Multi-cluster Rapid Assessment Mechanism (McRAM)

Assessment of Internally Displaced People (IDPs) from conflict affected areas of NWFP, Pakistan

08 - 18 June 2009

# **ACKNOWLEDGEMENTS**

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# **List of Acronyms**

IDPs Internally Displaced People

IASC Inter-Agency Standing Committee

McRAM Multi Cluster Rapid Assessment Mechanism

NWFP North West Frontier Province UNICEF United Nation Children Fund

UN United Nation

WHO World Health Organization WFP World Food Programme

FAO Food and Agriculture Organization

UNHCR United Nations High Commissioner for Refugees

UNDP United Nations Development Programme

UNESCO United Nations Educational, Scientific and Cultural

Organization

IOM International Organization for Migration ILO International Labour Organization

INGOs international Non Governmental Organizations

PDA Personal Digital Assistants
GPS Global Positioning System
ARC American Refugee Committee

IFRC International Federation of Red Cross

MUAC Mid Upper Arm circumference

# **Executive Summary**

The recent conflict of Swat has resulted into displacement of millions of people to the districts of NWFP and other parts of the country. This largest displacement in the history of Pakistan has developed an immense pressure over the government to deal with the issues of shelter, safety, food and other basic needs of the IDPs. The international humanitarian community has also stepped forward to support the Government of Pakistan to meet the challenge of IDPs and their resettlement process. The UN agencies are ever committed to respond to the needs of this greater population on urgent and immediate basis along with the other international and national organizations. In the same context, this rapid needs assessment of IDPs was initiated by the UNICEF and WFP adopting the Multi-cluster Rapid Assessment Mechanism (McRAM) post-emergency assessment tool that uses questions designed by the Inter-Agency Standing Committee (IASC) Clusters in Pakistan, together with PDA (Personal Digital Assistants) technology and well-trained field teams to provide rapid feedback on emergency situations.

The McRAM has been used several times since its introduction in March 2008. In August 2008, it was used in communities displaced from Bajour agency into areas of Lower Dir and Malakand districts of North West Frontier Province (NWFP). Afterwards, it was used to assess the situation of IDPs in NWFP, Earthquake affected people in Balochistan and drought affected population in Tharparker, Sindh.

The trained teams of field researchers were recruited for the assessment process. A training of two days followed by piloting of the designed tools was carried out in Peshawar where representative of different UN agencies participated occasionally and contributed their input to orient the team well about the concerned part of the study. A hectic schedule was followed by the teams during the assessment process to ensure the quality of data and information. The evenings were spent on the daily debriefing sessions, skimming the information and data cleaning process.

The study revealed many facts with some significant observations as below:

The study revealed many facts with some significant observations as below: A good number respondents reported for accessing safe dinking water; however 94% of the total interviewed population is found using no water treatment practices at all. Use of open water storage is also seen at household and community level with some dirty vessels at community level. The use of latrines at household level is satisfactory but at the camps level it is critical in terms of sufficiency and functionality of available latrines both for male and female. The practices of washing hands before eating and after defecation both at household and community level requires education and awareness to the community along with provision of basic facilities of water and soaps to camps level to improve the hygiene and sanitation condition.

Farming is found as a major source of income of the IDPs and a greater loss on the sources of income including food crop, cash crop, fodder crop and animals has been

observed. The extent of loss of all means of livelihoods falls mostly under 'complete' or 'badly damaged' that shows the extent of damage of the income sources of IDPs.

The families of IDPs are not seen concerned with the education of their children as being scattered population or even at camps. The education is not a priority since they are confronting other issues of food, health and shelter. The majority of education facilities in the five districts with higher number of primary school are being occupied by the IDPs. If this situation prolongs after mid of august; the issue of education of children of the settled population would arise.

The nutritional aspect of the IDPs presents a critical situation. There is a significant number of lactating women found in camps and households with insignificant provision of feeding supplements, vaccination facilities and medical care. The trend of breast feeding clearly indicates a higher percent of women stopped feeding their children due to poor food, stress, poor health and trauma. All these reasons are interconnected and multiply the effect on others.

The section of health concludes that major diseases observed amongst the children or adults are dhiarrea and fever and the reasons are unhygienic feeding conditions, use of untreated dinking water and unsafe hand washing practices. The provision of vaccination is not very encouraging and the maximum carried out vaccination consists of the polio drop only. The majority of vaccination services are rendered by the polio teams with some insignificant contribution of others. The Measurement of Upper Arm Circumference reveals that about 25% of the total measured children are at risk or sever condition.

The situation of shelter shows that majority of the household families are settled with their friends and relatives. The community in cluster is found equally occupying camps and schools. A significant number of IDPs with 34% is found sharing rooms with others in comparison to 44% who live in independent room. Only 17% of the individual families of IDPs have more than one room to live. Amongst the top three housing concerns; we find lack of money, over crowing and hot summer in the priority one concerns accordingly. But the second and third priority also repeat the same with an addition of lack of cooking facilities as highest amongst the top two priority concern.

# **Chapter I - Background of McRAM**

Within the context of humanitarian reform, rapid post-emergency assessments have been identified as an area that needs improvement. The time and basic information necessary to mount flash appeals has been identified as a weakness that needs to be addressed. The IASC Cluster approach aims to increase predictability and accountability in the way the international humanitarian community responds to emergencies. One way of doing this is through an immediate multi-cluster assessment.

Realizing the same need, the Multi-cluster Rapid Assessment Mechanism (McRAM) project was commenced in Pakistan in March 2008 with the aim of designing a post-emergency assessment by utilising Personal Digital Assistant (PDA) technology.

The overall objective of McRAM project is to have a well designed, multi-cluster assessment mechanism in place and a system prepared to implement this mechanism at very short notice. The MCRAM contributes achieving the following outputs:

- ⇒ The global humanitarian community needs to have tools ready to conduct quality rapid assessments that can provide data showing the impact of an emergency in order to plan an immediate response and mobilize resources.
- ⇒ There is a need to balance the elements of speed and precision. MCRAM thorough exploration of the available technology and using it in the context of emergency assessment together with the creation of one well designed assessment tool by all key clusters address both the issues of timeliness and accuracy of emergency assessments.
- ⇒ MCRAM provides information to the donors to make decisions on funding for emergencies based on rapid assessments.

The McRAM was initiated by UNICEF but from its inception it has been a joint UN initiative. Since the project began in March, 2008 the UN agencies that have participated in various ways have been; UNICEF, WHO, WFP, FAO, UNHABITAT, UNHCR, UNDP, UNESCO, IOM, ILO. A range of INGOs have been contributed both independently and through the PHF, these include, but are not limited to; Oxfam, Islamic Relief, World Vision, Concern International, ARC, Malteser International, IFRC and the British Red Cross. Collaboration on the McRAM so far provides an example of partnership and collaboration as various actors have come together as equal partners to contribute to the design of the questionnaire and the mechanism for implementing the assessment

McRAM has been used for assessing needs of communities in drought of Sindh in April 2009 and during flood in Peshawar in November 2008.

# **Introduction to the Study**

The needs assessment process was initiated by the coordinated efforts of UN family to respond to the challenge of IDPs occurring due to the Swat conflict.

This study aimed at collecting the information about the IDPs residing at camps and host families. The information ranges from their issues of poverty and vulnerability to health, education, sanitation, shelter and livelihood. The study also covered the gender aspect by having a split of male and female population for most of the queries. The detail about the conflict is given as follows:

# **Brief about Conflict**

The Government of Pakistan launched a military operation against Taliban forces in Bajaur Agency in August 2008 that resulted into displacement of a population across the districts of North West Frontier Province (NWFP). The total number of Internally Displaced Persons (IDPs) between August 2008 and April 2009 reached approximately 4 million.

The migration of these IDPs started before the Holy Month of Ramazan in July / August 2008. Initially around 100,000 IDPs were registered, however, with the announcement of cease fire by the Government in the Month of Ramazan, almost all the registered IDPs returned back to their homes. Due to retaliation from the militants during the month of Ramazan and start of clashes between security forces and the armed opposition, a large number of IDPs fled back to the settled districts of NWFP.

Buner Conflict:

In April 2009, the Taliban took control of Buner, after a short battle with local residents. Self-styled Sharia rules were imposed, like the elimination of video stores, ban on shaving, and the prevention of women from appearing in public places.

Two months of calm in Malakand division due to the peace deal between NWFP government and Tehrik-e-Nifaz-e-Shariat-e-Muhammadi (TNSM), was disrupted when the Taliban entered Buner and established strongholds in some areas of Buner. After initial resistance by the local population in which they badly hampered the march of Taliban, the Taliban succeeded in taking control of the area. The Commissioner of Malakand Division moderated negotiations between the militants and local population. The local residents were convinced of militant withdrawal from the area and the militants agreed they would abandon militant activities. The resistance of the local population was called off. But the militants' withdrawal was deceptive. They started their activities which resulted in the launch of the military operation in district Buner. The Taliban were in control of Sultan Wus, Gokand Dara, Pir Baba, Pacha Kallay, Ambella Pass, Koga and Chinglai the areas of Buner. While they were using routes of Sangar and Karakar Pass for transportation and supply of arsenals from Swat.

#### **Swat Conflict:**

After launching operation in District Buner, the Taliban retaliated in Swat. The miscreants started attacks on security check posts, warehouses, and started kidnapping and beheading the security personnel. The militants have attacked the NGOs' offices and looted equipments, vehicles and food items. On May 6, 2009, the security forces

started operation in Mingora city and nearby areas. The militants entered the houses and used humans as shield.

The electricity is suspended to most of the areas in the district including Mingora where more than 0.5 million people are living. Due to electricity failure, the citizens are facing shortage of water. The continuous curfew in the main city has resulted in shortage of food commodities.

The people who are stuck up in the area are facing shortage of water, food commodities and medical facilities as there is no electricity and transportation.

# Source: helpidp.org

This situation resulted in a greater discomfort of the local population along with their migration to the other areas of the province and across the country. The government was also put in pressure to act against the militants. The majority of the local population continued shifting to Mardan and Swabi in order to save their lives and avoid conflict. A careful assessment of the IDPs by international agencies shows that by May 28, 2009, the number of IDPs had grown to over 3 million with mounting pressure on the government, as well as the international humanitarian community, to respond to the needs of IDPs.

The IDPs are settled in camps at Swabi, Mardan, and Nowshehra other than the people who are residing with their relatives across the country and especially in NWFP.

The situation was getting worst even at the time of the assessment process. There was threatening situation for the international, national and local staff to carry out the task but the team was determined to work for the higher cause; so the work continued.

# Study Design/ Methodology

# **Designing and Development of Tools**

A concentrated effort was made to develop questionnaire for obtaining the maximum information for the purpose of planning, resource allocation and responding to the immediate needs of IDPs. A broad based consultative process was followed to incorporate each cluster's head with its pertinent concerns. Two different questionnaires were developed for this assessment process. (for copies go to: <a href="http://www.mcram.org">http://www.mcram.org</a>)

- A household level questionnaire
- A community level questionnaire

Questionnaires include the clusters heads related to all Health, education, Water, Sanitation and Hygiene; Nutrition; Livelihood and Agriculture; Shelter and Protection.

# **Integration of Gender Perspective**

Since there has been displacement of households from the conflicted areas; the study could not ignore the gender perspective of the needs assessment process. It was emphasized during the development of the study tools, training, research and analysis process that the gender perspective remains the core of all efforts. The study carries the concerns of women, men, elderly people and children in many ways at different points. The research teams consist of one female and a male and some part of the

questionnaire was done by the female and some by the male keeping in view the ethnic and cultural sensitivity.

# **Study Process**

#### McRAM team

Further support was provided to field staff by the McRAM team consisting of international and national professional who were based in Peshawar during the course of assessment. This included the Chief Technical Census Advisor WFP/McRAM project co-ordinator; the Deputy Chief of VAM of WFP Italy, Head of VAM section WFP Pakistan, one national consultant and two representatives from UNICEF who also provided support in use of PDAs.

# **Research Team**

There were 20 teams of enumerators comprising of one male and one female. A supervisor for 10 teams was prearranged who provided technical assistance, guidance and immediate support to the teams if and when required. The supervisors also helped the respective teams to use the PDAs, transfer the data and respond to the queries of the lead professionals of the study.

