injection given three times to prevent whooping cough, diphtheria and tetanus, usually given in the thigh or buttock Polio – drops given to the child by mouth to prevent paralysis Measles – an injection given at nine months to prevent measles, usually given in the upper arm or shoulder				Where from s/he received his last vaccination? *See Health facility code
		BCG	DPT	Polio	Measles	

*Health facility codes: BHU 01, FWC 02, MCHC 03, RHC 04, Govt. Hospital 05, Mobile vaccine campaign 06, Private clinic/hospital 07, Other (Specify) _____77

4.12 Anti natal and Post natal care

For Interviewer: Number of married women that have at least on child and last birth was during last three years _____ Check from HH top sheet. If ZERO then skip to section 5

Name of women	During the last pregnancy, did she have any anti-natal care consultations at a health center? Yes 1 No 2 (Skip to column 3)	Where did she have them?*	During this last pregnancy, did she have any vaccinations against tetanus? Yes 1 No 2 (Skip to column 5)	Where from?*	After the last pregnancy, did she have any post-natal care consultations at a health center? Yes 1 No 2 (Skip to column 7)	Where from?*	Where did she give last birth? Pakistan 1 Afghanistan 2 If Afghanistan then skip to 9	Where did she give her last birth? *	Who attended the birth? **
	1	2	3	4	5	6	7	8	9

*Health facility codes: BHU 01, RHC 02, FWC 03, MCHC 04, Govt. Hospital 05, Private clinic/hospital 06, At home 09, Other (Specify) _____77

**Birth attendant: Doctor 01, Nurse 02, Lady Health Visitor 03, Trained birth attendant 04, Untrained birth attendant 05, LHW 06, Family member/friend/neighbors 07, Other (Specify) _____77

5. Livelihood

LABOR/MAZDOORI

For interviewer: How many household members are doing labor (including males, females and children)

Check HH top sheet _____ *If number is ZERO then go to Q 5.9*

5.1 What are the daily wages for casual labor?

- i. Male _____ Rupee
 ii. Female _____ Rupee

5.2 Details of mazdoor and mazdoori

Name of Mazdoor	Age	Sex	Days worked in last week?	Daily Wage rate	Any side payment or commission?
		M 1 F 2			

5.3 Have there been any reasons for members of the household not going to work during last one month?

- Yes 1
 No 2 Skip to Q 5.9

5.4 If, yes then how many days s/he could not go to work?

_____ No. Of days

5.5 What were the reasons for not going to work?

Name	Reason for not going to work

Law and order problems 1, conflicts 2, hostility 3, unemployment 4, Due to sickness 6, Other (specify) _____ 7

5.6 Did anyone help your household at that time?

- Yes 1
 No 2 Skip to Q 5.9

5.7 If yes, who helped you?

- Relatives 1
 Shopkeepers 2
 Landlord/khan 3
 Fiends 4
 Other (Specify) _____ 7

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

5.8 How did s/he help?

- | | |
|----------------------------|---|
| Gave loan | 1 |
| Financial help | 2 |
| Gave ration on credit | 3 |
| Contributed to commodities | 4 |
| Other (specify) _____ | 7 |

5.9 Have you ever got loan?

- | | | |
|-----|---|----------------|
| Yes | 1 | |
| No | 2 | Skip to Q 5.13 |

5.10 If yes, then for which purpose?

- | | |
|-------------------------|---|
| For children's marriage | 1 |
| For business | 2 |
| For illness | 3 |
| To meet household needs | 4 |
| To buy food | 5 |
| Other (specify) _____ | 7 |

5.11 How much money did you borrow?

_____ Rupee

5.12 Do you have to pay interest on the debt?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

5.13 Did anyone from your household take part in harvesting someone else's crop in the last harvest?

- | | | |
|-----|---|----------------|
| Yes | 1 | |
| No | 2 | Skip to Q 5.15 |

5.14 What did your family earn from this harvest labour?

- | | | |
|----|------|-------|
| a) | Cash | _____ |
| b) | kind | _____ |

DUKAN OR KAROBAR (BUSINESS)

For interviewer: How many household members are doing business/karobar/dukan (including males, females and children).

