

**Assessment Report of
IDPs Residing in District Lower Dir,
Khyber Pakhtunkhwa, Pakistan**



**Monitoring, Evaluation and Accountability Unit
May 2010**



Acknowledgements

We want to say thanks to our team members who sincerely worked to make this study possible. In particular, we acknowledge the efforts of our Swat Field Program Manager who supported us in every possible way. We are obliged to our Deputy Team Leader who kept us motivated and immensely supported us in planning and executing this assessment. Thanks to our Team Leader who showed great interest in this study and encouraged us at every step. We are also thankful to our data enumerators who extensively traveled and knocked on many doors to get the required information.

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Cover photo Jaansher(left), his brother, Lukman-Sher, and two sisters, Shama and Hilma, district Buner

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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 illustrates the situation of Internally Displaced Persons (IDPs) currently residing in *tehsil* Timergarah and *tehsil* Summar Bagh of the Lower Dir District. Of the 150 displaced households surveyed, 133 have come from Bajaur, 13 from Medaan area of Lower Dir, and 4 from Swat District. The average household size was found to be 7 persons, whereas children constitute over 62 percent of the total household size. In more than 97 percent of household the head is a male, while under 3 percent of households are headed by a female member. It is critical to note that **over 36 percent of displaced households are not registered as IDPs**; the main reasons cited for not registering were lack of awareness, difficulties in accessing registration offices, and missed registration deadlines.

Sources of Income

Eighty-five percent of households have at least one male adult contributor, and 41 percent of households cited ‘casual worker’ as the main occupation of their contributors; 80 percent of households mentioned that their main contributors remained out of work for a considerable time, and most stated that they were out of work for more than 45 days. The average household monthly income is PKR 7000, or approximately US\$84¹. This means that **families of 7 people are supporting themselves with less than PKR 240 per day, or around US\$2.90**. In total, **97 percent of households don’t have any cash savings, whereas 86 percent also have outstanding loans**; in 88 percent of cases, these loans were acquired since their displacement.

Education

A considerable number of school-age children – **30 percent of boys and 38 percent of girls – were attending school before the crisis but are no longer going to school**. Findings show that 37 percent of boys age 4-9 years are out of school, while 36 percent of girls of this age group are out of school. In the 10-18 years age group, 32 percent of boys and 52 percent of girls are out of school. The top four reasons cited for children not going to school were that schools were not available, children have to work, insecurity, and school expenses are unbearable. The school supplies most needed by children are text books and uniforms.

Psychological Conditions

Most displaced children are currently not involved in recreational activities; 62 percent of households reported that children don’t have a place to play in their area of residence. It is critical to note that **81 percent of mothers reported an increase in physical punishment of children**. Not surprisingly, 70 percent of households also shared that they have observed changes in the normal behavior of children – the most cited changes were that children are sleeping badly and demonstrating aggressive behavior. Nine percent of households also reported an increase in paid work by children.

Vulnerability and Protection Concerns

A considerable number of households are caring for vulnerable children – more than 5 percent of households reported supporting orphans, while more than 10 percent reported supporting children who have lost one parent. In addition, 2 percent of households reported caring for a separated child, and another 2 percent reported that one of their own children has been separated from them; 1.5 percent of households reported

¹ USD 1 = PKR 83, rate used throughout assessment report.

that one of their children is missing. **A considerable number of women – 38 percent – reported that there has been an increase in physical punishment of women since their displacement.**

Living Situations

Of those who are living with host communities, the majority – 60 percent – are living in mud houses, and **70 percent are paying rent; the average rent was found to be PKR 2000, or around US\$24 per month.** This implies that 29 percent of their total income goes directly towards rent. Of the 150 households surveyed, most stated that security was their number one housing concern, followed by lack of privacy, harsh weather conditions, and lack of water and sanitation facilities.

Water and Sanitation

The study findings reveal that at least 30 percent of households are using unprotected sources of drinking water. Though 71 percent of households have access to latrines, the type of latrine used by households varies, with communal pit latrines being used by 46 percent of households. Open defecation is relatively common among men – in 24 percent of households where there is a latrine available, they are only used by female household members, whereas male members use open fields. **Only 6 percent of households are using water and soap after defecation, and only 1 percent use water and soap before eating.**

Food Consumption

Wheat products are the most frequently consumed items in displaced households, followed by milk products and rice. Of the 150 households surveyed, 51 percent are receiving food aid, primarily in the form of wheat, rice and lentils. **Most adult members of households are eating only two meals a day, and children less than six months of age are being breastfed only five times a day.** In terms of food resources, most households (52 percent) have food stock for one week only; 97 percent of households stated that there was at least once incidence when they didn't have money to buy food or meet other household expenses.

