

**Assessment Report of
Conflict-affected Families Residing in Upper Swat,
Khyber Pakhtunkhwa, Pakistan**



**Monitoring, Evaluation and Accountability Unit
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List of Abbreviations and Acronyms

CNIC	Computerized National Identity Card
Govt.	Government
HHs	Households
IDPs	Internally Displaced Persons
Km	Kilometers
MAM	Moderate Acute Malnutrition
MCH	Mother and Child Health
MNCH	Maternal, Neonatal, and Child Health
MUAC	Middle Upper Arm Circumference
NFIs	Non Food Items
NGO	Non Government Organization
PKR	Pakistani Rupees
SAM	Severe Acute Malnutrition
SPSS	Statistical Package for Social Sciences
UCs	Union Councils
US\$	United States Dollar

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Executive Summary

This assessment report portrays the situation of conflict-affected families residing in Upper Swat. Of the 300 households surveyed, 169 households were returnees while 131 were stayees. The average household size in Upper Swat was found to be 9 persons. Children compose 54 percent of the household size, and in 99.7 percent of cases, the household head is male.

Sources of Income

Almost all households (99.7) have at least one male adult contributor and most households stated the current occupation of their main income contributor as ‘casual worker’ (38 percent), while a small portion (25 percent) are farmers; **52 percent of households stated that their main contributors remained out of work for a considerable time**, and 29 percent mentioned that they were out of work for more than 45 days. The average household monthly income is PKR 7600, or approximately US\$92¹. This means that **families of 9 people are supporting themselves with less than PKR 250 per day, or around US\$3**. To meet essential household expenses, 36 percent of households had to borrow money. **In total, 67 percent of households don’t have any cash savings, and 78 percent have outstanding loans**. In most cases, loans were obtained after the crisis. The crisis has adversely affected income of most of the population – 93 percent of households stated that their source of income were partially, badly or completely damaged.

Food Consumption

Milk and milk products were found to be the most frequently consumed product (used seven days a week in most of HHs), the second frequently consumed item is wheat products (consumed four days a week on average) followed by vegetable (consumed four days a week by most of households). **Alarmingly, children age 6 months to 2 years are only being breastfed three times a day**. Children 2-18 years of age are eating three times a day on average, whereas adults above 18 years are eating only two meals a day. **A considerable number of households – 47 percent – mentioned that they don’t have any food stock, which means that these households are food insecure**; 40 percent reported they have food stock for only one week.

Education

According to survey results, **there is a 31 percent decrease in enrollment of girls when they reach secondary level of education** (10-18 years of age) as compared to a mere three percent decrease in enrollment of boys when they reach the secondary level of education. Seven percent of total school age boys and 6 percent of school age girls who were attending school before the conflict are no longer going to school. Of the total 210 children who are not attending school, unavailability of schools (in general) and cultural restrictions (for girls in particular) appear to be the two main reasons for children not attending school; a considerable number of households stated unbearable school expenses as the main reason. Stationary items were cited as the top most needed items, followed by text books and school bags.

Health Services and Medical Issues

The study reveals that **45 percent of households don’t have access to a functional health facility**; for those having access, 68 percent are visiting a government health facility. In most cases, household members had to buy medicines (91 percent). Since the return, 16 infants have died in the surveyed households. This means that 3 percent of households have experienced the death of a child

¹ USD 1 = PKR 83

less than one year of age. Currently, 21 percent of households have at least one pregnant woman, and only 44 percent women have delivered with help of a skill birth attendant.

Vulnerability and Protection Concerns

Seven percent of households are caring for children who have lost one of their parents. Children living with physical or mental disabilities are present in 16 percent of households. Only 23 percent of households shared that their children have a place to play available. Worryingly, **46 percent of households reported that there has been a considerable increase in physical punishment of children since the conflict.** Over half of the surveyed households reported negative changes in their children's behaviors. It is also critical to note that over 16 percent of households reported an increase in physical punishment of women.

Living Situations

The majority of households – 89 percent – own houses, and 85 percent stated that their houses were safe from any structural damage. However, 7 percent reported that their houses were partially damaged, and another 7 percent stated that their houses have been badly damaged due to the conflict, whereas 1 percent of households stated that their houses were completely destroyed.

Water and Sanitation

The study findings reveal that at least **41 percent of households are using unprotected sources of drinking water.** Though 72 percent of households have access to latrines, the type of latrine used by households varies, with household flush system latrines being used by 44 percent households; **in 22 percent of households there is a latrine but it is only utilized by female household members, whereas male members go to open fields to defecate.** Only 22 percent of households are washing their hands with water and soap after defecation, and only 7 percent wash their hands with water and soap before eating.

Nutritional Status of Children

As demonstrated by Middle Upper Arm Circumference data collection, among the 243 surveyed children age 6-59 months, the prevalence of Severe Acute Malnutrition (SAM) was 2.5 percent, Moderate Acute Malnutrition (MAM) was 3.3 percent and 11.9 percent of children were at risk of becoming malnourished. This means that nearly 12 percent of children could become malnourished if they experienced a serious illness or other health shock.

IDPs Priorities for Assistance

When men were asked about their immediate needs, they prioritized health services, drinking water, and employment, while women stated health services, cash grants and livestock were their top priority needs. This means that **both men and women stated health services as their top most need.**

Background Information

Swat Valley is located approximately 160 kilometers northwest of Islamabad, the capital of Pakistan. With a total area of 5,337 square kilometers, Swat is comprised of two *tehsils* consisting of 65 union councils. According to the 1998 Population Census, the total population of the district was 1,257,602 persons (with a density of 236 persons per square kilometer). Although no recent statistics are available, the present population is estimated to be around 1,793,040 persons (with a density of 336 persons per square kilometer). The number of households, therefore, is estimated to be around 199, 2664.

The district's population is mainly comprised of ethnic *Pukhtoons*, mostly belonging to the Yousafzai tribe with its multiple sub-clans. A significant portion of the population is *Dardic* (known as *Kohistanis*); they predominantly reside in the northern mountainous areas and have close ethnic ties to neighboring Chitral.

For many years, Swat remained a peaceful region; it was a popular destination for tourists from around the world. However, in the mid-1990s, differences arose between the government and a local Islamist group which wanted to impose Islamic law in the region. This resulted in multiple skirmishes, though the government eventually restored peace in the area. In 2008, the egression of the Taliban, their consolidation as a militia and their ascendance of state institutions, ended the government's authority in the region. This was followed by chaos and lawlessness at the hands of the militants.

