



Save the Children

**Rapid Assessment of IDPs in Host Communities
in Mardan and Swabi Districts,
NWFP Pakistan**

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Executive Summary

This report details the findings of the Save the Children rapid assessment that was conducted in late May 2009 in 10 Union Councils (UCs) of Mardan and Swabi. This assessment concentrated on IDPs staying outside of camps, living in host communities. Interviews were conducted with 314 households and 10 UC administrators (*nazims*). In addition, Save the Children conducted 10 focus group discussions with children.

The following are key findings from the household survey:

1. The average household size was reported to be 10.4 persons, significantly higher than the estimated 6 or 7 persons that forms the basis of aid for many relief agencies. This is likely due to the fact that the vast majority of IDPs have reported arriving within an extended (or “joint”) family structure, rather than solely with their nuclear family.
2. The average IDP family surveyed said they had 1.3 rooms available to them in which to live.
3. Some 8.4% of households were reported to be female-headed.
4. From the household survey results, 37% of all IDPs are school-aged children.
5. Following displacement, only 29.3% of boys and 26.6% of girls (age 5-18 years) are actively engaged in educational activities of some sort (though not formal education). The majority of children, 70.7 % of boys and 73.4% of girls, are not engaged in educational activities of any sort.
6. 79.2% of households reported facing some health problems after displacement, with over 50% of families reporting diarrhea as the most common illness suffered.
7. Respondents listed their immediate priority needs in the following order: Food, NFIs, Livelihoods support, and Health.
8. Some 50% of households reported no access to adequate toilet facilities for males, and 29% reported no access to adequate toilet facilities for females.
9. Of the IDPs households interviewed, only 3.8% reported having some sort of employment with an average income of around 8,589 rupees per month. 96.2% households reported no income at all.
10. Prior to displacement the majority of households relied on agriculture and casual labour to provide food and income.
11. 78.5% reported leaving their places of origin without any savings.
12. An expenditure profile of the IDPs households - with regards to spending on food, utility, health and other costs - indicated around 31.5% of the overall IDPs household expenses are in fact covered by their host communities/families.
13. Only 17% of families surveyed were planning to move in the next month, with 60% of these planning to move back to their homes.

The survey found that 54% of IDPs are children below the age of 18. Of this figure, approximately 16.5% are below the age of five, presenting potential protection, education, health and food security concerns for traditionally one of the most vulnerable groups in an emergency situation.

This report concludes that while the IDP camps still require assistance, the excessive strain currently being placed on host families places both host and IDPs in an increasingly vulnerable position with regards to health, livelihoods, protection and educational opportunities.

Background

In August 2008, the Government of Pakistan launched a military operation against Taliban forces in Bajaur Agency, resulting in a population exodus that settled across the districts of North West Frontier Province (NWFP). The total number of Internally Displaced Persons (IDPs) between August 2008 and April 2009 reached approximately 565,000.

In early 2009, the GOP signed a peace deal with the local Taliban in Swat. From the onset there were fears that this deal would not be adhered to and would regress into another military operation. These fears were realized in mid-April 2009 when the Taliban from Swat captured Buner district leading to widespread trepidation among the local population and created additional pressure for the government to act against the militants.

As a result of this increasing internal pressure, in the first week of May 2009, the Pakistan army commenced military operations in Buner, Lower Dir, and Swat Valley. The majority of the local population started moving to Mardan and Swabi in order to avoid the conflict. By May 28, 2009, the number of IDPs had swelled to just over 3 million creating further pressure on the government, as well as the international community, to respond to the needs to the migrating population who had left their homes without money or other support.

Save the Children, the world's largest, independent child rights organisation, has been providing support to IDP families since August 2008 through the provision of food and Non-Food Items (NFIs). However, as a result of the mass population movement, the dynamics on the ground significantly changed. In response to the rapidly evolving situation, Save the Children conducted a rapid assessment during the second week of May in order to understand the needs of this latest group of IDPs. This report was shared widely and also supported the development of Save the Children initial response strategy.

