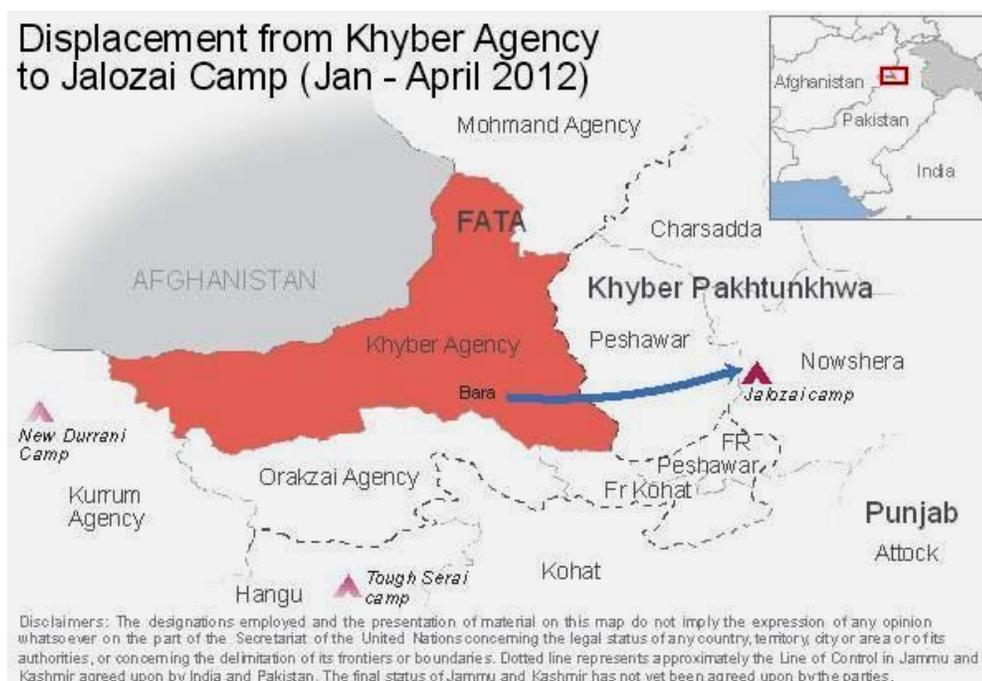


# Initial Observation Report

## Focusing on off-camp Internally Displaced People from Bara Tehsil in Khyber Agency, FATA, Pakistan

District Peshawar, Pakistan

April 2012



Monitoring, Evaluation Accountability and Learning (MEAL) Unit

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**Cover Photo:** Map from Situation Report No.3, Khyber Agency Displacement, UNOCHA  
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## Executive Summary

This Initial Observation Report illustrates the situation of 45 off-camp Internally Displaced People<sup>1</sup> (IDP) communities at District Peshawar in Khyber Pukhtunkhwa Province, Pakistan. Fresh IDP influx from *Tehsil* Bara of Khyber Agency started to Peshawar in January 2012 and continues to date with increasing numbers. In total, 2,157 families (approximately 16,500 people) were assessed in 45 off-camp IDP communities across District Peshawar in order to gain insight about their situation and immediate needs.

### *Food Security*

Assessment findings show that 7.3 percent of IDPs communities do not have any food stock. Where food is available, 56 percent of communities stated that they possess food stocks for only 1 – 3 days. Furthermore, 40 percent of assessed off-camp IDP communities reported that they have not received any food assistance. Alarming, 82.2 percent women respondents reported decrease in frequency of breastfeeding after displacement.

The IDP registration trend at Jalojai camp was found to be 67.11 percent in assessed off camps IDP communities. However, the collection of food aid from the camp was only practiced in 60% of the communities. This implies that there are certain IDP communities who are not claiming their entitled monthly food rations despite being registered as IDPs. The main reason for not collecting the food rations shared by the registered IDPs is unawareness of the exact schedule of food distribution at Jalojai camp. Also, the high cost of transportation to bring food from Jalojai camp to their communities is something that they cannot afford and is often difficult for them to arrange.

### *Sources of Drinking Water*

Nearly 55.6 percent of the assessed IDP communities reported underground water as their main source of drinking water including dug well, tube well and hand pump. Meanwhile, 33.3 percent are accessing drinking water through government water supply schemes. Respondents shared that drinking water obtained from various sources is generally insufficient.

### *Availability of Non-Food Items*

Off-camp IDPs in 86.7 percent of communities do not have appropriate utensils for cooking and eating such as stoves, pots, dishes, cups and others. Similarly, 53.3 percent reported that most people do not have containers which can hold 10-20 liters of water. Key informants from 57.8 percent communities shared that they have not received NFI assistance as yet.

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<sup>1</sup> As defined by UNHCR: Internally displaced people, or IDPs, are often wrongly called refugees. Unlike refugees, IDPs have not crossed an international border to find sanctuary but have remained inside their home countries.  
<http://www.unhcr.org/pages/49c3646c146.html>

### *Access to Health Care Services*

29.9 percent of IDP communities who have access to health facilities travel more than 16 kilometers to reach the nearest facility. 35.6 percent of IDP communities shared that they access Tehsil Headquarter Hospital (THQ), District Headquarters Hospital (DHQ) and Civil Hospital (CH).