To end the crisis, the government signed a peace agreement with the militants in February 2009. This agreement soon collapsed, leading to more militancy and further deteriorations in law and order in the district. These circumstances compelled the government to take action and a military operation was launched in May 2009. This resulted in a massive exodus of people from Swat. The majority of these displaced families took refuge in host communities and IDP camps in Mardan and Swabi districts. As the military declared success in many parts of the regions, by mid-July 2009, the government announced and organized the return of displaced families. Return process is almost completed but affects of conflict are still apparent on socio-economic milieu of Swat, as most of development agencies have a presence in Lower Swat so it was important to assess situation in Upper Swat as area is considered severely affected by the conflict. Estimated population of Upper Swat is 700,000 whereas area is administratively divided into three subdivisions i.e. Matta, Khawaza Khela and Bahrain. This study fairly represents an overall situation in Upper Swat.

Objective of Study

Main objectives of the study were:

To analyze general socio-economic conditions of returnees/stayees in Upper Swat;

To analyze affects of conflict and subsequent displacement on population living in Upper Swat;

To find out the most critical and immediate needs of returnees/stayees which emerged due to the conflict/displacement;

To gather substantial information to begin with early recovery interventions in the conflict affected areas of Upper Swat;

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 proportionate to size (PPS) method, which is normally used for household surveys, 10 UCs of Upper Swat were selected randomly. Further, 30 villages were randomly selected from each UC and 10 households were randomly interviewed from each village.

Data Collection

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

Field Work

The fieldwork was completed in five days. Eight data enumerators, specifically hired for data collection, conducted the fieldwork with support from Save the Children's M&E Coordinator and Manager; these data enumerators were trained by Save the Children's Monitoring, Evaluation and Accountability Team. These enumerators were also trained in measuring techniques of MUAC to know about nutrition status of children, this brief and comprehensive training was undertaken by Nutrition Team of Save the Children. Looking at the dynamics of household members to be interviewed it was deemed important to have women enumerators in the survey team so in the team of eight enumerators, half of them 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, education and the overall needs. Female household members were asked about the vulnerable groups, nutrition, health and reproductive health, food security, 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 household members to be interviewed. This method also facilitated greater participation of female household members.

Data Analysis

The main unit of analysis for the study is a household. Data was entered and analyzed in SPSS (Statistical Package for Social Sciences) using descriptive statistics. Data cleaning was performed using tables of analysis and through manual review of questionnaires.

Limitations of the Study

Ideally probability proportionate to size methods is used for household surveys but due to unavailability of village level population data simple random sampling method was used for selection of villages. This might have compromised randomness to some extent. At one UC, data enumerators faced language problem. All data enumerators hired were *Pashtu* speaking, however at one UC most of households were *Gojri* speaking with some understanding of *Pashtu* yet household members might have found some difficulties in understanding and replying some of questions. 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 in Upper Swat.

Study Results

Basic Information

The average household size in Swat District is 9 persons. A large majority of households is headed by male members (99 percent) and the average age of household head is 45 years old. Importantly, children (less than 18 years of age) comprise 54 percent of the household surveyed. *See Figure 1 below*

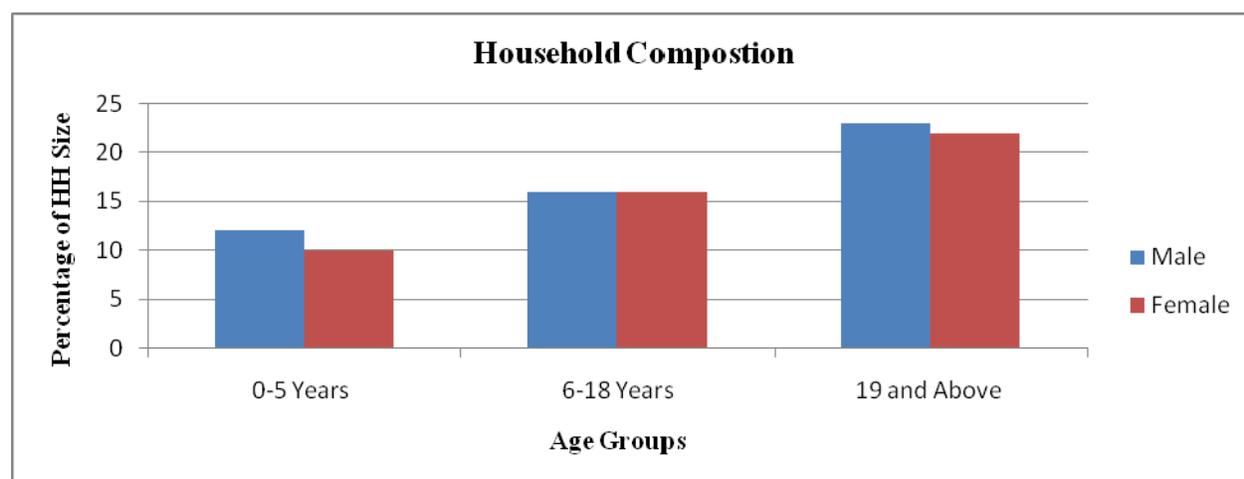


Figure 1 Household Composition by Age Groups

Time Displaced

A considerable number of household stayed at their places (44 percent), however, majority of population (56 percent) moved to other settled areas due to security concerns. The time they were displaced varies from 1 to 16 months whereas majority of households (43 percent) were displaced for a period of one to three months. *Table 1 details time spent during displacement*

UC Name	No. of Families	Percentage	Time Displaced (Months)
Fatehpur	15	9	1 to 16
Sakhra	18	11	1 to 3
Shaplin	11	7	1 to 3
Arkot	23	14	1 to 8

Shawar	29	17	1 to 8
Gawalarai	22	13	1 to 5
Balakot	6	4	1 to 3
Bahrain	23	14	1 to 3
Madyan	18	11	1 to 3
Beshigaram	4	2	1 to 3

Table 1 Time Spent During Displacement

Water and Sanitation Facilities

Main Sources of Drinking Water

Pipe water supply is the main source of drinking water for 46 percent of households, followed by canal/pond/river which is main source of drinking water for 36 percent of households (*see Figure 2*). The study shows that at least 41 percent of households are using unprotected sources of drinking water. It is important to note that the evaluation team did not view the water sources to verify whether or not they were safe so it is possible that the water sources described as protected could actually be unprotected. In terms of time taken to fetch water, for 58 percent households it takes less than 10 minutes, 37 percent of household require 11 to 30 minutes and 5 percent need more than 30 minutes to fetch water.