As IDP numbers increased, it was determined that the majority of IDPs were not in fact accommodated within IDP camps. Instead, IDPs prefer to stay with host families, which is placing excessive strains on existing family support and coping mechanisms. It is the support to these host families that it is felt is not being comprehensively addressed by the Govt. of Pakistan and humanitarian organizations alike.

Save the Children has decided to prioritize its humanitarian efforts to supporting those IDPs accommodated within the host community structures. This rapid assessment was conducted in late May 2009 to inform our emergency program strategy for IDPs residing within the host communities.

This report presents the findings from the assessment, focusing on Demographical, Health, Education, Protection, and Livelihood data of IDPs in host communities in Mardan and Swabi. The results will be shared with all actors in the humanitarian response to ensure a coordinated and well-informed response. Save the Children look forwards to learning from assessments undertaken by other organizations.

1. Methodology

Objectives of Assessment

- 1) To gather sufficient information regarding IDPs in the host communities to inform decision-making and the appropriate design of Save the Children's relief operation.

- 2) To provide the wider humanitarian sector with child-focused, sector specific information on IDPs in host communities

Assessment Design

Three tools were used to conduct the assessment:

- 1) Household Questionnaire
- 2) Union Council (UC) Profile
- 3) Focus Group Discussions with children.

To gather household information, a structured questionnaire was designed with following key indicators:

- IDP origin
- Demographics
- Residential Status
- Expenditure Profile
- Livelihoods (Current and prior to migration)
- Health
- Education
- Protection
- Received Aid
- Priority needs of IDPs

The Union Council profile focused on all of the above information but at a more holistic and macro level.

The household data was collected from within six Union Councils in Mardan and from four Union Councils in Swabi. From each Union Council, 31 IDP households were randomly interviewed in order to assist with the Union Council profiling

The focus group discussions with children focused on gaining insight into their perspective and needs which they felt were of importance. These discussions were conducted throughout the selected Union Councils and ensured the participation of children in the decision-making process.

This assessment was conducted as a rapid assessment, within an emergency context. Although the methodology was simplified, sufficient consideration was given to the design of the assessment. The process ensured that a minimum of 30 households per Union Council were selected for participation and efforts were made to avoid any bias in the findings.

The information management system used by the assessment team was Microsoft Excel. The data management process also involved detailed data cleaning (cross checking) in order to avoid data entry errors.

A team of 16 assessors – eight (8) male and eight (8) female - and 4 supervisors visited both districts to collect the data. Prior to the commencement of the rapid assessment process, the teams were given training on conducting assessments and a detailed orientation on the use of different tools designed for the assessment.

The 10 Union Councils were chosen from a list of those provided by district authorities. They are known to have a high prevalence of IDPs in host communities. The following table lists the 10 Union Councils that formed the basis for this assessment

MARDAN	SWABI
Parkho Daire	Saleem Khan
Takkar	Kalu Khan
Bakhshiali	Asota Sharif
Parhoti	Sher Khan Kaly
Rustam	
Gulibagh	

2. Assessment findings

2.1 General and Demographic Information

The total number of villages in the assessed ten (10) Union Councils is 95, with an average of 9.5 villages per Union Council. All of the assessed Union Councils have paved road access, with the average distance of the Union Council from the nearest town center being 9.6 Km and the average distance from the nearest city hub around 14.2 Km. The average distance from the nearest market is 1.5 Km. Of the assessed Union Councils, 20% of villages do not have access to clean drinking water. 90% of IDP households are made up of extended families¹, while 10% are nuclear families.

There is an average of 3.3 small informal camps per Union Council within the host communities, while each Union Council has an average of 11.5 tents for IDPs outside of the camps.