# **Training of the Field Teams**

Two days' training from June 08 – 09 was organized for the field teams at Peshawar. The WFP and UNICEF along with the international team of McRAM project led the whole process. Trainers included a variety of staff from UNICEF, UNIFEM, WFP, McRAM who were experienced in the various aspects of the McRAM questionnaires (e.g. health, nutrition, GPS, sampling procedures, gender issues etc), as well as the use of PDAs. A separate session was conducted to sensitize the field team about the gender perspective, gender sensitive language and applying a gender watch while carrying out the research process. International and national staff of UN agencies made a tremendous effort to help the field team understand the importance and utilization of PDAs and GPS. Hectic exercises were carried out for longer hours to practice the same to ensure the maximum use of PDAs and quality of data received.

A detailed discussion was carried out by the head of McRAM project over the questionnaire and many amendments were made to it after the team's deliberations.

The field teams were well educated and experienced in their respective roles and functions. Their observations were relevant; their level of commitment was high and they attended the workshop with a keen sense of responsibility despite having longer working hours with lots of group exercise and presentations.

- Questionnaires were available to researchers in hardcopy form and on PDAs
- A total of 20 PDAs were used in this assessment

# **Piloting and Pre testing of the Tools**

The designed tools were pre tested in field by all the field teams soon after the training on June 10, 2009 and spotted areas were modified accordingly.

# **Monitoring Process**

The unique feature of this study was the involvement of an external Organization 'Children First' as process and output monitor of the whole study. The two representatives (field monitors) from the organization remained active during the whole assessment process. They provided their feedback and deliberation to the field team each day during the daily de briefing sessions and their concerns were taken into account and the identified areas were rectified accordingly.

# **Data Management thru PDAs**

Two McRAM programmers/ PDA specialists from UNICEF were engaged in the process who were based in Peshawar and contributed in the analysis and documentation process of the study in Islamabad too. They also provided training and technical assistance to the field teams for operating the PDAs. The data was cleaned and filtered on daily basis in evening.

# **Data Analysis and Reporting**

A national consultant was hired for report writing purpose based at Peshawar. The whole process was observed and attended by the consultant to internalize the concept, methodology and approach of McRAM. The data was transferred to the consultant on daily basis for analysis and reporting purpose. The McRAM team, WFP and UNICEF provided full support and guidance to the consultant to document the process.

# **Scope of Study**

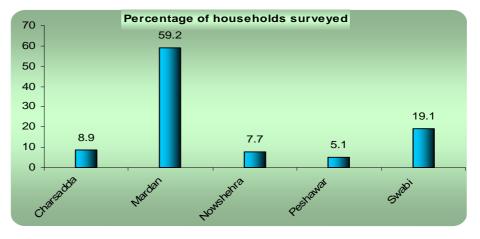
The study was carried out in five districts of NWFP including Peshawar, Charsadda, Swabi, Mardan and Noshehra. The questionnaires include information at household and community level. A total of 600 household and 400 community groups were interviewed. About 60% representative size at household was covered from district Mardan, 20% from Swabi and 20% from the rest of three districts.

The detail of household per district is as follows:

#### **Details of Households Interviewed**

	Peshawar	Mardan	Swabi	Charsadda	Nowshehra	Total
No	33	385	124	58	50	650
%	5.1	59.2	19.1	8.9	7.7	100%

The figure shows that the highest representative sample has been taken from Mardan with 59% and the from lowest Peshawar with 5%. Swabi represents the second higher representation of the



household sample with 19%, followed by Charsadda, Nowshehra and Peshawar.

A total of 176 camps/ schools were accessed and interviewed. The district wise detail of the camps and schools is as follows:

# **Details of Communities Interviewed**

District	Camps		Schools	
	No	%	No	%
Mardan	64	73	64	72
Swabi	6	6.8	7	7.8
Charsadda	5	5.7	5	5.6
Nowshehra	7	8	8	8.9
Peshawar	5	5.7	5	5.6
Total	87	100	89	100

The highest representation has been taken from Mardan with more than 70% for schools and camps each. Rest of the district bear almost the same sample representatives both for schools and camps.

# **Chapter II- Basic information (household and Community)**

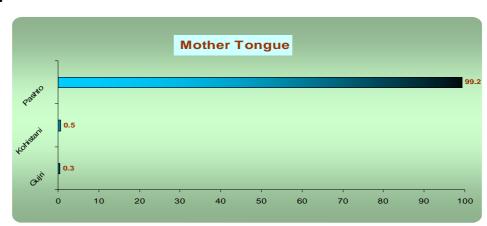
# **Findings of the Study**

# Place of origin of IDPs

The highest number of IDPs has been found from Swat with 57% and the lowest from Shangla with 0.2%. The second higher rate of displacement has been found from Bunir with 32.9%.

# **Mother Language**

The mother tongue of the 99% IDPs is Pashto that can be seen in the following figure in comparison to the other two languages Gojri and Kohistani.

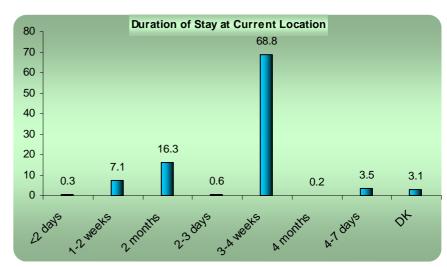


# **Duration of Stay at the Present Locations**

The highest population with 69% has been found with 3-4 weeks' stay at the present locations. However, 16% IDPs were found with two months' stay at the current sites.

The lowest population of 0.2% has been found with four months' stay while 3% reported unawareness of the exact duration of their migration period.

Another view of the IDPs in terms of their district wise settlement shows that the highest number of IDPs has been found in



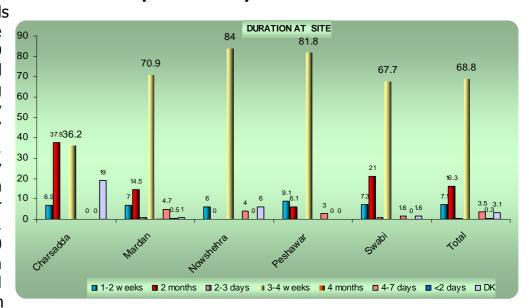
range of 3 - 4 weeks and with the same duration of stay; the highest number has been found in district Nowshehra i.e. 84%.

# **District Wise Duration of Stay at Site**

Less than two days or about 2-3 days stay has been observed as insignificant in all the districts that shows the majority of IDPs have been shifted since longer than a week.

# **Average Household Size of the Displaced Family**

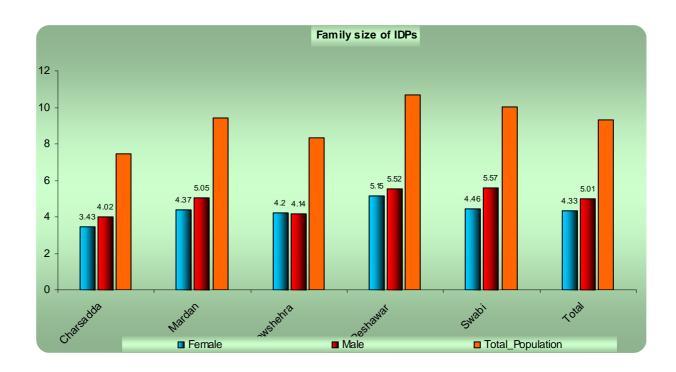
The study reveals that the average household size is 9 with 5 males and 4 females. Among districts, the family size ranges from 7 11 members. The highest family size is found in district Peshawar with 11 members, followed by members in district Swabi and 9 members



district Mardan. The lowest family size is found in district Charsadda with 7members.

	Average female population	Average male population	Total Population
District Name			
Charsadda	3.43	4.02	7.45
Mardan	4.37	5.05	9.42
Nowshehra	4.2	4.14	8.34
Peshawar	5.15	5.52	10.67
Swabi	4.46	5.57	10.03
Total	4.33	5.01	9.34

The average female members within a household are 4 in comparison to 5 male members. The highest female number is found in district Peshawar with 5 members and lowest in Charsadda with 3 members.



The highest family size with male members is found with 6 members in district Swabi followed by Peshawar and Mardan with a little deviation.

# Households of the Displaced Families with More than Five Dependants at Camps and Schools

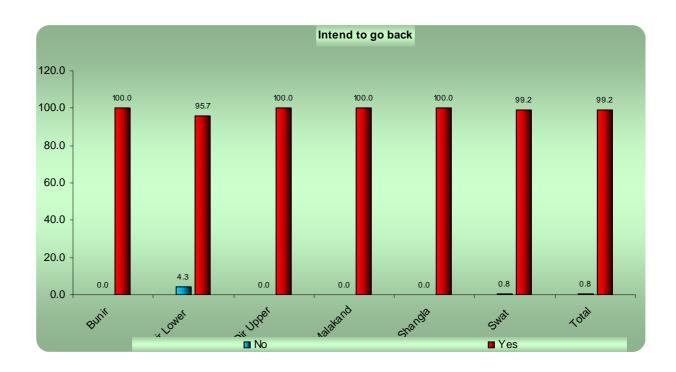
The following table shows the percentage of families with more than five dependants at camps and schools. Majority of the families have more children and elderly people to take care of them. Around 81% of the families fall in this category. The highest

amongst the five districts is found in Mardan where 82% families are found with more than five dependents, followed by Swabi with 76%. The lowest percent is found in Charsadda with 70. The prevailing high dependency rate leads to the higher rate of vulnerability.

Percentage families with more than 5 dependants				
District	Households with >5 dependants			
Charsadda	70.0			
Mardan	81.8			
Nowshera	752			
Peshawar	74.7			
Swabi	76.2			
Total	80.8			

# Intend to go back to home towns

It is interesting to see that majority of the IDPs showed their willingness to return to their home towns as soon as the situation normalizes and the conflicts ends up. Less than one percent may not return. About 4% of the population from district lower Dir desired not to go back to their native areas because of conflict and no means of livelihood.



Other reasons might be the uncertainty of the upcoming situation, trauma and the fear of Taliban about whom they are not sure if they would have been cleared from the area.

The details of households and camps/ schools visited and interviewed by the research team in the five districts are as follows:

The total number of respondents at community level includes 176 out of which almost 51% reside in

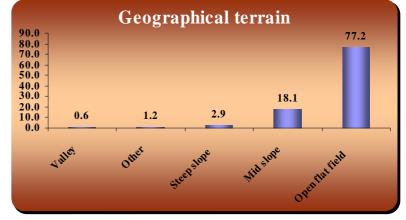
Type of Sattlement 50.6

50.5
49.5
49.5
Informal camp School

schools and 49% in camps. That shows almost equal percent of representation from both the camps and schools. Thus; the study would truly reflect the issues of IDPs living

in schools and camps.

The highest number of IDPs (77%) in informal camps and schools are residing in open flat fields and 18% on mild slopes. Majority of the IDPs are in Mardan, which is mostly flat. Similar is the case of Charsadda and Peshawar.



# **Status of Family Registration at Camps and Schools**

It is important to note that 95% of the total respondents at community level are found to be registered with 99% registration in district Mardan, followed by 98% registration in Swabi. The lowest registration of families is found in district Nowshehra with 68%.



The following table shows an important dimension of the families living at camps and schools.

Average nu	Average number of families per district by type of location											
District	Type of location	Families residing at the site	People residing at the site	Female adults above 18 years	Male children 1-5 years	Famale children 12-17 years	Female children 6-11 years	Male adults avove 18 years	Male children 1-5 years	Male children 12-17 years	Male children 6-11 years	Male infants <1 years
Charsadda	Informal camp	4	28	4	2	5	2	4	2	4	2	1
	School	6	59	8	4	5	5	8	5	5	4	1
Mardan	Informal camp	16	115	25	11	10	11	21	11	10	10	3
	School	27	140	22	10	14	12	23	12	13	13	4
Nowshera	Informal camp	9	63	11	5	11	4	8	4	10	6	1
	School	18	92	25	8	9	7	19	7	7	8	2
Peshawar	Informal camp	7	32	7	2	4	5	6	2	2	3	2
	School	12	64	18	5	4	4	14	4	5	7	1
Swabi	Informal camp	5	37	8	3	3	3	7	2	3	4	2
	School	7	43	8	2	2	5	8	2	2	4	1
Total	Informal camp	14	98	21	10	9	9	18	9	9	9	2
	School	21	115	20	9	11	10	20	10	10	11	3

The table illustrates that on average 21 families reside at schools and 14 at camps. The burden of population can be seen more on schools than camps. The average number of people residing in school is 115 while it is 98 at informal camps. The age wise average population can also be observed in the table above.

