

**Assessment Report of IDPs Residing in  
District D.I. Khan  
Khyber Pakhtunkhwa, Pakistan**



**Save the Children**

## **Acknowledgements**

This study is a collective effort – sincere thanks to the Monitoring and Evaluation Team as each of them contributed their share to make this study possible. I would particularly like to acknowledge the Monitoring and Evaluation Officers, who provided immense support during the course of this assessment. Our Monitoring and Evaluation Advisor rendered his guidance at every step, particularly in designing the methodology of the study and in developing study tools. We as a team are thankful to all sector advisors who gave important suggestions in finalizing the study tools. Thanks to the Deputy Team Leader, whose enthusiasm actually made this study happen – she extended her full support at every critical step.

## **List of Abbreviations and Acronyms**

<b>CNIC</b>	Computerised National Identity Card
<b>D.I. Khan</b>	Dera Ismail Khan
<b>HH</b>	Household
<b>IDP</b>	Internally Displaced Person
<b>GAM</b>	Global Acute Malnutrition
<b>KM</b>	Kilometer
<b>MAM</b>	Moderate Acute Malnutrition
<b>MCH</b>	Mother and Child Health
<b>MNCH</b>	Mother, Newborn and Child Health
<b>MUAC</b>	Middle Upper Arm Circumference
<b>NGO</b>	Non-Government Organization
<b>NFIs</b>	Non-Food Items
<b>PKR</b>	Pakistani Rupee
<b>PPS</b>	Probability Proportionate to the Size
<b>SAM</b>	Severe Acute Malnutrition
<b>SPSS</b>	Statistical Package for Social Scientist
<b>UC</b>	Union Council

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## Executive Summary

These assessment results portray the situation of Internally Displaced Persons (IDPs) from South Waziristan Agency who are residing in Dear Ismail Khan (D.I. Khan) District. Of the 300 displaced households surveyed, most have come from Sarahroga, Makeen, Tairza, Sarokai and Ladha areas of South Waziristan. The average household size was found to be 8; importantly, **children constitute 72 percent of the household size**, and 99 percent of households are male-headed. Eighty percent of households are registered as IDPs; for the 20 percent who are not registered, the main reasons cited were that there were issues related to women (i.e. families would not bring or send women to registration points), they missed the registration date, or they do not have a Computerized National Identity Card (CNIC).

### *Water and sanitation*

The study reveals that 33 percent of households are using unprotected sources of drinking water, and 34 percent are storing drinking water in uncovered containers. Of the households surveyed, 32 percent stated that drinking water was sometimes sufficient, while 22 percent said that access to drinking water was insufficient. For 22 percent of households, it takes 11-30 minutes to fetch drinking water, whereas for 26 percent it takes longer than 30 minutes to get water. While 85 percent of households have access to latrines, **82 percent of these households state that the latrines are in poor condition, do not have water, and/or are not functional**. Only 49 percent of households reported that they wash their hands with water and soap after defecation, and a mere 26 percent stated that they wash with water and soap before eating.

### *Sources of income*

More than 93 percent of households have at least one able adult contributor. In total, 66 percent of households reported that their main income contributors are casual workers; 59 percent of household contributors were out of work at some point during the crisis, generally for 30 – 60 days. The average household monthly income is PKR 6000, or approximately US\$72<sup>1</sup>. This implies that **families of approximately 8 people are supporting themselves with less than PKR 200 per day, or around US\$2.30**. Of the households surveyed, 40 percent reported that they have borrowed money to meet household expenses, whereas 23 percent stated that their friends or relatives have supported them. In total, 85 percent of surveyed households reported that they have outstanding loans.

### *Food consumption*

Wheat products (followed by potatoes and lentils) are the most frequently consumed commodity. Most households purchase or borrow food, and **only 20 percent of households are receiving food aid**. Most household members are eating three meals on average, including children under six months, who are reportedly being fed only three times a day. In terms of food resources, 57 percent of households do not have any food stocks, while 31 percent have less than one week of food stock. It is important to note that 76 percent of households stated that there was at least one incidence when they didn't have money to buy food or meet other household expenses.

### *Vulnerability and protection concerns*

Vulnerable children are residing in a considerable number of households – 10 percent reported supporting orphans, and nearly 10 percent reported supporting children who have lost one parent. Also, 17 percent reported supporting a mentally or physically disabled child. In addition, **6 percent of households reported caring for a separated child, and 5 percent of**

<sup>1</sup> USD 1 = PKR 83, rate used throughout this report.

**households reported that one of their children is missing or separated.** Regarding vulnerable adults, 17 percent of households reported supporting a physically or mentally disabled adult, and at least 11 percent of households include an adult with a chronic illness. In all categories, more households reported supporting vulnerable males than vulnerable females. Additionally, 16 percent of households stated that there has been an increase in physical punishment of women at home.

#### *Psychosocial conditions*

Most displaced children have few opportunities for recreation – 75 percent of households shared that children don't have a place to play, and 68 percent said there are no group activities available to children. Alarming, **27 percent of households stated that there has been a substantial increase in physical punishment of children.** A large majority of respondents – 72 percent – said that children are sleeping badly or showing behavior that worries them.

#### *Living situations*

The majority of displaced households – 56 percent – are residing in mud houses, and 45 percent are occupying only one room. In total, 66 percent are paying rent for their accommodation while 20 percent are staying with relatives. Households shared that **harsh weather conditions were their number one housing concern,** followed by lack of water and sanitation facilities and lack of cooking facilities.

#### *Health services and medical issues*

Access to health services is limited – 57 percent of households don't have access to health facilities; for those who have access to health facilities, most of them are seeking treatment through mobile clinics. Since the emergency began (around October 2009 in South Waziristan), 20 infants and 18 children between the ages of 1 – 5 years have died. This means that **approximately 13 percent of surveyed families have experienced the death of a child under the age of 5 since the emergency began.** Currently, 15 percent of displaced households have at least one pregnant woman, but only 44 percent of these pregnant women are receiving antenatal care. Since the emergency, only 10 percent of pregnant women have delivered with the help of a Skilled Birth Attendant.

#### *Nutritional status of children*

Among the 414 surveyed displaced children age 6-59 months, the prevalence of **Global Acute Malnutrition (GAM) is 4.1 percent, and Severe Acute Malnutrition (SAM) is 1.2 percent.** (These figures are approximately double the rates found in Save the Children's recent nutrition survey in the districts of Swat and Buner.) According to the MUAC data, an additional 7 percent of these children are at risk of becoming malnourished.

#### *Education*

**The vast majority of displaced children are not going to school.** The study reveals that 55 percent of boys age 4-9 years are out of school, while 71 percent of girls this age are not attending school. In the 10-18 year old age group, 68 percent of boys are out of school, and 84 percent of girls are not going to school. The top four reasons cited for children not going to schools were that school expenses were unbearable (91 percent), the emergency situation made it difficult (58 percent), and non-availability of teachers (57 percent) and schools (56 percent). It is interesting to note that over 70 percent of households stated that they would be willing to send their out-of-school children to school if schools were made accessible.

### *IDPs' Priorities for Assistance*

When women were asked about what they most needed, respondents said their top priorities were a residence or house (22 percent), fans or air coolers (20 percent), and monetary support (11 percent); they also wanted clothing (10 percent). Men stated that their top priorities were cash/monetary support (25 percent), a residence or house (21 percent), and clean drinking water (20 percent).

### **Key Recommendations:**

- I. Agencies must raise awareness among IDPs regarding the benefits of registration and process for registering.
- II. Agencies should work to increase IDPs' access to safe water sources and sanitation facilities, while educating displaced communities about safe water handling, and proper health, hygiene, and sanitation practices.
- III. Agencies should provide cash grants and cash-for-work opportunities to the most vulnerable households – this would greatly increase their ability to meet their families' needs.
- IV. The most food-insecure households should be provided with food-for-work, cash-for-food, or other food aid support. To combat low rates of infant feeding, health workers must proactively reach out to mothers and educate them on the importance of frequent and exclusive breastfeeding.
- V. Specific support should be provided for displaced households caring for orphaned, separated, or disabled children. There is also a need for psychosocial interventions which focus on recreational activities for displaced children. Mothers and children must be provided with comprehensive assistance so that they are protected from increases in physical violence.
- VI. As many displaced families are living in only one or two rooms, these families could be provided with separators, such as curtains and curtain lines. The most vulnerable families should also be provided with cooking utensils and stoves.
- VII. Free medical services should be provided to displaced families, particularly women and children. Health teams must reach out to pregnant women, and provide health services within the home if women's movement is restricted.
- VIII. More research should be done on displaced children's nutritional status and immunization coverage in order to determine the most appropriate interventions.
- IX. Displaced families should be provided with monthly education stipends with which they can support their children's school expenses. Where schools aren't available, temporary schools should be established in areas with large concentrations of IDPs. For any education intervention, girls' participation should be prioritized – this may require intensive outreach to both displaced and local communities.
- X. Due to the hot weather conditions, IDPs voiced needs for fans, air coolers, and summer clothes; these needs should be considered when planning Non Food Item (NFI) distributions.