40 percent of the off-camp IDP communities reported dependence on private clinics for attainment of basic health services while 95.6 percent of those receiving healthcare from mentioned facilities do not get free medicines. Only 4.4 percent communities shared that people are receiving sufficient medical care.

The study findings also indicate that diarrhea is the most common disease prevailing in both adults and children in assessed off-camp IDP communities.

### *Availability of Latrine Facilities*

In off-camp IDP communities utilizing latrine facilities, 82.2 percent are using pit latrines while 17.8 percent are mainly using flush system latrines. Separate latrine facilities for male and female members are available at only 9 percent of off-camp IDP communities.

### *Main Sources of Income*

40 percent off-camp IDP communities reported agriculture or livestock while 36 percent reported casual labor as their main source of income before displacement. Worryingly, 96 percent off-camp IDP communities reported that their main source of income has been completely or significantly destroyed due to conflict and displacement.

### *Protection Issues*

From the assessed 45 off-camp IDP communities, 29 cases of separated children have been reported while 67 orphaned children were also identified. Moreover, 76 percent of IDP communities assessed have no safe playing area for children. 67 percent mothers reported undesirable change in their children's behavior after displacement.

### *Education*

At 55.6% of the assessed off-camp IDP communities families had not enrolled their children in schools. Furthermore, at 28.8 percent of assessed IDP communities confirmed the need for informal education centers.

## 1. Background

Kyber Agency is one of the eight tribal agencies in Pakistan's Federally Administered Tribal Areas (FATA) bordering Afghanistan. Khyber Agency borders Peshawar to the West, Orakzai Agency to the North and Afghanistan to the East.

For the past few years, security operations by the Government against non-state armed groups have resulted in mass movement of the population from various agencies of FATA into the neighboring Khyber Pakhtunkhwa (KP) province. Although people have been displaced from Khyber Agency from 2009 onwards, the recent influx of IDPs from the agency to District Peshawar began in mid-January 2012 and intensified in March due to increased security operations.<sup>2</sup>

Bara *Tehsil* is one of the three sub-divisions of Khyber Agency. The recent operations have been centered in Bara and have caused the displacement of certain tribes which were previously untouched.

In the Jalozai refugee camp near Peshawar, UNHCR has registered 206,568 people since January, some 29 percent of whom are living in the camp. Authorities indicate a further influx of over 10,000 more families in the displacement figures prior to July 2012. According to the Government, the displacement may last up to six months.

Owing to cultural norms and personal preference of IDPs, along with the lack of proper facilities at Jalozai camp, the majority of newly arrived IDPs prefer to stay off-camp with host communities. Due to the deteriorated law and order situation in Khyber Agency, the IDPs have little to no financial resources to pay for basic necessities at host locations.

### Social Indicators

#### *Health:*

The health indicators in FATA are alarming, especially after the closure of 450 community health centers in the tribal areas. The consultations of female patients at FATA have decreased significantly since 2006: with more than 70,000 women receiving treatment in 2006 but only 9,234 in September 2010. The number of women having surgical treatment fell from 3,467 in 2008 to only 445 in November 2010.

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<sup>2</sup> UN OCHA Pakistan, Khyber Agency Displacement, Situation Report # 2, 4 April 2012

The unavailability of female doctors and the reluctance of female patients to be treated by male doctors along with the closure of 450 community health centers in tribal areas are the main reasons for poor indicators of women's access to health facilities in FATA.<sup>3</sup>

Social indicators in terms of health and livelihoods are worst for Bara *tehsil* in Khyber Agency. The last polio drive in Khyber Agency was conducted in 2009 to provide polio drops to children below five. This year five cases of polio have been reported from the agency while Bara is also the only place in Asia where type-3 polio cases have been reported in 2011-2012. A letter sent to the KP Government by the World Health Organization (WHO) elaborated the risk of the polio virus spreading from Bara to other areas of FATA and KP.<sup>4</sup>

Following is the year wise break-up of polio cases reported in FATA:

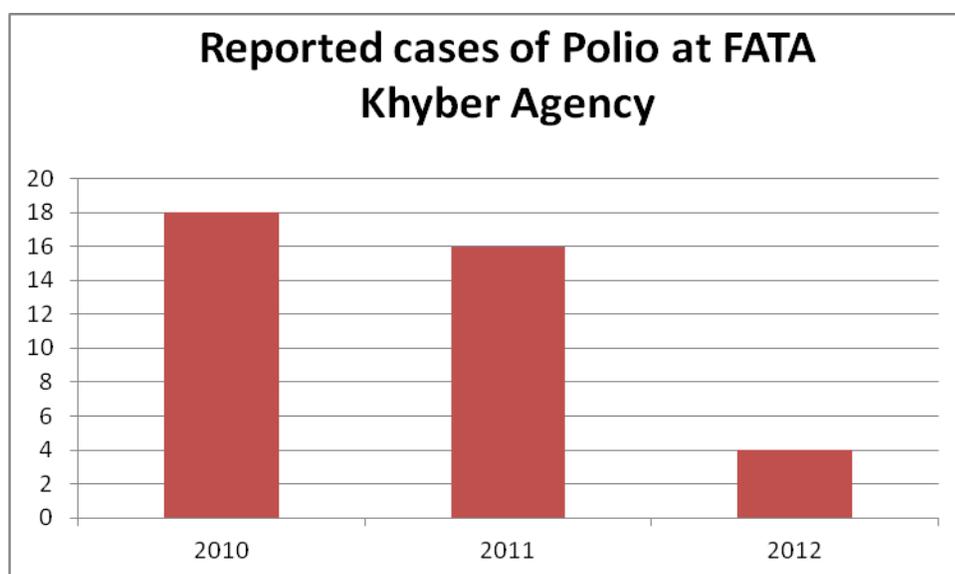


Figure 1: Reported cases of Polio in Khyber Agency, FATA, Pakistan

### *Education:*

Until January 2012, 57 schools were destroyed by militant attacks at Khyber Agency, most of them Government Girls Primary School (G.G.P.S) and Government Girls Middle Schools (G.G.M.S). Out of the 57 school destroyed, 32 were targeted in Bara *Tehsil* depriving 16,000 children of education in the *tehsil*.<sup>5</sup>

<sup>3</sup> [http://centralasiaonline.com/en\\_GB/articles/caii/features/pakistan/2010/11/06/feature-01](http://centralasiaonline.com/en_GB/articles/caii/features/pakistan/2010/11/06/feature-01)

<sup>4</sup> <http://tribune.com.pk/story/359317/polio-update-in-khyber-agency-one-more-case-reported-from-bara/>

<sup>5</sup> <http://dawn.com/2012/01/25/bomb-in-school-debris-kills-khasadar-in-khyber-2/>

## 2. Objectives of the study:

The main objectives of the Initial Observation Study were:

- To analyze the overall situation of IDPs displaced from Bara *Tehsil* in Khyber Agency.
- To assess immediate needs of the affected population.
- To provide information for facilitating strategic decision making for the emergency response.

### 2.1 Methodology

Random sampling was used to collect data from off-camp IDP communities residing in 15 Union Councils (UCs) of District Peshawar. In total, 45 IDP communities with high concentration of displaced families were identified in the district. It is important to mention that only areas cleared by Save the Children's security team were selected in the study. Following is the detail of union councils observed:

S#	Union Councils	Questionnaires completed	S#	Union Councils	Questionnaires completed
1.	Achini Bala	3	9.	Chamkani	2
2.	Peshtakhara	4	10.	Tarnab	3
3.	Bazid Khel	2	11.	Urmar Payan	3
4.	Landi Arbab	3	12.	Urmar Maina (Mera)	6
5.	Sheikh Mohamadi	1	13.	Jagra	3
6.	Badher (Badar Kaley)	6	14.	Sufaid Dheri	2
7.	Surezai	3	15.	Badaber	3
8.	Musazai	1			

Table 1: Detail of Union Councils surveyed during Initial Observation Study (April 2012)