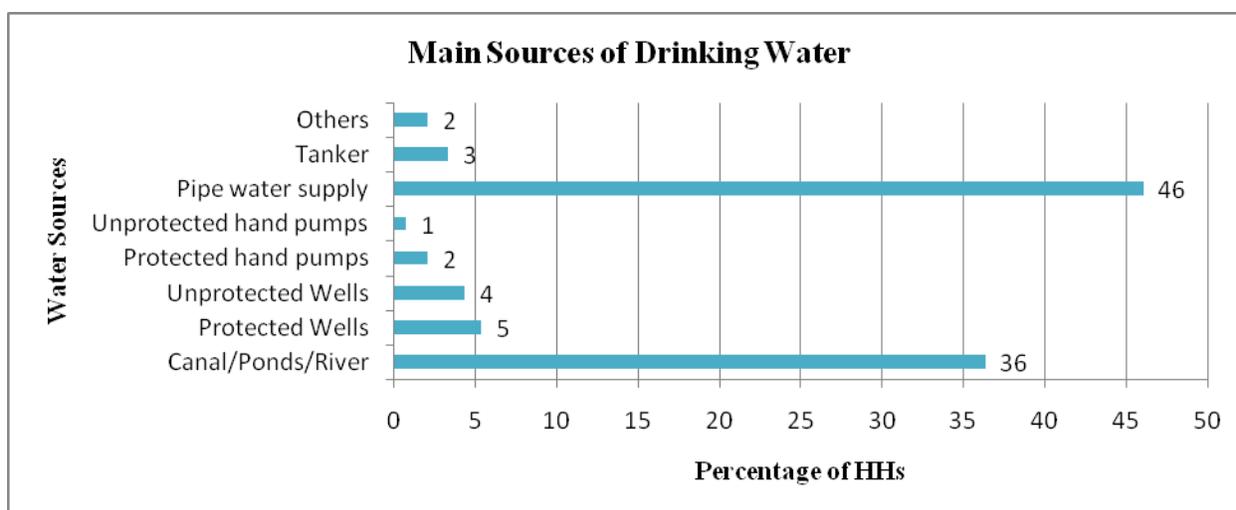


Figure 2 Main Sources of Drinking Water

Facilities for Defecation

The study states that 44 percent of households have access to flush system latrines in their homes. A considerable number of households (22 percent) stated that male defecate in open fields while women use in house latrines. Only one percent households reported of defecating near homes, leaving excretion while five percent reported defecating near homes, removing excretion. The use of communal pit latrines and household pit latrines was reported by 13 and 14 percent households respectively (*see Table 2 below*).

Place of Defecation	
Source	Percentage of Households
Household flush system latrines	44
Communal pit latrines	13
Household pit latrines	14
Open defecation near to home (excretion removed)	5
Open defecation near to home (excretion left)	1
Male defecate in open fields and females in-house latrine	22

Table 2 Facilities for Defecation Available to Household

Use of Water and Soap

The households were interviewed about their general hygiene practices regarding usage of soap and water before eating and after defecation. The study reveals that 93 percent of households use only water for washing hands before eating and only seven percent reported use of both water and soap. There were 22 percent households which reported using soap and water after defecation and remaining 78 percent stated that they use only water to wash hands. The results show lack of awareness among community regarding importance of hand washing with soap (see Figure 3).

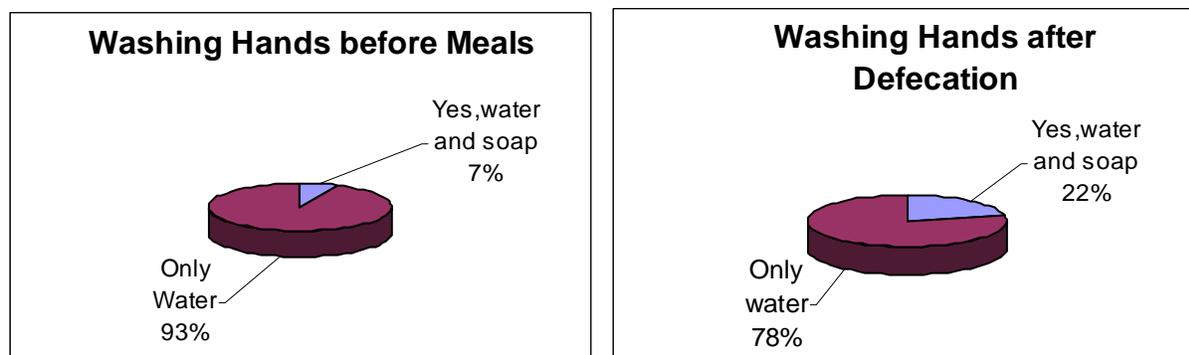


Figure 3 Practices Regarding Use of Water and Soap before Eating and After Defecation

Livelihoods

The evaluation team determined that two percent of households have children less than 18 years of age as earning members but there have not been any households which reported females below 18 as household income contributors. Almost all of the households (99.7 percent) have at least one adult male earning member whereas three percent of households also have an adult female earning member. Table 3 details categories of earning members in households

Percentage of HHs with Earning Members by Age and Gender		
Age Category	Male	Female
6-18 Years	2	0
18 and Above	99.7	3

Table 3 Presence of Earning Members in HHs by Age and Gender

Occupation of Main Household Income Contributor

Most of the households stated the current occupation of their main income contributor as casual worker (38 percent) and small farmer (25 percent). Other occupations include government employee (13 percent), remittance recipient (8 percent) and business owner (8 percent). Of the 300 households surveyed, 156 reported at least once such incidence in which the main income contributor was out of work. Of these, it is critical to note that 34 percent of households' main contributors remained out of work for 31-45 days whereas 29 percent households reported a time duration of 46-60 days and for 27 percent households the main contributor was out of work for 16 -30 days. So it can be well determined that for majority of households the main contributor remained out of work until the conflict was over. *See Figure 4*