## 1. Background

In October 2009, the Pakistani military launched a ground offensive against militants in South Waziristan. Thousands of inhabitants of the conflict-affected areas fled to neighboring districts, particularly Dera Ismail Khan (D.I. Khan) and Tank in the southern area of Khyber Pakhtunkhwa, have taken refuge with friends, relatives and local community members. The government reports that 25,037 displaced families<sup>2</sup> have been registered in D.I. Khan. No camps were established in this district, so all IDPs are living with host families. The main purpose of this study was to examine the overall situation of IDPs living in D.I. Khan so that future humanitarian interventions can address the IDPs' most critical needs.

## 2. Objectives of Study

The main objectives of the study were:

- I. To examine the general socio-economic situation of the displaced population in D.I. Khan
- II. To determine the most critical needs of IDPs in order to identify potential program areas for humanitarian interventions
- III. To gather primary data on IDPs from South Waziristan which can inform the rapid design of recovery interventions (once the return process begins)

## 3. Methodology

### Sample Size

Assuming a confidence level of 95 percent, co-efficient of variance as 40 percent, and margin for error as 5 percent, the required sample size was calculated to be 246 households. It was then increased to 300 households to allow for non-responses.

### Sampling Strategy

Due to time constraints, considerations for design effect were not taken into account as it could have further increased the sample size. Also, instead of using a probability-to-proportion of the size (PPS) of cluster method, which is normally used for household surveys, 10 UCs<sup>3</sup> with the highest concentration of IDPs were purposely selected, and one village with the highest IDP concentration was selected from each UC. Finally, 30 displaced households were randomly selected and interviewed from each target village.

### Data Collection

The primary data for the study was collected through a structured household-level questionnaire, with respondents being mainly household heads and key female household members. However, a few questions were left open-ended in order to gather IDPs' general perceptions.

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<sup>2</sup> [http://www.pdma.gov.pk/PaRRSA/Summary\\_of\\_Registration.php](http://www.pdma.gov.pk/PaRRSA/Summary_of_Registration.php)

<sup>3</sup> A union council is the first level of government administration in Pakistan. Each union council includes 8-15 villages and an average population of about 15,000-25,000.

## Field Work

The fieldwork was completed in five days. Eight data enumerators conducted the fieldwork, with support from Save the Children's M&E Officer; these data enumerators were hired for this purpose, and trained by Save the Children's M&E Coordinator. Half of the enumerators were women. During the assessment, enumerators split into pairs, with one male and one female member. Women interviewed female household members and men interviewed male household members. Male household members were asked about the general household information, water and sanitation, livelihoods, housing, and food security. Female household members were asked about the vulnerable groups, nutrition, health and reproductive health, education, and the overall needs. While the division of these questions may have affected the overall survey results, this method allowed the survey team to complete a large number of household surveys in a short time, and it required less time from the displaced households. This method also facilitated greater participation of female household members.

## Data Analysis

The main unit of analysis for the study is households. Data was entered and analysed in SPSS using descriptive statistics. Data cleaning was performed using cross tabs and through manual review of questionnaires.

## Limitations of the Study

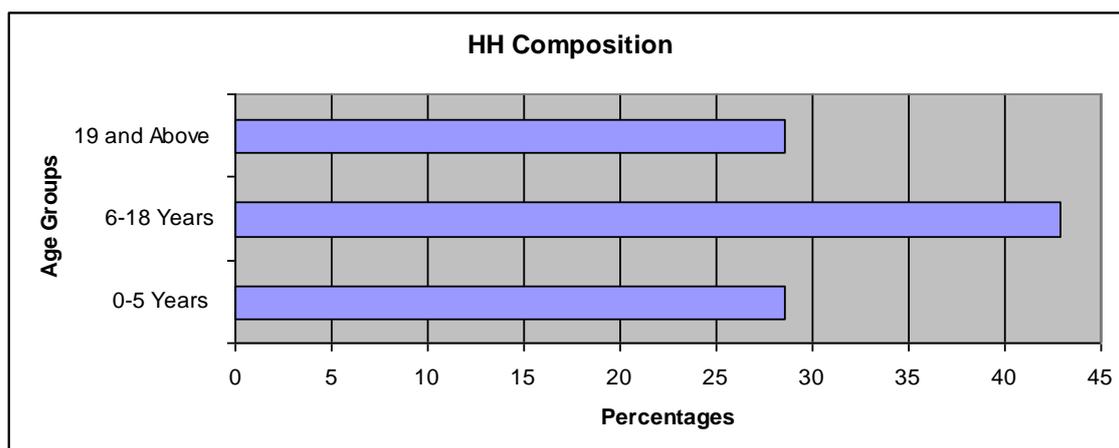
The sampled villages were purposely selected, focusing on villages with high concentration of IDPs; this compromises the randomness of selected households. Therefore, study findings should be used cautiously in terms of generalising for IDPs residing in the most remote villages, with smaller concentrations of IDPs. In addition, enumerators were hired and trained in a short period of time, thus there may have been some errors in data collection. Finally, since men answered some questions and women answered others, this may have affected some of the results. Despite these limitations, the study findings do provide a good snapshot of the situation of IDPs residing in D.I. Khan.

## 4. Study Results

### *Basic Information*

#### **Household Size and Composition**

The average size of households was found to be 8 (median value) and 8.9 (mean value). The average (median) age of the household head is 40 years old, and the vast majority of household heads are male (99 percent) with only 3 households citing female heads (1 percent). It is interesting to note that children compose 72 percent of the surveyed household members – 29 percent are 0-5 years old, and 43 percent are 6-18 years old. (See Figure 1 on next page)



*Figure 1: Household Composition*

### Area of Origin of IDPs and Time Displaced

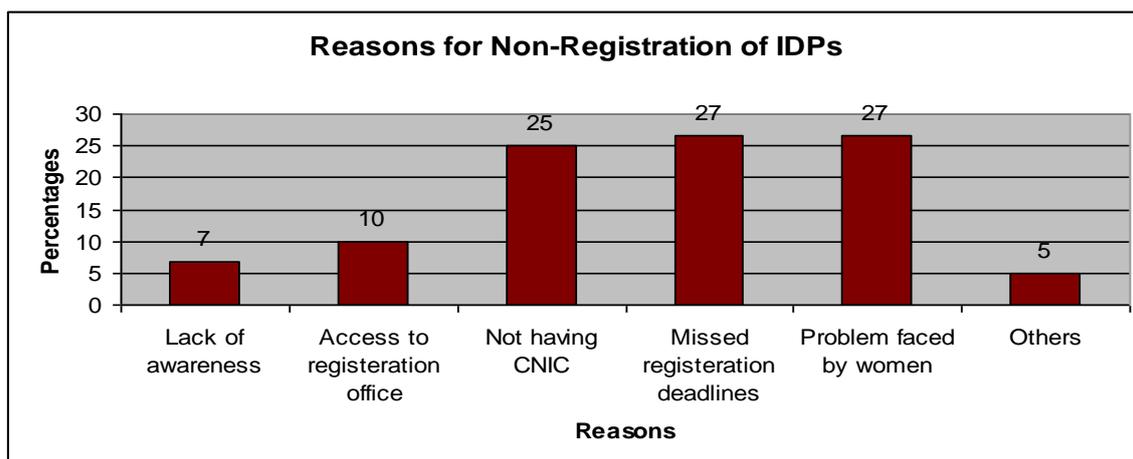
Most of the IDPs interviewed belong to different crisis-hit areas of South Waziristan, primarily Sarahroga, Makeen, Tairza, Sarokai and Ladha. Their time since displacement varies from five to twelve months. (See Table 1 below)