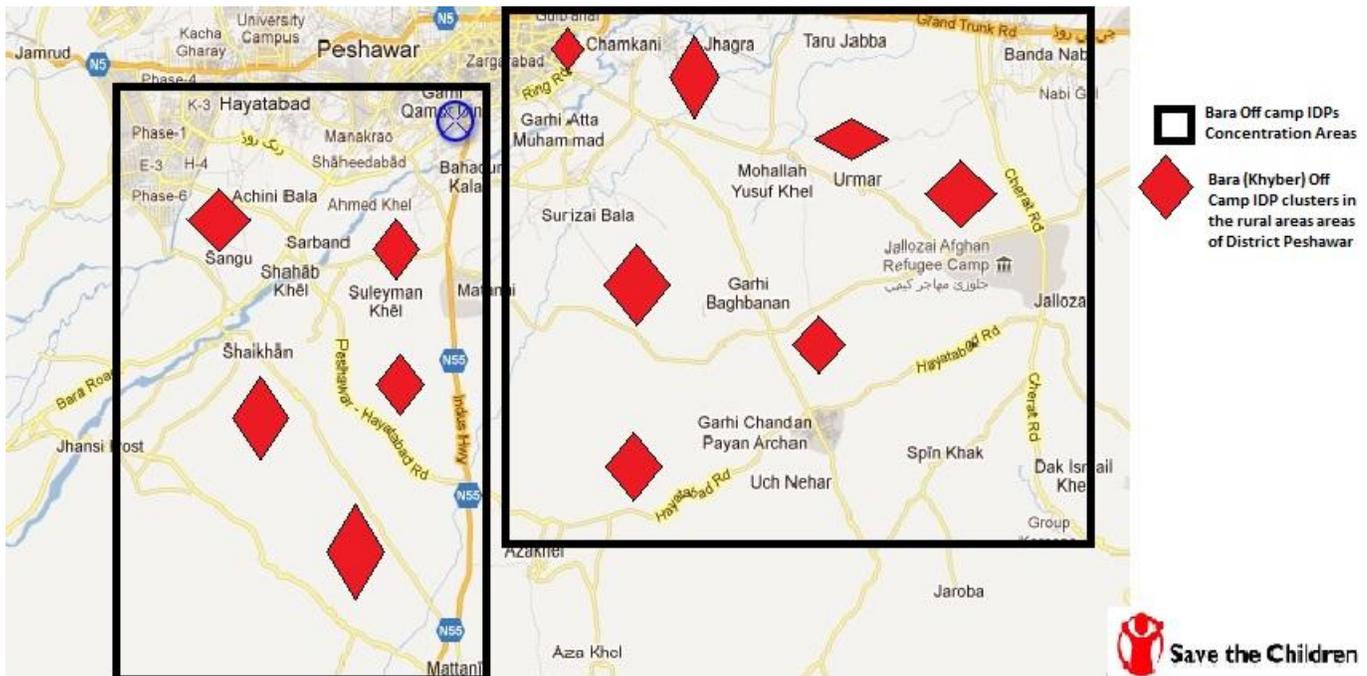


Figure 2: IDPs concentration areas at district Peshawar

The unit of analysis for the purpose of this study is a community, which is an off-camp location with significant numbers of displaced families. A community can thus be a village, neighborhood, a hamlet or a group of IDP households living together. The community size (sampling unit size) varied from 20 families to 95 families. However, there were only 11 communities observed with more than 60 households.

For identification of communities an area mapping exercise was conducted in coordination with program teams and key informants. IDP off-camp concentration was assessed and majority of families were found residing by the side of highways leading to Jalozei camp in rural areas of District Peshawar. Another concentration of IDP families was found near Bara road which lies at the border of Khyber Agency.

Information was acquired directly from key informants at off-camp IDP communities. Considering the gender dynamics of the communities, Save the Children utilized both male and female data collectors. The assessment team was comprised of 16 members, 8 males and 8 females, who worked in pairs to gather the required information. Save the Children's Monitoring, Evaluation, Assessment and Learning (MEAL) team supervised and provided technical support to data collectors before and during the study.

Observations were made using a set of questions divided into separate categories to gain information from both male and female respondents. The assessment team reached 45 off-camp IDP communities in 15 union councils of 3 tehsils in District Peshawar. Additionally, information solicited through informal discussions was also incorporated in the study.

Save the Children's MEAL team conducted a brief training session of the data collectors before initiating the data collection process. Data was collected from key informants and triangulated through groups of off-camp IDPs. Afterwards, the data was analyzed using SPSS and MS EXCEL.

## **2.2 Limitations of the study**

The observation team faced a number of challenges to access IDP communities for data collection. There were few locations which were initially targeted for the study but were later replaced as they were not cleared by Save the Children's security department. It is important to mention that there was no prior information available about the host locations. Therefore, area mapping was conducted and guidance was taken from key informants in the IDP communities.

### 3. Study Results:

#### 3.1 Basic Information

The study findings reflect information relevant to 2,157 families, approximately 16,490 individuals, in the assessed off camp IDP communities. This implies that as per the information provided by the key informants, the average family size was 7.64 individuals per family. Out of the total 2,157 families, 67.11 percent were found registered whereas 32.89 percent families were still unregistered and thus not receiving any kind of support.

It is important to mention that the term family used by key informants was actually for extended families comprised of multiple nuclear families having blood relations. However, the observation team carefully explained the definition of a family to key informants and asked them to respond accordingly while providing a figure of total IDP families at the off camp communities. This implies that the term ‘family’ in the report is nuclear family and not the extended families conventionally reported by IDPs.

At 45 observed communities, there were 1,359 houses and 2,157 displaced families. This implies that on average 1.59 families were accommodated in each house on an average. It is important that the compounds used for housing were ordinary rented spaces with limited accommodation of one or two rooms. Hence, the resident families faced constraints in accommodation.

28.2 percent of respondents regarded “Crowded registration points” as the main reason for delay in registration while 41 percent referred to unavailability of their Computerized National Identity Card (CNIC) as the main constraint in registering for aid.

#### 3.2 Availability of Non-Food Items (NFIs)

Off-camp IDP communities face problems due to loss of household items such as non-food items and cooking utensils since they tried to save valuable possessions during evacuation. Respondents’ in 53.3 percent communities do not have water containers which can hold 10-20 liters of water. It is important to mention that IDPs were concerned that during the upcoming summer season, they will require a container to store water for drinking purpose. In order to ensure the effective distribution and utilization of NFIs by the IDPs, the distribution of NFI kits should be conducted at host locations easily accessible for displaced families rather than only at one centralized distribution point. 86.7 percent communities do not have sufficient cooking utensils. Only 42.2 percent of surveyed communities received non-food items from the government and humanitarian actors, whereas 57.8 percent communities have not been provided or promised any kind of non-food items assistance (see *Table 2*).

It is important to mention that the average registration rate at the observed off-camp IDP communities is 67.1 percent while NFI support was promised to all registered IDPs during the time of registration. The reason for the failure of IDPs to receive NFI support during the time of registration was referred by key informants as financial constraint to bear expenses of repeatedly traveling to Jalozai camp and transporting supplies to where they are now living. Moreover, the problems faced at crowded registration and distribution points is also a major factor limiting registered IDPs from collecting NFIs.