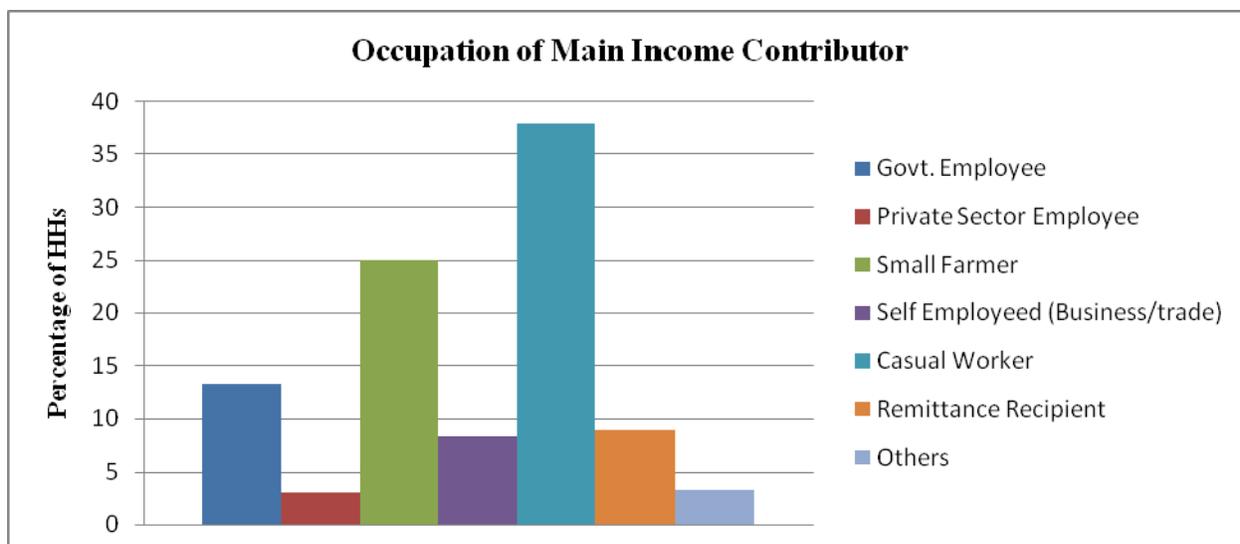


Figure 4 Occupation of Main Income Contributor

Household Cash Income and Expense

The average household cash income for the month of March was noted as PKR 6500, or approximately US\$ 78 and PKR 7600, or approximately US\$ 92 for the month of April. This determines that there is a little increase in household cash income which also indicates that households might have started recovering their livelihood sources. The respondents were also questioned about their cash savings and only 33 percent stated to have cash savings whereas majority – 67 percent – reported no cash savings. The conflict resulted in an increase of households' loans as 78 percent households stated having outstanding loans. It was particularly asked whether these loans were acquired before the conflict or after the conflict. It was found that the majority of loans were obtained after the conflict due to considerable depletion in livelihood sources. The average amount of loans before the conflict was found to be PKR 36000 or US\$ 434 whereas it increased to PKR 98000, or US\$ 1181 after the conflict began. Concerning household expenses, 52 percent households shared that they are currently meeting their monthly expenses through their own income, while 36 percent obtained loans, and eight percent meet household expenses through other means. A small number of households (three percent) stated that they are being helped by an NGO/Government. *See Figure 5 for main HHs income sources*

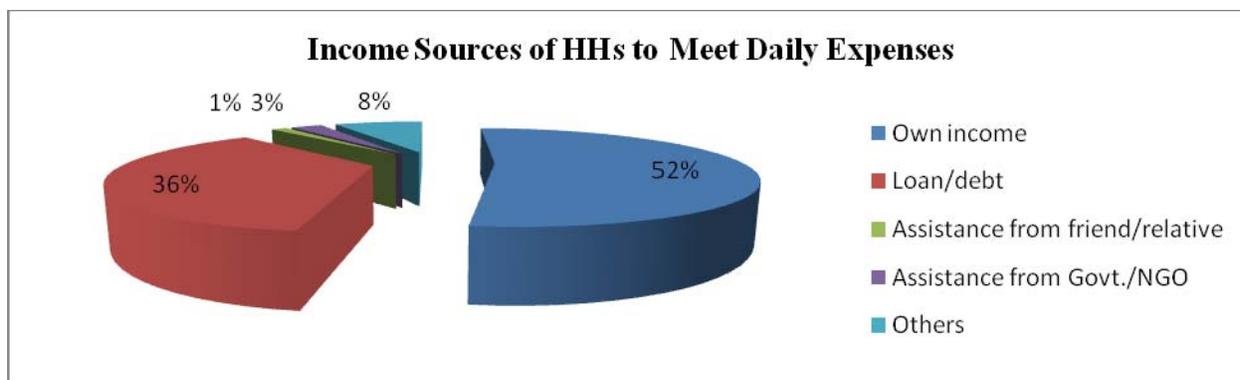


Figure 5 Income Sources of HHs to Meet Daily Expenses

Affect of Crisis on Household Income

The study reveals that 71 percent of households are currently earning income from off-farm sources whereas remaining 23 percent earn their income from on-farm sources such as agriculture and livestock. The crisis has adversely affected the income of most of the population, 39 percent of households stated that their sources of income have been badly damaged, 24 percent said that their income sources have been completely damaged and 30 percent of households described their income sources as partially damaged. *Table 4 details extent of damage to main sources of household income*

Damage to Main Sources of Income	Percentage of HHs
Not at all (0%)	4
Partially (1-50%)	30
Badly (51% to 80 %)	39
Completely (81% to 100%)	24
Don't know	2

Table 4 Extent of Damage to Main Sources of HH Income

Agriculture and Livestock

Of the 300 households surveyed, 57 percent households stated that they own some land. Land owned by households varies from 1 *Kenal* to 120 *Kenals* whereas median average is 6 *Kenals*. However, this study does not reflect whether all households are using the land for agricultural purposes or not. Study findings also show that 54 percent households own livestock. Of those households who own land and livestock, a considerable number lack access to agriculture and livestock services. When asked about access to quality seeds, 88 percent stated lack of access. Although 54 percent households stated access to fertilizers, a considerable number (46 percent) reported lack of access to such products. Seventy-six percent mentioned lacking access to fruit saplings. It is critical to note that majority of households (86 percent) stated that they don't have access to agriculture extension services, 44 percent lack access to livestock vaccination services, and 50 percent lack access to livestock extension services.