Tehsil Name	No. of Families	Percentage	Time Displaced (Months)
Sarahroga	59	20.3	5 to 11
Kaniguram	11	3.8	5 to 8
Makeen	46	15.8	4 to 11
Wana	1	0.3	10
Tairza	47	16.2	7 to 11
Barvand	4	1.4	7
Sarokai	51	17.5	7 to 12
Shakai	1	0.3	10
Taghakai	1	0.3	12
Salarai	1	0.3	5
Ladha	69	23.7	6 to 12

*Table 1: Area of Origin of IDPs and Time Displaced*

### Registration Status of IDPs

Of the households surveyed, 80 percent are registered IDPs, whereas the remaining 20 percent are not registered as IDPs. The reasons cited for not registering vary, with the majority of IDPs stating cultural reasons (issues with women going to registration points), missed registration deadlines, and not having a Computerized National Identity Card (CNIC) as the main reasons. (See Figure 2 on next page)

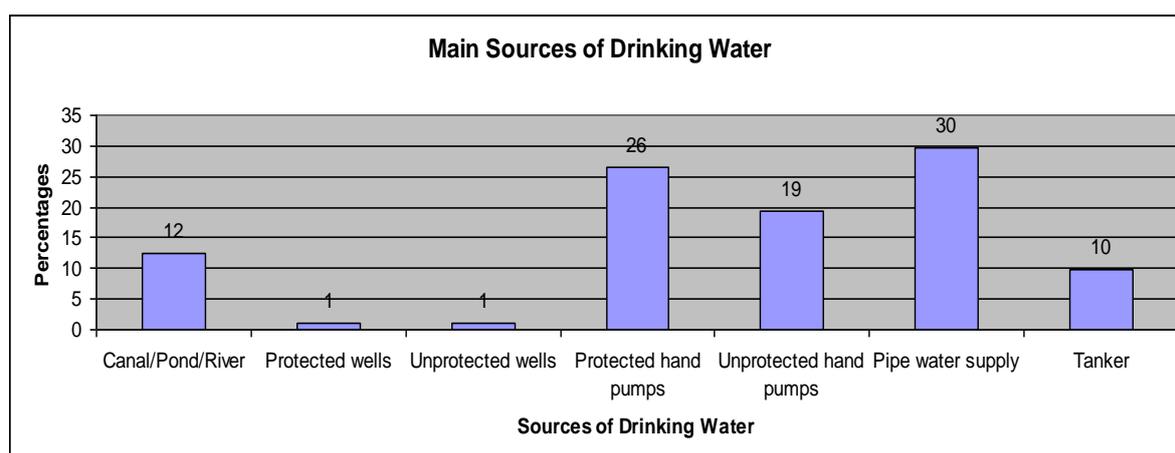


*Figure 2: Reasons for Non-Registration of IDPs*

## Water and Sanitation Facilities

### Main Sources of Drinking Water

The study reveals that IDPs are using a range of drinking water sources, and 33 percent of these families are using unprotected sources of drinking water. (It is important to note that the evaluation team did not view the water sources, so it is possible that the protected water sources are also unsafe or damaged.) In terms of availability, 45 percent of IDPs shared that there is sufficient water available at the main water source, 32 percent said that water is sometimes sufficient, and 22 percent stated that water was insufficient. For 52 percent of households, it takes less than 10 minutes to access water; however, for 22 percent it takes 11 to 30 minutes, and for the remaining 26 percent it takes longer than 30 minutes. For these two latter categories, it can be assumed that the water sources are more than 500 meters away (the maximum acceptable distance for humanitarian interventions, according to the Sphere Standards). The main sources of drinking water utilized are highlighted in Figure 3 (*below*).

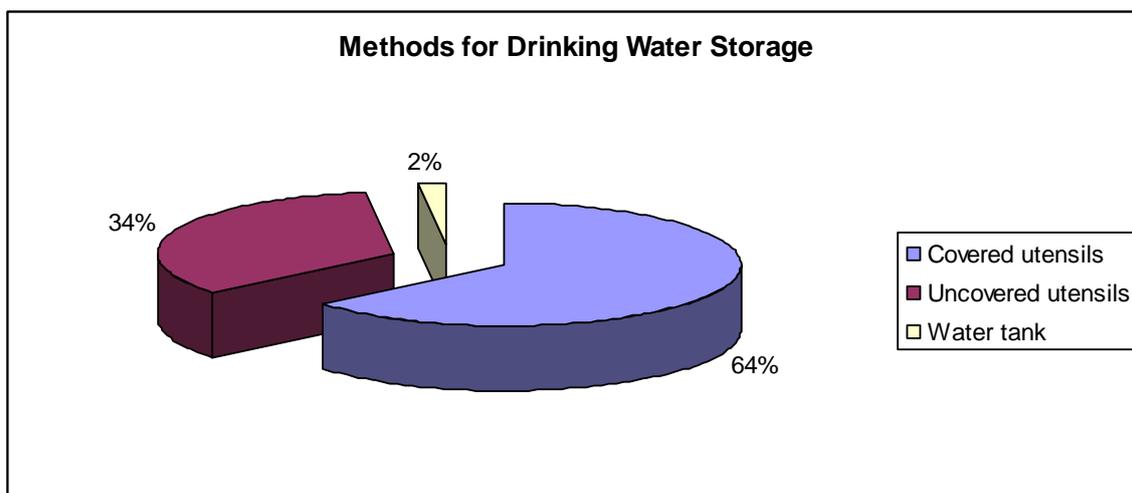


*Figure 3: Main Sources of Drinking Water*

### Methods for Drinking Water Storage

The evaluation team determined that 64 percent of displaced households are storing drinking water in covered containers, whereas 34 percent are storing water in uncovered containers, and 2 percent are storing water in water tanks (*see Figure 4 on next page*). Although the evaluation team did not evaluate the quality or cleanliness of the containers or water tanks, uncovered containers

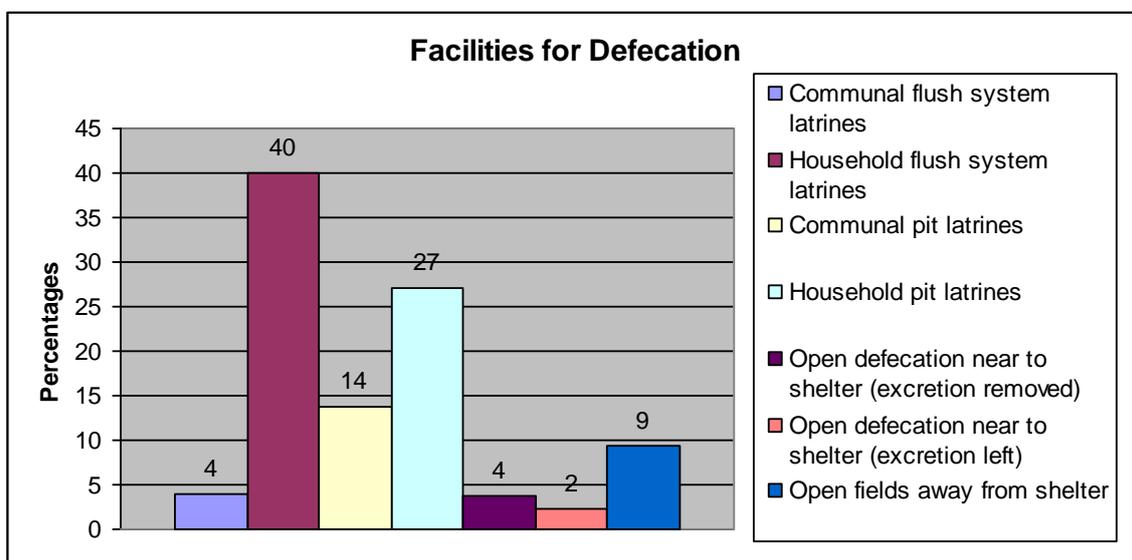
generally pose greater risks than covered containers. Unsafe water storage often leads to water contamination, which increases the risk of exposure to water borne diseases.