Nutritional Status of Children

Among the 97 surveyed displaced children age 6-59 months, the prevalence of Severe Acute Malnutrition (SAM) was 1 percent, and Moderate Acute Malnutrition (MAM) was 6 percent. These figures are within the range of acceptable to poor; however, alarmingly, **32 percent of children are at risk of becoming malnourished.** This implies that 32 percent children bordering on Moderate Acute Malnutrition, and any severe infection or illness could result in them becoming malnourished.

Health Services and Medical Issues

The study reveals that 24 percent displaced households don't have access to a functional health facility. For those with access, 67 percent are visiting a government health facility. In most cases (67 percent), household members had to buy medicines (rather than receiving them for free). Since their displacement, 11 infants have died in the 150 surveyed households. This means that **7 percent of households have experienced the death of a child less than one year of age since their displacement.** Currently, 17 percent of households include at least one pregnant woman; only 54 percent of women have delivered with the help of a skilled birth attendant since their displacement.

IDPs' Priorities for Assistance

When men were asked about their immediate needs, they most frequently cited non-food items, cash grants, and water and sanitation facilities, while women prioritized non-food items, food and livestock.

Background Information

The population of Lower Dir district's 37 Union Councils (UCs) is 797,852 according to the 1998 census report. The projected population of Lower Dir was over 1 million in 2005. Dir's development indicators have been historically low, and the district is considered to be one of the most sensitive areas in Pakistan in terms of religious extremism, and a number of religious-political parties have taken root in Dir

In 2009, a military offensive by the Pakistan Army in Lower Dir and adjacent areas of Bajaur and Swat compelled the majority of the population to move to other settled districts, mainly in Khyber Pakhtunkhwa (formerly North West Frontier Province). There were also displacements within Lower Dir, and displacements to Lower Dir from Bajaur and Swat. Although a number of displaced households have returned to their homes, Lower Dir is still harboring a considerable number of displaced households. The IDPs currently residing in camps and with host communities are mainly from Bajaur.

Objective of Study

This study primarily focused on:

- I. Analyzing general socio-economic conditions of IDPs residing in Lower Dir District
- II. Determining the most critical and immediate needs of IDPs, with a focus on women and children
- III. Collecting primary data from IDPs from Bajaur in order to have some basic information for planning early recovery interventions once these IDPs have returned home

Methodology

Five UCs with high concentrations of IDPs were purposively selected; in each UC, three villages with high concentrations of IDPs were selected, and 10 households were surveyed in each village. Thus the total sample size was 150 displaced households; it is important to note that half of the households surveyed were residing in camps, while the other half of the households were residing with host communities.

The primary data was collected using a structured questionnaire. The questionnaire was divided into two sections; questions from the first section were asked to men (related to basic information, water and sanitation, livelihoods, housing, education and needs prioritized by male IDPs) and questions from the second section (related to food security, vulnerable populations in the households, child protection, nutrition, health, and needs as prioritized by female IDPs) were asked to women.

Eight data enumerators were hired and trained for two days. Half of these enumerators were female, and the field work was completed in five days. During data collection, enumerators worked in male/female pairs so

they could meet separately with the different genders and conduct the interviews simultaneously in each household. This method effectively facilitated equal participation of women in the displaced households.

The main unit of analysis for this study is households. Data was entered and analyzed using SPSS data analysis software. Data cleaning was performed through manual review of questionnaires, by monitoring data entry processes, and reviewing the database.

Limitations of the Study

The sampled villages were purposively selected, focusing on villages with high concentrations of IDPs. Thus, the study findings should be used cautiously in terms of generalizing for IDPs residing in the most remote villages, with less concentration of IDPs. In addition, since half of the households surveyed were from camps, it is likely that these households would be availing more facilities than those living with host communities. Finally, since men were asked certain questions and women were asked others, this may have affected the overall results regarding each sector of study.

