

Assessment of Internally Displaced Persons in Swabi and Mardan Districts, NWFP, Pakistan

International Medical Corps
May 21st, 2009

BACKGROUND

Nearly 1.5 million people have been displaced since May 2 by conflict in NWFP, Pakistan in what UN officials are calling “the largest and swiftest” displacement crisis to take place anywhere in the world in recent years. Currently individuals continue to flood out of conflict zones on a daily basis. To date, the majority of displaced are residing with host families in neighboring districts and approximately 130,950 are staying in a total of 16 camps throughout the region. International Medical Corps (IMC) is engaged in supporting relief efforts for the IDP communities in Swabi District through the provision of basic health services in Yar Hussain Camp and mobile medical units to host populations and IDPs residing in these communities. With an objective to assess the needs and intentions of the rapidly growing IDP population in NWFP, IMC conducted a rapid assessment in Yar Hussain Mera Camp in District Swabi, in Sheikh Shezad Camp in District Mardan and among IDPs in transit in Swabi.

SURVEY METHODS

A representative sample of households was randomly selected utilizing a list of UNHCR registered IDPs residing at the Yar Hussain Mera camp in Swabi District (n=117), the Sheikh Shezad camp in Mardan District (n=215), and from IDPs in transit (n=65) in Swabi District. Participants gave their consent to be interviewed and were allowed to stop the survey at any time. A 10 member assessment team comprised of 5 males and 5 females IMC staff administered the surveys.

DEMOGRAPHICS

Table 1: Demographic information for Respondents

Camp Name	Survey population			Location of Origin			
	Male	Female	Total	Buner	Swat	Lower Dir	Other/ no response
Yar Hussain Mera	49	68	117	87%	7%	0%	6%
Sheikh Shezad	90	125	215	56%	42%	0%	2%
IDPs in Transit	39	26	65	0%	66%	29%	5%
Total	178	219	397				

- The average household size of IDPs in transit was 6.6 members. 18% of respondents belonged to households headed by females.
- For those living in the two camps, 50% of household members were children under age 14 and 10% were over age 50.
- There is a small but significant portion of the IDP population with special health needs: one-fifth of women who are of child-bearing age are pregnant and approximately 10% of people are physically disabled, mentally disabled, have a serious or chronic illness, or are seriously injured.
- The main source of income prior to displacement for most respondents was either daily labor or land and livestock cultivation; 43% owned land in their place of origin.
- More than 70% of respondents have had no formal education.