Categories	Yes	No
Households with two water containers (Capacity of 10 - 20 liters)	46.7	53.3
Households with cooking utensils	13.3	86.7
Households that have received or Promised for NFIs	42.2	57.8

Table 2: Availability of Non-Food Items

### 3.3 Main Sources of Drinking Water

A considerable number of community members, 55.6 percent are dependent on dug well for drinking water, whereas water has been provided to 33 percent off-camp IDP communities through pipe water supply from public water supply schemes. However, a majority of community members shared that water supplied through dug wells and public water supply schemes is insufficient (*see Table 3*).

Main Source of Drinking Water		
Source	Frequency	Percent
Well	25	55.6
River/Pond/Lake	1	2.2
Bought from market	1	2.2
Pipe water	15	33.3
Others	3	6.7

Table 3: Main Source of Drinking Water

Prevalence of water borne diseases such as diarrhea is an evidence of contaminated underground water. The primary reason for underground water level contamination remains the fact that 87 percent of the latrines at the off-camp IDP host locations are pit latrines.

### 3.5. Availability of Latrine Facilities

56 percent of off-camp IDP communities interviewed had at least some access to latrines. Of these, 82.2 percent are using pit latrines while 17.8 percent are mainly using flush system latrines.

Answering about separate latrines for women, only 9.9 percent communities responded affirmatively. Discussions with communities revealed that they lack facilities for ensuring personal hygiene. The limited water supply and hazardous hygiene conditions hindered the ability of off-camp IDPs to maintain personal hygiene. Moreover, overcrowded accommodation and shortage of water containers with 53.3 percent of IDP communities also contributed to problems in maintaining cleanliness.

### 3.6 Main Sources of Income before and after displacement

The study findings indicate that the main source of income of displaced IDPs was agriculture. 40 percent IDP communities' earned their income through agriculture, 35.6 percent were dependent on casual labor while 24.4 percent of respondents shared that their main source of income was small trade/business prior to the conflict (see Figure 3).

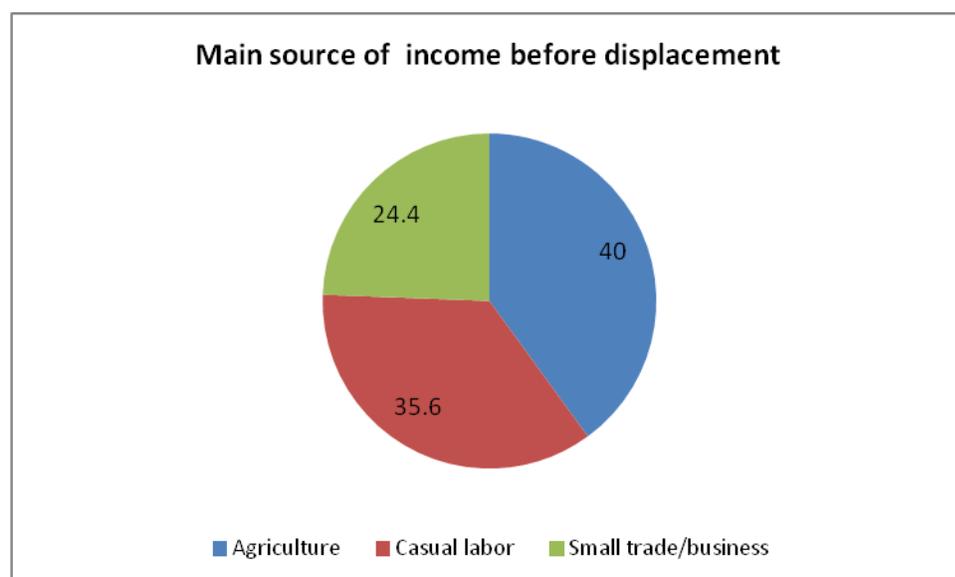


Figure 3: Main source of income before displacement

#### Damages to Main Sources of Income

Alarming, after displacement income sources of 75.6 percent respondents have reportedly been significantly damaged and that of 20 percent respondents have been completely damaged. Only 4.4% respondents shared that their earning sources were partially damaged as a result of conflict and displacement (see Figure 4).