Study Results

Basic Information

Area of Origin of IDPs and Time Displaced

Most IDPs residing in Lower Dir belong to Bajaur (88.7 percent), however there are instances where some moved from Medaan (8.7 percent, Medaan is a *Tehsil* of Lower Dir, which means their displacement is within Lower Dir) and Swat (2.7 percent). Though displacement time varies considerably among the IDPs, it can be inferred that the majority of people from Bajaur moved to Lower Dir 6-12 months ago, while a substantial number moved much earlier, i.e. 13-27 months ago. People from Medaan and Swat have been displaced for 10-16 months. (*See Table 1*)

Time displaced (months)	Place of origin (No. of Families)		
	Bajaur	Medaan	Swat
<= 5	4	0	0
6 – 9	78	0	0
10 – 12	25	9	2
13 – 16	6	4	2
17 – 19	5	0	0
20 – 23	4	0	0
24 – 26	9	0	0
27+	2	0	0
Total	133	13	4

Table 1 Areas of Origin of IDPs and Time Displaced

Household Size and Composition

The average size of Households (HHs) was found to be 7 persons. Children comprise 62.4 percent of the HHs' size whereas (see Figure 1). Of the 150 HHs surveyed, 97.3 percent are male headed while only 2.7 percent are female headed. The average age of HH heads was found to be 40 years old.

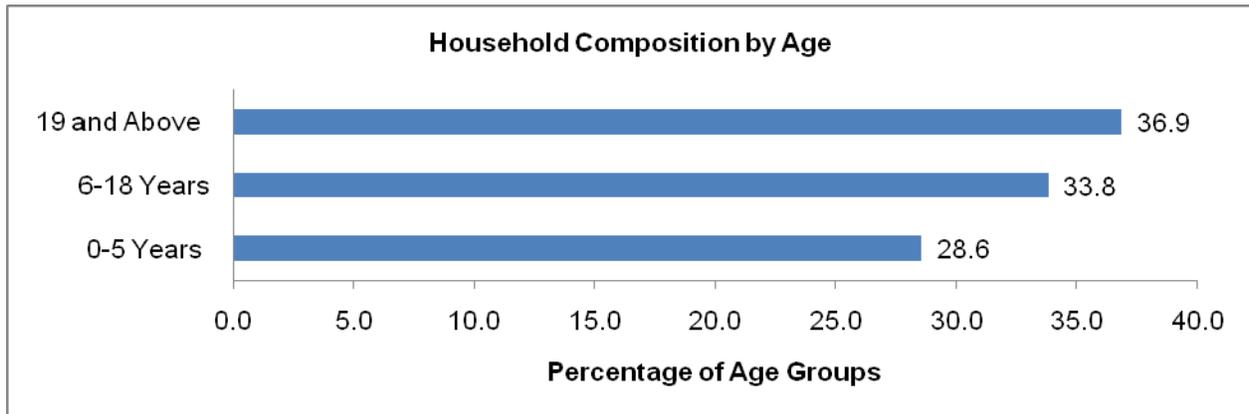


Figure 1 HH Composition by Age

Registration Status of IDPs

Of the household surveyed, 63.7 percent are registered as IDPs, whereas 36.3 percent are not registered as IDPs. For those who are not registered, HHs most frequently cited lack of awareness (33 percent) as the main reason, followed by lack of access to the registration office (24 percent) and missed registration deadlines (24 percent). A small number of HHs (6 percent) also shared that they couldn't register because they didn't have a CNIC. (See Figure 2)



Figure 2 Reasons for Non-Registration

Water and Sanitation

Main Sources of Drinking Water

The study findings reveal that IDPs are using a range of drinking water sources. These sources include tankers (30 percent of IDPs, those mainly residing in camps, reported this), canals/ponds/river (28 percent) and protected wells (21 percent). Other sources which were used by fewer HHs were pipe water supply (12 percent), protected hand pumps (3 percent) and unprotected wells (2 percent). (See Figure 3)