KEY FINDINGS

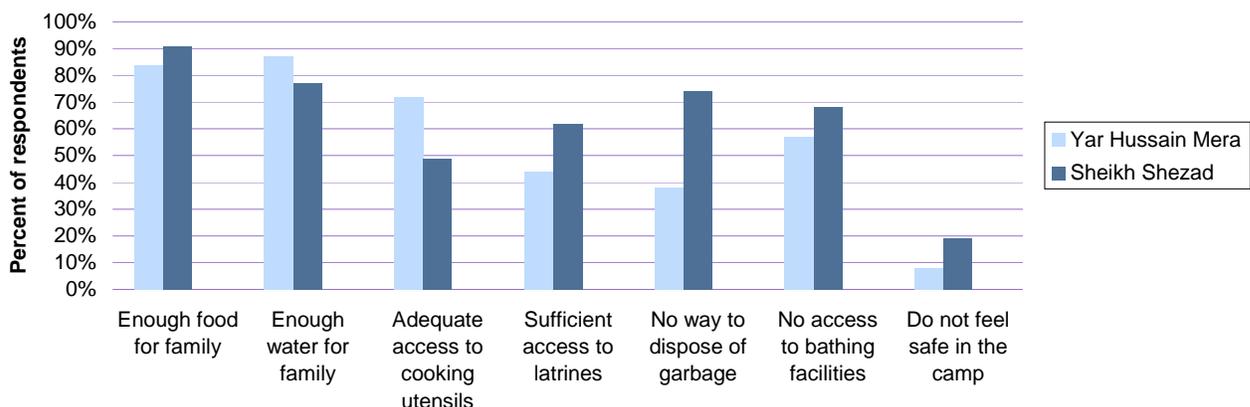
DISPLACEMENT ISSUES

- Half of the respondents left their home 1-2 weeks ago, and a third left in the past 7 days. Very few left more than 2 weeks ago. Of the IDPs in transit, almost half (42%) had been travelling for the past two days while it took 24% of the families under two days to reach the camp.
- Of people living in the camps, 28% lived in displacement elsewhere before arriving at the camp, most of whom stayed with friends or family. A majority (72%) of the IDPs in transit plan on staying in a camp while 26% were planning to move elsewhere, typically to the homes of family or friends.
- The majority of IDPs in transit (94%) are planning to register with UNHCR.
- Over two-thirds (70%) of respondents are in displacement with their entire family. Of those who are not, family members stayed in their place of origin usually to look after household possessions.
- A vast majority of people (87%) who are living in camps did not have enough time to gather their belongings—37% had less than 6 hours between the decision to leave and their actual departure, and another 21% had 6-12 hours.
- Approximately 1 in 10 respondents had a family member die or get injured as a result of the conflict in their area of origin.

ACCESS TO BASIC AMMENITIES

- Respondents in the two camps have typically received food aid, water, household items, health services, and shelter; although in the Sheikh Shezad camp only 24% have received shelter.
- Respondent in camps report a lack of adequate access to cooking equipment, latrines, bathing facilities, and proper garbage disposal (Figure 1).
- Half of the respondents report having no access to information regarding services for displaced persons. .
- Half of the respondents in the Sheikh Shezad camp either have no access to latrines or go out in the open.
- Although most respondents in the Yar Hussain Mera camp report feeling safe, 19% of respondents in the Sheikh Shezad camp do not feel safe. They indicate harassment as the main reason for their insecurity.
- The majority of assistance was provided by NGOs, the UN, and the Pakistani government, and in the Yar Hussain camp by other individuals as well (60%).

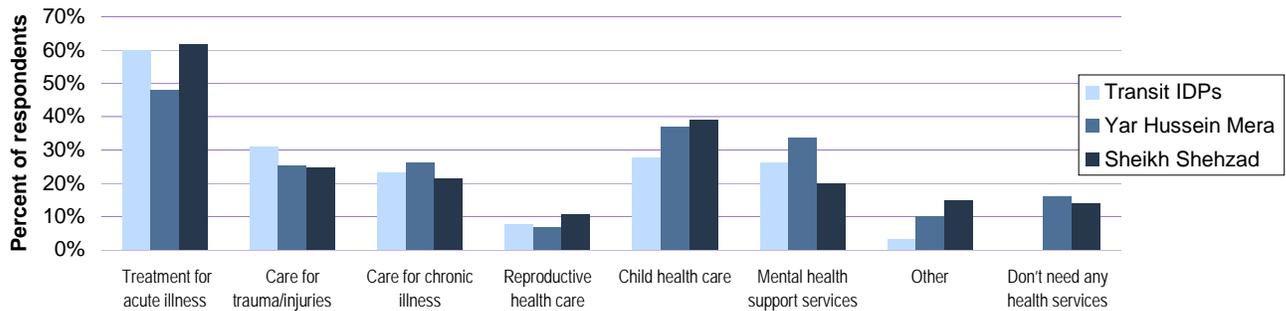
Figure 1: Access to Basic Ammenities



ASSISTANCE NEEDS

- Respondents identified the following among their top health priorities: obtaining treatment for acute illnesses, child health care, care for physical trauma, chronic illness, and mental health issues (Figure 2).