Access to Agricultural and Livestock Services	Percentage of HHs Owning Land and Livestock	
	Yes	No
Quality seeds	12	88
Fertilizers	54	46
Fruit saplings	24	76
Agriculture extension services	14	86
Livestock vaccination	56	44
Livestock extension services	50	50

Table 5 HHs' Access to Agricultural and Livestock Services

Shelter

Type of Housing and Damage to Houses

Of the 300 households interviewed, 37 percent are living in mud houses, 34 percent are living in cemented wall and mud roof houses and 26 percent are living in cemented houses leaving a small number of households (two percent) residing in grass cottages. The majority of households (89 percent) own houses while households living in rented houses comprise three percent of surveyed households. The remaining 8 percent of households live in a combination of rent free, relative provided, or landlord provided housing. Regarding damage to houses during the conflict, 85 percent stated that their houses were safe from any structural damage. However, seven percent reported that their houses were partially damaged and another seven percent stated that their houses have been badly damaged due to the conflict leaving one percent of households described as completely destroyed. *Figure 6 shows extent of damage to structure of houses*

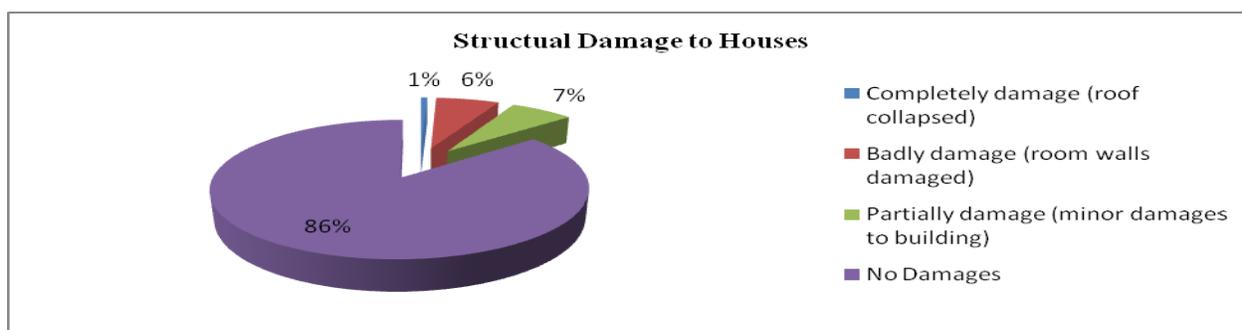


Figure 6 Extent of Structural Damage to Houses

Food Security

Weekly Food Consumption Patterns

Milk/milk products were found to be the most frequently consumed food products (used seven days a week in most of HHs). The second frequently consumed items are wheat products (consumed four days a week on average) followed by vegetable (consumed four days a week by most of households). Other food items used are potatoes, pulses/lentils/beans, and maize which are eaten on average three days a week. *Table 6 details food items consumed in households*

Food Items	No. of Days Food Eaten in a Week, Mode (Mean)
Wheat Products	4 (4.69)
Rice	2 (2.41)
Maize	2 (2.91)
Potatoes	3 (3.38)
Fish/Meat	1 (2.34)
Pulses/Lentils/Beans	4 (3.29)
Vegetables	4 (3.73)
Fresh Fruits	2 (2.77)
Milk/Milk Products	7 (5.83)

Table 6 Weekly Food Consumption Patterns in Households

Weekly Food Consumption Patterns

Most of conflict affected households have no other choice than to buy food for daily use (depending on types of food items 54-92 percent of consumed items are purchased.) The next most prevalent method of acquiring food appears to be borrowing, where the most borrowed food items are wheat products (reported by 25 percent of households.) Thirty-five percent of households receive pulses/lentils/beans as food aid (20 percent from non government agencies and 15 percent from local govt.) Milk/milk products and fresh fruits are the primary food items produced by households' own production. See Figure 7 for details

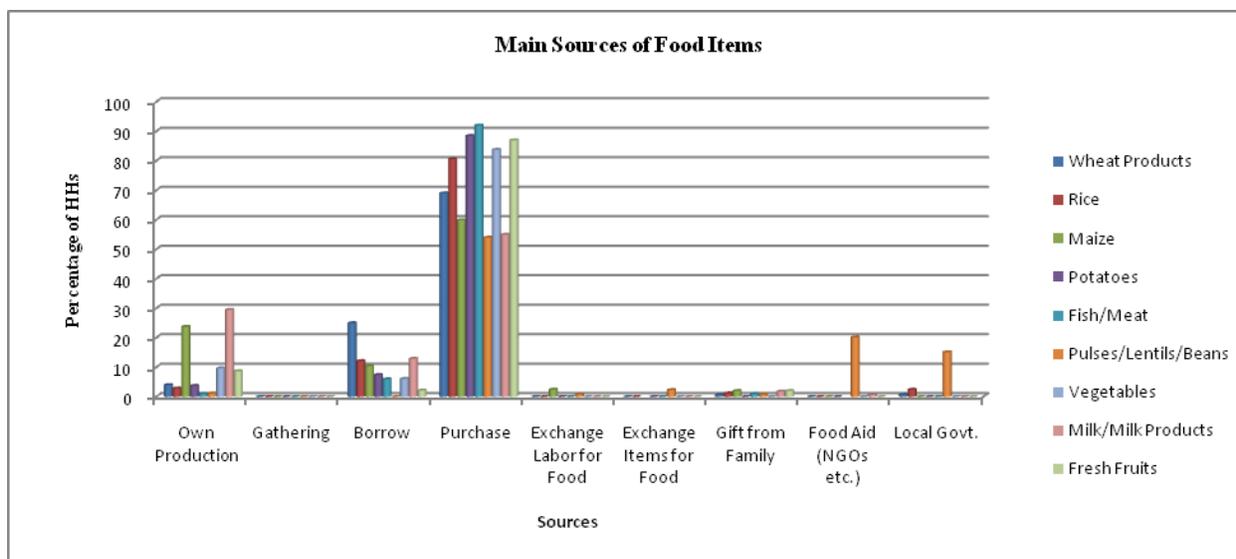


Figure 7 Main Sources of Food Items for Conflict Affected Households

Number of Meals Eaten Daily by Household Members

By looking at breast feeding practices in affected households it can be determined that most of the children less than six months of age are being properly fed. However, in most of the cases children ages six months to two years are receiving three feedings a day which is quite alarming. Children 2-18 years of age are eating three times a day on average whereas adults above 18 years of age are taking two meals a day.