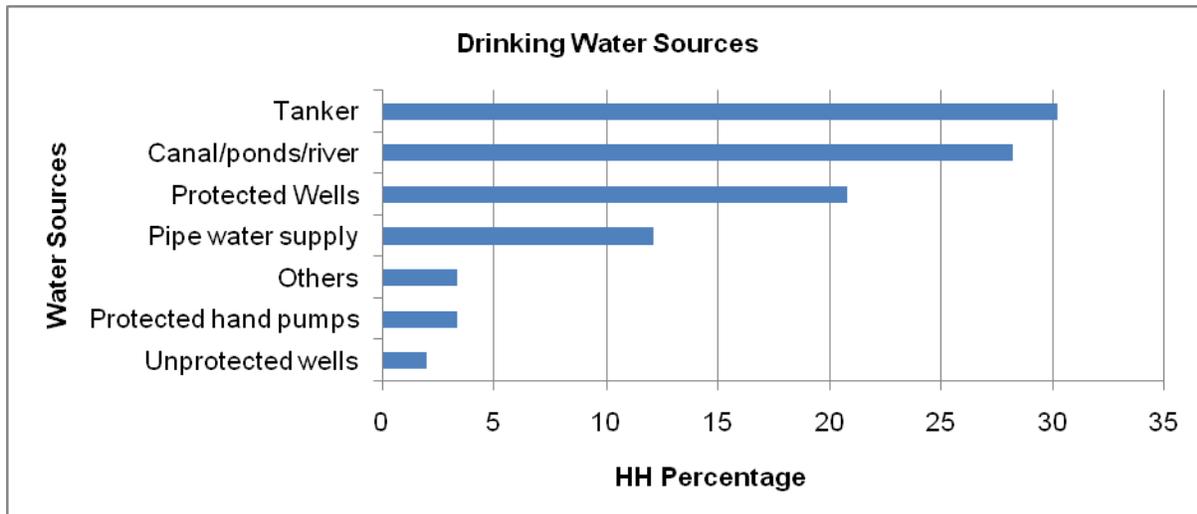


Figure 3 Main Sources of Drinking Water

For 77 percent of HHs it takes less than 10 minutes to obtain drinking water, and 20 percent reported their travel time as 11-30 minutes; however, 3 percent said that their travel time was more than half an hour.

Facilities for Defecation

Latrines are available to most HHs, however types of latrines vary considerably – 46 percent of HHs reported that they are using communal pit latrines; 24 percent of HHs mentioned that male members go to open fields for defecation, whereas female members use HH latrines; and 17 percent of HHs are availing flush system latrines within the home. A small number of HHs (3 percent) use communal flush system latrines, some of the HHs (5 percent) said that they are using HH pit latrines, and in a small number (3 percent) of households, both male and female members defecate in open fields away from their shelter. (See Figure 4)

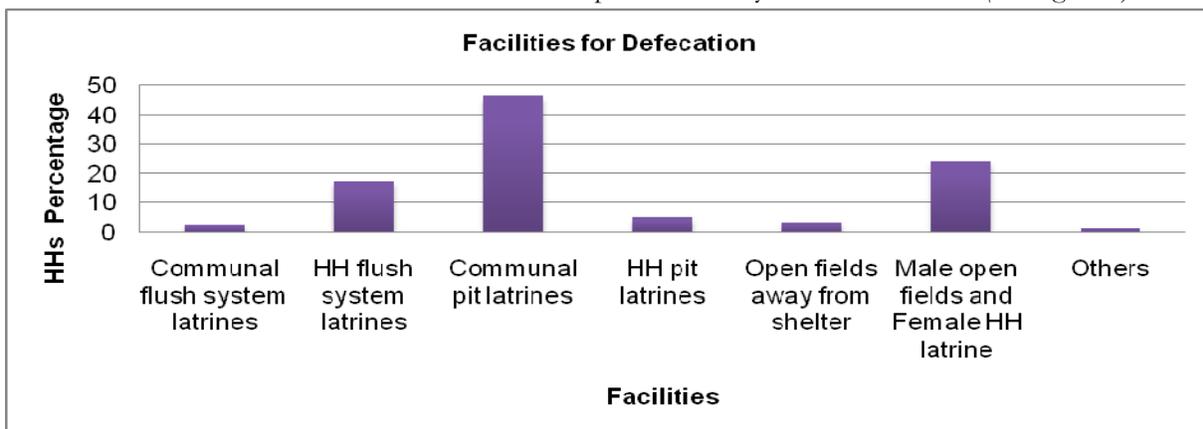


Figure 4 Facilities for Defecation available to IDPs

Use of Water and Soap

To learn about the hygiene practices of IDPs residing in Lower Dir, the assessment team enquired about prevailing trends regarding hand washing – only 6 percent of HHs stated they use water and soap after defecation, while the majority (91 percent) said they only use water, and 3 percent mentioned they don't wash their hands after defecation (see Figure 5).