Figure 2: Health Needs of Survey Respondents



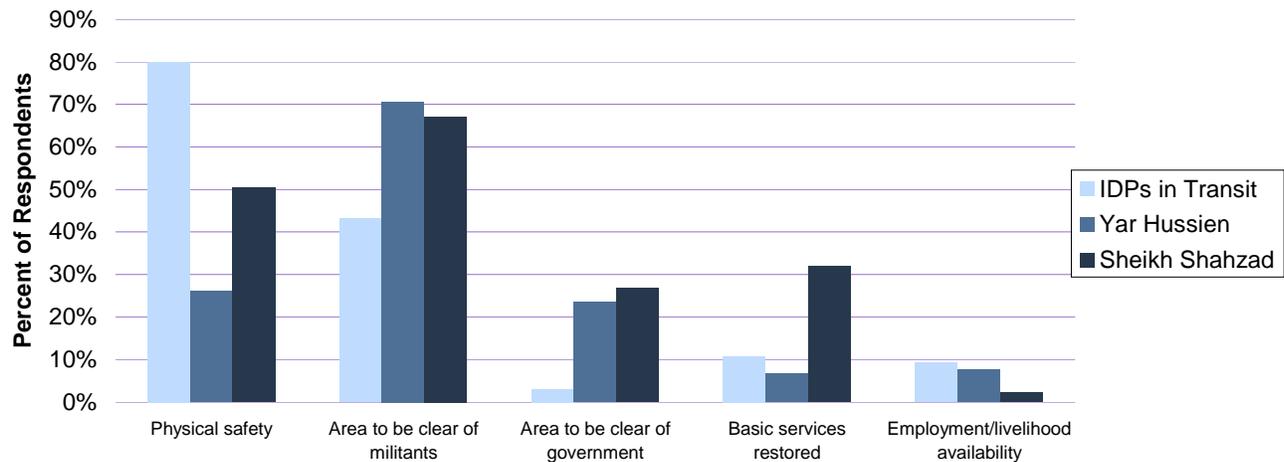
- People in transit cited shelter as their greatest need while in displacement, with access to food and health services as their second and third priorities.
- IDPs in camps were most concerned with access to basic services such as water, sanitation, and electricity, and then with financial assistance and health services.

Table 2 : Concerns for Health, Education and Information		% of respondents
Have concerns about access to health care while in displacement		13%
Have concerns about the education of their children while in displacement		10%
Have no source of information regarding services for displaced persons		46%

INTENTIONS TO RETURN

- The majority of respondents (90%) indicated an overwhelmingly desire to return home however most (74%) report having no idea when they will be able to do so.
- Among IDPs in transit, 80% indicated that physical safety would need to be ensured in order for them to return to their place of origin.
- Most of the IDPs settled in Yar Hussain and Sheikh Shehzad camps (70%) indicated that their place of origin would need to be cleared of militants in order for them to return.

Figure 4: Conditions for Return to Place of Origin



CONCLUSIONS AND RECOMMENDATIONS

This assessment highlights the scale and intensity of the displacement crisis currently underway in NWFP, Pakistan. Despite widespread efforts to meet the basic needs of the growing population of IDPs, there continue to be critical gaps in assistance. Primary among these gaps is the lack of information among IDPs about what services are available and where to access them. While most respondents within the camps are currently satisfied with the amount of food available and with access to health care and education facilities, there is widespread concern regarding the critical lack of water and sanitation services. As the camp population expands, this will pose a crucial threat to the health and well-being of the population. Equally as significant are the psychosocial needs of the population given that the majority left their homes very quickly, in many cases after experiencing the death or injury of a family member, and subsequently traveled up to two days to reach a camp. Assistance for physical and emotional trauma are needed. It is clear from this survey that respondents would like to return to their places of origin as soon as possible, however they have no idea when this will be. The most important conditions respondents identified in order to return is that the area is clear of militants and that their physical safety is ensured.

International Medical Corps (IMC) is a global, humanitarian, nonprofit organization dedicated to saving lives and relieving suffering through health care training and relief and development programs. Established in 1984 by volunteer doctors and nurses, International Medical Corps is a private, voluntary, nonpolitical, nonsectarian organization. Its mission is to improve the quality of life through health interventions and related activities that build local capacity in underserved communities worldwide.

www.imcworldwide.org