Categories of HH Members	Meals Eaten on Average Mode (Mean)
Children less than 6 Months (No. of Breast Feeds)	8(6.39)
Children 6 months to 2 years	3(4.68)
Children 2 to 18 years	3(3.66)
Adults above 18	2(2.68)

Table 7 Number of Meals Eaten Daily by Household Members

Availability of Food Stock in Households

A considerable number of households (47 percent) mentioned that they don't have any food stock which shows that these households are food insecure. Forty percent reported that they have food stock for only one week, which again shows that limited food is available to most of conflict affected households. Only five percent of households mentioned that they have food stock for one month or more than one month. See Figure 8

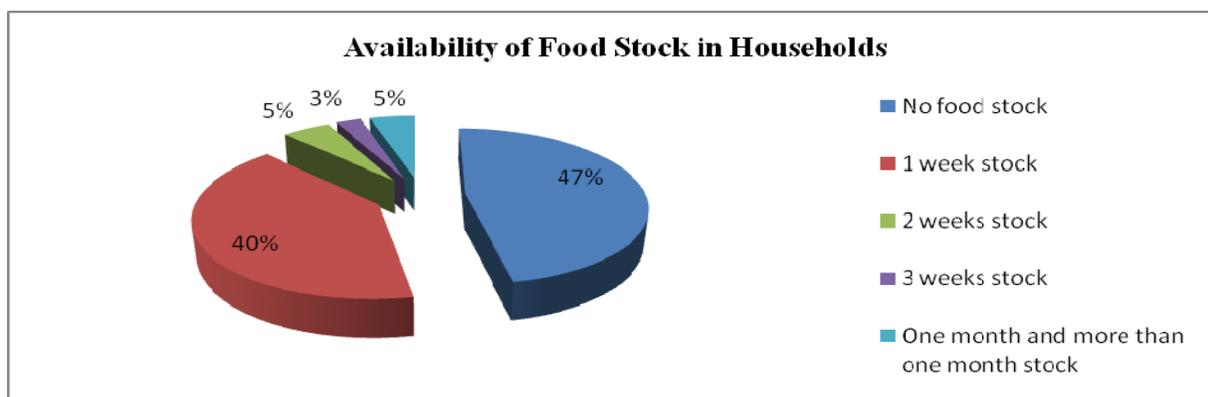


Figure 8 Availability of Food Stock in Households

It is important to note that only 5 percent of households are receiving food aid whereas 64 percent of households mentioned that there was at least one such occasion in the recent past when they didn't have money to buy food or other essential household items.

Education

Children and School Attendance

In general, households from affected areas of Upper Swat present a healthy trend towards primary level education. The study indicates that 91 percent of boys and 81 percent of primary school age girls are attending schools. Although more boys than girls are attending school, girls' school attendance is considerably high in Upper Swat as compared to gross primary enrollment rate for girls (61 percent²). Having said this, it is critical to note that there is a 31 percent decrease in enrollment of girls when they reach secondary level education (10-18 years of age) as compared to a mere three percent decrease in enrollment of boys when they reach secondary level education. Cultural stigmas associated with sending grown age girls to school and an imposition of extremism by Taliban are possible factors hindering continuation of girls' education to the secondary level.

Table 8 presents gender disaggregated of school enrollment by age

Age Categories	No. of School going age Children in HHs (Percentage)			
	Male		Female	
	Attending School	Out of School	Attending School	Out of School
Enrollment Status of HH Children (age 4-9 y)	240(91%)	28 (11%)	208(81%)	48(19%)
Enrollment Status of HH Children (age 10-18 y)	233(88%)	31(12%)	105(50%)	103(50%)

Table 8 School Enrollment Status of Children

It is important to note that seven percent of total school age boys and percent of school age girls attending school before the conflict are no more going to school.

Reasons Why Children are Out of School

² http://www.unescobkk.org/fileadmin/user_upload/appeal/gender/Future%20of%20Girls%20Education%20in%20Pakistan.pdf

Of total 210 children who are not attending school, unavailability of school in general and cultural restrictions for girls appear to be two main reasons for children not attending school; a considerable number of households stated unbearable school expenses as the main reason. Other reasons for not sending children to school include unavailability of teachers, children's involvement in paid work and schools are occupied. *Table 9 details reasons ranked by households considering Rank 1 as top most reason*

Reasons	Percentage of HH Responses		
	Rank 1	Rank 2	Rank 3
School is not available	40	4	0
Teachers are not available	5	4	5
Insecurity	0	7	0
Children have to work	4	7	5
Schools are occupied	1	7	0
School expenses unbearable	8	26	29
School destroyed	0	0	5
Cultural restrictions for girls	41	46	57

Table 9 Reasons Why Children are Out of School

School Supplies Needed for Children

Of 300 households surveyed 186 households mentioned that there is a need for school supplies. Stationary items were cited as the top most needed items followed by text books and school bags; other school supplies required include school uniform and school shoes. *See Table 10 for school supplies as prioritized by households*

School Supplies	First Priority Need	Second Priority Need	Third Priority Need
Text Books	20	2	1
Stationary	58	13	5
School Bags	16	29	11
School Uniform	4	51	25
School Shoes	2	6	58

Table 10 School Supplies as Prioritized by Households

Vulnerable Population in the Households

Vulnerable Groups of Children

Children living in Upper Swat have witnessed a self imposed Taliban rule before the start of the conflict and many of them might have seen atrocities during the conflict, furthermore many of them were bound to leave their homes along with their families for at least one to three months. Such upheaval would certainly have influenced their psychological conditions. So in such situations every child is vulnerable and in need of a certain level of psycho-social support. However, certain groups of children are more vulnerable than others. These groups include orphan children, children cared by single parents and children living with disabilities. The study found that one percent of the surveyed households are caring for orphan children and seven percent of households are cared for by a single parent. In 16 percent households there are children living with physical/mental

disabilities although it is important to note that these children were not technically assessed by a specialized doctor so there are chances that some households might have reported some minor deformities as disabilities. *Table 11 details gender disaggregated number of vulnerable children in households by vulnerability categories*

Vulnerable Groups	Number of Children	
	Male	Female
Children who lost both parents	3	3
Children who lost one of their parents	20	28
Mentally/physically disabled children	37	20

Table 11 No. of Vulnerable Children in Households

There are 0.7 percent of households who have reported that their children got separated during the conflict and are still living in separation. Also, 1.4 percent households are caring for separated children. None of the households stated about incidence of a missing child.