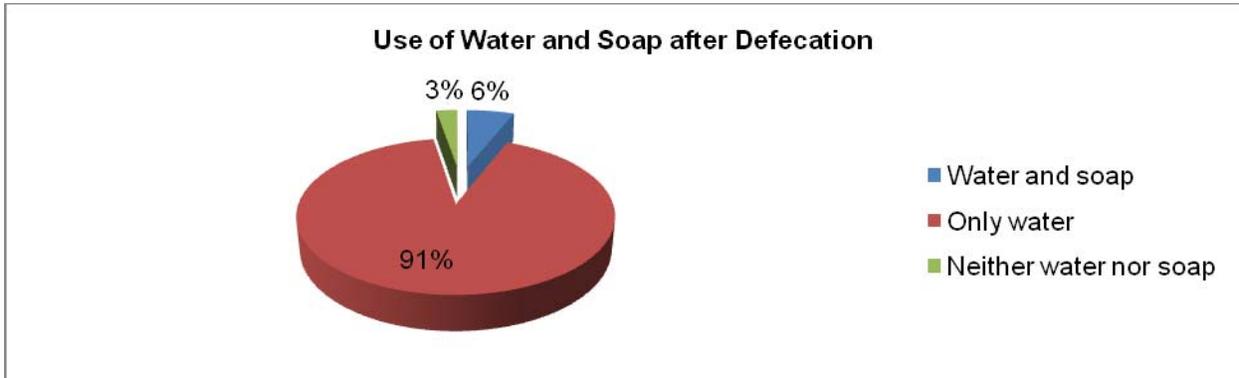


Figure 5 Use of Water and Soap after Defecation

When asked about washing their hands before eating, only 1 percent of respondents said they use water and soap, while the remaining 99 percent said they use only water. None of the households stated that they don't wash their hands at all prior to eating (see Figure 6).

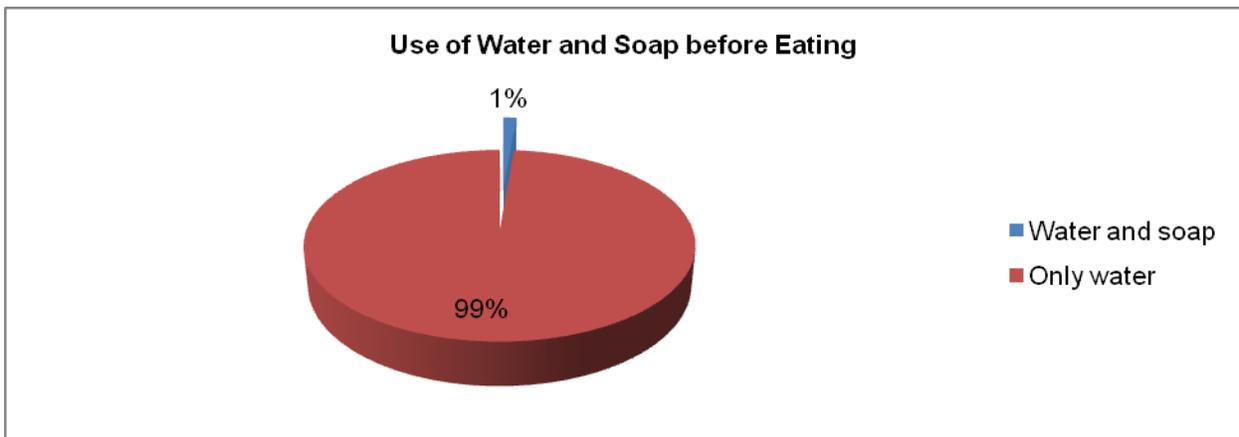


Figure 6 Use of Water and Soap before Eating

Livelihoods

Categories of Earning Members in Households

Of the 150 households interviewed, 85 percent stated that they have at least one male adult earning member, while 3 percent said that they have at least one female adult earning member. Instances of child labor are relatively common – 9 percent of HHs stated that they have at least one earning member under 18 years old. Table 2 (next page) demonstrates that displaced boys are at higher risk of being engaged in child labor than

girls; this reflects the patriarchal nature of many communities in this area, in that male children are supposed to contribute to HH incomes starting at an early age. (This is generally not expected of female children.)