The highest family size in both camps and schools is found in district Mardan where 27 families reside in schools and 16 in camps. The lowest number of families residing in camps and schools are found in district Charsadda with family size of 4 and 6 in camps and schools accordingly.

# **Vulnerable Population at Household Level**

The highest vulnerability amongst female children is under the category who lost their fathers and who is physically disabled. Amongst male children; the highest number of vulnerable children is found for those who lost their fathers followed by the separated and mentally disabled children. Amongst the female children; the greater number of vulnerable girls is found in district Mardan same as is seen for camps and schools while the higher number of male vulnerable children are found in Swabi and Mardan too.

	Number of households with Vulnerable population								
	District Name	Swabi	Peshawar	Nowshehra			Total		
	Separated children <18	0	0	0	9	0	9		
	Children who lost there mother	2	0	0	0	0	2		
	Children who lost there father	2	0	0	7	0	9		
	Children who lost both parents	1	0	0	0	0	1		
	Infants without mother	0	0	0	0	0	0		
ale	Unaccompanied children	0	0	0	2	0	2		
Female	Unaccompanied elderly people	0	0	2	1	0	3		
	Physically disabled adults	2	0	2	5	0	9		
	Mentally disabled adults	0	0	0	1	0	1		
	Mentally and physically disables	1	2	0	2	0	5		
	Unaccompanied women with children	0	0	0	0	0	0		
	Unaccompanied women without children	0	1	0	2	0	3		
	Separated children <18	0	0	0	8	1	9		
	Children who lost there mother	1	0	0	0	0	1		
	Children who lost there father	6	0	2	2	0	10		
Male	Children who lost both parents	1	0	0	2	0	3		
	Infants without mother	0	0	0	2	0	2		
	Unaccompanied children	0	0	0	0	0	0		
	Unaccompanied elderly people	0	2	0	0	0	2		

Physically disabled adults	1	1	0	6	0	8
Mentally disabled adults	0	1	0	6	0	7
Mentally and physically disables	2	0	0	4	0	6

It is important to note that vulnerability at camps/ schools is higher than the vulnerability at household level.

# **Vulnerable Population at Camps and Schools**

The highest number of vulnerable children within the communities is found in district Mardan with 75 female children who lost their father followed by 24 female children who are physically and mentally disabled and again the highest number for this category is seen in Mardan. It is important to note that a significant number of vulnerable female children are found in district Mardan in all categories.

	Vulnerable population								
Sex	Age group	Charsadda	Mardan	Nowshera	Peshawar	Swabi	Total		
	Separated children	0	2	0	0	0	2		
	Children who lost their mother	0	20	0	0	0	20		
	Children who have lost their father	0	75	0	0	0	75		
	Children who have lost both parents	0	9	0	1	0	10		
	Infants without mothers	0	16	0	0	0	16		
	Unaccompanied children	0	8	0	0	0	8		
	Unaccompanied elderly people	0	2	0	0	0	2		
	Physically disabled children	0	22	1	1	0	24		
	Mentally disabled adults	0	14	0	0	0	14		
	Mentally and physically disabled children	0	19	1	1	0	21		
ale	Unaccompanied women without children	0	1	0	0	0	1		
Female	Unaccompanied women with children	0	14	1	0	0	15		
	Separated children	0	8	0	1	0	9		
	Children who lost their mother	0	51	0	0	0	51		
	Children who have lost their father	0	46	0	0	0	46		
	Children who have lost both parents	0	13	0	0	0	13		
	Infants without mothers	0	8	0	0	0	8		
	Unaccompanied children	0	18	0	0	0	18		
	Unaccompanied elderly people	0	1	0	0	0	1		
	Physically disabled children	0	40	1	2	0	43		
	Mentally disabled adults	0	23	4	2	0	29		
Male	Mentally and physically disabled children	0	39	3	0	0	42		

Again we see the concentration of vulnerable male children in Mardan with highest category of children who lost their mother, followed by the children who lost their

father. Amongst male children, we see a significant number of mentally and physically disabled children i.e. 42 with highest number in Mardan.

# **Conclusion and Recommendations**

The basic information of the IDPs residing with the host families reveals that the majority of displaced people belong to district Swat. The mother tongue of majority of the respondents is Pashto. The highest numbers of IDPs have been moved since three – four weeks before this study was conducted. Almost every individual household intends to go back to their hometowns. Here are some recommendations based on the findings of this part of the study:

- ⇒ The average number of household consist of nine members even it is higher in some districts but the food and non-food distribution to a family is made for an average number of 6. This needs to be reviewed on the basis of large family sizes.
- ⇒ The average number of male is higher than the female in a family. Government and other institutions should focus on the education and skill training of young people in order to make them enable for future challenges.
- ⇒ The registration authorities should register all IDPs and especially focus on Nowshehra to get the families of IDPs registered.
- ⇒ The burden of families residing in schools and camps can be distributed among different districts to lessen the issues of concentrated population on one district only.
- ⇒ A significant number of vulnerable population is found in Mardan and should be focused by the child centred organizations.
- ⇒ The higher number of disabled children is also found in Mardan and the organizations that work on disability should concentrate their efforts on camps and schools in Mardan for the mainstreaming of such children.

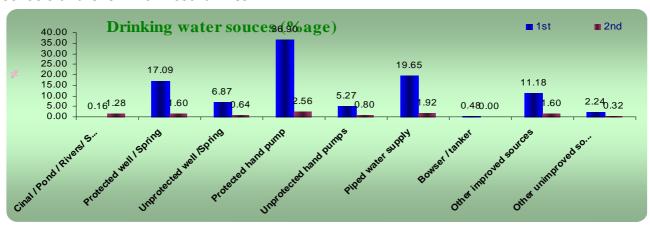
# **Chapter III- Water, Sanitation and Hygiene**

The situation of IDPs in Pakistan has been declared as the worst human displacement of the world in last fifteen years. It is also claimed by the UN sources that this is more critical than the displacement of Rwanda in 1994. The influx of displaced people to the settled resident areas/ camps generally creates issues of sanitation, water and hygiene. All these issues are interconnected and of primary nature to handle with.

This part of the report presents the findings of study about the situation of available drinking water, sanitation and hygiene faced by the individuals at household/ individual level and community/ camps and would suggest hard and soft type of interventions for the provision of safe drinking water, latrine coverage in line with SPHERE standards and hygiene awareness to target populations to the IDPs in camps and settled areas.

# **Source of Drinking Water**

The study revealed that, as a first source, the major source of the water for IDPs living with the host families is protected hand pumps with 37%. Piped water supply ranks 2<sup>nd</sup> as preferred source of water with 20% and protected well / springs ranks 3rd with 17%. Around 11% of the IDPs have 2<sup>nd</sup> source of drinking water. However, there is a great pressure on the available water and is inadequate for the families living in camps, schools and even with host familes.



The canal, ponds, rivers and streams rank lowest with 0.16 respondents.

If we analyse the practices being used by these **IDPs** for the treatment of water; we conclude that the 100% of **IDPs** living in Charsadda district do not use



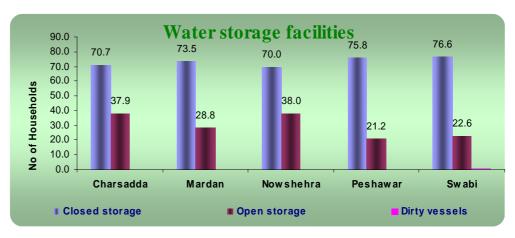
any type of method for the treatment of water. A very insignificant number of populations have been found in district Mardan who uses disinfect, filter or boil water before drinking. The same trend is found in district Nowshehra, Peshawar and Swabi where 84%, 97% and 96% population accordingly do not use any method to treat the water.

The figure above illustrates the higher percentage for the response of 'none' that reveals the fact that the displaced population is not using any water treatment method. The reasons for this response might be the drinking habits, lack of awareness of people about the use of untreated water, lack of resources and facilities etc.

The study reveals that at the camps and schools level there is not a single example of carrying out water treatment practice that is very alarming.

Another part of the water covers the aspect of water storage.

The figure shows that a significant number of population is found who uses closed water storage practice. The percentage of this safe practice ranges from 70 - 76%



that is a good number. However, the use of open storage is highest amongst IDPs in district Nowshehra and Charsadda with 38% followed by Mardan with 29%. The dirty vessels are found very insignificant with 0.8% in district Swabi that makes 0.2 averages of the five districts.

# **Water Storage Practices at Community Level**

If we compare the water storage practice of individuals with the IDPs living in camps

and schools, we found that 52% of Water storage at camps and schools IDPs living in the camps and schools use open storage. The highest percentage of camps and schools with open storage facility were found in Nowshera (86%) followed by Charsadda.

Water storage at camps and schools								
District	Decanter storage	Closed storage	Open storage	Dirty vessels				
Charsadda	9.1	9.1	72.7	9.1				
Mardan	0.8	44.5	48.4	6.3				
Nowshehra	0	14.3	85.7	0.0				
Peshawar	0	50.0	50.0	0.0				
Swabi	0	92.9	7.1	0.0				
Average	2	46.1	52.8	3.1				

The community level practices in Mardan and Charsadda shows 6% and 9% dirty vessels storage respectively. On average, 46% of the camps/schools have access to closed storage.

# **Usage of Latrines**

The analysis of usage of communal and household latrine shows that the significant number of respondents uses household latrine. The highest use of household latrine is found in district Peshawar with 94% followed by 78% in district Nowshehra.

Usage of La	Usage of Latrines in Host families								
District Name	Latrines (communal)	Latrines (household)	Neat to shelter (Excrement removed)	Near to shelter (Excrement left)	Open field (Away from shelter)				
Charsadda	17.2	55.2	3.4	5.2	13.8				
Mardan	3.1	69.9	7.5	6.0	8.1				
Nowshehra	0.0	78.0	2.0	4.0	2.0				
Peshawar	0.0	93.9	3.0	0.0	12.1				
Swabi	2.4	64.5	5.6	7.3	4.0				
Total	4.6	72.3	4.3	4.5	8.0				

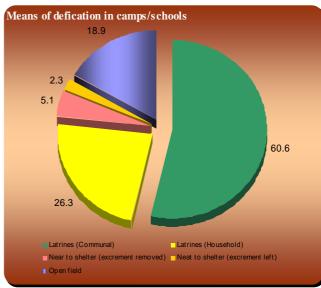
The highest number of respondents who uses communal latrine is found in district Charsadda with 17% with very insignificant number of use of communal latrine in Mardan and Swabi i.e. 3% and 2.4% accordingly. The use of communal latrine is found nil in Peshawar and Nowshehra.

A very low percent of respondents is found using the latrines near shelter where excrement is removed. If we look at all the categories of latrine usage, we find the use of household latrine highest with an insignificant usage of open field (away from shelter) as second rate i.e. 8% of the total respondents. Within the category of usage of open filed (away from shelter, we find the highest number of respondents in district Charsadda followed by Peshawar and Mardan. The lowest number of respondents for using the open field for the purpose of defecation is found lowest in Nowshehra with 2%.

# Comparison of Usage of Latrines with Communities in Camps and Schools

In comparison the household, we found the highest use of communal latrines in camps and schools with 61% as compared to 4.6% in host families. Around 26% of IDPs uses latrines in the surrounding houses, while 19% use open fields.

The number of people using places near to shelter with excrement left or



removed is lower than expected.

# **Number of Sufficient Latrine Available at HH level**

It is very critical to note that a significant number of respondents i.e. 41% of the total reported that they did not have sufficient numbers of latrines. in comparison to 59% respondents who have sufficient latrines. The highest number of respondents who have sufficient latrines is found in Charsadda with 74% followed by 72% in district Nowshehra and Mardan with 58%.