Child Protection Issues

Opportunities for recreational activities, which are quite important for children at this phase of early recovery, were found to be unavailable to many children. Only 23 percent households reported that their children have a place to play, adding more cause for concern. Forty-six percent of households reported that there has been a considerable increase in physical punishment of children after the conflict. Over half of the surveyed households reported changes in behaviors of their children which worry them. Of these, 54 percent households stated that their children are sleeping badly, 22 percent reported that their children are demonstrating an aggressive behavior, 14 percent mentioned their children becoming less social, and 11 percent observed changes in eating habits of children. Given that the livelihoods of a considerable number of households were affected by the conflict, nine percent of households reported an increase in children's involvement in paid work. It is quite alarming to note that 1.5 percent households reported rise in drug addiction among children whereas 2.4 percent households mentioned that their children were targeted for violence or arrested.

Issues Related to Children	Percentage of HH Responses	
	Yes	No
Is there a place to play available	23	77
Is there increase in physical punishment	46	54
Is there change in normal behavior of children	56	44
Has children involvement in paid work increased	9	91
Is drug addiction among children rising	1.5	98.5
Are group activities available to children	64	36
Children targeted for violence or arrested	2.4	97.6

Table 12 Child Protection Issues

Violence against Women

Swat was generally considered an open society before the start of the conflict when compared to the rest of Khyber Pakhtunkhwa. The recent conflict had dire consequences on the society in general and on women in particular. It is critical to note that 16.4 percent households reported an increase in physical punishment of women. Questions about the physical punishment of women were directly asked to household women by female enumerators, so that they might more easily share this information. However, there is a high chance that many women might have opted to say 'No' in fear of further punishment by male household members learning of their reply of 'Yes'. Thus we can

assume that instances of physical punishment of women are likely to be more frequent than reported.

Health

Access to Health Facility

Results show that 55 percent respondents have access to a functional health facility. Of those who have access to health facilities, in total 68 percent visit government health facilities; this includes 35 percent visiting government hospitals (DHQ, THQ, CH) and 32 percent visiting government health centers (BHU/RHCs), showing a larger number of households appear to be attending available public sector health facilities. The remaining 26 percent of surveyed households visited private clinics, while five percent reported as having been provided with medical support through mobile clinic services.

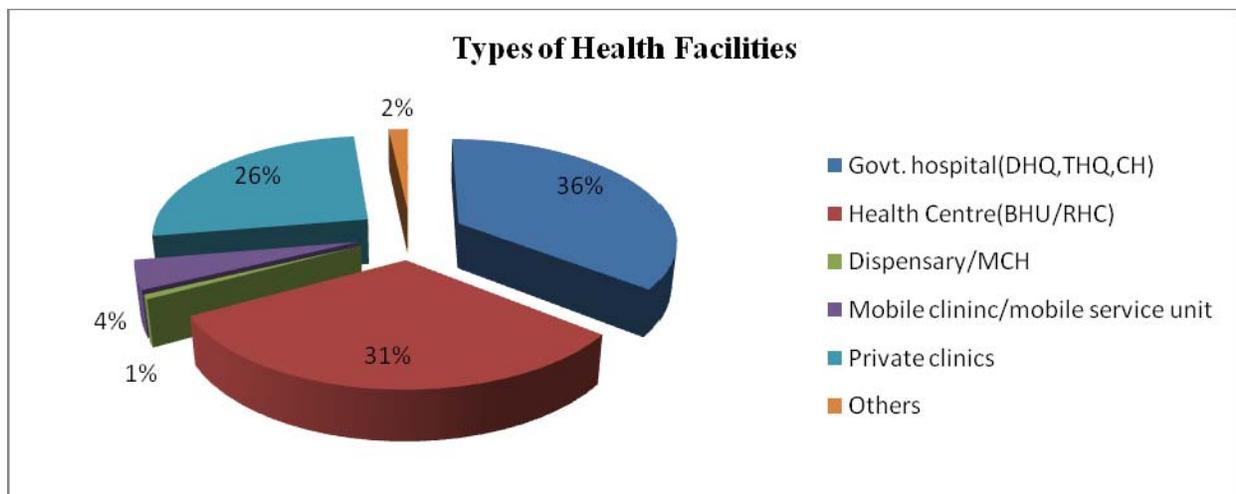


Figure 9 Types of Health Facilities Visited by Households

Acquiring Medicines

While visiting health facility, 91 percent reported that they had to purchase medicines when required, and 9 percent reported that they had received free medicines when needed. Spending on medicines may be difficult for returnees since the recent crisis has had a negative effect on their income sources. It can be assumed that a most available health facilities lack adequate medicine stock.

Distance to Health Facility

With respect to distance to health facility, 46 percent shared that a health facility is located within 5 kilometers, and 11 percent reported having a health facility at a distance of 6 to 10 kilometers. Additionally, 22 percent reported the distance to a health facility as being more than 16 kilometers, while 21 percent informed that they don't know. Whilst the majority of households have easy access to a health facility in terms of distance, a considerable number of households (21%) appear to be facing difficulties in accessing health facilities due to the long distance of health facilities from their residences.

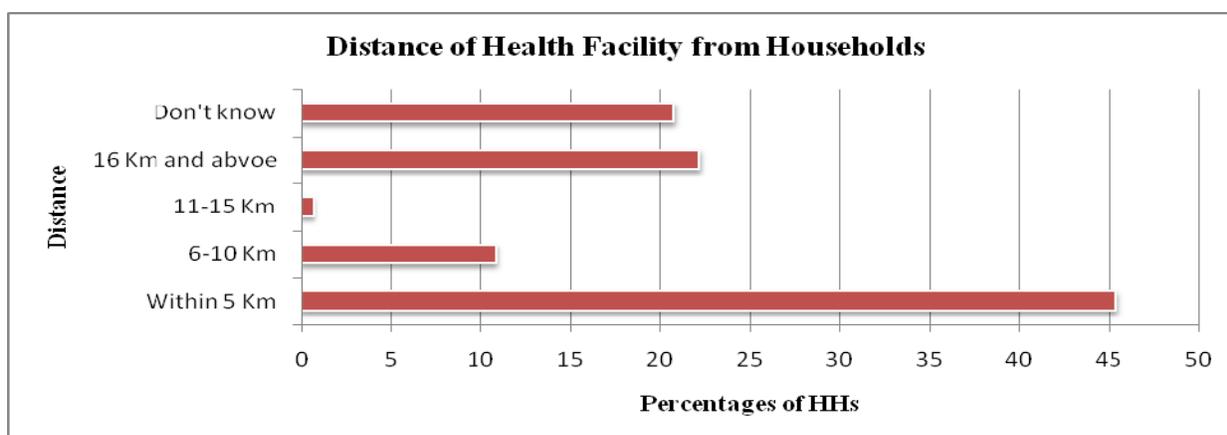


Figure 10 Distance of Health Facility from Households

Child Vaccination

Results show that 93 percent households reported that their children, less than 2 years of age, have received vaccinations, showing a remarkable coverage of child vaccination in the area of surveyed population. Out of households with vaccination age children, 83 percent reported that their children received both oral drops and injections (for measles) whereas 12 percent of surveyed households reported only polio drops and 6 percent of households reported that their children received injections only.