Percentages of HH Responses		
Age Category	Male	Female
6-18 Years	9	0
18 and Above	85	3

Table 2 Categories of Earning Members in Households

Current Occupation of Main Contributor to HH Income

The majority of HHs identified their main income contributors as casual workers (41 percent), while 31 percent of HHs categorized their main income contributors as ‘others.’ When probed further, most shared that the main contributor was out of work and seeking assistance from friends, relatives or in some cases, aid agencies. Thirteen percent of HHs’ main income contributors are engaged in small businesses/trade, 5 percent of main contributors are private sector employees, while 3 percent of HHs said their main income contributors are government employees. In addition, 3 percent of HHs stated that farming (2 percent agriculture farming and 1 percent livestock farming) as the current occupation of the main income contributor. (See Figure 7)

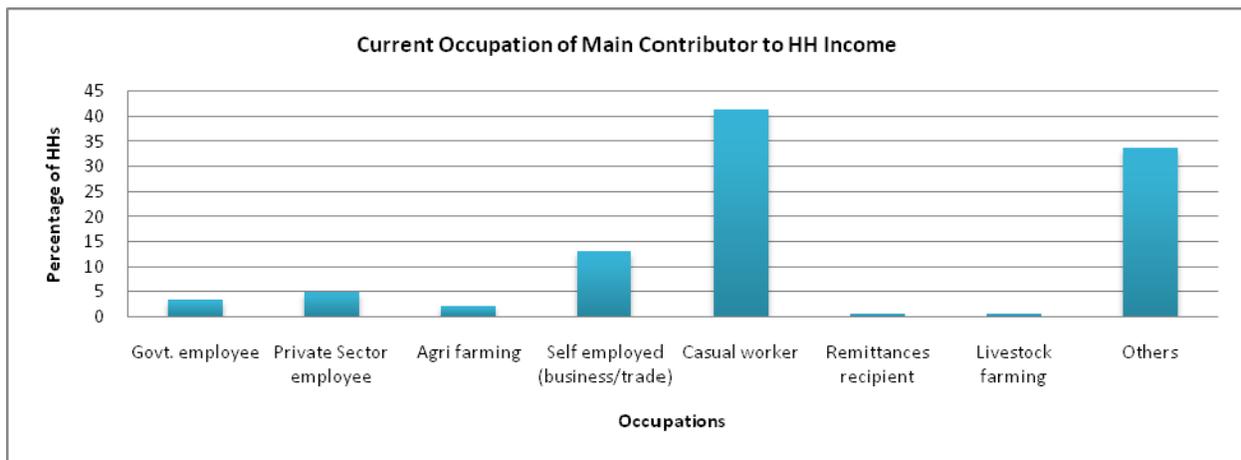


Figure 7 Current Occupation of Main Contributor to HH Income

It is critical to note that 80 percent of HHs mentioned that their main income contributor remained out of work for a considerable time; in 65 percent of cases, the main income contributor was out of work for 45 days, followed by 21 percent who stated the main contributor was out of work for 16-30 days (see Table 3). Thus it can be concluded that many households’ economic security has been considerably affected by periods of unemployment.

No. of Days	Percentage of HH Responses
1-15	7
16-30	21
31-45	7
45 and Above	65

Table 3 No. of Days Main Income Contributor to HH Remained out of Work

HH Cash Income and Expenses

The average household cash income was found to be PKR 7000 (US\$84) per month. For 94 percent of HHs the current sources of income were off-farm, while a small number of HHs (six percent) shared their income sources as farm-based. Displacement has adversely affected the IDPs' income/expense balance, particularly considering the large average household size and their need to purchase many household items that were left at home. Only 22 percent of displaced HHs are meeting their daily expenses with their own income; 39 percent have borrowed money to meet their daily HH expenses, 27 percent have relied on government or NGO support, and 6 percent have sought assistance from friends or relatives (see Figure 8). It can also be inferred that those who have already borrowed money will likely have to borrow again. When asked about cash savings, the vast majority (97 percent) said they don't have any cash savings with them. Only 3 percent reported cash savings, with an average amount of savings being PKR 9000 (US\$108).

