

Early Recovery Assessment: Buner District, NWFP, Pakistan

International Medical Corps July 14, 2009

EXECUTIVE SUMMARY

International Medical Corps (IMC) recently deployed a rapid assessment team to Buner District, NWFP in order to evaluate the condition of available services and to obtain first hand information about living conditions in the region after two months of devastating violence and instability. The first team was deployed on July 1st for three days to assess current conditions, while a second team was deployed on July 13th to assess the returnee process while providing vital health care services. Focus group discussions, key informant interviews, and semi-structured interviews were carried out with various local authorities and community members. Structured observations were also made to document the state of infrastructure and assets.

Key findings include:

- At the time of the first assessment, IDPs who are returning to Buner are doing so primarily to assess their property and crops and are not yet planning to resettle. Those who have returned have left their families in camps or with family in neighboring regions. At the time of the second assessment, full families are returning in order to resume their lives.
- At the time of the first assessment, town centers and roads in Buner were largely vacant, with a limited number of shops open for business. At the time of the second assessment, traffic was visible as people were returning, and activity is returning in the major towns.
- The District Headquarters Hospital (DHQ) in Daggar has remained operational throughout the conflict, however limited electricity, on-going security concerns and looting as well as the emigration of hospital staff have made providing quality healthcare difficult.
- Due to a lack of adequate staff and supplies the majority of rural health facilities remain closed.
- Current levels of medicine and medical supplies are low throughout the district and will be insufficient as more IDPs return.
- In addition to wounds and common disease, many patients at the hospital show signs of acute psychological trauma.
- A majority of the schools in the region have been partially damaged or completely destroyed. At the time of the first assessment, schools that remain standing were largely either closed or empty.
- Water supply schemes throughout much of the district have been destroyed, resulting in individuals being forced to drink from contaminated streams. Water borne illnesses, including diarrhea and minor skin diseases, have become prevalent.
- Much of the district's basic infrastructure, including electrical lines, phone lines and roads, were destroyed. In the more concentrated areas repairs are underway however in the hills and rural area reconstruction is critically needed.
- Given that the region's economy is largely agriculture based, communities anticipate hardship in the coming months as they were forced to leave during the harvest season and missed the opportunity to harvest and plant for this season and the next.



- Food security, particularly as more IDPs return, is a concern within many communities.

Based on findings from focus group discussions and interviews, communities within Buner believe that development efforts will be slow and that peace and stability will not come soon. In order to ensure that the impending needs in Buner are effectively met, IMC recommends immediate and sustainable interventions in health, education, water and sanitation, and livelihoods. This includes: ensuring healthcare facilities are equipped with supplies and staff, rehabilitating water and sanitation systems, rebuilding hospitals and schools, and making certain that families have the resources necessary to rebuild their livelihoods. These efforts will rebuild the confidence of the communities within Buner.

METHODOLOGY

International Medical Corps (IMC) deployed a three member team to Buner, Pakistan on July 1-3, 2009 to assess the current state of infrastructure and services. Another team was deployed on July 13th to assess the return process within Buner as well as provide urgently needed services. Rapid rural assessment techniques were employed including: focus groups discussions (FGDS) in three key locations (Shalbandi, Daggar and DHQ Hospital), key informant interviews with health & education sector officials, and semi-structured interviews with community leaders, Nazims, and other government functionaries. The first team went through Mardan, starting at Rustam Village in Mardan. The team entered Buner through Ambela and went into Babaji Kandao and onward to Swarai. From Suwari the team continued to Daggar, and ended at Shalbandi Village.

BACKGROUND

Buner is a rural district located in Pakistan's North West Frontier Province (NWFP) in between Swat Valley and Swabi District. On April 28, 2009 the Government of Pakistan (GOP) launched a full-scale military operation against the Taliban in Buner. Over the past three months, all six tehsils that compose Buner — Daggar, Gagra, Gadezi, Chagharzi, Chamla and Totalai — have become major conflict zones. More than 2 million individuals have fled from Swat, Lower Dir and Buner to neighboring districts as a result of the resulting violence. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), while more people in absolute terms have left the Swat Valley, Buner has experienced the greatest displacement by percentage, with 90 percent of local families displaced.