*Figure 4: Methods for Drinking Water Storage*

### Facilities for Defecation

The study reveals that 85 percent of displaced households have access to latrines; however, the type of latrine varies. Four percent of households have access to communal flush system latrines, 40 percent have access to household flush system latrines, 14 percent use communal pit latrines, and 27 percent use household pit latrines. The remaining 15 percent are practicing open defecation – 4 percent defecate near to their residence and excretion is removed, 2 percent defecate near to their residence where excretion is left, and 9 percent go to open fields away from their residence. (See Figure 5 below)



*Figure 5: Facilities for Defecation*

While 85 percent of households stated that they have access to latrines, only 18 percent of these respondents said that the latrines are in satisfactory condition with water available. Of the unsatisfied respondents, 26 percent shared that water is not available in the latrines, while 46 percent said that the latrines are in poor condition *and* there is no water available; the remaining 10 percent described latrines as non-functional.

### Use of Water and Soap

In order to assess displaced households' general hygiene behaviors, the evaluation team enquired about their hand washing practices – 49 percent of displaced households stated they use water and soap after defecation, while 45 percent said they only use water; 6 percent shared that they don't wash their hands after defecation (see Figure 6 below).

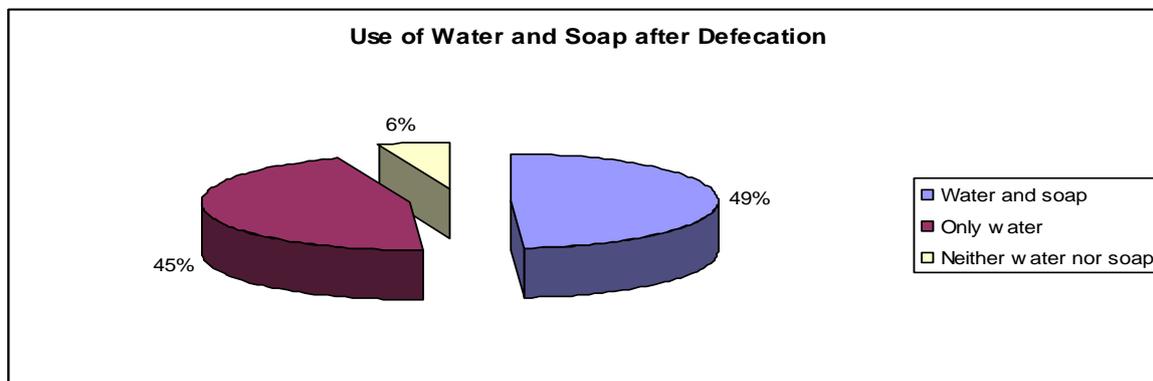


Figure 6: Use of Water and Soap after Defecation

When asked about washing their hands before meals, 26 percent of respondents replied that they wash with water and soap before eating, 69 percent said they washed with water only, while 5 percent said they don't wash their hands at all (see Figure 7 below).



Figure 7: Use of Water and Soap before Eating

## Livelihoods

### Number of households with Earning Members

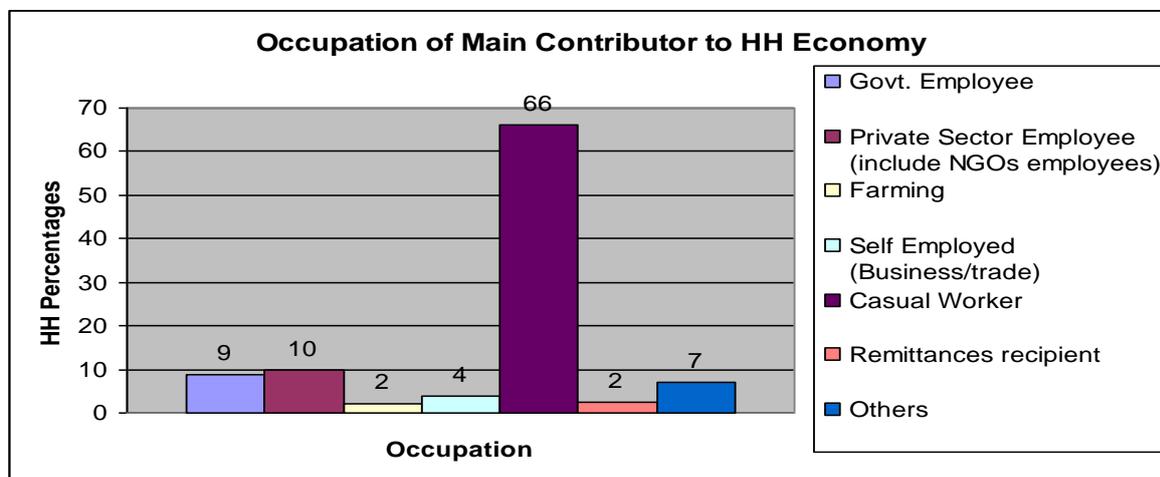
Of the 300 displaced households interviewed, 93 percent stated that they have at least one adult male earning member, while 1 percent said that they have an adult female earning member. Six percent of households stated that they have at least one earning member under 18 years old. Table 2 (below) demonstrates that displaced boys are at a higher risk of being engaged in child labor than displaced girls.

	Male	Female
6-18 Years	15	3
18 and Above	280	4
<b>Total No. of households</b>		<b>300</b>

Table 2: Number of households with Earning Members

### Occupation of Main Contributor

The study reveals that 66 percent of displaced households' main contributors are currently working as casual laborers, 10 percent are private sector employees, and 9 percent are government employees. (See Figure 8 below)



*Figure 8: Occupation of Main Contributor to Household Economy*

It is important to note that 59 percent of main household contributors were out of work at some point during their displacement, with 32 percent out of work for 60 days, 16 percent for 30 days, and 12 percent for 20 days. The remaining household contributors were out of work anywhere from 5 to 75 days. This implies that most households' economic security was significantly affected by periods of unemployment.

### Household Cash Income and Expenses

The average displaced household cash income was found to be PKR 6000 per month, or approximately US\$72; this means that, in most instances, particularly for casual labor, the main contributor found some work in their area of displacement. However, displaced households' expenses have likely increased, as many displaced families are paying rent and repurchasing household items that they could not bring with them. Also, it is important to note that this income is being used to support an average family of 8 people. Thus, large households are supporting themselves with less than PKR 200 per day, or around US\$2.30.

Not surprisingly, the study reveals that only 35 percent of households are meeting their daily expenses using their own income sources; 41 percent stated that they have taken out loans to meet their expenses, while 24 percent said that they seek financial assistance from their friends/relatives (see Figure 9 on next page).

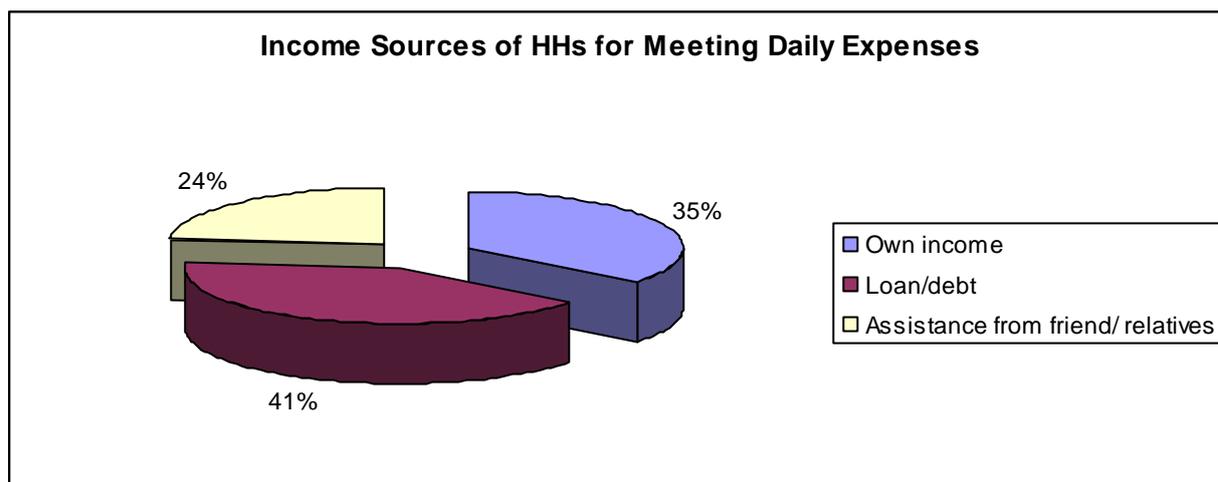


Figure 9: Income Sources of Households for Meeting Daily Expenses

### Household Income Sources and Affect of Crisis on them

The study reveals that 5 percent of households are currently earning income from farm sources such as agriculture, livestock, or fruit plantations. The ongoing crisis has adversely affected the income of most IDPs – 56 percent of households stated that their main income sources have been completely destroyed, 12 percent said their income sources have been badly damaged, 4 percent viewed them as partially damaged, 1 percent said that the crisis didn’t affect their income sources, and 28 percent shared that they don’t know the extent of damage (see Figure 10 below). It is also critical to note that 85 percent of households reported that they have outstanding loans.