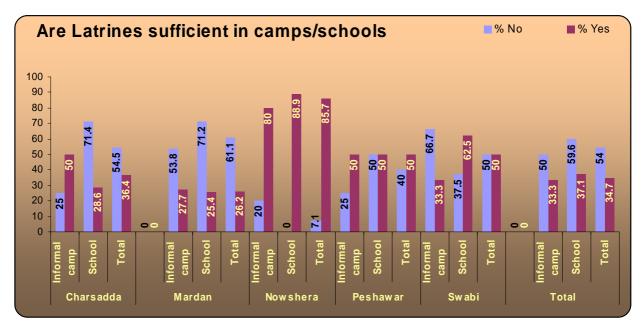
Latrines Sufficiency in host families							
District Name	Yes	No					
Charsadda	74.5	25.5					
Mardan	57.6	42.4					
Nowshehra	72.7	27.3					
Peshawar	48.4	51.6					
Swabi	50.5	49.5					
Total	58.6	41.4					

The figure illustrate that the absence of sufficient latrines is highest in Peshawar and Swabi with a minute difference of 51% and 49% accordingly. Mardan comes on number  $3^{rd}$  in this category followed by Nowshehra and Charsadda.

The issue of latrines is very serious in camps and schools. Around 54% of the camps/schools have complained about inadequate availability of latrines. The problem persist in all districts but severe in Mardan and Charsadda.

# **Availability of Sufficient Latrines at Camps/ Schools Level**

If we make a comparison of the availability of sufficient latrines at community level; we would see a higher number of dissatisfaction over the availability of latrines at camps and schools level. We can see in the table below that the highest percent of dissatisfaction with the availability of latrine is found in district Mardan with 61%



followed by district 54% in Swabi Charsadda. The lowest rate of dissatisfaction can be

seen in district Nowshehra with 7%. We had discussed earlier that the major burden of the fled population is found to be settled in district Mardan where such issues are critically spotted.

# No of available and Functional Latrines at host families

The study also explored the availability and functionality of latrines. The highest number of latrine is found for the combined use of male and female with 70% and the functional latrine out of the total available latrines for the combined used is 55%. That shows a total of 15% latrines are non functional for the combined use.

Percentage of latrines	available and	d functional
	Available	Functional
Male	9.7	5.0
Female	20.8	11.3
Combined	69.5	54.5
Total	100	70.8

The available latrines for male are 10% and half of them are found non-functional. Same is the situation with females where we find 21% available latrines with 11% functional latrines.

The reason for the highest number of available latrines for combined use is understandable as the displaced families of respondents are residing with their relatives, friends or rented places where a common latrine is constructed for the use of family members.

# No of available and Functional Latrines at Camps and Schools

The table shows district wise status of available and functional latrines both for male and female.

Available and functional latrines by location									
Available Functional									
District Name	Male	Female	Commbined	Male	Female	Commbined			
Charsadda	3.4	5.2	65.5	3.4	1.7	36.2			
Mardan	8.8	22.6	64.4	4.2	11.9	49.1			
Nowshehra	0.0	6.0	80.0	0.0	4.0	78.0			
Peshawar	15.2	33.3	66.7	15.2	33.3	60.6			
Swabi	13.7	16.9	55.6	5.6	6.5	46.8			
Total	8.9	19.2	64.2	4.6	10.5	50.3			

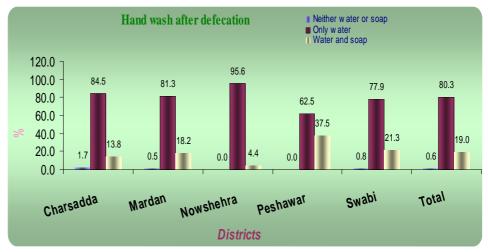
The highest number of functional female latrines is found in Peshawar, followed by Mardan. The total available latrine are 64% where 50% are functional.

### **Washing Hands after Defecation at Household Level**

The respondents were asked if they wash hands after defecation or not and if yes then did they use water only or soap and water for washing hands. The table below shows that a very insignificant number is found under the category that does not wash hands/ use water or soap. The highest number of 1.7% respondents in district Charsadda is found in this category. The reason might be the unavailability of water at the place of defecation or lack of water at the place of living.

The highest trend with all categories is found amongst the respondents for using only water for washing hands after defecation. District Nowshehra ranks first in this category with 95% responses followed by Charsadda and Mardan. The lowest number in this category is found in district Peshawar with 62%. The highest number of respondents who use soap and water for washing hands is found in district Peshawar with 37% for clear reasons of being an urban area and a relatively better source of living. Swabi

ranks second in the category of washing hand with soap and water followed by Mardan and Charsadda. The lowest number of respondents in this category is found in Nowshehra with 4%. If we analyse the trend washing hands after



defecation in totality, we find 80% respondents using water for washing hands, 19% using soap and water both and very insignificant trend of 0.6% who do not use water or soap.

# **Washing Hands after Defecation at Community Level**

We see almost the same situation for this perspective of washing hands after defecation

Hand wash after defecation Response (Camps/ Schools)								
Area	Type of settlement	Ash only %	Neither water or soap %	Only water %	Water and soap %			
	Informal camp	0.00	0.00	100.00	0.00			
	School	14.30	0.00	85.70	0.00			
Charsadda	Total	9.10	0.00	90.90	0.00			
	Informal camp	0.00	0.00	83.10	12.30			
	School	0.00	1.70	89.80	6.80			
Mardan	Total	0.00	0.80	84.90	9.50			
	Informal camp	0.00	0.00	100.00	0.00			
	School	0.00	0.00	100.00	0.00			
Nowshera	Total	0.00	0.00	100.00	0.00			
	Informal camp	0.00	25.00	75.00	0.00			
	School	0.00	0.00	100.00	0.00			
Peshawar	Total	0.00	10.00	90.00	0.00			
	Informal camp	0.00	0.00	66.70	33.30			
	School	0.00	0.00	62.50	37.50			
Swabi	Total	0.00	0.00	64.30	35.70			
	Informal camp	0.00	1.20	83.30	11.90			
	School	1.10	1.10	88.80	7.90			
Total	Total	0.60	1.10	84.70	9.70			

(table below). About 85% people are found washing hands with water only. Only 10%

people use soap and water both for washing hands. Reasons for not using soap might be the financially weak position to afford the soap, unawareness of the basic hygiene practices, unmanageable practice within the communal latrines etc.

# Hand wash before eating

This part shows the trend of washing hands before eating. The table shows that 88% of the total respondents of the study wash hands before eating while an insignificant number of respondents using soap and water for washing hands or none.

The highest percent if respondents for washing hands with water before meals is found in district Nowshehra with 96%. The other four districts carry almost the same percent ranging from 88% to 84% in this category.

Hand wash before eating in host families							
District Name	Neither water or soap Only water		Water and soap				
Charsadda		3.4	86.2	10.3			
Mardan		2.7	87.9	9.4			
Nowshehra		0.0	95.6	4.4			
Peshawar		0.0	84.4	15.6			
Swabi		1.7	88.4	9.9			
Total		1.6	88.5	9.9			

The highest number of respondents who use water and soap both for washing hands before eating is found in district Peshawar with 15% followed by Charsadda, Swabi and Mardan.

There is a significant difference in the habit of washing hands before meals between the household and communities. We find in the table below a significant number of people washing hands with soap and water. In comparison to 10% of the household, 38% people at camps and schools are found washing hands with soap and water. It is also important to notice further that the highest amongst the use of soap and water for washing hand is found with 33% in the camps of Swabi an dit is nil in district Charsadda, Nowshehra and Peshawar. Even in Mardan where concentration of IDPs is found, we see 12% people in camps using soap for washing hands. It is also critical to see that the use of soap with the higher percent is found almost insignificant in schools compare to camps.

Hand wash before eating (camps/ Schools)								
Area	Type of settlement	Ash only %	Neither water or soap %	Only water %	Water and soap %			
Charsadda	Informal camp	0.00	0.00	100.00	0.00			
	School	14.30	0.00	85.70	0.00			
Mardan	Informal camp	0.00	0.00	83.10	12.30			
	School	0.00	1.70	89.80	6.80			
Nowshehra	Informal camp	0.00	0.00	100.00	0.00			
	School	0.00	0.00	100.00	0.00			
Peshawar	Informal camp	0.00	25.00	75.00	0.00			
	School	0.00	0.00	100.00	0.00			
Swabi	Informal camp	0.00	0.00	66.70	33.30			
	School	0.00	0.00	62.50	37.50			

#### **Conclusion and Recommendations**

Following are the recommendations for improving the areas of Water, Sanitation and Hygiene:

- ⇒ It is critical to see that majority of population does not use any water treatment practices. This may cause number of diseases, infections to the people. The concerned organizations need to work on educating people about the consequences of using untreated water and further training be provided to them for treating the water through easiest and simplest methods.
- ⇒ A higher number of respondents i.e. 30% adopts open water storage that is also an unhygienic practices
- ⇒ It is also important to notice that 80% respondents use only water after defecation that is not a hygienic practice and require improvement. It can also be done thru education and provision of soaps to the families. Basic hygiene is utmost important in such conditions to avoid the aftermaths of such practices.
- ⇒ A significant number of respondents reported about the insufficiency of latrines.
- ⇒ A very insignificant number of respondents is found who uses water and soap both for washing hands before eating. An orientation training on adopting good hygienic practices need to be designed and organized for the groups of IDPs to orient them with the knowledge of basic hygiene.

# **Chapter IV - Livelihood/Agriculture/food security**

Agriculture is the main source of livelihood of the people of conflict zone. The land texture and type of weather conditions of Swat valley and the connecting areas; make them a perfect agricultural zone. The under discussion districts of Swat, Buner, Shangla and Lower Dir along with Malakand Agency are known for their specialized agricultural products of high quality all over the country. We find abundant crops in Swat ranging from almonds to onions and wheat to lintel. Some special fruit commodities like peaches, plums are known for Swat. Three in every five peaches that Pakistanis enjoy come from Swat. One in three pears and every seventh apple and plum also come from one of the five districts that fall in the conflict zone. Buner and Lower Dir are also known for their minor cash crops while Malakand and Shangla produce good quantities of maize and paddy. Swat leads the other four in production of fruits by a big margin. The five districts are also the main source of persimmon (Japani phalor amlok).

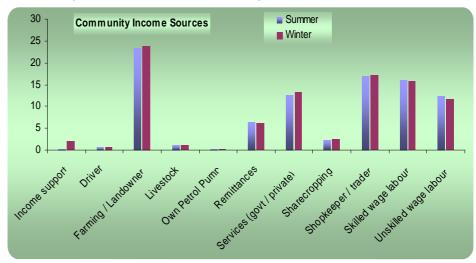
Swat valley is the vegetable and fruit basket for the entire country. This conflict has ruined this whole prosperous economy of the inhabitant of Swat and this part of the study would unpack the same i.e. source of income of the displaced families, affect of conflict on the sources of income, agricultural assets of the families and their losses, food security and the related issues of food security. The study would suggest the findings to deal with the issues of livelihood and food security on the basis of acquired information.

#### **Source of Income of IDPs**

Farming has been found as the major occupation of the IDPs with 23% followed by trading/ shop keeping with 17%, skilled labour with 16%, Govt service and unskilled

labour both with 12%.

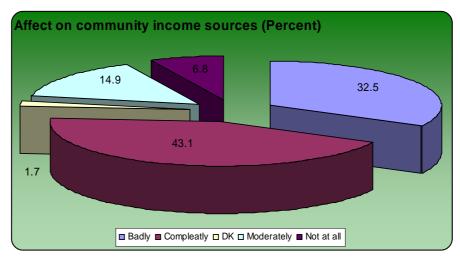
The interestina dimension is the of aspect the occupation in winter and summer. There is significant no deviation found in profession their in both the seasons.



#### **Effect of Conflict on Income Source**

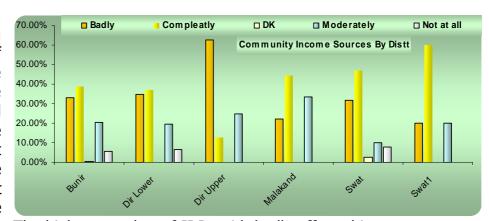
The highest number of IDPs with 43% reported that their source of income/ occupation has completely damaged, followed by 32.5% who reported categorized their business as badly damaged. The cumulative percent of these responses make 77% of the damage of business.

The reasons for this smashina uр of business is understandable as the absent of the working people from unattended place, agricultural crops, disengagement of skilled and unskilled labor force from their work places etc destroyed their



existing occupation and melt down the home based economy of the IDPs. However; only 6.8% do not feel that their business/ occupation has been impacted. This is the ratio of the IDPs who are government employees who feel secured and have a lesser effect on their income source. It is important to notice that the 12% IDPs are found to be engaged in government service but the percentage of people who do not have effect on their income is lesser than 12%. It shows that the government employees also have secondary sec source of income other than their govt employment and those sources have been destroyed during the conflict.