The worst affected areas include Bajkata, Diwana Baba, Matwanai, Sani Gram, Shalbandi and Kalpani in Gagara Tehsil; Daggar, Krapa, Swarai, Elai, Torwarsak, Anghapur and Ambela in Daggar Tehsil; Pir Baba, Sultanwas, and Ghazikhani in Gadezi Tehsil; Chamla, Kauga, Nagrai and Totalai in Amazai and Totalai Tehsils. Despite assurances from the government, the local population and officials contest that

Focus group discussions and interviews conducted:

- Focus group discussion with elders, community leaders, school teachers, students and local bodies officials in village Shalbandi, Tehsil Gagara
- Focus Group discussion with MS DHQ Daggar, medical staff and paramedics at District Headquarter Hospital Daggar.
- Interview with EDO Health Buner
- Interviews with patients (male and female) at DHQ Daggar
- Interviews with community members in Daggar and Suwari
- Informal discussions with school teachers at Government High School Daggar
- Discussion with security officials at Ambela

insecurity continues to be a major concern. Local elders were of the opinion that the social relationships have been destroyed due to the conflict and they doubt that Buner society will return to the pre-conflict state.

ROAD TO BUNER

The following are observations made by IMC's team while travelling from Rustam (Mardan) to Daggar via Surkhabai mountain range and then on Ambela Pass via a 40 KM road that connects Ambela (Buner) to Rustam (Mardan). The assessment team passed through Rustam and entered Buner through Ambela and visited the towns of Babaji Kandao, Swarai, Daggar and Shalbandi. During the first assessment, the team observed detailed security checks for everyone at established check posts. The team also experienced thorough searches, including the removal of their "gameez" (shirt). During the second assessment, (a week later) the team experienced routine checks with no extensive searches, showing marked improvement in the situation within Buner.

The Roads

- During the first assessment, the flow of traffic on previously busy roads was dismally low. Public transport owners state that the only travelers on the road are IDPs returning to gather information about their homes and take care of crops. During the second assessment, the team noticed increased traffic as people are returning to Buner.
 - Carcasses of animals and destroyed vehicles lay alongside the road leading from Ambela to Daggar.
 - From Ambela to Babaji Kandao and onward to the Suwarai bazaar, security forces have taken positions on the tops of the mountains and are monitoring the flow of vehicles on the road.
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- It is commonly known among the population that land mines placed by militants made travel to certain areas (Pir Baba, Batai, upper areas of Gokand Valley and mountainous region of Juwar town) inadvisable.

The Towns

- At the time of the first assessment, Sultanwas was not accessible, as fighting was present. In the absence of the visit, the team interviewed those displaced from Sultanwas living in Daggar. The interviewees expressed that most of the buildings including houses, health facilities, schools and government building were damaged or destroyed due to the heavy fighting that took place in this area.
- Ambela was among the town worst hit by military shelling. Most homes and some shops in Ambela Square were destroyed; the assessment team observed that out of ten shops, only one was open.
- Swarai, the main trade and commercial centre of the district, was similarly deserted at the time of the first assessment. Very few people were shopping in the handful of open shops and many

shopkeepers spoke of severe financial losses. During the second assessment, the team reported that the GoP is setting up a drop off point in Swarai for those returning. Activity has increased within the town with many more people accessing shops.



- Daggar town, showed little signs of life during the first assessment, but showed marked improvement on the second assessment, with open shops. Private Banks and the majority of restaurants remained closed.
- Shalbandi faced the brunt of militant attacks in recent months, resulting in the death of 44 people in December 2008. Surprisingly, the population of 10,000 appears to be proceeding with life as normal. The shops in Shalbandi were open and people gathered in the main village.

CIVIC SOCIETY AND INFRASTRUCTURE

According to the GoP, most areas in Buner District have been cleared of militants. As areas are cleared, the government is encouraging IDPs to return.

IMC's first assessment team observed that although some families have returned, most people are coming to Buner to investigate the state of their property and crops and to look into the possibility of returning to their homes. Those individuals who have returned have come alone, leaving their families behind in the camps or with relatives in Mardan, Charsada and Peshawar. During the second assessment, IMC observed many families returning to Buner through government provided transport.

In order to determine an effective strategy to meet the impending needs of returnees in Buner, IMC gathered information on the current state of infrastructure and services. The primary focus was on the health sector however significant attention was also paid to education, infrastructure and the economy. Widespread and extensive reconstruction is critically needed in all sectors, and it is commonly agreed upon that any and all reconstruction will not be successful until security is ensured.