Check HH top sheet _____ If number is ZERO then go to Q 5.21

5.15 Does any member of your household have a business/shop/Petty trade?

- Yes 1
- No 2 Skip to Q 5.21

5.16 What type of karobar is it?

- Dukaan 1
- Vending 2
- Repairing stuff 3
- Other (specify)_____ 7

5.17 How much is the average daily income?

_____Rupee

5.18 Did it cost anything to start this karobar?

- Yes 1
- No 2 Skip to Q 5.21

5.19 How much?

_____Rupee

5.20 From where did you raise the money?

- Borrowed 1
- Past saving 2
- Sold land/livestock/property 3
- Other (Specify)_____ 7

JOB

For interviewer: How many household members are doing job (including males, females and children)

Check HH top sheet _____ If number is ZERO then go to Q 6.1

5.21 Does any member of your household have noukri?

- Yes 1
- No 2 Skip to Q 6.1

5.22 What is monthly income from job?

_____Rupees

Note: If there are more than one HH members doing job then add salary of all the members.

6. Risk and vulnerability

6.1 In the past two years has the locality suffered with?

01. Drought	
02. Flood	
03. Infrastructure (Roads and bridges collapsing)	
04. Crop failures	
05. Crop infestations	
06. Epidemic e.g. cholera, diarrhoea, measles outbreak	
07. Common animal epidemic	
77. Others (specify)	

Yes=1, No=2

7. Livestock and poultry

7.1 Do you have livestock/poultry?

Yes 1
No 2 Skip to Q 8.1

7.2 How much money did you get last month selling dairy products?

_____ Rupee

8. Food

8.1 How many meals a day you have?

8.2 How often do you eat fruits?

Daily 1
Once a week 2
Twice a week 3
Once a month 4
Twice a month 5
Very rare 6

8.3 How often do you eat meat?

Daily 1
Once a week 2
Twice a week 3
Once a month 4
Twice a month 5
Very rare 6

8.4 Do you receive food items from donor/ aid agencies?

Yes 1
No 2 skip to Q 9.1

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8.5 How much ration do you get for one person per month?

Wheat Floor _____ KG
Pulses _____ KG
Edible oil _____ KG
Other (specify) _____ KG

8.6 Do you sell some part of your ration?

Yes 1
No 2 Skip to Q 8.10

8.7 What percentage of food you sell?

Wheat Floor _____ %
Pulses _____ %
Edible oil _____ %
Other (specify) _____ %

8.8 Where?

To other refugees 1
On shop in the camp 2
On shop outside the camp 3
Other (specify) _____ 7

8.9 What do you get in exchange?

Cash 1
Non-food items 2
Food items at the end of the month 3
Other (specify) _____ 7

8.10 Is there any change in food distribution during last one year?

No change 1 Skip to Q 8.13
Increased 2 Skip to Q 8.13
Decreased 3

8.11 If decreased, then for how many months?

Number of months _____

8.12 How did you manage that time?

Take loan 1
Use past saving 2
From the income of male HH members 3
From the income of female HH member 4
Other (specify) _____ 7

8.13 Is this allocation of food to your household adequate?

Yes 1 Skip to Q 9.1
No 2

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

8.14 If no, how do you manage?

- Borrow ration from shopkeeper 1
- Take loan from relatives 2
- Take loan from vedera/influential 3
- From money earned by HH members 4
- By selling household items/assets 5
- Other (specify)_____ 7

9. Assets/Coping mechanism

9.1 Does your household or anyone in your household own any of these?

Item	Yes=1	No=2
Television		
Fans		
Radio/cassette player		
Watch/clock		
Motor cycle		
Cycle		
Jewelry of Gold		
Other (specify)_____		

9.2 Have they ever sold any of these items?

- Yes 1
- No 2 Skip to Q 9.4

9.3 What was the reason to sell?

- To pay debt 1
- For treatment 2
- To purchase food items 3
- Other (specify)_____ 7