The study findings show that 86 percent of displaced HHs have outstanding loans. In 88 percent of these cases, the loan was acquired after displacement. The main sources of loan include relatives (63 percent) and friends (37 percent). The average amount of loan burden was found to be PKR 60,000 (US\$723).

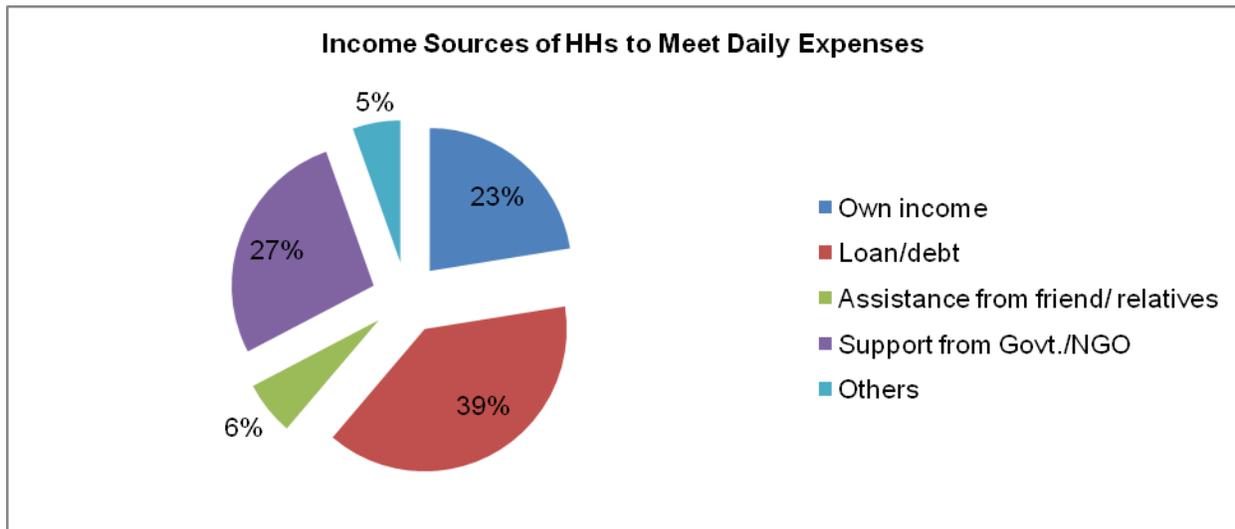


Figure 8 Income Sources of HHs to Meet Daily Expenses

Affect of Crisis on HH Income Sources

The study reveals that the ongoing crisis has adversely affected IDPs’ income sources – 99 percent of HHs stated their income sources were partially, badly, or completely affected. Only 1 percent said their income sources were not affected (*see Table 4*).

Level of Effect	Percentage of HH Responses
Not at all (0%)	1
Partially (1-50%)	31
Badly (51% to 80%)	41
Completely (81% to 100%)	28

Table 4 Effect of Crisis on HH Income Sources

Housing

Types of Housing

Most displaced households surveyed – 48 percent – are living in tents. The IDPs living in tents are those residing in camps established jointly by the government and development agencies. For IDPs living in host communities, most are living in mud houses (31 percent), 12 percent are residing in cement or brick houses, 7 percent are living in houses with brick walls and a mud roof, and 2 percent are living in grass cottages.

For all those living in camps, residence is free of cost (49 percent); 36 percent stated they are paying rent for their residence, with an average rent of PKR 2000 (US\$24) per month. Three percent shared they found work with local farm owners, hence they are working there and living free, while another 3 percent are sharing accommodation with their relatives (*see Figure 9*).