Another dimension of the effect of conflict over the source of income can be referred here in the above figure that elaborates the district wise effect on the income

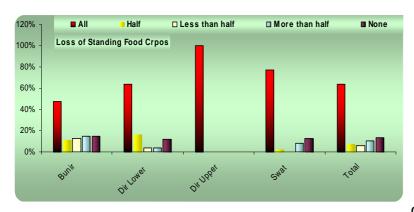


source of the IDPs. The highest number of IDPs with badly effected income source can be found in district Upper Dir with 62% followed by Lower Dir and Bunir. The completely damaged income source is highest in Swat with 47% followed by Malakand with 44%.

Moderate damage is found highest for district Malakand with 33%. It is important to note that the 100% of the respondents of Upper Dir, Malakand and Swat are affected by the conflict and their source of income has been destroyed to any extent. There is not a single respondent of these districts who reported their occupation as unaffected.

A further insight of the livelihood of the IDPs help the research team find more about the issues of the sources of income. Agriculture being reported the major occupation of the IDPs is explored further to look into the nature of loss. The following table shows the loss of standing food crop of the IDPs. The findings of study in above table show that the 100% of the IDPs belonging to district Upper Dir lost their all standing food crop followed by loss of 77% of IDPs from Swat, 64% from Lower Dir and 47% from Bunir. The loss in terms of more than half, less than half and half standing food crop has been found significant in district Bunir and Lower Dir. Unaffected standing crop has been found highest as 15% in district Bunir followed by Swat and Lower Dir.

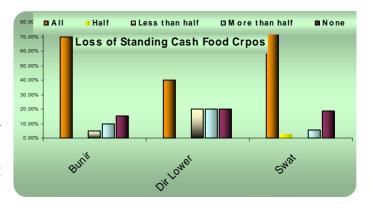
The below figure illustrates the same situation discussed earlier.



The loss of standing cash crop shows the highest amongst the IDPs of Upper Dir district with 100% all damaged crop. Swat is known for many cash crops including variety of fresh and dry fruits, tomatoes and etc. The displacement of IDPs from the area resulted into unattended crops and the loss of standing crop is 73% in Swat

that is borne by the crop owners.

If we analyse the same effect on source of income with the view of loss of standing food crops, we found the 100% loss of all standing food crop in Dir Upper followed by 76% loss in Swat, 64% in Lower Dir and 47% in Bunir. The major part of damage can be seen in the category 'All Damaged' that shows the extent of loss of these people.

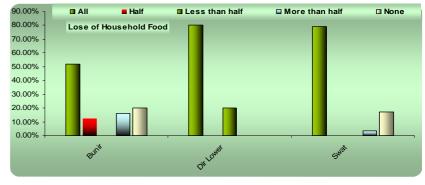


The highest responses received from district Bunir for the unaffected food crop with 14% followed by 12% responses from Lower Dir and Swat. The research team received no response from Malakand for the loss of standing food crop in all given categories.

#### **Loss of Household Food Stock**

Another aspect of loss in terms of affect on the food stock of IDPs can be referred in

the following table. The table shows the higher portion of the food stock has been destroyed at all with highest in Lower Dir i.e. 80% and Swat with 79%. The loss of food stock all destroyed is 52% in Bunir.



The figure also shows the same. The secure food stock is highest in Bunir with 20% and not a single HH reported from Lower Dir about the undamaged food stock. This shows the great loss of the livestock assets of the IDPs.

The research team received no response from Malakand and Upper Dir for the loss of food stock in all given categories.

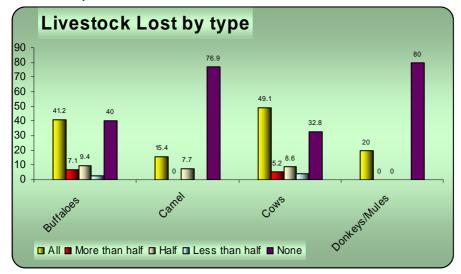
An overall view of the loss of all crops shows that 63% all standing food crop, 70% all standing cash crop and standing fodder crop, 68% of all food stock and 31% of all farm forestry assets has been damaged. The significant portion of the loss of all types of crops can be seen under 'all

Overall Agricultural output loss by household									
Agricultural Outputs	None	Less tnan half	Half	More than half	All	Total			
Standing food crops	13.1	5.6	7.5	10.3	63.4	100			
Standing cash crops	17.2	3.1	1.6	7.8	70.3	100			
Standing fodder crops	20.6	8.8	0.0	0.0	70.6	100			
Food stock (grains/seeds)	16.9	1.7	5.1	8.5	67.8	100			
Farm forestry	37.5	6.3	12.5	12.5	31.3	100			

damaged'. The highest amongst the unaffected livelihood means is the farm forestry with 38% followed by fodder crop with 21%.

# **Loss of Livestock by Type**

The loss is further observed in the livestock assets of the IDPs. The following table shows the types of animals being reared by the IDPs including buffalos, cows, camels and donkeys.



The highest lost in terms of livestock is observed for cows with 49% all damaged followed by loss of buffalos with 41% all damaged. Even the other categories of more than half, half loss reveals that the of loss cows and buffalos is higher than the others. It shows

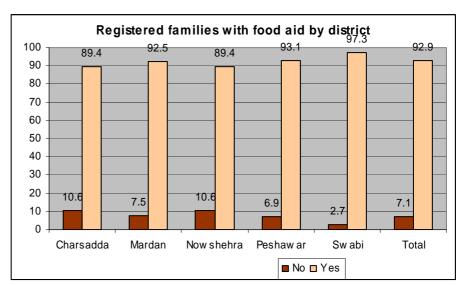
that the major livestock kept by the affected people are cows and buffalos those are ruined during the conflict period.

# **Food Security Background**

Food security of the people is of great concern in lieu of the frequent disasters and depleting livelihood sources in the country. Pakistan has experienced a number of disasters, especially earthquakes, conflicts, and security risk. The recent conflict in the Northern districts of Pakistan-Swat, Dir, Malakand and Buner, compelled many families

to leave their homes.

Major portion of the population fled from Swat and other surrounding districts due to conflict and spread over number of adjoining districts. Due to sudden and unplanned movement of the population, no food stock or other items



of domestic need were taken along. In order to know the extent of the food security emergency for these Internally Displaced Persons (IDPs), assessment of their food need and level of food insecurity was urgently needed.

In order to streamline distribution of food and non-food items, registration of these internally displaced persons (IDPs) was started by the Government soon after arrival, however, with interruptions.

According to the survey around 93 percent of the registered IDPs, hosted by local families, have received food at least once, at the time of registration. Majority of these families did not receive food for the 2nd time

A slightly higher percentage of IDP families without food aid was reported in Nowshera and Charsadda districts (about 11%). .

# **Food Consumption**

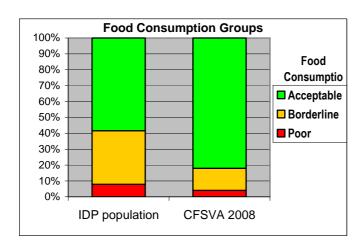
There is no single way to measure food security; however, analysis of food security by WFP generally uses food consumption as the entry point. Food consumption measured in kilocalories is based on the collection of detailed food intake data, which is difficult and time consuming.

There are several alternative ways to collect and analyze food consumption information using indicators that are proxy for actual caloric intake and diet quality.

Such proxies generally include information on dietary diversity, sometimes with the addition of food frequency. Analysis of dietary diversity and food frequency can be done in several ways, each with its own specific aims. Building composite score which measure food frequency and/or dietary diversity is one of the more explored and tested methodologies.

According to the food consumption score, around 8 percent of population has poor food consumption while 34 percent are at borderline. The food aid received by majority of the IDP families has improved their level of food insecurity temporarily, but in spite of

this their situation is clearly worse than during normal times, as reflected by the CSFVA in 2008. The population at the borderline of food consumption is highly vulnerable to food shock and heavily dependent on food aid. Hence, the food aid flow, once interrupted will make most of them food insecure.



# **Food Diversity**

The average food consumption score of IDPs hosted by local people is close to the poor food consumption pattern in general. The food consumption is heavily dependent on the items distributed by WFP and other food aid agencies. The food consumption pattern suggests that usage of meat is rear (only once in a week by the better off families) and there is no consumption of fruits. The diet of poor food consumption group (FCG) is cereals (mostly wheat), vegetable, sugar and oil. This means that poor families are

Food Consumption group	Proportio n of IDPs	Food group consumption (days / week)							
		cereal	pulse	vegetabl	fruit	mea	milk	suga	oil
		S	S	е	S	t		r	
Poor Food Consumption	7.9%	4.6	0.675	1.2	0.0	0.1	0.0	3.3	3.4
Borderline Food Consumption	33.8%	7.0	3.0	3.44	0.19	0.6	0.1	6.6	6.4
Acceptable Food Consumption	58.3%	7.0	3.5	4.03	0.4	1.7	4.2	6.8	6.0
Total		6.8	3.1	3.6	0.3	1.2	2.5 9	6.5	5.9

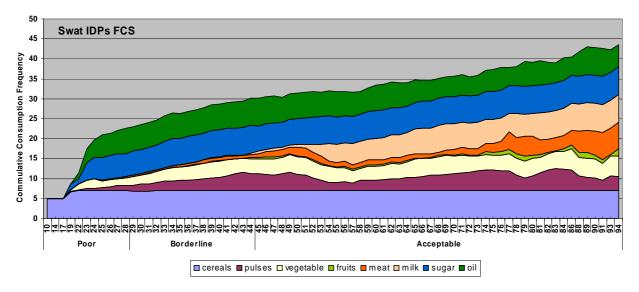
using wheat bread with pulses. Households at borderline of the FCGs have also access to vegetables in addition to pulses and bread.

The graph below gives interpretation and description of both dietary habits and determines cut-offs for food consumption groups (FCGs).

This graph presents a stacked food frequency of the food groups as it evolves with an increasing Food Consumption Scores (FCS). For each FCS value, a running average of

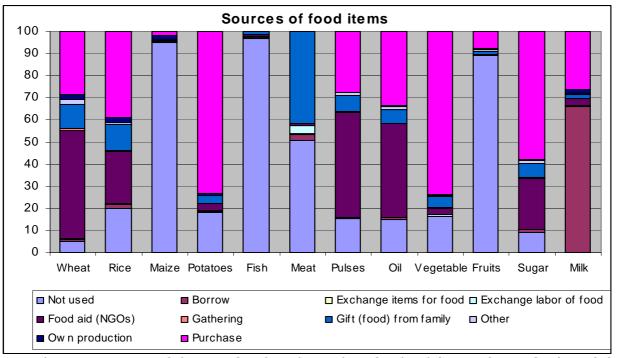
the surrounding values for that food group and the value in question was used to smooth the graph.

The graph shows that with the increase in FCS, the diversity of food consumption increases. Wheat in the form of bread is consumed by all groups, 5-7 days per week. In addition, sugar and oil are the regular food items consumed by all the families. It reveals that families, even with poor food diet can't stop the consumption of bread, sugar and oil. Of course, sugar is mostly for making tea and oil for the preparation of food.



The survey suggests that around 77% of the poor consumption group did not receive any food aid.

# **Sources of Food**



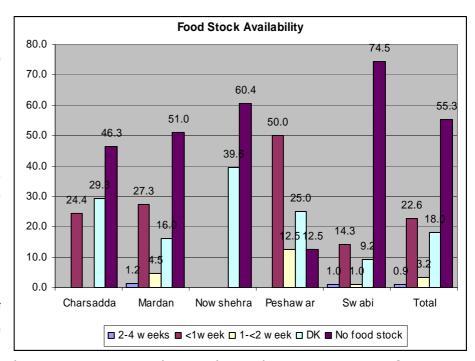
More than 60 percent of the IDP families depend on food aid (49.2%) or gifts (11%) for

wheat flour. Around 29 percent purchase wheat flour from markets. In the case of rice, 39 percent purchase from market, about 24% receive in aids while 20% can not afford to eat. Food aid is the major source of basic food items. Around 47 percent of families receive pulses, 42 percent oil and 23 percent sugar as food aid. Milk is one of the important food items, especially for children, but paradoxically, about 69 percent of the families have borrow it from host families, which depend on its availability. The precarious way households have to access food indicates serious food insecurity.