Deaths and Births after Return

Households reported that a total of 20 children died after return; of which 16 were infants reported by 12 households, while 2 households reported the death of a child between 1-5 years of age. Similarly, 2 households reported the death of a child between the age of 6 and 18 years after returning. The high rate of Infant mortality as compare to national statistics indicates inadequate services to reduce child mortality. The following table details gender-disaggregated number of children died after return.

Age Category	No. of Male	No. of Female
Deaths less than 1 one year	10	6
Deaths 1 to less than 5 years	2	0
Deaths 6-18 years	1	1

Table 13 Number of Children Died after Return (By Age Categories)

In terms of births after return, 36 surveyed household reported the births of 41 male children, and 41 households reported the births of 44 female children after return. Regarding institutional births, the births of 24 boys and 25 girls took place in health center.

Reproductive Health

Results show that 63 households have reported 68 pregnant women in their households, of which 47 pregnant women from 53 households are receiving antenatal care. Although a larger number of pregnant women are receiving such care, there has not been a confirmation of the quality of the support provided to women in terms of antenatal care. On the other hand, there are a certain number of women who do not receive antenatal support, and it may be possible either these women don't have access to facility, or cultural restrictions bar these women from receiving care.

Of households reporting live birth, women from 44 percent households were attended by a skilled birth attended during delivery. Although a considerable number of women reported having received support provided by trained birth attendant, a larger number of pregnant women were not attended by a trained birth attendant posing great risks during delivery. Lastly, 2 women have died during pregnancy after return.

Nutrition

The process of Middle Upper Arm Circumference (MUAC) was carried out in order to ascertain displaced children's nutritional conditions. The MUAC of 243 children within the 300 households was taken. Readings show that Severe Acute Malnutrition (SAM) in 2.5 percent of children, and Moderate Acute Malnutrition (MAM) in 3.3 percent. As well, an additional 11.9 percent of these children are found to be at risk of becoming malnourished, with 82.3 percent of children were within the normal range. Although, results present an encouraging nutritional status, it is important to note that these results are based on survey of 300 households. *In addition, there is a need to pay attention to children at risk of becoming malnourished.*

Overall Needs

Members of surveyed households were asked to explicitly prioritize their needs. Male and female household members were asked separately in an effort to better understand male and female perceptions regarding needs essential for their rehabilitation.

Needs Identified by Males

Household male members identified ***health services, drinking water*** and ***employment*** as top prioritized needs. Additionally, a considerable number put forward the need of educational services in the region. Construction of ***pathways, latrines, roads***, and the need for ***livestock*** has also been identified by a small number of households as essential needs for rehabilitation process in the crisis-hit area. *Table 14 details needs identified and ranked by male household members*

Needs	Percentage of Households		
	Rank 1	Rank 2	Rank 3
Pathways	4.7	9	8
Health Services	22	29	21
Road	4	3	5
Cash grant	1	0	1
Educational Services	10	18	22
Livestock	2	4	3
Drinking Water	27	16	12
Employment	17	6	12
Latrines	6	10	8
Residence	5	3	6
NFIs	0	0	0
Water Channels\Repair of water channels	1	2	2

Table 14 Needs Prioritized by Male Members of Households

Needs Identified by Females

Female members of surveyed households have prioritized **health services**, **cash grants**, **livestock**, and **food** as major needs of their households. Additionally, **drinking water** and **employment opportunities** were identified as important needs prioritized by a number of female members of surveyed households (See Table 15).

Needs	Percentage of Households		
	Rank 1	Rank 2	Rank 3
Pathways	0	7	6
Health Services	28	15	16
Road	2	1	2.6
Cash grant	14	8	9.9
Educational Services	7	10	6
Livestock	12	17	0
Dinking Water	8	8	9
Employment	10	9	10
Latrines	4	5	15
Residence	0	1	5
NFIs	2	7	10
Food Items	12	12	11
Livestock	0	1	4

Table 15 Needs Prioritized by Female Members of Households

Recommendations

- I. A considerable number of households (41 percent) are using unprotected sources of drinking water. Humanitarian agencies should work to increase access to safe drinking water sources.
- II. Humanitarian agencies should raise awareness regarding health and hygiene as only 22 percent of households are using water and soap after defecation and only 7 percent of households are using water and soap before eating.

- III. The crisis has adversely affected the income of the most of the households and keeping in mind the large household size, it can be assumed that many of them cannot meet their expenses without acquiring loans. In addition, 67 percent households don't have any cash savings and 78 percent also have outstanding loans where in most of the cases main amount of loan was obtained after the crisis. This situation demands provisions of cash grant support opportunities to most vulnerable families.
- IV. Social mobilization and awareness-raising regarding girls' education is required to improve enrollment at secondary level given that there is a 31 percent decrease in enrollment of girls at this level. This is mainly because of cultural restrictions on them. Support in construction of schools and provision of school supplies will help in strengthening the education system.
- V. A large number of households (47 percent) are with no food stock. These food insecure families should be considered for food aid, cash for food, and other food aid related programs by government and Humanitarian agencies.
- VI. Families caring for orphans, children with physical and mental disabilities need to be linked with appropriate service providers. More specifically, a district level referral mechanism must be in place to address various forms of child needs particularly for children without parental care and children with physical and mental disabilities. Department of Social Welfare and humanitarian agencies must provide psychosocial support to children and women. Furthermore, humanitarian agencies must raise awareness regarding women rights to mitigate violence against women at a household and community level.
- VII. Humanitarian agencies should provide recreational opportunities to children so that their behaviors can be moulded in a positive way and they can be liberated from the adverse affects of the conflict.
- VIII. Both government and humanitarian agencies should work together to increase access to health facilities as a considerable number of households (45 percent) don't have access to a functional health facility. Those who can access such facilities have to buy medicines (91 percent). Government health facilities should be strengthened by providing human resources, infrastructural support and essentially required medicines. It is imperative to equip health facilities with required female medical staff so that females from conservative background can also seek medical care and mother-child health services.