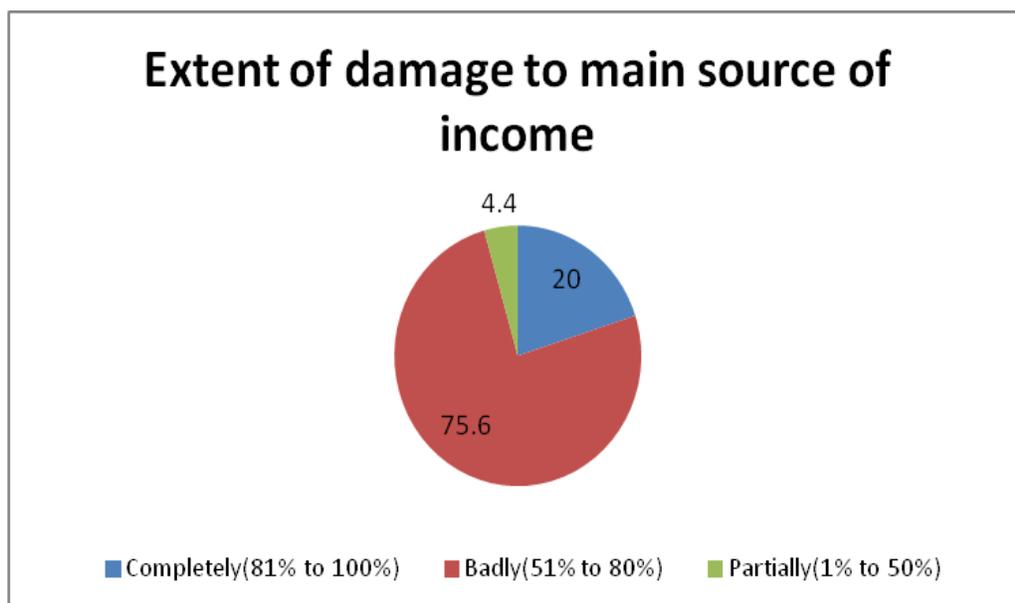


Figure 4: Extent of Damage Occurred to Main Sources of Income

Findings of the study revealed that prior to the conflict the average family income of 45 percent communities varied from Pakistani Rupees<sup>6</sup> (PKR) 8,000 to 10,000 per month. Whereas, the average income of 42.3 percent of assessed IDP communities prior to the conflict was between PKR 10,001 to 12,000 per month. The remaining 13.3% of the respondents shared that their incomes ranged from PKR 12,001 to 16,000 per month prior to the conflict.

After displacement, the average income of 62.3 percent of communities is currently between PKR 4,000 to 8,000 per month. Whereas, the remaining 37.7 percent of respondents reported that their average income is currently PKR 1,000 to 4,000 per month.

The key informants shared that currently the only available income generation opportunity is daily wage labour. However, even the daily wage opportunities are scarce for IDPs from Khyber Agency since many employers do not trust them. This is primarily because they are not permanently residing at one location for long. At many instances, key informants reported that IDPs work on daily wages far below the normal market wages. Furthermore, uncertainty about the future has impeded displaced families from establishing small businesses.

The IDP communities reported that during displacement they had no choice but to sell their livestock at below market prices. Currently, 82.2 percent do not possess any livestock, while only 17.8 percent reported possession and rearing of livestock. For those who have livestock, 93.3 percent shared that there is not sufficient fodder for livestock. The reason for this was found during informal discussions, including the lack of financial resources, high prices of fodders and expenditure of their funds on meeting basic needs such as shelter, food and healthcare (see Figure 5).

<sup>6</sup> The current value of Pakistani Rupees is: 1 USD = 90.94 PKR

## Displaced families currently possessing livestock

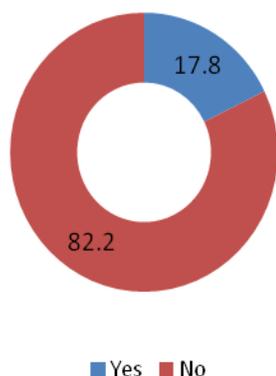


Figure 5: Livestock rearing by displaced families

### 3.7 Access to Healthcare Services

From the assessed off-camp IDP communities who have access to health facilities 42.2 percent travel 0-5 kilometers while 15.6 percent 6-10 kilometers, 13.3 percent 10-15 kilometers, whereas 28.9 percent have to travel more than 16 kilometers to reach the nearest health facility.

Most health facilities located at a distance of 16 kms and above are present in the hub of Peshawar city. Travelling to Peshawar in search of health services is an arduous and expensive exercise which the IDPs tend to avoid other than for emergency cases. Moreover, cultural norms prevalent amongst displaced tribes restrict female movement, jeopardizing the health of all girls and women in the IDP communities.

Responding to the types of health facilities accessed by observed IDP communities, 35.6 percent shared that they access Tehsil Headquarter Hospital (THQ), District Headquarters Hospital (DHQ) and Civil Hospital (CH). 15.6 percent communities stated that they visit a Basic Health Unit (BHU) or a Rural Health Centre (RHC) while 6.7 percent visit a Civil Dispensary (CD) or a Maternal, Neonatal and Child Health Centre (MNCH). 40 percent of the assessed IDP communities visit private clinics to seek healthcare services. Those receiving medical care, 95.6 percent do not get free medicines and only 4.4 percent are receiving medicines free of cost (*see Table 4*).