# **Availability of food stock**

55 In general, percent of the families have no food stock. The food received durina time registration was completed exhausted. About 23 percent of families had stock for less than a week.

The situation is more severe in Swabi district, where majority of the IDPs have no food stock to



survive. Similar was the situation in Nowshera, where above 60 percent of IDPs were without food.

Part of the coping strategies, households normally reduce the number of meals during disasters/shocks, where access to food become an issue. The survey reveals that, on average, children of 14 years and below eat food 3 times a day, while adults 2 times per

Swabi

Total

Number of meals eaten

day. The frequency of meals per day is suggestive of stress, as seen below the normal practice. The lowest rate of meals by children is seen in Charsadda and Nowshera, while for adults in Mardan.

The scarcity of food and limited available stocks led to the reduction of meal rates per day. This will result in inadequate caloric intake and consequently malnutrition.

14 15-17 18 years years years and and **District** below above Charsadda 2.1 2.7 2.1 3.0 2.9 Mardan 1.9 2.9 Nowshehra 2.7 2.7 4.5 Peshawar 3.6 2.9

3.0

3.0

Children

Children

3.1

2.9

Adult

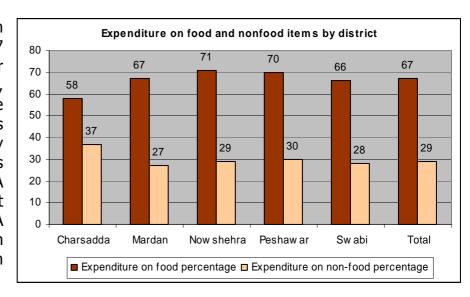
2.5

2.1

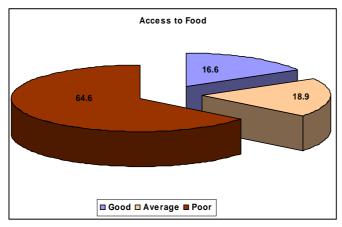
### **Access to food**

Households normally increase spending on food, when income declines. In Pakistan, households with less than 50% of the expenditure in food are considered to have good access to food, the low percentage being an indication that they can spend on many other less essential items. Families with food expenditure above 65 percent are considered having poor access to food..

The IDP families, on spend 67 average, percent of their spending on food, which is a higher rate and suggest a serious food insecurity condition. comparison, the CSFVA of 2008 indicates that in NWFP and FATA households spend, on 61.7% average on food.



The highest percentage of spending on food was observed in Nowshera and Charsadda, which coincides with the slightly lower rate of food aid in these districts. The IDPs have limited resources to buy items of daily needs. Food has the highest priority in the domestic list, thus all resources are diverted to make food available at home. It suggests that households have reduced spending on other items like, shelter, shoes, clothes, utensils, health and protection from hot weather.



implies that majority of the IDPs has reduced spending on non-food items. As reported earlier, food diversity of the IDP families was not adequate and limited to the basic food items, like bread with pulses and vegetables. By correlating both aspects (spending and food diversity), majority of the families

have scarcity of resources and their

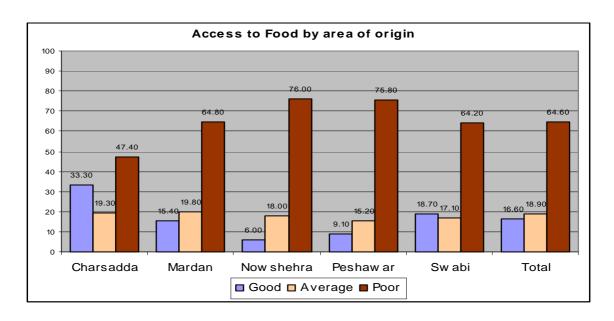
About 65 percent of the IDP families

have poor access to food while around 19 percent has average food access. It

resilience to face the disaster is depleting.

The situation is worse at all the locations, however, IDPs in Nowshera and Peshawar are facing serious threats with alarming percentage spending on food, leaving meager

resources for other items to buy. This situation also leads to the conclusion that IDP families at these locations receive little or no food aid. It was observed that more than 10% of IDP families did not receive any food aid since arrival.



### Recommendations

Food and shelter, among others, are the top priorities of IDPs.

IDPs have lost their livelihoods and have limited or no resources to purchase food. On average, they spend 67% on the purchase of food. Around 84% of the families fall in the poor and average food access groups, despite the receipt of food aid by some of them. Therefore, general food distribution among IDPs is recommended, and efforts should be made to include all IDPs.

Majority of the IDPs has poor food diversity and need some resources to afford a balanced diet. NGOs and other partners need to work on it.

The average family size of IDPs is 9.3. Hence, the quantity of food provided is less than their needs. Food basket should be according to the household size.

Majority of the IDPs prefer to buy wheat flour from the market instead of grinding the wheat due to a number of problems, like, searching for grinding facility, transportation to grinding mill, cleaning before grinding and most importantly they like the market wheat flour than grinded one. Therefore, distribution of wheat flour is strongly recommended against wheat gains.

IDPs have no resources to buy milk for children, elderly people and disabled. Majority of them borrow milk in small quantity from the host families to tea making. There is an urgent need to arrange milk for these families, especially for families with children, elder people and disabled.

Majority of the IDPs want to return homes as soon as possible. Once the situation in Swat, Buner and Dir returns to normal, most of the IDPs will rush back. Therefore, a reduced case load is expected in near future, if the security situation will allow it.

## **Chapter V- Education**

The guest families when displaced did not know of their future. Education was not taken as priority and they were scattered to different districts endeavouring to settle individually or collectively in camps, schools or any given place. Thus; the future of children belonging to thousands of internally displaced families from the conflict zone is at stake as no proper measures are being taken for their education. The children of these displaced families can be seen moving around aimlessly in the streets or near camps as their schools were also targeted in their own home towns.

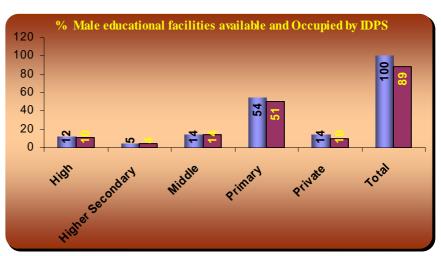
The militants had destroyed more than 250 schools in Swat Valley where about 300,000 boys and girls were getting education. At this time; when nobody is clear about the fate of conflict area, this is the most critical situation to deal with. Though the summer vacation has started in the down towns of the country; but the schools of displaced children are opened now as they close for vacation in winter.

The children are also found in trauma as they do not have any other productive activity to continue. There are many organizations those started working on providing psycho social support to children and established safe play areas; but provision of education has never been thought out or seen around the camps.

Also a multi grade type education system would be require in camps to deal with this issue on temporary basis but if this conflicts prolongs; it would be a great point of concern for the government and child focused organizations to meet this challenge with an appropriate and contextual strategy. That means the government and concerned organizations do not compromise on the educational needs of children. This part of the report presents some of the analysed aspects regrading the education of children.

### Status of Available and Occupied Educational Facilities for Boys/ Male

The graph shows that out of the total, 89% of the educational facilities are occupied/ used by the IDPs at camps/ school level. If we further analyse the educational facilities in terms levels; we will see that the highest number of facilities being used/ occupied by the IDPs is the primary schools for



boys with 51% out of available 54%. However, middle and private schools stand second on ranking with occupied 14% and 10% accordingly.

The comparison of occupied educational facilities of male with female can be referred to the table below. Again we see the same percent of 89 of the total available female educational facilities being occupied by the IDPs with the highest percent of primary schools. The reason for this similar situation is the availability of primary school is generally at the village level and the occupancy of such facilities is easier than the higher facilities. The highest occupancy of male and female primary schools is found in district Mardan where the majority of IDPs are settled. (Further split of the table is annexed).



The occupancy of educational facilities might not be a concern for the education department as the schools are closed for summer vacation mid of the august; but if the situation prolongs, education department has to come up with the alternate strategy in of consultation the

concerned agencies.

The table below shows that almost equal number of schools is found at primary, middle, High and private level for both boys and girls. However, a larger number of schools are available for girls at higher secondary level than boys.

	S	chools		Facilities						
School Grade	Female	Male	Total	Water Supply	Electricity	Latrines				
High	13	12	13	75	66	100				
Higher Secondary	8	5	6	42	42	100				
Middle	14	14	14	75	59	100				
Primary	52	54	53	73	72	70				
Private	13	14	14	71	66	90				

The further analysis of available education institutions from the perspective of other facilities shows that 71% of the total schools of male and female has water supply with highest rate of 75% for high and middle schools. A total of 67 schools of girls and boys are electrified with highest 72 for primary schools. A good number of latrines are found in all the schools with highest number of latrines in Higher secondary, High and middle schools.

- ⇒ A strategy for involving the children in the eduction activities on temporary basis should be evolved in consultation of their parents, education department and international and national organizations.
- ⇒ A multi grade education system can be introduced in camps and schools to involve children in the productive activities.
- ⇒ A food for education programme will be a good incentive programme for primary education.

### **Chapter VI- Nutrition**

This part of the report would discuss the findings of study about the status of nutrition amongst the IDPs at household level settled in five districts of NWFP.

### **Distribution of Infant Feeding Supplies**

The table shows that the highest number of respondents reported that there has been no distribution of infant feeding supplies. Amongst the no distribution, we found Peshawar with highest percent, followed by Swabi and Mardan. A very insignificant number is found for the distribution of dry milk with highest among Peshawar i.e. 6%. On average, 28 households of the total number of respondents do not have children and thus this question does not apply on them.

6.1 Since th	6.1 Since the crisis, have there been any donations/distribution of infant feeding supplies										
District Name	No distribution	Bottles	Dry milk	Infant formula	Liquid milk	Teats	DK	No children			
Charsadda	56.90	0.00	3.45	1.72	0.00	0.00	0.00	32.76			
Mardan	69.61	0.26	2.86	1.82	0.26	0.00	1.30	20.52			
Nowshehra	54.00	0.00	4.00	2.00	0.00	0.00	0.00	34.00			
Peshawar	75.76	0.00	6.06	3.03	0.00	0.00	0.00	36.36			
Swabi	72.58	0.81	4.03	3.23	0.00	0.00	0.81	17.74			
Average	66	0	4	2	0	0	0	28			

The figure shows the same and this is a critical situation from the nutritional perspective and needs attention of the organization to work on the same.

### **No of Lactating Women at Household Level**

It is important to note that a significant number of women amongst the respondents were found lactating mothers with 45%. It is also interesting to note that the number of lactating mother is almost equal in all the five districts in a range of 40% to 48%.

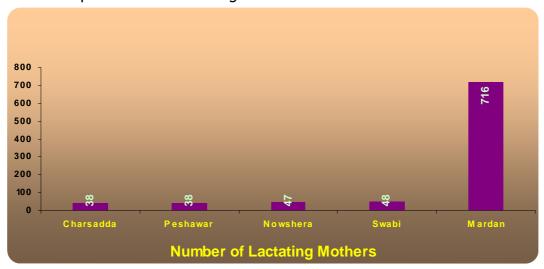
Lactating women										
District name	No	Yes								
Charsadda	56.36	43.64								
Mardan	55.77	44.23								
Nowshehra	59.57	40.43								
Peshawar	54.55	45.45								
Swabi	52.46	47.54								
Total	55	45								

The highest number of lactating mothers is found in district Swabi with 48% followed by Peshawar with 45%.

The figure illustrates the number of lactating women in the five district and we see a significant number of lactating mother in each district.

### **Status of lactating Mothers in Camps and Schools**

The following table shows that the highest number of 81 lactating mothers in the camps and schools of Mardan with very insignificant number of lactating women in camps/schools of other four districts. This requires special attention of the planners and organizations to concentrate on the camps of Mardan to meet the special feeding and medical requirements of lactating mothers.



### **Change in Lactating Practices**

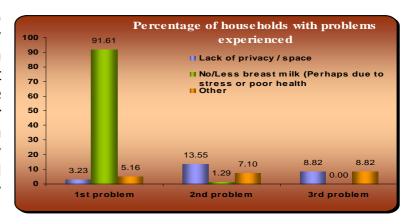
The finding of study about this perspective is very alarming for the organizations that focus children and mothers. On average, 55 mothers reported reduction in breast feeding practice.

Amongst the highest respondents in the category of 'reduction in breast feeding' is found in district Nowshehra with 68% followed by Peshawar with 59% and Swabi with 51%. On average 24% of the total frequency experienced no change in lactating practices.