Table 1: General Information

General Information	Average
Villages in Union Council	9.5
Distance from town	9.6 Km
Distance from city	14.2 Km
Distance from nearest market	1.5 Km
Access to paved road	100%
No access to clean drinking water	20%
Family setup	
<i>Extended</i>	90%
<i>Nuclear</i>	10%
Small informal camps in UC	3.3
Tents in UC host communities	11.5

Table 2 gives an overview of the key public services/utilities available in host communities in the Union Councils assessed.

¹ Extended family refers to structures that might include parents, grandparents, siblings and their families, etc., what is often referred to as “joint families” in Pakistan.

The key areas of concern identified are as follows:

- Lack of clean drinking water for approximately 20% households;
- Lack of natural gas supply for 81% households; and
- Non-availability of ambulance services for 82% of households in communities.

Table 2: Key Public Facilities/Utilities

Key Public Facilities/Utilities	% Availability	% HH Accessing
Electricity	100	81
Natural Gas	20	19
Post Office	90	79
Police Station	60	60
Drinking Water	100	80.5
Telephone Service (Land line)	100	39.5
Mobile Service	100	73
Sewerage System	70	43
Transport	90	71.5
Internet Access	80	12.5
Ambulance services	40	18

2.2 IDP Status and Origin

Of the total interviewed households, 47.6% were from Swat and the remainder were from Buner, Lower Dir, Malakand division and Bajaur Agency.

Table 3: Duration of Displacement

Duration of Displacement	%
less than 2 weeks	24.6
2 to 4 weeks	55.0
1 to 3 months	15.7
More than 3 months	4.8

Table 3 illustrates that over 80% of the assessed IDPs have been displaced for less than one month. Of the IDPs in Mardan and Swat, only 4.8% have been displaced for over three months. These are mainly IDPs that have been displaced since the August 2008 military operation in Bajaur Agency. While a significant number of Bajaur IDPs are housed in different camps and are outside the two surveyed districts, a comparison of this information with the earlier UN data on Bajaur IDPs reveals that within the two survey districts, there is a significant drop in the former caseload.

As illustrated in Table 4, the average household size was reported to be 10.4, a figure significantly higher than that of 6 or 7 which has formed the basis of emergency relief programming for many agencies responding to this crisis. This is likely due to the fact that IDPs are living with extended families, rather than just their nuclear family. An extended family may have more than one member registered to receive aid (for example, two brothers who are both heads of households). This finding should not necessarily be used to revise the original estimate of 6 or 7 members per household.

The data collected indicates that approximately 54% of IDPs are in fact under the age of 18 years. Of this figure 16.5% are under five years. This data therefore clearly suggests that a particular focus on children is required during this humanitarian response.

With the under-five mortality rate being close to 96/1,000² in the country, it is of paramount importance that specialized programs such as a focus on nutrition for under-fives are undertaken in order to minimize their vulnerability levels.

Table 4: Demographic Information

Demographics	%
Male-headed household	91.6
Female-headed households	8.4
No. of females 18 or over	2.5
No. of males 18 or over	2.3
5-18 girls	1.9
5-18 boys	2
1-5 children	1.4
under 1	0.32
HH size	10.42

8.4% of households are headed by females, typically an indication of increased vulnerability due to limited access / involvement of women to income generating activities and other issues.

This assessment also asked about the plans of IDP families for the forthcoming four weeks with regards to moving from or remaining at their current site. Table 5 depicts these results and is supported in determining IDP destinations through Table 6.

Table 5: Movement Plans in Next Four Weeks

Plans for Next 4 weeks	Number	%
Planning to Move	54	17.4
Not planning to move	138	44.4
Don't Know	119	38.3

Table 6: Movement Areas

Movement Area	Number	%
Camp	2	3.7
Some other place	18	33.3
Area of residence	32	59.3
Don't know	2	3.7

From these two tables, it appears the majority of IDPs do not have clear plans in place with regards to relocating, possibly due to uncertainty around the outcomes of the current military operations³. However at the time of this assessment 44.4% of households were not planning to move from where they were staying.