9.4 Is loan easily available?

- Yes 1
- No 2 Skip to Q 10.1

9.5 Where from?

- Relatives 1
- Shopkeeper 2
- Khan 3
- Money Lender 4
- Other (specify)_____ 7

9.6 On what terms and conditions?

- On interest 1
- Without interest 2
- Workout 3
- Other (specify)_____ 7

10. Safety Nets

10.1 Do you get Zakat/Usher from Pakistan Zakat Administration?

Yes	1
No	2

10.2 Is there any organization/tanzeem in the camp?

Yes	1	
No	2	Skip to Q 10.6

10.3 What is the type of this organization?

Welfare	1
Political	2
Religious	3
Charity	4
Other (specify)_____	7

10.4 Are the women entitled to be a member of that organization/tanzeem?

Yes	1
No	2

10.5 Are you or any person of your household is the member of this organization?

Yes	1
No	2

10.6 Is there any group that can be approached in crisis?

Yes	1	
No	2	Skip to Q 11.1

10.7 Have you or any of your household members ever approached that group?

Yes	1	
No	2	Skip to Q 11.1

10.8 What was the reason to approach them?

To take food assistance	1
To take loan	2
To solve a dispute	3
Other (specify)_____	7

10.9 Was the issue/problem addressed?

Yes	1
No	2

11. Non-food supplies by UNHCR/WFP/Other Donors
--

11.1 Do the donors supply non food-items on regular basis?

- | | | |
|-----|---|----------------|
| Yes | 1 | |
| No | 2 | Skip to Q 12.1 |

11.2 If yes, what are these items?

- | | |
|----------------------|---|
| Jerry cans | 1 |
| Soap | 2 |
| Clothes | 3 |
| Shoes | 4 |
| Tarpaulins | 5 |
| Firewood | 6 |
| Other (specify)_____ | 7 |

12. External assistance

12.1 Have you ever received any assistance from your relatives living in/out camp?

- | | | |
|-----|---|----------------|
| Yes | 1 | |
| No | 2 | Skip to Q 12.4 |

12.2 Is this assistance regular?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

12.3 What is/was the nature of assistance?

- | | |
|----------------------|---|
| Cash | 1 |
| Commodities | 2 |
| Gifts | 3 |
| Other (specify)_____ | 7 |

12.4 Are you receiving any type of assistance from other Donors/group except than WFP/UNHCR?

- | | | |
|-----|---|--------------------|
| Yes | 1 | |
| No | 2 | Skip to section 13 |

12.5 What is the nature of assistance?

- | | |
|----------------------|---|
| Cash | 1 |
| Food items | 2 |
| Non-food items | 3 |
| Other (specify)_____ | 7 |

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

13. Food Consumption & Expenditures

No. of household members: _____

Items	Code s	Purchased			Home-Produced			Gift/Donation	
		How much money did you spend on these items last month?			How much of this food does your household consumed that you have produced yourselves? (If seasonal, in a month during THIS season)			What is the total quantity/value of this item that your household has received as payments in kind or gifts during last month?	
		Quantity	Unit	Rupees	Quantity	Unit	Rupees	Quantity or value	Unit
		1	2	3	4	5	6	7	8
Wheat (grain)	01		Kg.			Kg.			Kg.
Wheat flour (maida/sooji)	02		Kg.			Kg.			Kg.
Rice / rice flour	03		Kg.			Kg.			Kg.
Fresh milk	04		Kg.			Kg.			Kg.
Pulses, beans, dhal etc.	05		Kg.			Kg.			Kg.
Yogurt, butter, desi ghee etc.	06		Kg.			Kg.			Kg.
Vegetable ghee or oil	07		Kg./Lt			Kg./Lt			Kg.
Beef	08		Kg.			Kg.			Kg.
Mutton	09		Kg.			Kg.			Kg.
Chicken	10		Kg.			Kg.			Kg.
Fish	11		Kg.			Kg.			Kg.
Eggs	12		Eggs			Eggs			Eggs
Fruits	13		Kg.			Kg.			Kg.
Potatoes	14		Kg.			Kg.			Kg.
Tomatoes	15		Kg.			Kg.			Kg.
Onions	16		Kg.			Kg.			Kg.
Other Vegetables	17							Rs:	Rupees
Salt / spices	18							Rs:	Rupees
Sugar, gur, sweets products	19							Rs:	Rupees
Tea	20							Rs:	Rupees