"If two families are returning four more are leaving the area."

**-- Medical Officer DHQ Daggar. –
July 1, 2009**

Health

The Executive District Officer (EDO) of Health stated that the looting of equipment, medicines, vehicles and other hospital assets by militants has complicated healthcare operations especially in Chamla, Gadezi, Daggar and Gagara. He described widespread loss of goods, and explained that particularly in the Chamla area they did not spare electric bulbs, wires or utensils. Re-equipping hospitals with the necessary supplies and medicines will be critical in ensuring that quality operations are implemented.

During the past three months the main health facility in the region - District Headquarter Hospital Daggar (DHQ) – remained operational and the emergency health team remained intact. However, outside of



Daggar, many local medical staff abandoned health care facilities, leaving the sick and injured in rural areas to walk long distances to the DHQ. The DHQ has struggled to provide health care and treatment to wounded civilians as well as security and military personnel. According to Medical Officer DHQ Daggar, most patients at the hospital also suffered from acute psychological trauma, fear and uncertainty.

The EDO Health Buner also mentioned that at times when the curfew was in affect in Buner, fewer civilians visited the DHQ Daggar. However after the curfew was relaxed the DHQ hospital experienced a large influx of patients. In May, hospital staff saw only patients presenting with serious ailments or military casualties. In June, however, there was marked increase in the Out Patient Department (OPD).

Security concerns have also resulted in a dearth of female staff and doctors which is further complicating efforts. The DHQ is now operating with half of the required total of 63 female nursing staff they had prior to the conflict; out of 28 medical officers only 19 are currently available. ***“Most of the health staff is reluctant to resume duties in the hilly areas due to the fear of Taliban backlash.”*** Vacancies in the nursing and paramedical staff in particular at the DHQ make successful operations difficult.

Furthermore, electrical outages have been an ongoing concern. During the initial days of the conflict providing health care without electricity proved extremely difficult.

Recommendations

- Increase access to medicine. The present stock of medicine is sufficient for the present number of patients but will not be enough as more IDPs return. The DHQ Hospital Daggar urgently requires essential medicines, medical equipment and supplies.
- In-depth assessment of health facilities in conflict areas is necessary to evaluate rebuilding needs.
- Re-building as well as sustainable expansion of the health sector. The pre-conflict health infrastructure was not sufficient to cater to the growing population of the district. The conflict further damaged this infrastructure.
- Increase governmental budgetary allocations to the district health sector in wake of the conflict and instability in the region. Included in the increased budget should be extra monetary incentive for the health staff so that they are motivated to stay in post conflict areas and perform their duties. Efforts to target female staff specifically could help rectify the current female capacity problems.
- Measures should be taken to boost the preventive health initiatives.
- Sustainable psycho-social support and mental health services for the local population to help individuals deal with serious psychological ailments caused by the trauma of displacement.

“Now I will have to start from zero to rebuild and re-equip these facilities,”
-- EDO Health Buner

Education

Poverty, lack of employment opportunities and geography have always made achieving quality education difficult in Buner. The literacy rate in Buner (38% for men, 7.7% for women according to 1998 census) is

low compared to other districts in Malakand region and substantially lower than the national literacy rate of 54% (UNESCO, 2007).

Until 2005-2006 there was only one degree college for boys in all of Buner district. Since then, the government has constructed a technical college, a degree college for girls and transformed some high schools into higher secondary schools. A few private schools have also helped further develop the educational system in the area.

According to the EDO Education Office, nearly every school in Buner is either partially damaged or completely destroyed. Girls' schools in particular were targeted by the militants. From focus group discussions, the IMC team learned that in some areas of Gadezi and Daggar Tehsils the militants occupied schools and used them as bunkers, which in turn made them military targets. Similar to the hospitals, militants also looted schools. In Gadezi, Daggar, Chamla and Chagharzi tehsils, they took material from science laboratories and libraries as well as burned furniture.

"Most of the students are still displaced and living with their families in other districts. There is still fear and uncertainty and the parents don't encourage their children to go to schools,"

--A School teacher

The IMC team visited Government high school No. 2 in Daggar village. While the doors of the school remained opened, no students were present at the time of the first assessment. Teaching staff revealed that the district coordination officer issued a letter asking teachers in areas cleared by the military to resume their teaching posts, but students have yet to return due to fear of insecurity. ***"Even we are uncertain whether we will be able to teach our students once again,"*** said one of the teachers.