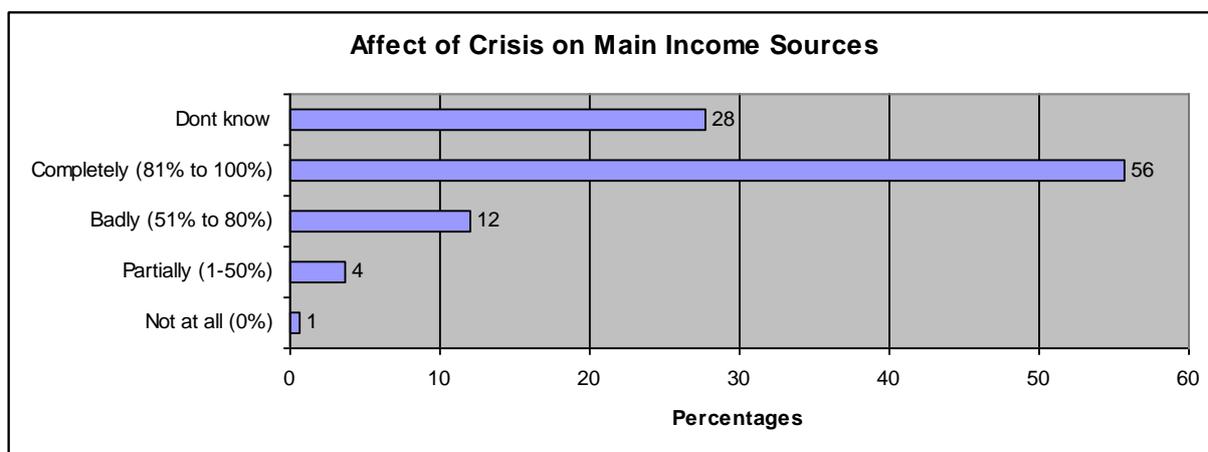


Figure 10: Affect of Crisis on Main Income Sources

## Food Security

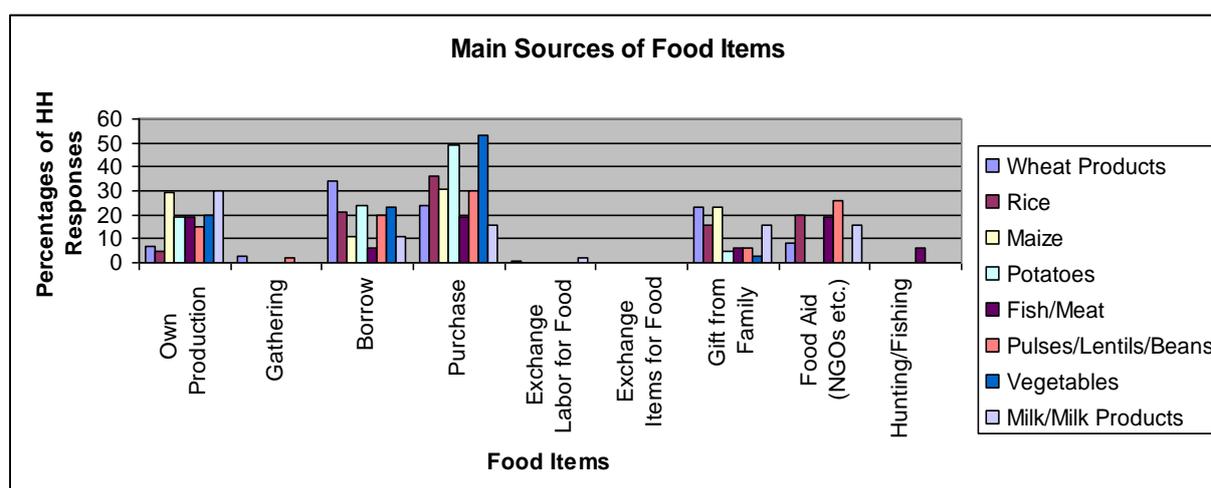
### Weekly Food Consumption Patterns

The study findings show that wheat products are the most frequently consumed food items, in that most households eat them seven days a week; the second most consumed food item is potatoes, which are eaten three times a week on average; the third most consumed food items are vegetables and lentils, eaten by most households twice a week on average. Some households mentioned that they sometimes eat rice, maize, fish or meat, fresh fruits, and milk or milk products, but incidences of consuming these items are rare (see Table 3 on next page).

Food Items	No. of Days Food Eaten in a Week, Median (Mean)
Wheat Products	7 (6.5)
Rice	0 (1.03)
Maize	0 (0.56)
Potatoes	3 (2.98)
Fish/Meat	0 (0.11)
Pulses/Lentils/Beans	2 (2.17)
Vegetables	2 (1.54)
Fresh Fruits	0(0.13)
Milk/Milk Products	0(2.18)

**Table 3: Weekly Food Consumption Pattern of IDPs**

The study reveals that most displaced households either purchase or borrow food items, or they produce food items themselves (particularly maize and wheat). A smaller proportion said that they are getting food from an aid agency – in such cases, the main items obtained are rice and wheat products (see Figure 11 below). Some families also reported receiving food as gifts. When asked separately whether displaced households are receiving any food aid, 20 percent said that they are receiving food aid, while 80 percent stated that they are not receiving any food aid.



**Figure 11: Main Sources of Food Items**

### Number of Meals Eaten Daily by Household Members

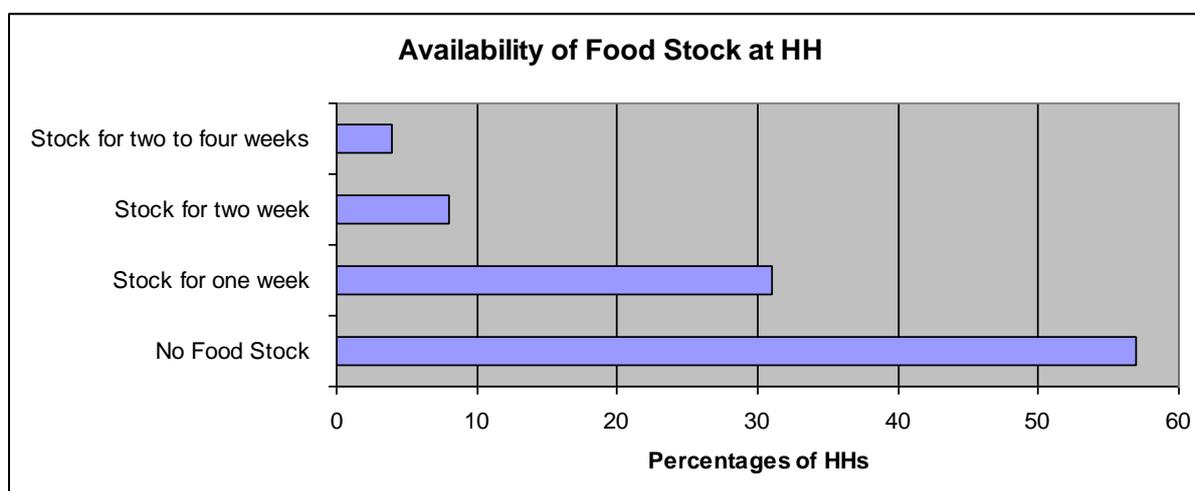
Respondents shared that, in most cases, household members eat three meals a day. However, respondents also reported that children below six months are being fed three times a day (median value); if true, this is alarming, since infants of this age should generally be fed at least eight times per day<sup>4</sup>. Also, in some cases, children between the ages of 2-18 years, and adults, are eating only two meals daily (see Table 4 below).

Categories	Meals Eaten on Average - Median (Mean)
Children less than 6 months	3 (4.57)
Children 6 months to 2 years	3 (3.13)
Children 2 to 18 years	3 (2.68)
Adults (above 18 years)	3 (2.51)

<sup>4</sup> Respondents may have under-reported infant feeding; food security questions were asked to male household members, who may be unaware of how often their wives are breastfeeding. This requires further investigation.