² 2006 Pakistan Integrated Health Survey

Of those with clear plans to relocate (approximately 20%), around 59% plan to relocate back to their hometowns. Only a minority plan to relocate to the IDP camps. Of the people planning to move, 37% are the IDPs from Swat and 63% are from Buner and Lower Dir.

The following table details the accommodation status of the surveyed IDPs.

Table 7: Residential Information of IDPs

Category	%
Living with relatives	30.8
Living with friends	23.7
Living with strangers	29.8
Living in Rented houses	4.5
Living in schools	11.2

Of the total IDPs in host communities, 54.5% are living with their relatives or friends and 4.5% reside in rented accommodation where the average rent of a house is PKR 3,200/month.

However, based on the discussions with households, Save the Children fears that the 30% who are currently living with strangers might soon be forced to move or start paying rent should the conflict continue. Host communities might not be in a position to sustain their generosity for a long period of time.

Of the total IDPs located in host communities, nearly 11% reside in schools and other public buildings. Schools are currently closed due to summer break. However at the start of the new school year in August, consideration will be needed to be given to re-accommodating / relocating these IDPs so that the educational rights of host communities – of which IDP children could potentially become a part – are realized.

Table 8: Living Facilities Available to IDPs

Table 8 below indicates that the facilities available to IDPs are indeed minimal.

Living Facilities	
Room available	1.3 rooms per family
Clean Drinking Water	81.8
No availability of latrine for Men	50.16
No availability of latrine for women	28.9

The average number of rooms available per family is according to this assessment is 1.3. This is inadequate space for the assessed average family size of 10.4 and presents a situation that may potentially result in families compromising on their health and hygiene.

The data on availability of clean drinking water may be inaccurate, as frequently people will deem “drinkable” any water that is not muddy or obviously contaminated. However, as reported in Table 1, Union Council authorities reported 20% of households without access to clean drinking water.

While the data suggests that sanitation should be considered an IDP priority, communities did not prioritize this sector. The data also suggests that women are being given priority over men with regards to access to sanitation facilities.

³ Government plans for compensation and infrastructure repair are not confirmed

2.3 Expenditure and Income Profile

In order to ascertain how people are coping with demands on household expenditure within the affected population, questions asked focused on the major sources of food, utilities, health and other costs at a household / family level. At the time of this survey members of the host community were the main source of essential household expenditure for 32.4% of all households.

Table 9: Household sources of essential goods and services

Primary source	Percentage of HHs			
	Food	Utilities	Health	NFIs / Other
Own Money	11.9	31.6	37.9	28.0
Borrowed Money	4.8	1.6	4.5	4.8
Support from Family/friends	9.6	12.9	5.1	9.0
Support from Host Community	34.6	34.2	26.4	34.4
Support from the Government	8.0	8.1	7.7	1.9
Support from UN/NGOs	24.4	4.5	11.3	12.9
Others	6.7	7.1	7.1	9.0

For the purpose of this questionnaire, food included all staple and essential nutritional foods consumed on a regular basis. Just over 10% of households are reporting to be using their own income to source food, with the remaining households reporting other forms of assistance as the primary source. Of note is the dependency of over a third of all households on the provision of food by the host community. Government and UN/NGO in-kind support provides the primary food source for a similar proportion of households (32.4%) despite approximately 85% of households reporting receiving food aid, as seen in a later section.

Utilities include the cost of water, electricity, gas & telephones. These represent a significant monthly cost for households in addition to rent. The majority of households (34.2%) rely on the host community and 12.9% rely on support from family and friends. While only 11.2% of households covered household food needs, around 31.6% of utility expenses are met with their own resources. Rather than utilities representing a greater priority for these households this is likely to reflect a gap in the support from Government and UN /INGOs who are currently supporting only 12.6% of all households surveyed.