	6.2 If yes, has there been any change in feeding practices for the children aged 0-24 months since the crisis?										
District name	B.F. Stopped	B.F. Reduced	B.F. Increased	Complementary feeding practices increased	Complementary feeding practices decreased	No change					
Charsadda	7.7	46.2	0.0	11.5	11.5	23.1					
Mardan	4.7	49.4	0.6	12.2	7.6	25.6					
Nowshehra	0.0	68.4	0.0	10.5	5.3	15.8					
Peshawar	0.0	58.8	0.0	5.9	5.9	29.4					
Swabi	3.4	50.8	0.0	13.6	5.1	27.1					
Average	3	55	0	11	7	24					

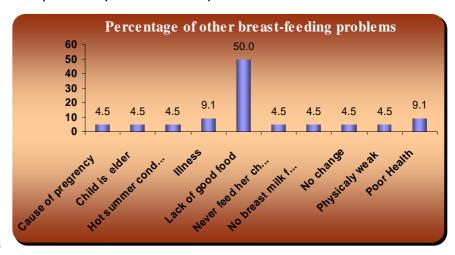
A very insignificant number reported about the stopping of breast feeding or decreasing the complimentary feeding.

We also find here a total of 11% increase in the complimentary practices for the reason as a result of reduction in breast feeding. However, the increase in complimentary feeing is far less than the reduction in breast-feeding that means only those who can afford would have started complimentary feeding.



Further exploration of the issue of less/ stopped breast feeding reveals that the highest reason for the reduction of breast feeding is less breast milk/ trauma/ stress or poor health in the priority three concerns of mothers. Amongst the priority two issues of breast feeding, lack of privacy is found on top. Under the third priority concern we again see lack of privacy on top with equal rate of respondents for other reasons.

The study further unpacks the category of 'other' reasons so the organization can focus on those issues. It is alarming that 50% of the respondents reported lack of good food as the reason for reduction in breast feeding. If we see, poor health and illness



both make 18% of the other reasons for less breast-feeding.

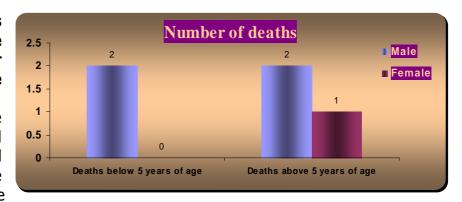
- ⇒ This part of the study presents a very alarming situation for the organizations that work on children and mothers. The study discloses that there has been no distribution of feeding supplements to the families. The reason might be the scattered population settled within the houses of host families at different locations. Generally the distribution undertakes at locations where clusters of IDPs are available and such people remain deprived of this type of contribution.
- ⇒ The study shows that a significant number of lactating mothers are found
- This study also unpacks that the breast feeding practices with a significant number has been reduced and the major reason responsible for it is the trauma, stress, lack of good food and poor health of the mothers. All these reasons are interconnected and require attention of the organizations to work on providing psycho social support to the mothers along with the provision of good food.

# **Chapter VII - Health/Reproductive health**

The study reveals that so far; many efforts have been made by many international and national organizations to provide immediate health care to the IDPs but still a great effort, resource and input is required to cope with this challenge. This part would suggest recommendation to provide and manage medicines, comprehensive Primary Health Care services, monitoring of the disease situation, health and hygiene promotion, testing of drinking water supplies and strengthening the secondary and tertiary level healthcare services etc.

### Number of Deaths of Female/ Male Children of Five or Less than Five Years

No death of a female child is reported under five years and two deaths of male and one of female



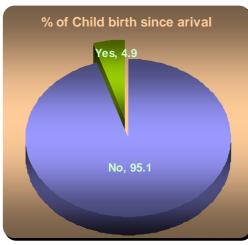
over age five has been reported.

#### **Child Birth since Arrival**

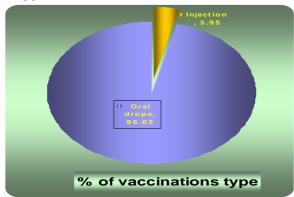
The following graph illustrates 5% of the childbirth since arrival amongst the total respondents at household level.

### No of Children Vaccinated

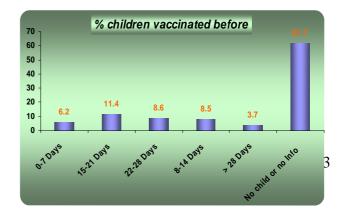
The table shows that the highest number of children i.e. 62% have not been vaccinated since arrival of the IDPs. However we find 11% children vaccinated 15-21 days before the conduct of study. Rest of the categories show almost the same trend of vaccination ranging from 4-9% of children vaccinated.



### Type of vaccination



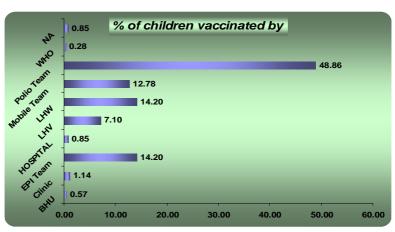
The type of vaccinations shows that 96% of the oral vaccination has been carried out in



comparison to the injection that is 4% only.

### **Vaccination by Type of Service Providers**

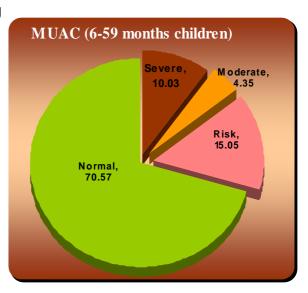
The study further explores the type of service providers to examine the level of efforts by different institutions/ individuals regarding provision of vaccination. The highest percent of vaccination is found with the polio team with 49% followed by EPI team and LHW with 14% each and mobile team with 12%. Rest



of the categories are very insignificant.

# **Measurement of Upper Arm Circumferences**

This is a tool used by UNICEF for assessing the health status of children from six months to under five (59 months. The research team also were also trained to carry out this exercise for the two children of the interviewed family. The result shows that 70% of the children falls in normal category while 15% children are found at risk and 10% in sever condition of mal nutrition. An insignificant number of children are found in moderate or average condition. The graph illustrates the same situation given in the table with a wider visibility of normal children.



### **Status of Age Wise Suffering From Diseases**

					P	erso	ns	suf	fer	ing	fro	m c	lise	as	ses	(per	cer	ntag	je)									
							Child	lren (	)-17 <sup>°</sup>	Years	5						Adults above 18 years											
Districts	18 and above	0-17 years	Fever	Rash	Vomiting	Diarrhea	Difficulty in breathing	Injuries	Difficulty in sleeping	Diabetes	Heart disease	High blood pressure	Liver disease	Snake bite	Other	Fever	Rash	Vomiting	Diarrhea	Difficulty in breathing	ınjuries	Difficulty in sleeping	Diabetes	Heart disease	rign biooa pressure	Liver disease	Snake bite	Otner
Charsadda	8	6	15	2	5	20	0	1	0	0	0	0	0	0	0	23	6	5	10	1	1	1	3	1	9	1	0	1
Mardan			13	5	5	13	1	0	0	0	1	0	0	0	0	13	5	3	9	1	1	1	1	1	5	1	0	1

	62	57																										
Nowshehra	6	8	28	4	5	24	2	1	0	0	0	0	0	0	0	15	2	2	15	1	1	0	3	3	3	0	0	0
Peshawar	5	6	15	5	9	24	3	1	0	0	0	1	0	0	2	11	5	1	14	1	1	5	2	1	6	1	0	2
Swabi	18	23	16	6	6	15	0	0	1	0	0	0	0	0	0	11	3	1	3	1	1	0	3	1	5	0	0	0
Total	20	20	18	4	6	19	1	1	0	0	0	0	0	0	0	15	4	3	10	1	1	1	2	2	6	1	0	1

The above table presents the types of diseases for the age groups of 0-17 years and above 17 years. The highest number of children under the age of 17 is found suffering from diarrhoea with 19%, followed by fever with 18% children. The reason for diarrhoea consist of use of untreated water, unhygienic practices being adopted for defecation and eating etc.

We found no complaint for diabetes, snakebite, high blood pressure, and liver disease amongst the children.

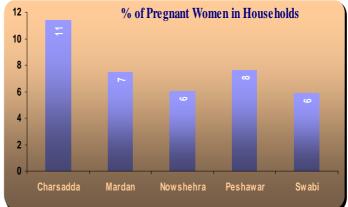
In the age group of above 17 years, the highest percent with 15 is found for fever followed by diarrhoea with 10%. Rest of the disease are insignificantly seen amongst adults.

### **Reproductive health**

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its processes. This part of the study would focus on exploring the available options and issues of access to safe, effective, affordable and acceptable methods of family planning to the IDPs within this current context and suggest measures for the provision of spotted areas of concerns through enough advice and services. The overall objective of this part of study is to support the IDPs for developing an environment to improve their reproductive health.

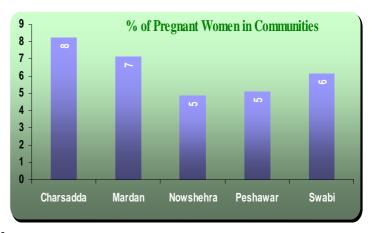
# **Status of Pregnant Women at Household Level**

This part of the study presents the status of reproductive health. The study concluded that a significant number of lactating women are found in camps and household level. However the analysis of pregnant mother is given in the figure below that shows highest percent of



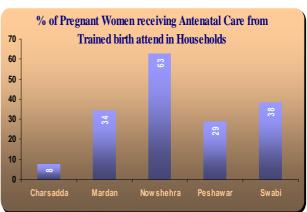
pregnant mothers in district Charsadda with 11% followed by 8% in district Peshawar and 7% in district Mardan.

The same status of pregnant women is seen at camps and schools level with highest pregnant women in district Charsadda followed by Mardan.



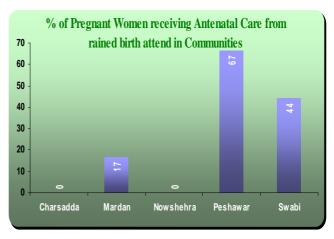
### **Antenatal care at Household Level**

The study shows that 34% of the total pregnant women receive antenatal care from the trained birth attendants. The highest number of pregnant mothers receiving antenatal care is found in district Nowshehra with 63% followed by 38% in district Swabi. It is alarming to see that the highest number of pregnant women was found in district Charsadda and the lowest antenatal care is seen in the same district with 8%.



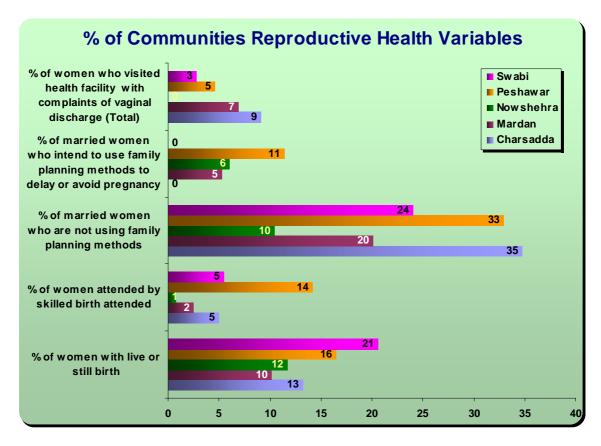
### **Antenatal care at Camps/ Schools Level**

The figure shows the status of antenatal care amongst the pregnant women living in camps and schools. The highest percent of antenatal care is found in district Peshawar with 67% and it is zero in Charsadda and Nowshehra.



### **Status of Other variables of Reproductive Health at Household Level**

Amongst the complaints of vaginal discharge; there is an insignificant number of responses seen for every district highest with 8% in Nowshehra and lowest in

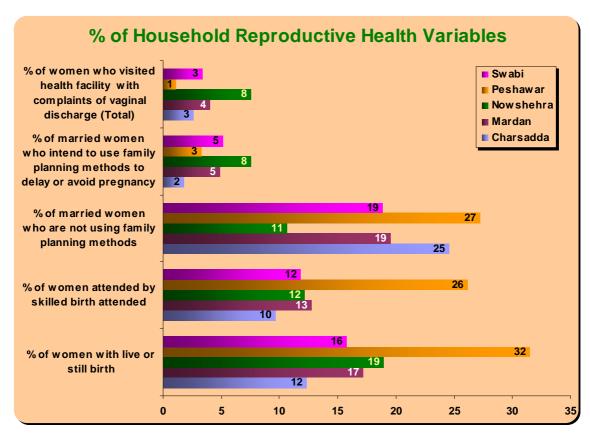


Peshawar. Almost same trend of responses is seen with intent to use family planning methods to delay or avoid pregnancy in five districts. A higher response is seen for not using the family planning methods amongst all the variables with 27% in Peshawar, 25% in Charsadda and 19% in Mardan. The highest response amongst all variables is seen with the women with live or still birth by 32% highest is Peshawar.