**Table 4: Number of Meals Eaten Daily by Household Members****Availability of Food Stock in Households**

The lack of household food stocks indicates that many households may be food insecure. Most households – 57 percent – don't have any food stock available. Of the remaining 43 percent, 31 percent have food stock for one week, 8 percent have food stock for two weeks, while 4 percent have food stock for two to four weeks (see Figure 12 below).

**Figure 12: Availability of Food Stock**

In addition, it is important to note that 76 percent of displaced households stated that there has been at least one incidence when they didn't have money to buy food or meet other household expenses.

**Presence of Vulnerable Groups within Households****Vulnerable Groups of Children**

Due to the ongoing crisis, every child in displaced households is vulnerable; however, certain groups of children are even more vulnerable, particularly those who have lost parents, those who are mentally or physically disabled, and those who have been lost or separated from their families. Table 5 (below) indicates the gender disaggregated data for disabled and orphaned children.

Vulnerable Groups	Number of Vulnerable Children	
	Male	Female
Children who lost both parents (orphans)	44	33
Children who lost one of their parents	51	19
Mentally/physically disabled children	49	19

**Table 5: Number of Vulnerable Children**

In total, 10 percent (30 households) reported supporting orphans, and nearly 10 percent (29 households) reported supporting children who have lost one parent. Also, 17 percent (57 households) reported supporting a mentally or physically disabled child. In addition, 6 percent of households reported caring for a separated child, and 5 percent of households reported that one of their children is missing or separated.

## Vulnerable Groups of Adults

The study reveals that 17 percent (57 households) reported that they are supporting a physically or mentally disabled adult member, and 11 percent (37 households) reported that their household includes an adult living with a chronic illness (*see Table 6 for gender disaggregated numbers*).

Vulnerable Groups	Number of Vulnerable Adults	
	Male	Female
Physically/mentally disabled	50	11
Persons living with chronic illness	40	24

*Table 6: Number of Vulnerable Adults*

## Violence Against Women

Displaced women were asked whether there has been an increase in physical punishment of women since the crisis. A number of women – 16 percent of households – replied that there has been an increase in physical punishment of women at home. Although women were interviewed separately by female enumerators, it may be assumed that some women would have been afraid to answer “yes” to this question; thus more women may be facing increased violence than was reported.

## Child Protection

### Issues Related to Children

When children are displaced from their homes, they often experience psychological stress; this stress can be further aggravated if they are living under tense circumstances. Of the 300 respondents, 75 percent of households stated that there is no place for children to play in their vicinity, and 68 percent said that there were no group activities for children. More worryingly, 27 percent of households reported an increase in physical punishment of children. Additionally, 72 percent of household respondents shared that children are sleeping badly or showing behavior that worries them (*see Table 7 below*).

Issues Related to Children	Percentage of Household Responses	
	Yes	No
Is a place to play available?	25	75
Are group activities available to children?	32	68
Has there been an increase in physical punishment?	27	73
Have children been targeted for violence or arrested?	2	98
Is drug addiction among children rising?	5	95
Are children sleeping badly or showing behavior that worries you?	72	28

*Table 7: Child Protection Issues*

(It is worth noting that child protection is a cross-cutting theme; therefore, child protection issues are covered under various sections of this report.)

## Housing

### Types of Housing

Most displaced households – 56 percent – are living in mud houses, 34 percent are living in cement or brick houses, 7 percent are living in tents, while 2 percent are living in temporary structures made of straw. Furthermore, 45 percent of respondents stated that they are occupying only one room, 21 percent reported that two rooms are available for family members, 15 percent are occupying three rooms, 17 percent are occupying four rooms, and 2 percent are occupying five rooms. Considering that the average household size is eight, most households – particularly the 66 percent who are staying in one or two rooms – are living in very tight quarters with little privacy. (see Figure 13 below)

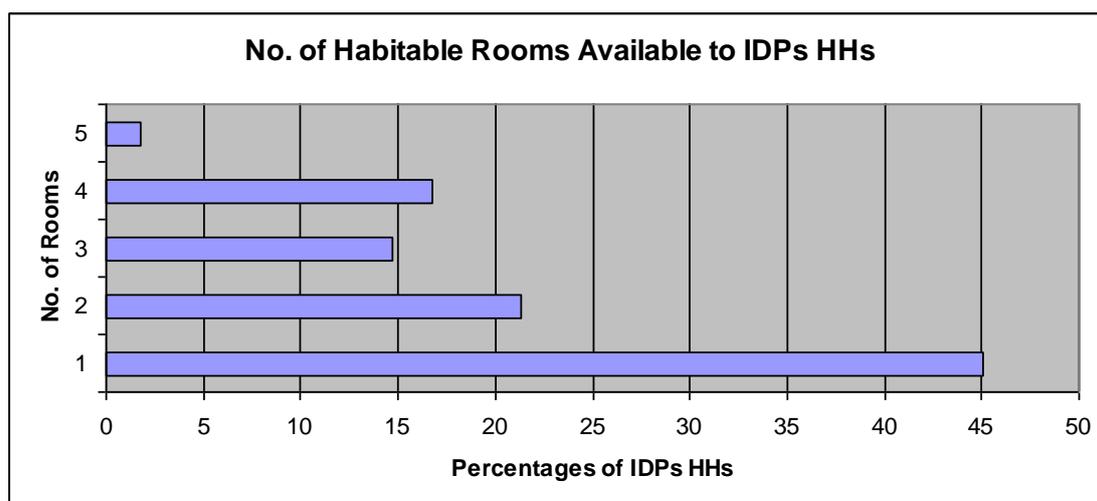


Figure 13: Number of Habitable Rooms Available to IDP households

### Housing Arrangements

Most respondents – 66 percent – are paying rent. Of those who are not paying rent, 20 percent are living in houses owned by their relatives, and 10 percent are living in homes they own (as the two districts are neighbors, some relatively well-off families from South Waziristan have property or businesses in D.I. Khan). Two percent of respondents said that they are living in houses rent-free (though these are not owned by friends or relatives) whereas another 2 percent said their residence was free though they are not living in a proper house (see Figure 14 below).

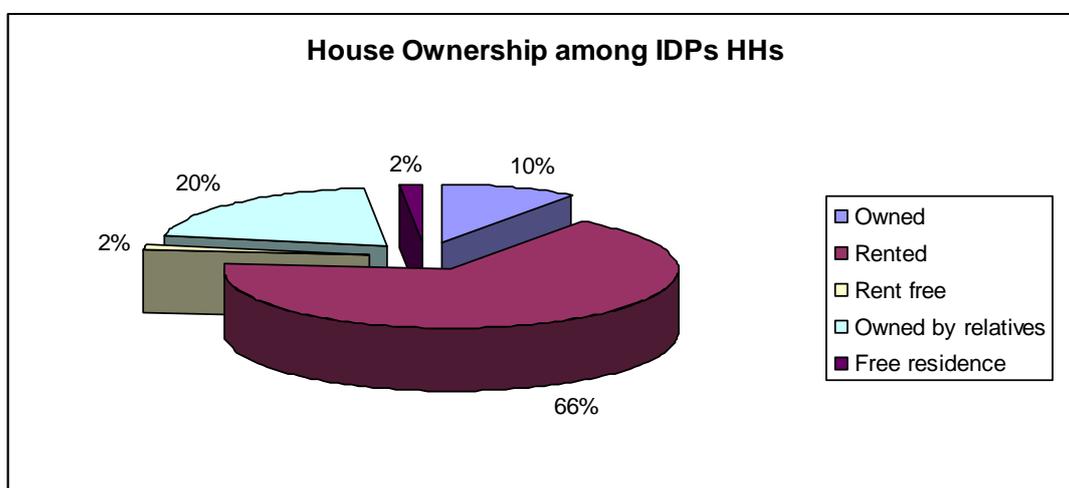


Figure 14: House Ownership among IDP Households

## Housing Concerns of IDPs

Though displaced households shared a number of different concerns, a few issues were cited frequently. Harsh weather conditions (cited 89 times) appear to be a major concern for most households. D.I. Khan is known for its extreme weather conditions, particularly in the summer when the scorching heat becomes unbearable – as this study was conducted in April, the weather will likely become a greater concern in the coming months. Lack of water and sanitation facilities (cited 79 times) appears to be another major concern, as is lack of cooking facilities (cited 72 times). For more details, see Table 8 (*below*).