Almost 40% of all households surveyed reported to be using their own money for health expenses. These expenses may include doctor fees, medication, and other health-related expenses. Although health expenses are the only expense recorded where the host community is not providing the primary source for the majority of households, they do remain the primary source for over a quarter of all households. At the time of the survey UN/INGOs supported 11.3% of households for health expenses, the government supported 7.7% and family and friends supported 5.1% of health expenditures.

For the purpose of this assessment other expenses incurred by IDPs households included NFIs including clothing, bedding, kitchen and other household items. The host communities are the primary source of these items for the majority of households, with 28% covering these expenses using their own resources and 12.9% receiving support from UN/INGOs. Support by family and friends were reported by 9% of those assessed, while government support to cover these expenses was reported by 1.9%.

2.4 Livelihoods

Understanding the livelihoods practices of the affected communities and how these have been affected during this period of displacement can assist understanding and decision making in program design. Changes in livelihood patterns and income are directly linked to a number of indicators, including access to education,

health and basic facilities. A close analysis of how people are coping with reduced income / damaged livelihood strategies can help to predict the adoption of potentially risky coping strategies, such as the increased risk of child labor.

Table 10: Previous Means of Livelihood

Livelihood before displacement	Number	%
Agriculture	96	30.8
Govt/private jobs	33	10.6
own businesses	42	13.5
Livestock	10	3.2
Skilled labor	55	17.6
Unskilled labor	51	16.3
Others	25	8.0
Average Monthly Income (PKR)	Rs10,066	

Table 11: Current Means of Livelihood

Current Livelihoods Status	
Employment	
Families with current employment	3.8%
Families with no employment	96.2%
Average income of employed (PKR)	Rs8,589
Small Business	
Families with functional businesses	1.3%
Families with no business	98.7%
Average Business Income (PKR)	Rs30,750
Savings	
Families carrying savings	21.5%
Families with no savings	78.5%
Average saving per family (PKR)	Rs12,563

While prior to displacement households relied on various forms of income, 73.4% of all households reported having no form of income or savings at the time of the survey.

Prior to displacement, agriculture was the main source of income for 30% of all households, with skilled and unskilled labor providing income to a further 33%. For those dependent on agriculture their primary income source of income has been lost. For those dependent on skilled and unskilled labor the increased demand for daily labor accompanied by the decrease in supply of jobs makes it difficult to find jobs as well. There is also the possibility that wages will be reduced due to the increased availability of labor.

Despite high literacy rates in the region, only 32.4% of the interviewed IDP households have an adult male educated beyond matriculation (10 years of education) and 14.1% households have a female adult educated beyond matriculation. Of note is that only slightly more than half (52%) have a male member available for active labor.

This illustrates the current constraints that these IDPs will have to face in obtaining livelihood/employment in host communities.

Out of the IDP households interviewed, the reported incidence of child labor was at around 1.6%⁴.

Table 12: Demographic Indicators of income generation

Demographic indicators of income generation	%
Families with no adult educated (beyond matriculation) male	67.6
Families with educated (beyond matriculation) male adult	32.4
Families with no educated (beyond matriculation) female adult	85.9
Families with educated (beyond matriculation) female adult	14.1
Families with male labour available	51.9
Families with no Child Labor	98.4
Families with Child Labor	1.6

2.5 Health and Nutrition

Incidence of Illness

As shown in Table 13, approximately 80% of households surveyed reported facing a significant health issue since being displaced.

Table 13: Incidence of Illness

Incidence of Illness/Health Condition	Number	%
Any health issues after displacement	247	79.2
No health issues	65	20.8

Disease Profiling

IDP households were asked to list the three most frequent illnesses experienced by their families; the results are tabulated below. Overall, households reported diarrhoea as the most common illness, followed by respiratory and other infections such as skin disorders and fever of uncertain cause. Other conditions including psychological stress were also prevalent.