14. Non-Food Consumption & Expenditures Last Month

LAST ONE MONTH	Code	How much is spent by the household in a typical month on ..(item)?
		Write 0 if none
		Rupees
Firewood	01	
Kerosene	02	
Dung Cakes	03	
Natural gas – piped & cylinder	04	
Electricity	05	
Water	06	
Products for Personal hygienic care	09	
Travel expenses (inc public transport, car petrol & car maintenance)	10	
Recreation (sport, cinema, etc)	11	
Telephone, telegraph, postal charges	12	
Pocket money to children	13	
Cigarettes, pan, naswar etc.	14	
Clothes/shoes	15	
Repayment of loan	16	
HHs items (cockery, kitchen tools, etc...)	17	
Kerosene oil stove	18	
Bukhara stove	19	
Bucket with lid	20	
Floor mats & blankets	21	
Tent	22	
Any Other (specify) _____	23	

Confirmation Signature: Checked by: _____

Coded by: _____

Entered by: _____

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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Annex II Tables
Demographic Information

D-1 Percent distribution of population by age group

Age Group	Percent
Up to 5	18.4
6-10	22.2
11-15	18.1
16-20	8.6
21-25	4.9
26-30	3.9
31-35	5.3
36-40	4.6
41-45	5.4
46-50	2.9
51-55	2.3
56-60	1.8
61-65	0.7
Greater than 65	0.9
Total	100.0

D-2 Percent distribution of literate population

	Percentage
Literate	63.3
Illiterate	36.7
Total	100.0

D-3 Household members with disability

Response	Percentage	Number
Yes	4.5	95
No	95.5	2025
Total	100.0	2120

D-4 Nature of disability

Nature	Percentage	Number
Amputation	43.1	40
Limb	19.0	18
Blindness	9.5	9
Mentally retorted	6.0	6
Deaf	4.3	4
Stammer	0.9	1
Other	9.5	9
Total	100	95

D-5 Know any skill

Response	Percentage	Number
Yes	43.5	922
No	56.5	1198
Total	100.0	2120

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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D-6 Type of skill

Skill	Percentage	Number
Carpet weaving	36.2	333
Yarn	34.6	319
Brick making	12.6	116
Embroidery	9.1	84
Driving	0.6	5
mechanics	0.5	4
Other	8.3	76
Total	100	937

1. Physical Infrastructure of Household

1.1 Percent distribution of households by type of construction

Type	Percentage	Number
Mud	89.7	305
Pakka	1.2	4
Kacha Pakka	9.1	31
Total	100	340

1.2 Percent distribution of households with electricity

	Percentage	Number
Yes	73.5	250
No	26.5	90
Total	100.0	340

1.3 Percent distribution of households by type of toilet used

Type	Percentage	Number
Ventilated pit latrine	81.1	276
Flush connected to septic tank	0.3	1
Flush pit latrine	3.5	12
Dry raised latrine	11.8	40
Not toilet	2.4	8
Total	100.0	337

2. Nature of Drinking Water

2.1 Percent distribution of household by source of drinking water

Source	Percentage	Number
Stand post with taps	72.4	246
In house connections	0.9	3
Well with hand pumps	22.6	77
Other	3.5	12
Total	100	338

2.2 Percent distribution of responses about continuous water supply

	Percentage	Number
Yes	46.2	157
No	53.8	183
Total	100.0	340

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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2.3 Have the family members suffered from water related diseases

	Percentage	Number
Yes	33.2	113
No	66.8	227
Total	100.0	340

3. Education

3.1 Percent distribution of reasons for not admitting children in school

Reasons	Percentage	Number
Poverty	53.0	119
Non-availability of high school	24.0	54
To help in household chores	10.0	22
No advantage of education	13.0	29
Total	100.0	224

3.2 Percent distribution of reasons for children dropping out of from school by gender

Gender	Reason						Total
	No suitable school	Cannot afford schooling	Not interested in schooling	Due to illness	To help in household chores	Other	
Male	6.0	18.0	--	6.0	41.0	29.0	100.0
Female	--	6.0	6.0	18.0	47.0	24.0	100.0
Total	3.0	12.0	3.0	12.0	44.0	25.0	100.0
N	1	4	2	4	15	9	34

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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Health

4.1 Any major illness during last one year

Responses	Percentage	Number
Yes	37.0	125
No	63.0	215
Total	100	340

4.2 Nature of major illness during last one year

Nature	Percentage	Number
Diabetes	1.0	1
Kidney stones	16.0	20
Rickettes	1.0	1
UTI	3.0	4
Scurvy	1.0	1
Gastric	14.0	18
Cardio vascular	6.0	7
Spinal cord defect	8.0	10
Asthma	5.0	6
TB	9.0	12
Hepatitis	1.0	1
Jaundice	1.0	1
Constipation	1.0	1
Paralysis	1.0	1
Other	33.0	41
Total	100.0	125