Recommendations

- Teachers' will require some monetary incentives in addition to their salaries so that they are sufficiently motivated to work in conflict-stricken areas. As the district lacks female teachers, targeted efforts should be made to increase female teachers' availability
- The district educational sector should allocate funds to rebuilding schools and erecting security walls. According to Provincial Minister for Education, community members believe that the provincial government should fund new educational institutions in mountainous regions (Chagharzai, Gokand and Chamla) to ensure that students do not have to walk 4-6 kilometers to school.
- Increasing students' attendance is necessary. A media campaign should be launched to motivate school attendance and should specifically address the benefits of sending girls to school. A school feeding program will also help in this regard.

INFRASTRUCTURE

Water supply

Prior to the current conflict, government-run water supply schemes supplied water in Buner. According to the NWFP Bureau of Statistics, 78% of the district's population is covered by the government-sponsored water supply schemes. During the two-month-long power breakdown and military shellings, water supply schemes were not functioning in Shalbandi, Amnawar, Diwana Baba, Kalpani, Bajkata,

Juwar, Pir Baba and Chamla. Consequently, people have returned to using traditional methods of pitching water from open streams. These streams, also used by cattle, are frequently contaminated causing outbreaks of diarrhea and minor skin diseases among the local populations.

Electricity

Electricity has been restored in most of the areas in Daggar, Gadezi, Gagara, Chamla and Khadukhel Tehsils. In certain rural areas of Gokand valley (Gadezi Tehsil) and Chagharzai the electricity poles and transformers that were destroyed in the conflict are still in need of repair.

Road infrastructure

The main roads leading from Mardan to Buner and from Swabi to Buner are in relatively good condition, however rural roads are dilapidated. Community members informed the IMC team that the road linking Daggar with Pir Baba was destroyed by military shelling and that roads in Pacha Kalay, Gadezi and Torwarsak areas are still littered with mines.



Communications

Landline telephones and mobile phone services of major cellular networks have been restored in the district. In the hilly areas of Chagharzai and Gokand Valleys landlines still need repair.

ECONOMY

Agriculture

The agricultural sector is the primary occupation for approximately 3 out of every 4 people (72.7%) in Buner. Soil and climatic conditions make the region a perfect agricultural tract. Tobacco, followed by wheat, maize, and sugarcane are the main crops of the district.



The timing of the conflict has forced people to leave their land and miss this year's harvest time as well as the following planting season. This will be a substantial burden on the region given that the livelihood of nearly the entire population is directly linked to agriculture, including the landless inhabitants that partly or fully depend upon farm labour for a living. Furthering the strain, the government asked the population not to grow maize crops this year due to security concerns. During a focus group discussion, individuals expressed fear of huge financial losses as a result of this.

Agriculture opportunities and food security needs must be ensured through farm loans, subsidized availability of fertilizers, improved seeds and insecticides, and above all provision of perennial water. In order to prevent the local food stock from running out, local community members suggested rationing food items until the next wheat crop.

Remittances

Focus group discussions revealed that foreign remittance plays a crucial role in local livelihoods. A considerable number of people from the area are working abroad, primarily in the United Arab Emirates, Saudi Arabia and Far Eastern countries.

CONCLUSION

While encouraging signs exist, the IMC team found that much work needs to be done to ensure the wellbeing of the population of Buner. In addition to a historical precedent for lagging development and insecurity, individuals cited on-going violence, continual displacement and lack of information about reconstruction as cause for concern. IMC found widespread agreement that if rehabilitation is outpaced by violence, the situation will be unmanageable in the long run. The consensus was that development work is required so that once achieved, peace is sustainable, long-term, and perpetual.

In light of the returns, governmental and non-governmental organizations should coordinate their efforts to ensure that immediate and concrete steps are taken to ensure that return is safe and sustainable return. The population of Buner expressed specific reliance on the government to provide relief and sustained rehabilitation. It will be necessary for international and local organizations to support and strengthen government efforts. Long-term interventions in health, education and agriculture should be prioritized.

IMC has begun supporting the people of Buner through the provision of comprehensive primary health care services, along with psychosocial services. Through the provision of these services along with those of partner organizations, the lives of those affected by this conflict can slowly be rebuilt.

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