Table 14: Reported Frequency of Illness

Illness	Prevalence		
	1 st	2 nd	3 rd
Diarrhea	50.6	12.2	11.4
ARI	10.5	16.3	7.4
Fever of uncertain etiology	11.3	17.5	14.0
Skin disorders	8.9	17.5	19.7
Other Infections	12.1	28.0	23.1
Other conditions, including psychological stress	6.5	8.5	24.5

Additional Health and Nutrition Information

Table 15 contains additional health information collected, including Maternal Newborn Child Health (MNCH), Nutrition, and Expanded Program for Immunization (EPI) indicators.

⁴ Due to the high amount of labor available, children are not being forced into hazardous labor.

- Two percent (2%) of IDP households surveyed reported knowledge of a death following displacement.
- Almost 80% of those interviewed reported accessing any health services within host communities, while over 20% have not received any health care despite reporting that they needed it. Given the paucity of functioning health facilities, this would suggest a need to ensure the availability of quality health services for all, and, in addition, a constant need to raise awareness among the IDP community about the availability of health services.
- Providing mobile outreach health services close to communities, for those who cannot access services due to resource restraints or other obstacles, is also recommended.
- The incidence of exclusive breastfeeding for children under six months of age was reported to be approximately 35%. Of the children under six months not breastfeeding exclusively, 15% of primary care-givers reported feeding their infants milk formula. This is against accepted infant-feeding recommendations, as there is a significant health risk if formula milk is mixed with contaminated water.
- While almost 75% of households reported having completed immunization of their children, no evidence was available to substantiate these reports during this assessment in the majority of cases. A significant proportion of displaced children require EPI services urgently, particularly measles vaccination.
- Almost 80% of pregnant women reported not having access to antenatal care. Ensuring ongoing antenatal care and MNCH services for IDP households is critical.

Table 15: Additional Health Information including MNCH/EPI

Additional Health Information including MNCH/EPI	Number	%
Deaths following displacement (disease-related or other)	6	1.9
No deaths following displacement	305	98.1
Proportion of people utilizing health services	243	78.1
Proportion of people not utilizing health services	68	21.9
Incidence of exclusive breastfeeding	114	36.7
Children receiving milk formula	47	15.1
Children reporting full immunization	230	74.0
Pregnant women utilizing antenatal care services	64	21.3

2.6 Education

The provision of education in emergencies assists in not only ensuring the continuation of the right to education that children are entitled to, but also as a way to address the increase in children’s psychosocial needs. Through learning and playing, children are often able to find a means to cope with the upheaval in their lives that the emergency has created, thereby creating enabling environments for their long-term development.

In the UCs assessed, 90% of government schools are occupied by IDPs. The number of schools occupied by IDPs stands at 90, with 396 classrooms in 10 assessed UCs. Among the private schools in each UC, 80% are open and conducting educational activities. The assessment analysis also pointed to the availability of 10 alternate spaces for holding classes.

Table 16: Education Facilities Information

Educational Facilities Information	Number
Number of Schools occupied by IDPs	90
Number of Classrooms occupied by IDPs	396
UCs with unoccupied schools	6
UCs with Private Schools	10
Availability of alternate space for classes	10

Of the 54% of the population who are under the age of 18, 80% are of school age – approximately 37% of the total population surveyed, clearly highlighting the need to focus on emergency education programming.

Although enrollment in formal education prior to the displacement was higher for boys than for girls, 86.5% and 57.4% respectively, there has been a significant drop-out rate since the start of the conflict and subsequent displacement. After being displaced, only 29.3% of boys (age 5-18 years) and 26.6% of girls (age 5-18 years) are now engaged in some sort of educational activity (not formal education). The vast majority of children, 70.7 % of boys and 73.4% of girls, are currently not participating in any kind of educational activities, according to the survey.

In focus group discussions, children - both boys and girls - stated that they miss their school friends and books. The majority of children involved in the discussions did attend school prior to the conflict. They expressed that they wanted to be able to go back to school. Some children also conveyed their need for access to play facilities such as swings, toys and other outdoor games and equipment.