4.3 Any minor disease during last one month

Responses	Percentage	Number
Yes	75.6	257
No	24.4	83
Total	100.0	340

4.4 Nature of disease

Nature	Percentage	Number
Fever	16.5	42
Diahorrea	13.0	33
Headache	11.0	26
Skin disease	8.2	21
Stomach problem	8.2	21
Cold	7.0	18
Cough	3.5	9
Vomiting	1.6	4
Skeletal bone	1.0	3
Goiter	0.3	1
Other	31.0	77
Total	100.0	255

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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4.5 Place for treatment

Place	Percentage	Number
BHU	94.4	321
Private Doctor outside camp	3.0	10
Private Doctor inside camp	2.0	5
Government health outlet outside the camp	0.6	2
Other	0.6	2
Total	100.0	340

4.6 Get free medicine at BHU

Responses	Percentage	Number
Yes	87.0	294
No	13.0	46
Total	100.0	340

4.7 Have to pay to doctor

Responses	Percentage	Number
Yes	93.5	318
No	6.5	22
Total	100.0	340

4.9 Number of currently pregnant women

Number of pregnant women	Percentage	Number
One	87.0	33
Two	10.0	4
Three	3.0	1
Total	100.0	38

4.10 Status of supplementary and additional food to currently pregnant women

	Percentage	Number
Not getting supplementary food	92.0	35
Not getting additional food	100.0	38

4.11 Vaccination

Vaccine	Percentage
BCG	90.0
DPT	88.0
Polio	95.0
Measles	77.0

4.11a Place of vaccination

Place	Percentage
BHU	92.0
Hospital	2.0
Mobile vaccine campaign	4.0
Private clinic	2.0
Total	100.0

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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4.12 No. of women who gave birth during last three years

Number of births	Percentage	Number
One	94.0	164
Two	5.0	9
Three	1.0	1
Total	100.0	174

4.12a Ante and post natal care during last birth

	Percentage	Number
Consulted for anti-natal care	54.0	94
Vaccination of tetanus	58.0	99
Consulted for post natal care	54.0	93

5. Livelihoods

5.1 How many household members are engaged in labor?

Number	Percentage	Number
One	41.5	120
Two	24.2	70
Three	12.8	37
Four	11.1	32
Five	7.6	22
Six	2.8	8
Total	100.0	289

5.2 Average daily wages by gender

Men	Women
54 Rupees	23 Rupees

5.3 Any household member not going to work during last month.

	Percentage	Number
Yes	22.0	54
No	78.0	192
Total	100	246

5.4 Percent distribution of responses of reasons for not going to work

Reason	Percentage	Number
Unemployment	41.0	22
Unemployment/ due to sickness	11.0	6
Due to sickness	24.0	13
Other	24.0	13
Total	100.0	54

5.5 Received help

	Percentage	Number
Yes	22.4	12
No	77.6	42
Total	100.0	54

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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5.6 Source of help

Person	Percentage	Number
Relatives	36.0	4
Shopkeepers	64.0	7
Total	100.0	11

5.7 Nature of assistance

Mode	Percentage	Number
Loan	45.5	5
Financial help	27.3	3
Ration on credit	27.3	3
Total	100	11

5.8 Have you ever taken a loan?

Responses	Percentage	Number
Yes	85.9	292
No	14.1	48
Total	100.0	340

5.9 If yes, for what purpose?

Reason	Percentage	Number
Children's marriage	3.6	9
For business	2.4	7
Illness	27.0	79
Illness, HH needs	16.1	47
Illness/ HH needs/ to buy food.	1.7	5
Illness/ to buy food.	6.2	18
To meet HH needs.	20.5	60
HH needs/ to buy food.	1.7	5
To buy food	16.8	49
Other	4.5	13
Total	100.0	292

5.11 Do you have to pay interest on the loan?

Responses	Percentages	Number
Yes	15.9	54
No	84.1	286
Total	100	340

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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5.13 Business/ shop/ petty trade