Types of Health Facilities	Percentage of communities having access to different type of health facilities
DHQ, THQ, CH	35.6
BHUs/RHCs	15.6
Dispensary/MCH Center	6.7
Mobile Health Facility	2.2
Private Clinic	40

Table 4: Percentage of communities having access to different type of health facilities

The study findings indicate that diarrhea is the common disease prevailing in adults at assessed off-camp IDP communities as it was reported by 37.5 percent respondents, while respiratory infection was reported by 12.5 percent of the observed communities. Skin diseases have also been reported by 11 percent of respondents

It is critical to note that 48.8 percent communities reported diarrhea as a common disease in children while 25.6 percent IDP communities shared respiratory infection as a common disease in their children and 7 percent reported skin disease in their children, whereas 4.7 percent also reported measles in their children. Community members linked current disease trend to unavailability of safe drinking water. The available drinking water sources are insecure and contain traces of sewage. Only 4.4 percent respondents shared that people are receiving appropriate medical care whereas 95.6 percent communities stated that they do not receive appropriate medical care (see Table 5).

Types of Diseases	Percentage of communities	
	Adults	Children
Respiratory infections	12.5	25.6
Diaherrea	37.5	48.8
Dehydration	4.4	2.3
Scabies	11.1	7.0
Measals		4.7

Table 5: Prevalent diseases amongst the displaced population

Community members reported a total of 129 cases of pregnant women in the 45 assessed off-camp IDP communities. However, this number may be higher than the actual as women do not feel comfortable to share such information with strangers.

It is important to mention that the situation at Bara *Tehsil* in Khyber Agency has hindered various immunization programs launched by the Government and humanitarian agencies, for example polio vaccination (see Section 1 for details). Prevalence of measles amongst children was reported by key informants at many observed communities. This highlights the need for a comprehensive immunization program for children in the off-camp IDP communities from Khyber Agency.

### 3.8 Food Aid

Displacement has affected food stock's availability in observed communities. 7.3 percent of IDP communities shared that they do not have any kind of food stock whereas those who have food stocks shared that wheat is their main available food but sufficient for only a few days. Out of 45 assessed off-camp IDP communities, 56.1% shared that they have food stocks only for 1-3 days, 17.1 percent reported availability of food stocks for 4-7 days while 19.5 percent stated that they have food stock available for 8-14 days. 40 percent respondents stated that they have not received any food assistance and 60 percent shared that they have been provided food aid. Informal discussion during the study revealed that the available food stocks might be completely consumed if food aid is not provided to displaced communities within the next few days (see *Figure 6*).

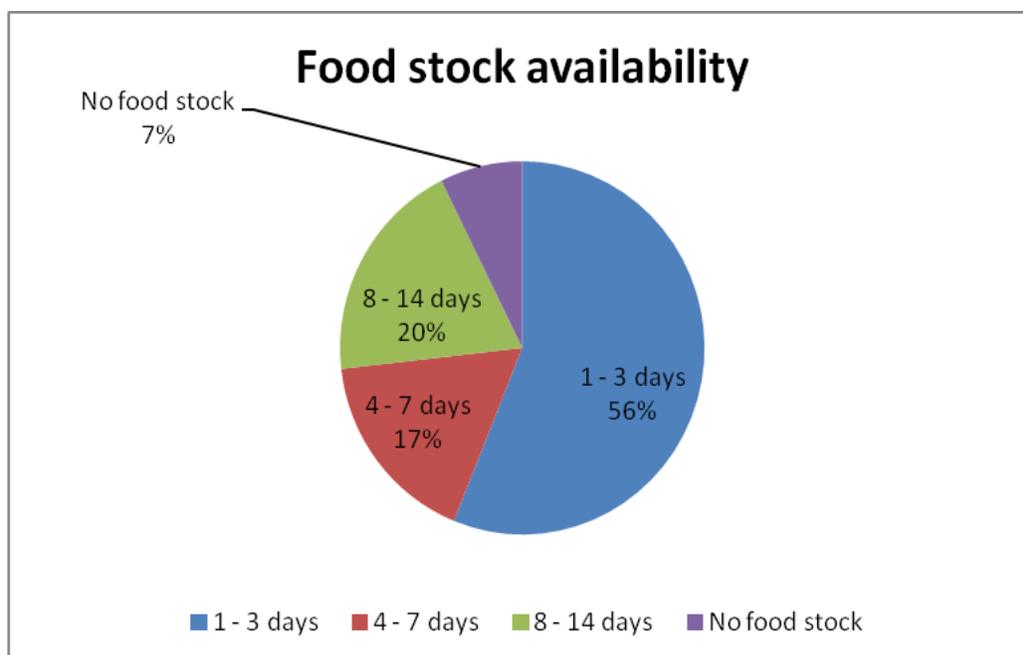


Figure 6: Prevalent Diseases among Displaced Population

It is important to mention that despite monthly food distributions at Jalozei camp, the food stocks for this month were consumed earlier than usual. According to key informants, the reason for this is the arrival of new IDPs with whom they had to share the available food. This implies that for the month of April, even registered IDPs receiving food support will have lesser than usual available food stocks.

It is alarming to note that women from 82.2 percent of the observed off-camp IDP communities reported decrease in breastfeeding frequency after displacement. Informal discussions with women revealed that unavailability of sufficient food has been the main cause for this decrease.

### **3.9 Vulnerable Population**

Children are suffering most due to the displacement, as 75.6 percent of respondents from assessed off-camp IDP communities shared there are no safe play areas for children. 29 children have been reportedly separated from their parents while 67 orphaned children were also identified. It is important to mention that the separated children are those who are sent by their parents to stay with relatives. The whereabouts of these children's parents are known and it is expected that they will be reunited once they are able to reach Peshawar from the conflict zone.