Table 17: Children’s Education

Children’s Education	Number	%
School enrollment before displacement--boys (5-18)	545	86.5
School enrollment before displacement--girls (5-18)	346	57.4
Girls (5-18) currently engaged in education	82	26.6
Girls (5-18) not engaged in education activities	226	73.4
Boys (5-18) currently engaged in education activities	91	29.3
Boys (5-18) not engaged in education activities	220	70.7

2.7 Protection

The well-being and development of children is closely linked to the security of family relationships and a predictable environment. Internal displacement splinters communities and breaks down the social fabric and support networks including education, health, and recreation, undermining the foundation of children’s lives. The protection section of the assessment was an effort to bring out the issues of IDP communities in general and IDP children specifically, to inform protection strategies and interventions.

8.4% of IDP families reported having an orphaned, separated or unaccompanied child living with them. The total number of orphaned, separated or unaccompanied children in the sample stands at 57. Experience from other emergencies suggests that these children may face increased risks and require special attention, such as referrals to services, family tracing, or income support to care givers.

The vast majority (92.2%) of households reported having no access to recreational facilities for children. This information could be used to support the establishment of child friendly spaces within host communities.

6.4% of IDP households reported not having a national ID card with them. This is a serious issue and creates a significant obstacle for them to be registered with the appropriate authorities to receive assistance. Of the

93% of IDP households that reported having a national ID card with them, some 11.3% are not registered with authorities.

Table 18: Protection

Protection	Number	% of HHs
Families with orphans, separated, unaccompanied children	26	8.4
Total number of orphaned, separated, or unaccompanied children in sample	57	
Families having playing access for children	24	7.8
Families with no access for playing grounds for children	285	92.2
Families with at least one NIC (National ID Card) in the family	292	93.6
Families with no NIC at all	20	6.4
Families registered with authorities	275	88.7
Families with no registration	35	11.3

An analysis of discussions held with children suggests that children would benefit from psychosocial interventions, as they have been displaced from their homes and exposed to stressful situations.

Anil (name changed) aged 15, a displaced resident of Swat, shared the following in one of the discussions:

When we heard firing, we immediately ran to save our lives. My mother took us all to the nearby house of my uncle, from where we travelled miles on foot before we got hold of transport to reach Mardan. Although we are not happy here, we are afraid to go back.

As a result of the current conflict children are also exposed to significant protection issues including being exposed to strangers, an unfamiliar environment and a high level of parental mood swings.

2.8 Humanitarian Aid

Table 19 provides an overview of humanitarian aid received to date by IDPs in host communities. 88.4% of those surveyed reported having received food aid. 46.6% reported receiving NFI support, 32.8% received water/sanitation support, 29.6% received health support, 24.1% received protection support, and 13.5% received livelihoods assistance.

Table 19: Humanitarian Aid Received

Humanitarian Aid received	%
Food	88.4
Non food Items	46.6
Water/Sanitation	32.8
Health	29.6
Protection	24.1
Education	0.0
Livelihood	13.5
Others	1.0

2.9 Priority Needs of IDPs

A key objective of the assessment was to determine the priority needs of IDP communities. Households were asked to list three top priorities in terms of assistance needed. Food was reported most frequently as the top priority, followed by NFIs, livelihoods support, and health.

Table 20: IDP Reported Priority Needs

Family Needs 1st Priority	1st	2nd	3rd
Food	54.3	12.1	8.7
NFI	20.5	37.4	8.3
Shelter	4.6	8.4	11.2
Health	6.0	19.5	17.3
Education	3.0	8.8	18.8
Protection	0.0	1.0	0.7
WASH	0.7	1.0	7.6
Livelihoods	9.9	10.1	26.7
Others	1.0	1.7	0.7

3. Conclusions / Recommendations

The findings of this assessment bring to light many key areas for immediate humanitarian assistance for the nearly 3 million IDPs living in host communities in Mardan and Swabi. General living conditions are putting families, particularly children, at risk of disease and potential harm as families crowd into limited spaces with insufficient sanitation or resources.