Responses	Percentages	Number
Yes	12.4	42
No	98.6	335
Total	100.0	340

5.14 Type of Business/ shop/ petty trade

Type of business	Percentage	Number
Dukan	11.9	5
Vending	4.8	2
Repairing Stuff	2.4	1
Other	81.0	34
Total	100	42

5.15 Daily income from Business/ shop/ petty trade

Income	Percentage	Number
Upto 50 rupees	80.5	33
51-120 rupees	12.2	5
121-300 rupees	7.3	3
Total	100.0	41

5.16 Did it cost anything to start this Business/ shop/ petty trade ?

Responses	Percentage	Number
Yes	47.6	20
No	52.4	22
Total	100	42

5.17 Cost of starting a business

Cost	Percentage	Number
Less than 500	35.0	7
501-2000	25.0	5
2001-5000	20.0	4
More than 5000	20.0	4
Total	100.0	20

5.18 From where you raise that money?

Source	Percentage	Number
Borrowed	45.0	9
Past saving	55.0	11
Total	100.0	20

5.19 Does any member of your HH have *noukri* (regular employment)?

Responses	Percentage	Number
Yes	5.0	17
No	95.0	323
Total	100.0	340

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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6. Risk and Vulnerability

6.1 Percent distribution of suffering during last one year

Suffering	Response		Total	N
	Yes	No		
Drought	31.2	68.8	100.0	340
Flood	30.9	69.1	100.0	340
Infrastructure collapsing	24.7	75.3	100.0	340
Crop failure	0.3	99.7	100.0	340
Crop infestation	0.3	99.7	100.0	340
Epidemics ie. Cholera, diarrhoea, measles	32.6	67.4	100.0	340
Common animal epidemics	4.1	95.9	100.0	340

7. Livestock/Poultry

7.1 Do you own livestock/ poultry

Responses	Percentages	Number
Yes	20.6	70
No	79.4	270
Total	100.0	340

7.2 Do you sell dairy products?

Responses	Percentages	Number
Yes	2.1	3
No	98.9	67
Total	100.0	70

8. FOOD

8.1 Meals a day

No. of meals	Percentage	Numbers
Two per day	3.5	12
Three per day	96.5	328
Total	100.0	340

8.2 Frequency of eating fruit

Frequency	Percentage	Number
Daily	1.5	5
Once a week	7.9	27
Twice a week	3.8	13
Once a month	24.7	84
Twice a month	10.6	36
Very rare	51.5	175
Total	100	340

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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8.3 Frequency of eating meat

Frequency	Percentage	Number
Daily	0.3	1
Once a week	6.5	22
Twice a week	2.1	7
Once a month	34.1	116
Twice a month	12.1	41
Very rare	45.0	153
Total	100	340

8.4 Percent distribution of responses on the regularity of food supply items from donors

Responses	Percentages	Number
Yes	98.5	335
No	1.5	5
Total	100.0	340

8.5 Percent distribution of responses about sale of rations

Responses	Percentages	Number
Yes	1.9	6
No	98.1	334
Total	100.0	340

8.6 What do you get in exchange

Responses	Percentages	Number
Cash	60.0	4
Other food items	40.0	2
Total	100.0	6

8.7 Percent distribution of responses about change in food distribution during last one year

Responses	Percentages	Number
Yes	22.5	76
No	77.5	264
Total	100.0	340

8.8 How did you manage the decrease in food ration at that time?

Reason	Percentage	Number
Take loan	51.1	23
Used post savings	4.4	2
From the income of male HH members	28.9	13
From the income of females HH members	8.9	4
Other	6.7	3
Total	100	45

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP SHAMSHATOO

8.9 Is the current allocation of food to your Household adequate?

Response	Percentage	Number
Yes	12.9	44
No	87.1	296
Total	100	340

8.10 If not, then how did you manage?

Reason	Percentage
Borrow ration from shopkeeper	23.2
Borrow ration from shopkeeper/loan from relatives.	10.0
Borrow ration from shopkeepers/take loan from relatives/ from money earned by HH members.	3.2
Borrow from shopkeepers/from money earned by HH members	14.7
Take loan from relatives	9.1
Take loan from vedera/ influential.	1.2
Money earned by HH members	22.1
Other.	3.2
Total	100