If the IDPs continue with the same practices of not using family planning methods; the issues of health, nutrition and shelter can multiply both for the concerned organizations and sufferers. It is imperative to continue family education programme well in time to educate the IDPs about the importance of this issue within the current scenario and provide them with the essential family planning tools. It is also important to identify the availability of trained birth attendants closer to camps and engage them in the family planning, education and service provision process to these women in camps/schools.

### Status of Other variables of Reproductive Health at Camps Level

It is interesting to note that the same trend of responses for the variables of reproductive health is seen amongst the women in camps and schools. However; the highest percent of responses fall under the category of women who so not use family planning methods and that is very alarming.



- ⇒ The number of children who require essential and scheduled vaccination require attention of the health service providers as a significant number of children is found unvaccinated
- ⇒ Diarrhea is found as a common disease amongst the children and adults that requires education and awareness of IDPs to prevent it further and supply of pure and treated water to handle with.
- ⇒ The supply of essential medical care and food supplements is critical for the malnourished children, pregnant and lactating mothers.
- ⇒ Blood pressure, diabetes, heart and liver diseases are not seen significantly; probably due to the issue of assessment of disease. It is suggested to arrange medical camps for assessing this nature of diseases especially amongst women, pregnant and lactating mothers and adults.
- ⇒ A significant number of pregnant women are not receiving antenatal care and this needs to be focused by the concerned agencies/ institutions to provide basic medical care and food supplements to the pregnant women to help them have a healthy pregnancy process.
- ⇒ A higher number of respondents amongst the individual and camps level reported for not using the family planning methods. This is also a critical situation for the relevant institutions and agencies to sensitize and educate IDPs about the use of safe family planning methods along with the provision of family planning tools.

## **Chapter VIII – Shelter**

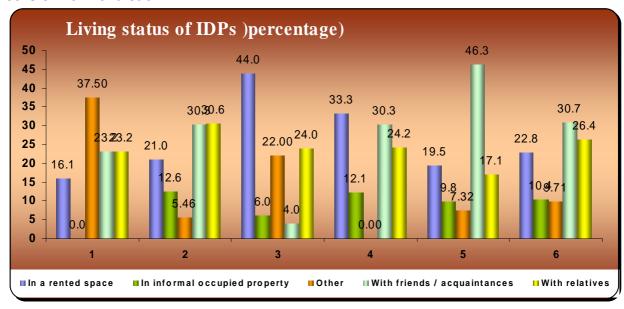
So far, we have discussed the impact of the action of Pakistan Armed Forces against the militants in Swat valley and Malakand area over the different facets of life of the displaced people. The fled of millions of people displaced from homes are found to be migrated to areas located in Swabi and Mardan Districts of North West Frontier Province of Pakistan. The immediate concern is the provision of secure and an appropriate shelter/ housing facility for them. By now; we find some of the families being accommodated by local communities, friends, relatives while taking over the responsibility of food and clothes. This is not a permanent solution of the issue as fate of the war zone is not clear to the nation and the IDPs. The study is concerned with the majority of the families who still need shelter, food, clothes, clean drinking water and medical assistance along with those who are residing with their relatives but still need assistance to live independently until the conflict resolves. This part of the report would discuss the different aspects of shelter/ housing arrangements and related concerns of the IDPs at household and community level and would suggest recommendations to improve the situation.

### **Type of Residence**

The findings of study shows the highest number of displaced families reside with friends, followed by residents with relatives. A 23% of the total respondents are found living in rented places.

The highest percent of people living in rented place is found in district Nowshehra with 44% followed by Peshawar with 33% and Mardan with 21%.

The lowest percent of respondents has been found in informally occupied places and others with 10% each.



Presently living in other places

The highest rate of respondents living with friends is found in district Swabi and amongst living with relatives it is highest in district Mardan and lowest in Swabi.

The study further reveals the living options of the respondents with category 'others'. This includes number of places including camps, gifted places, tents, hujra, sugar mills and etc. The highest amongst this category is free houses/ without rent places with 39% followed by sugar mills with 26%.

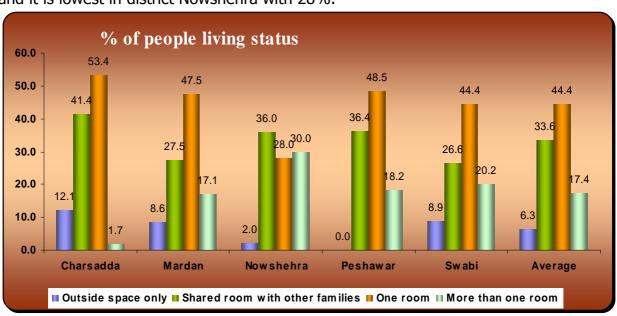
Presently living (Other)	Respons es	%
Campus	1	1.6
Gifted place	1	1.6
Rented Room	1	1.6
Tents	1	1.6
Work for rent	1	1.6
Reference of nazim	2	3.3
Voluntarily Offered	2	3.3
In Hujra	3	4.9
Free Home	9	14.8
Sugar Mill	16	26.2
Rent less place	24	39.3
Total	61	100.00

### **Type of Occupied/Living Place**

The further exploration of the living area includes the type of place being occupied by the respondents. The highest number of respondents with 44% of the total is found living in own/ independent room while a significant number of 34% respondents is found living in a shared room with other families. The lowest amongst the given category is the accommodation outside the house of host families with an insignificant number of respondents i.e. 6%. The study unpacks that 17% of the total respondents enjoy living in more than one room. The number of respondents living in more than one room is highest in district Nowshehra and lowest in Charsadda with 2% only.

The respondents who live outside space is highest in Charsadda with 12%. There is not a single respondent in Peshawar who lives outside the space.

The highest percent for the category of people living in own room is found in district Charsadda where more than half of the population i.e. 53% has own rooms for living and it is lowest in district Nowshehra with 28%.

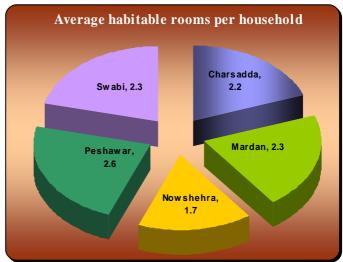


Amongst the shared room, we find the highest rate in district Charsadda with 41% followed by Nowshehra and Peshawar with 36% each. However the lowest rate of respondents for living in shared room is found in district Mardan and Swabi with 27% each.

### **Average Habitable Rooms per Household**

It is important to note that almost 1- 3 rooms are available on average to the families to live on.

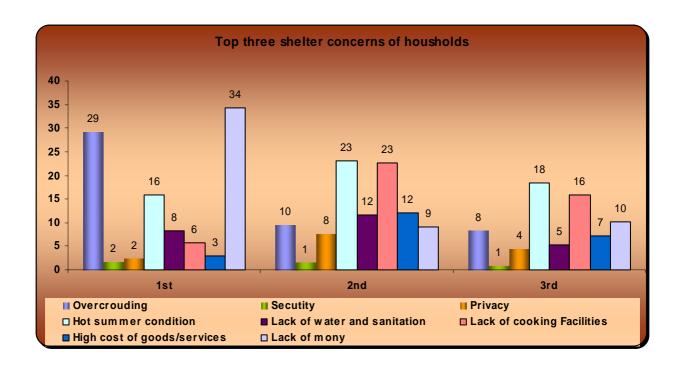
The highest number of habitable rooms available for the displaced family is found with 2.5 rooms in district Peshawar. However; the situation seems similar for all other district with an insignificant deviation and it ranges between 2.5-1.7 rooms per family.



### **Housing Concerns of the Displaced Families**

The study also explores the concerns of housing of the displaced families and the focus remains around finding out the top three concerns to analyse the priority issues of the IDPs.

Amongst the priority one issue of housing, we find lack of money on highest (34%) followed by overcrowding and hot summer conditions. Amongst the number two priority concerns, lack of cooking facilities and hot summer both come on top. The  $3^{rd}$  priority issue includes hot summer as top concerns followed by lack of cooking facilities and lack of money.



It is important to note that the issue of security has emerged an a slightest issue in all three priority concerns. However, hot summer, lack of money and lack of cooking facilities is seen significantly in all three priority concerns.

- ⇒ The top three priority issues of housing include lack of money, over crowding and hot summer conditions.
- ⇒ Majority of the IDP families living in informal camps are lacking basic shelter facilities. Moreover, all schools will need to be vacated after summer holidays. Therefore, shelter for all families living in informal camps and schools should be arranged.
- $\Rightarrow$  Households living with host families have inadequate shelter facilities and need proper attention.
- $\Rightarrow$  There is no utensil with these families.
- ⇒ These families need fans to protect from harsh weather.
- ⇒ Sleeping mattress and clothes are also not available with majority of them and need assistance.

# **Chapter IX- Emergency Response Unit (ERU)**

The government of North West Frontier Province has established Emergency Response Unit to help the internally displaced persons of Malakand division. With Muhammad Azam Khan as head, the ERU, Provincial Relief Commissionerate will monitor the relief activities in various camps established for the people of Malakand and tribal areas where the army has been conducting a big operation.

This part of the report presents the aspect pertaining to the ERU for the purpose of further improving planning and the service delivery process to the IDPs.

### **Priority Wise Ranking of the Sources of Livelihood**

The table shows that microfinance is the number one priority of the IDPs with 55% highest amongst the first priority. The IDPs are homeless and also facing the damage of their agricultural crops and livestock assets and need financial support to revitalize their economy. Agriculture and skill wage remain on second under the first priority for the source of living. Since the skill labor is required to meet with the challenge of current period of this temporary settlement in the down areas of country during the displacement period.

	Priority wise Ranking of livelihood (%)										
Ranking	Agriculture	Livestock	Skill wage	Microfinance	Total						
1	21.7	1.2	21.7	55.4	100.0						
2	25.4	5.6	43.0	26.1	100.0						
3	39.0	20.8	32.5	7.8	100.0						
4	32.8	53.4	8.6	5.2	100.0						
5	23.8	76.2	0.0	0.0	100.0						

It is important to note that the skill wage/ labor remain highest amongst the second priority of livelihood for the reason discussed above. Again we find microfinance on second ranking in the second priority of livelihoods.

# IDPs occupation in communities for Male (Average)

The table shows on average that the largest occupation of the respondents is agriculture followed by skilled wage labor with 26 average number of respondents. Both occupation are discussed in detail earlier in the priority wise source of livelihood. The fact is verified again in this table.

IDPs oc	IDPs occupation in communities for Male (Average)											
	Male											
Districts	Agriculture	Livestock	Govt. / private services	Skilled wage labor	Other							
Charsadda	27	2	16	26	12							
Mardan	42	5	7	26	9							
Nowshera	40	3	4	35	12							
Peshawar	36	3	7	6	5							
Swabi	36	0	24	24	3							
Total	40	5	8	26	9							

### **IDPs occupation in communities for Female (Average)**

We find very low number of involved women in livelihood activities including agriculture. The highest average number respondents is seen under the category of 'other occupations' and 'skilled labor' that might include the tailoring, embroidery women oriented trades opted by women in the conflict zone.

IDPs	IDPs occupation in communities for Female (Average)										
	Female										
Agriculture	Livestock	Govt. / private services	Skilled wage labor	Other							
0	0	0	0	0							
1	1	0	3	3							
0	0	0	0	0							
7	2	0	11	2							
9	0	6	0	45							
2	1	0	3	3							

- ⇒ The IDPs require immediate financial support to rehabilitate their livelihood sources, business and revitalize their economies. The agencies require introducing the compensation / micro finance support packages for this purpose and the consultation process should start now. This would help agencies to provide timely support to the IDPs as soon as the conflict ends.
- ⇒ Temporarily the IDPs should be provided with the short and tailor made vocational training to start their livelihood activities in the temporary settlements.
- ⇒ The government should also seek job opportunities for the skilled IDPs to help them continuing with their income generating endeavours.