- **Recommendation #1: Shelter support, NFIs, and WASH activities need to be expanded and increased in host communities.**
 - The vast majority of IDP families are without income-generating options and are depleting their minimal savings on necessary expenses such as utilities, health care, food, and other inputs. We have seen from this survey that the burden of IDPs is also affecting the host communities, as many IDP households depend on their hosts, government, friends, and family to meet their daily expenses. Moreover, as resource-stretched IDP families begin to return home, their need for immediate livelihoods support to restart income generating activities will be acute. It is likely that a percentage of households may not ever be able to return home, given current circumstances.
- **Recommendation #2: Activities that protect productive and household assets through cash injection to cover additional rent, utility, and additional costs associated with displacement are needed.**
- **Recommendation #3: Immediate support to early livelihoods recovery for returning families, through provision of cash vouchers or in kind. The survey highlighted the varied sources of income for households, including agriculture and daily labor. The recommendation therefore is to provide support for the coming agriculture season through land preparation and distribution of inputs with a focus on ensuring that adequate labor opportunities are available for landless households.**
 - The assessment reports an alarming rate of diarrheal and other illnesses suffered by IDP families. It also concludes that more than 20% of IDP households are not accessing health care even though they perceive a need for it. Exclusive breastfeeding is on the whole not being practiced for infants under six months, and the addition of formula in a significant percentage of households is of concern. The survey shows that immunization rates need also to be improved.

- **Recommendation #4:** Health care facilities, both static and mobile, in host communities should be expanded as well as improved, and communities should be made immediately aware of their availability. Flexible programs that would maintain health coverage of moving populations are needed now. Particular and immediate attention to diarrheal disease, especially in children, pregnant women, and the elderly, should be prioritized. With 80% of pregnant women reporting that they have not received any antenatal care, ante- and neo-natal care needs to be prioritized.
- **Recommendation #5:** Sensitize and advocate adherence to the Infant and Young Child Feeding in Emergencies Operational Guidance and the international code for the marketing of BMS. As lactating mothers return home, support for Infant and Young Child Feeding (IYCF), Expanded Program for Immunization (EPI), and Maternal and Child Health (MCH) care should go with them.
 - Less than a third of all school aged children are currently participating in educational activities, and the start date of the new school year is approaching rapidly. Focal groups with children highlighted the very strong desire among IDP students to return to their studies.
- **Recommendation #6:** Offer non-formal and remedial activities for IDP children in host communities, and prepare for the return to school in both host and home communities. Programs should include not only reconstruction of damaged buildings and re-equipment of schools as needed, but also training for teachers on methods to work with children who have been through difficult experiences.
 - 6.4% of households reported not having a NIC, and over 11% of those with an NIC reported being unregistered with the authorities. These are likely to be some of the most vulnerable households, as access to humanitarian assistance will be obstructed.
- **Recommendation #7:** Improving access to unregistered households is needed, using community-based systems and structures to avail them of humanitarian assistance as needed.
 - The vast majority of IDP children have nowhere to play and no access to recreational materials. Children's lives have been deeply disrupted, and there is evidence of orphaned, separated, or unaccompanied children among the IDP population. In focus groups children expressed their strong desire to return to normal activities.
- **Recommendation #8:** IDP and host community children should be given immediate access to structured activities in well-equipped and child-friendly spaces that give them an opportunity to play and express themselves. Special programs need to be put into place for orphaned, separated, or unaccompanied children, as it is possible that these children face increased risks and may require special attention, such as referrals to services, family tracing, or income support to care givers.
 - Humanitarian aid is reaching the IDP community, and IDPs are clearly expressing their priorities to be food, NFIs, livelihoods support, and health care.
- **Recommendation #9:** The priorities of IDPs themselves should inform the provision of humanitarian aid. Current priorities in food, NFIs, livelihoods support and health care should be addressed. As IDPs return home, an assessment of their needs should be conducted to hear from them directly what their priorities are.