9. Assets/Coping Mechanisms

9.1 Assets ownership

Assets	Percentage	Number
TV	2.9	10
Fans	58.2	198
Radio/ cassette player	12.1	41
Watch/ clock	47.4	161
Motor cycle	1.8	6

9.2 Have you ever sold household items

	Percentage	Number
Yes	5.0	16
No	95.0	324
Total	100	340

9.3 Reason for selling household items

Reason	Percentage	Number
For treatment	87.5	14
To purchase food items	12.5	2
Total	100	16

9.4 Percent distribution of responses about easy availability of loan

Responses	Percentage	Number
Yes	43.8	149
No	56.2	191
Total	100	340

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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9.5 Source of loans

Source	Percentage	Number
Relatives	26.6	41
Relatives/ shopkeepers.	37.7	58
Relatives/ khan	0.7	1
Shopkeepers	31.8	49
Money lender	1.9	3
Other	1.3	2
Total	100.0	154

9.6 Terms and conditions of loan

Terms and Conditions	Percentage	Number
Without interest	100.0	148
Total	100.0	148

10. Safety nets

10.1 Securing Zakat fund from Pakistan administration

Responses	Percentage	Number
Yes	0.0	0
No	100.0	340
Total	100.0	340

10.2 Do you know about any organization in the camp

Responses	Percentage	Number
Yes	1.5	5
No	98.5	335
Total	100	340

10.3 Type of organization

Responses	Number
Welfare	2
Political	1
Other	2
Total	5

10.4 Can a women be a member of the organization

Responses	Number
Yes	3
No	2
Total	5

10.5 Does any household member have membership

Responses	Number
Yes	1
No	4
Total	5

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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10.6 Is there any group that can be approached during a crisis

Responses	Percent	Number
Yes	1.2	4
No	98.8	336
Total	100.0	340

10.7 Have you ever approached that group

Responses	Number
Yes	3
No	1
Total	4

10.8 Reason for approaching that group

Responses	Number
For solving a dispute	2
To take food assistance	1
Total	3

10.9 Was the issue addressed

Responses	Number
Yes	2
No	1
Total	3

11. Non-Food Supplies from Donors:

11.1 Percent distribution of responses about regularity of supply non-food items on regular basis by donor

Responses	Percentage	Number
Yes	2.6	9
No	97.4	331
Total	100	340

12. External Assistance

12.1 Percent distribution of responses that ever received any assistance from relatives living in/ out of the camp

Responses	Percentage	Number
Yes	14.1	48
No	85.9	292
Total	100	340

12.2 Percent distribution of responses about regularity of assistance

Responses	Percentage	Number
Yes	41.7	20
No	58.3	28
Total	100.0	48

HOUSEHOLD FOOD ECONOMY ASSESSMENT: REFUGEE CAMP
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12.3 Percent distribution of responses about nature of assistance

Responses	Percentage	Number
Cash	68.7	33
Commodities	31.3	15
Total	100.0	48

12.4 Percent distribution of responses that are receiving assistance other donors/group besides UNHCR/WFP

Responses	Percentage	Number
Yes	2.9	10
No	97.1	330
Total	100.0	340

12.5 Percent distribution of responses about nature of assistance from donors/groups other than UNHCR/WFP

Responses	Percentage	Number
Food	90.0	9
Non-food items	10.0	1
Total	100.0	10

13. Nutrition

13.1 Genderwise distribution of household members physical checked by nutritionist

Gender	Percentage	Number
Male	28.5	113
Female	71.5	284
Total	100.0	397

13.2 Percent distribution of physically checked household members by age group

Age group	Percentage	Number
Less than 5 Years	29.5	117
6-10 years	22.6	90
11-20 years	24.2	96
21-50 years	21.6	86
Above 50 years	2.1	8
Total	100.0	397

13.3 Percent distribution of anemia status by gender

Nutrition status	Gender				Total	N
	Male	N	Female	N		
Not anemic	36.2	85	63.8	150	59.2	235
Adema of ankles	15.9	7	84.1	37	11.1	44
Fatigue/tiredness	4.2	2	95.8	46	12.1	48
Breathlessness	14.3	2	85.7	12	3.5	14
Headache/nausea	20.8	5	79.2	19	6.0	24
Paleness of hand/face and nails	50.0	11	50.0	11	5.5	22
Black spots around eyes	33.3	2	63.7	4	1.5	6