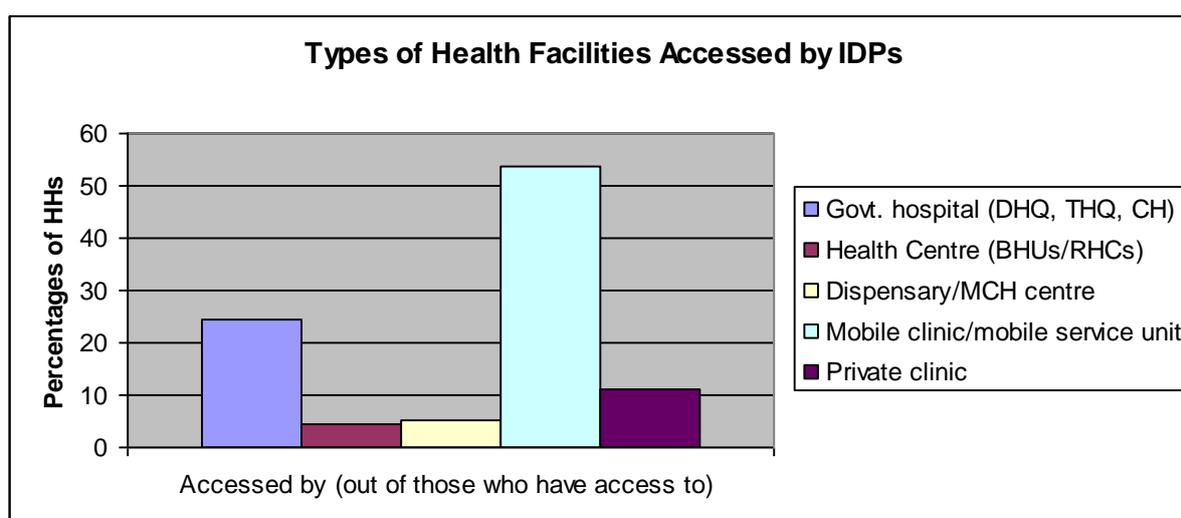
Concerns	Percentage of Household Responses		
	Rank 1	Rank 2	Rank 3
Overcrowding	16	1	1
Security	7	1	0
Privacy	10	7	0
Harsh weather conditions	49	29	11
Lack of water and sanitation	9	52	18
Lack of cooking facilities	8	6	58
Others	0	1	3
No Concerns	0	3	8

*Table 8: Housing Concerns of IDPs*

## Health

### Access to Health Facilities

The study reveals that 57 percent of respondent households don't have access to a functional health facility. For the 43 percent who are visiting a health facility, the majority – 54 percent – stated that they visit a mobile clinic; 25 percent said that they visit a government hospital when needed, 11 percent said that they go to private clinics, and a small percentage of IDPs stated that they visit a health center or dispensary/MCH centre when required (*see Figure 15 below*).



*Figure 15: Types of Health Facilities Accessed by IDPs*

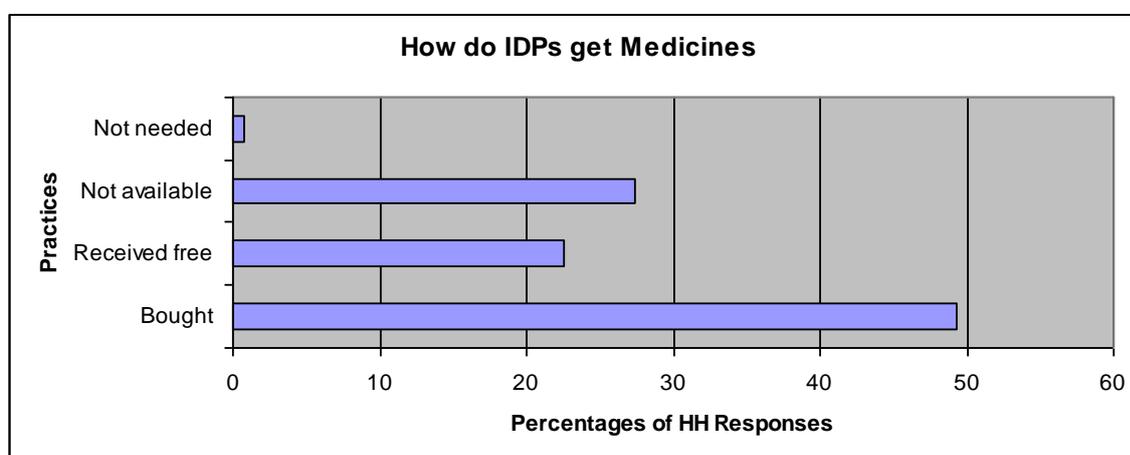
For those who have access to health facilities, 61 percent stated that the health facility is within 5 kilometers of their residence (*see Table 9 on next page*).

Distance	Percentage of Household Responses
Within 1 KM	26
2-5 KM	35
6-12 KM	26
15-20 KM	12
Above 20 KM	1

**Table 9: Distance of Health Facilities from Households**

### Acquiring Medicines

Although most displaced households have limited incomes, 49 percent of households reported that they have bought medicines when needed. For the remaining 51 percent, 23 percent stated that they received medicines for free, 27 percent said that medicines were not available to them (though they needed them), and 1 percent said they did not need medicines and that a consultation with a medical practitioner was sufficient (*see Figure 16 below*).



**Figure 16: How IDPs Get Medicines**

### Child Vaccination

Of the displaced households surveyed, 67 percent reported that their children have received vaccinations, while 33 percent said that their children have not been vaccinated. Regarding types of children's vaccinations, 40 percent received oral drops, 10 percent received injections, and 50 percent received both oral drops and injections. The study did not, however, determine whether children were fully vaccinated, or what vaccinations they had received.

### Deaths and Births in IDPs' households since the Emergency

Households reported that, since the emergency began, 131 children (59 male and 72 female) were born in the respondents' households. This means that 44 percent of respondent households have experienced the birth of a child since the emergency began.

Since the crisis began, 20 infants (under 1 year of age) have died, and 18 children between the ages of 1- 5 years have died (*see Table 10 on next page*). While it is unknown how many of these deaths occurred in the same families, assuming that each family only suffered one death, approximately 13 percent of families have experienced the death of a child under the age of 5 since the emergency began.

Age Groups	Number of Deaths Since Emergency	
	Male	Female
Deaths less than 1 year of age	11	9
Deaths 1 to less than 5 years of age	9	9
Deaths above 5 years of age	20	8

**Table 10: Number of Households Reporting Deaths (By Age Group)**

It is uncertain whether all of the 20 infants who died were among the 131 children born since the emergency began – some of those who died may have been 10 or 11 months old, and thus born in their places of origin. However, applying the assumption that all 20 infants *were* among the 131 children born since the emergency began, this implies that approximately 1 in 7 of these children died within their first year of life. (This is in accordance with Pakistan’s 2008 infant mortality rate of 72 deaths per 1000 live births.)

### Women’s Reproductive Health

Women’s reproductive health among the displaced population is an area of concern. While 15 percent of households include at least one pregnant woman, only 44 percent of these pregnant women have received antenatal care. Since the emergency began, only 10 percent of pregnant women have delivered with the help of a Skilled Birth Attendant. These figures reflect the need for greater access to and promotion of maternal health among the displaced population.

### Nutrition

To determine displaced children’s nutritional status, enumerators took Middle Upper Arm Circumference (MUAC) readings of 414 children within the 300 households. According to these readings, the prevalence of Global Acute Malnutrition (GAM) is 4.1 percent, Severe Acute Malnutrition (SAM) is 1.2 percent, and Moderate Acute Malnutrition (MAM) is 2.9 percent. (These figures are approximately double the rates found in Save the Children’s recent nutrition survey in the districts of Swat and Buner.) According to the MUAC data, an additional 7.2 percent of these children are at risk of becoming malnourished, while 88.6 percent of children were within the normal range.

### Education

#### Children and School Attendance

The 300 displaced households surveyed include 1375 children between the ages of 4 - 18, or an average of 4 to 5 school-age children per family. Table 11 (*below*) details the percentage of male and female children attending school. In terms of attendance, boys aged 4-9 years have the highest level of attendance (45 percent), followed by boys aged 10-18 years (32 percent), girls aged 4-9 years (29 percent), and finally girls aged 10-18 years (16 percent). While all of these attendance rates are low, they are particularly low for girls.