67 percent mothers also reported undesirable change in their children's behavior after displacement. Other female respondents revealed that their children have frequent nightmares since their displacement. Children have reduced sleeping habits and have become impatient. Children are also suffering from psychosocial distress due to unpleasant experiences. Key informants at the assessed off-camp IDP communities shared that the children are traumatized after suffering from the hardships of displacement. A mother shared that her child is scared of hearing loud noises, thinking they are gunshots.

### **3.10 Education**

55.6% of the assessed off-camp IDP communities have not enrolled their children at school. The major reason shared was the refusal of school administrators in host communities to accept IDP children without school leaving certificate which most families do not possess due to the immediate evacuation from their homes. Children at some of the observed communities are reportedly skipping school as they are not used to going to school after staying at home for long periods of time because of the conflict and later displacement. A key informant shared that children are also staying out of schools as they are scared of the unfamiliar environment in host communities.

Another respondent shared that children need to travel long distances to reach schools; in some cases it costs PKR 50 per day to daily commute to schools which is unaffordable for the IDP families. Some of the respondents also abandoned their children's education because of financial constraints. The uncertainty about the length of their stay in host communities is also restricting parents from enrolling their children at school.

A key informant shared with Save the Children's MEAL team that few IDPs have sent their children to work for a living, which has forced them to drop out of school. To continue the education of displaced children, 28.8 percent of observed IDP communities confirmed the need for informal education centers.

### **3.11 Disaster Risk Reduction**

84.4 percent respondents were not aware of the hazards of their host locations. Moreover, in 95.6 percent of IDP communities, there was no early warning or social service system in place, either by the Government or Non-Government Organizations. The only early warning system available at a few assessed IDP communities was announcements made through loudspeakers in local mosques. Only 4.4 percent respondents shared that police services are easily available in case of emergencies. 91 percent of respondents quoted instances when emergency referral support for child birth and serious health issues was required but it was unavailable.

Bad housing structures have been cheaply rented as shelter by off-camp IDPs. The sub-standard construction of these housing structures is life threatening, especially in the case of a natural calamity. The key informants shared that the threat of diseases spreading in the communities is very real because of polluted sources of water. Pit latrines established near water sources in low-cost rented houses are a contributing factor to the spread of water borne diseases. Furthermore, seasonal changes are causing a considerable rise in the frequency of respiratory infections in the host communities. At many locations, key informants identified pools of stagnant water in the center of their neighborhoods. In the absence of proper detoxification such as insecticide spraying, such pools of water serve as breeding grounds for dengue and malaria mosquitoes.

At two locations, the respondents identified a natural water channel nearby homes of IDPs posing threats to children since they can fall into them. There were many locations observed as part of the study where there is a serious threat of flooding during the upcoming monsoon season. Some community members also pointed out numerous problems they would have to face in the future, including voluntary return or forced repatriation.

## Recommendations:

- Issues of registration faced by IDPS should be highlighted with relevant departments and agencies with the support of humanitarian organizations working for IDPs.
- There is a need to coordinate with donors for initiating food and NFIs distribution at host communities since the influx of IDPs has overburdened the registration and distribution point at Jalozai camp.
- Considering the reluctance of off-camp IDPs to reveal their identity and unavailability of their CNICs in some cases; comprehensive beneficiary identification and tracking strategies should be adopted to reach the most vulnerable.
- Cooking utensils, water storage containers and household kits such as stoves, fuel, water containers, solar lamps as well as women and children hygiene kits are urgently required in displaced communities. Provision of soap and towels will also help reduce the risk of diseases. Moreover, there is a need to improve health and hygiene behaviors through awareness raising activities in the displaced population.
- Agencies should pay greater attention and prioritize provision of clean drinking water in order to avoid the proliferation of communicable and water borne diseases.
- Findings suggest that there is an urgent need to provide livelihoods support to the displaced population. In addition, provision of cash grants should be considered in order to help displaced communities meet their basic livelihood needs.
- It has been reported by displaced communities that they do not have facilities to access healthcare especially for children afflicted with diseases. Where health facilities are available, medicines are not sufficient and free of cost for displaced communities. There is a need to initiate mobile clinics and strengthening available health facilities.
- Study results reveal that displaced communities have very little food stocks which could be consumed in few days. In addition, a considerable number of displaced communities do not have any food stocks remaining. Moreover, a larger number of the displaced population has not received any food rations as yet. There is a need to initiate provision of food aid to the displaced population on a priority basis.
- Transitional learning facilities should be established to provide an opportunity for children to continue their education as majority of schools do not enroll children unless they possess proper school leaving certificates while private schools remain unaffordable for IDPs. There should be advocacy with the KP Department of Education to allow the enrollment of IDP children even without the possession of school transfer certificates.
- As it was observed that children do not have spaces available for recreational activities, mobile or static Child Friendly Spaces should be established to provide means of recreation for children at host location. This would greatly help minimize psychosocial issues amongst displaced children.