Categories	No. of School Age Children in Households			
	Male		Female	
	Attending School	Out of School	Attending School	Out of School
Children age 4-9 years	176 (45%)	214 (55%)	92 (29%)	222 (71%)
Children age 10-18 years	123 (32%)	262 (68%)	45 (16%)	241 (84%)

**Table 11: Children’s School Attendance**

It is also important to note that boys compose 56 percent of these 1375 children, while girls comprise 44 percent of these children. Such figures provoke a number of questions. For example, did fewer girls survive to school age? Were more girls left at home? Did surveyed families under report female children? Although it is beyond the scope of this assessment to determine the reasons for this gender imbalance, this area may merit further investigation

### Reasons why Children are Out of School

Though household respondents shared several reasons their children did not attend school, the most frequently cited reasons were that school expenses are unbearable (91 percent), the current emergency situation makes it difficult (58 percent), teachers are not available (57 percent) and schools are not available (56 percent). See Figure 17 (*below*) for details.

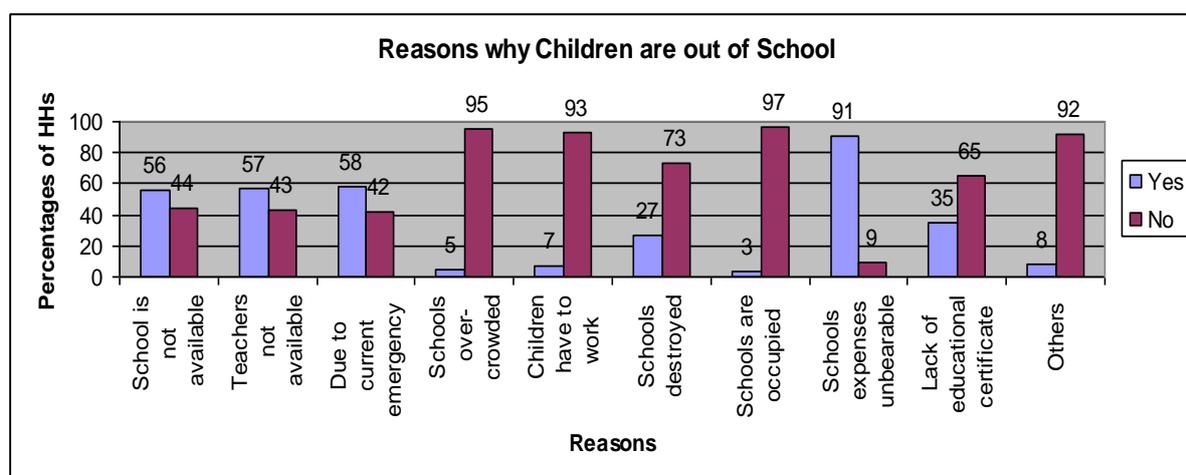


Figure 17: Reasons Why Children are Out of School

Although, according to respondents, school fees and lack of educational services has thus far prevented many children from attending school, increasing access to schools could have a significant impact on school attendance. Households reported that they would send over 71 percent of out-of-school children to school *if* schools were made accessible. According to the survey results, more young children would be sent to school (93 percent for boys and 86 percent for girls), than older children (82 percent for boys and 71 percent for girls). See Table 12 (*below*).

Children's Age	Male	Female
4-9 years	199 (93% of out of school)	191 (86% of out of school)
10-18 years	215 (82% of out of school)	171 (71% of out of school)

Table 12: Possibility of Out-of-School Children Attending School if Schools are Made Accessible

### School Supplies Needed for Displaced Children

As the ongoing crisis has significantly affected household incomes, and many families left school supplies at home, the vast majority of displaced households – 89 percent – stated that they needed text books, notebooks, stationary items, school bags, school uniforms and school shoes for their children.

## Needs as Volunteered by Female IDPs

The study reveals that most households want to improve their living conditions. When female respondents were asked openly, without prompts, about what they most needed, respondents said their top priorities were a residence or house (22 percent), fans or air coolers (20 percent), and monetary support (11 percent) – in addition, they also wanted summer clothing (10 percent). Other frequently cited needs were beds and food (*see Table 13 below*).

Needs	Rank 1	Rank 2	Rank 3
Cash/monetary support	11	6	10
Food	6	10	13
Residence/house	22	8	9
Fan/air cooler	20	19	13
Beds	9	14	13
Education services for children	4	2	4
Clean drinking water	5	8	3
Medicines/health services	2	3	4
Others	9	13	15
Summer clothes	10	13	12
Water cooler	1	2	2
Latrine/bathroom	0	1	2

*Table 13: Needs as Volunteered by Female IDPs*

## Needs as Prioritized by Male IDPs

When discussing needs with male IDPs, enumerators presented a list of options. Male IDPs stated that their top priorities were cash/monetary support (25 percent), a residence or house (21 percent), and clean drinking water (20 percent). Other prioritized needs included fans or air coolers and food. (*See Table 14 below*)

Needs	Rank 1	Rank 2	Rank 3
Cash/monetary support	25	6	12
Food	5	17	10
Residence/house	21	16	17
Fans/air cooler	15	11	7
Bed	2	9	6
Education	1	4	10
Clean drinking water	20	17	6
Medicines/health facility	1	5	10
Others	7	9	11
Latrine/bathroom	3	4	9

*Table 14: Needs as Prioritized by Male IDPs*

## 5. Recommendations

- I. A considerable proportion of displaced households – 20 percent – are not registered as IDPs. Agencies must raise awareness among IDPs regarding the benefits of registration and process for registering.
- II. Many displaced families are using unprotected water sources, storing water in uncovered containers, walking long distances to obtain water, and using latrines in extremely poor conditions. Agencies should work to increase access to safe water sources and sanitation facilities, while educating displaced communities about safe water handling, and proper health, hygiene, and sanitation practices.
- III. Most displaced households are supporting large families with extremely meager incomes – the vast majority of households are also in debt. Provision of cash grants and cash-for-work opportunities to the most vulnerable households would greatly increase their ability to meet their families' needs.
- IV. Most displaced households have little to no food stock, and only 20 percent are receiving food aid. The most food-insecure households should be provided with food-for-work, cash-for-food, or other food aid support. In addition, to combat the reported low rates of infant feeding, health workers, mobile health teams, and Lady Health Workers must proactively reach out to lactating mothers and educate them on the importance of frequent and exclusive breastfeeding.
- V. Specific support should be provided for displaced households caring for orphaned, separated, or disabled children. Such children should be linked with appropriate service providers and their cases should be monitored by the Department of Social Welfare. There is also a need for psychosocial interventions which focus on recreational activities for displaced children. Finally, mothers and children must be provided with comprehensive assistance from local communities, the DoSW, and aid agencies so that they are protected from increases in physical violence – accordingly, parents should be educated in alternative ways of settling family disputes and maintaining discipline.
- VI. As many displaced families are living in only one or two rooms, these families could be provided with separators, such as curtains and curtain lines, so that men and women may retain some privacy. The most vulnerable families should also be provided with cooking utensils and stoves – this is one prioritized need that is relatively easy to address.
- VII. The majority of displaced households do not have access to health facilities. Free medical services – both in health facilities near IDPs, and through mobile clinics – should be provided to displaced families, particularly women and children. Health teams must reach out to pregnant women and provide antenatal consultations within the home if required. Both government and aid agencies should focus on allocation and promotion of female medical officers, Lady Health Workers, and Lady Health Visitors, so that more women from conservative homes can receive medical care, and more pregnant women will seek the help of Skilled Birth Attendants during deliveries.
- VIII. More research should be done regarding 1.) displaced children's nutritional status and 2.) immunization coverage. Although results from this survey indicate that these areas may

require attention, more information is needed to determine the exact interventions required (e.g. provision of supplements for malnourished children, polio campaigns, etc.)

- IX.** Since most families cited unbearable school expenses as the primary reason for children not attending school, displaced families should be provided with monthly educational stipends with which they can support their children's school fees, uniforms, transportation, materials, etc. Where schools and teachers aren't available, temporary schools should be established in areas where there are large concentrations of IDPs. For any education intervention, girls' attendance should be prioritized – this may require intensive outreach to both displaced and local communities.
- X.** Due to the hot weather conditions, IDPs voiced needs for fans, air coolers, and summer clothes; these needs should be considered when planning Non Food Item (NFI) distributions.