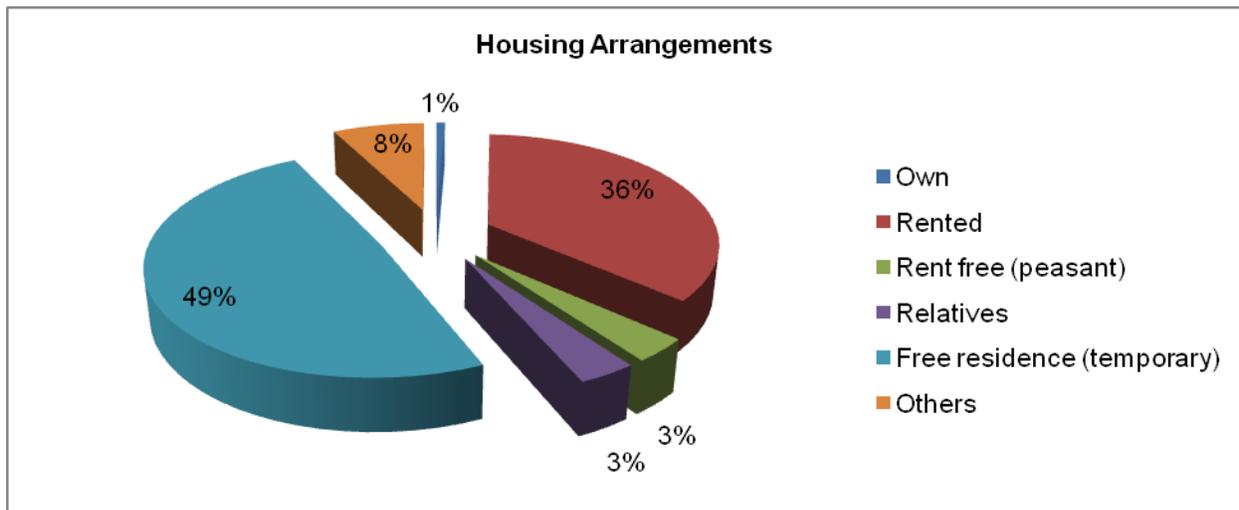


Figure 9 Housing Arrangements of IDPs HHs

Housing Concerns of IDPs

Most displaced households cited security as their top most concern; privacy, harsh weather conditions and lack of water and sanitation facilities are other major housing concerns for IDPs. (*See Table 5 below*)

Concerns	Percentage of HH Responses		
	Rank 1	Rank 2	Rank 3
Overcrowding	13	2	5
Security	26	17	5
Privacy	19	33	8
Harsh weather conditions	18	21	34
Lack of water and sanitation	18	15	21
Lack of cooking facilities	6	11	6
Others	1	1	21

Table 5 Housing Concerns of IDPs

Education

Children and School Attendance

The 150 displaced households surveyed include 266 children between the ages of 4 and 18, or an average of two children per family. Table 6 (*below*) details the percentage of male and female children attending school. Overall, 37 percent of boys and 36 percent of girls of primary school age are out of school. Boys aged 10-18 years have the highest level of attendance (68 percent), while girls aged 10-18 have the lowest level of attendance (48 percent) – the sharp drop (17 percent) in older girls attending school is alarming. Cultural conservatism, security concerns, and religious extremism imposed by the Taliban are likely contributing factors in this regard. In contrast, there is a healthy trend regarding continuation of male education to middle or high school.

Categories	No. of School Age Children in Household (Percentage)			
	Male		Female	
	Attending School	Out of School	Attending School	Out of School
Children age 4-9 Years	66 (63%)	39 (37%)	76 (64%)	42 (36%)
Children age 10-18 Years	110 (68%)	51 (32%)	59 (48%)	64 (52%)

Table 6 Children's School Attendance

It is also critical to note that out of a total of 266 school age boys, 81 (30 percent of school age boys) were attending school before the crisis but are no longer going to school. Out of a total of 241 school age girls, 92 (38 percent of school age girls) were attending school before the crisis but are no longer going to school.

Reasons why Children are out of School

The top reasons for parents not sending children to school were unavailability of schools (58 percent) followed by children having to work and insecurity. A considerable number of households also stated that they cannot afford the school expenses. (*See Table 7 for further details*)

Reasons	Percentage of HH Responses		
	Rank 1	Rank 2	Rank 3
School is not available	58	5	0
Teachers not available	5	16	6
Insecurity	8	11	8
Children have to work	13	14	15
School destroyed	2	9	0
Schools are occupied	2	2	0
School expenses unbearable	5	39	34
Schools overcrowded	0	2	6
Others	7	2	32

Table 7 Reasons why Children are out of School

School Supplies Needed for Children

A considerable decrease in household income and competing economic needs have made school supplies a lower priority for displaced families. However lack of school supplies can have a drastic effect on children's education. The school supplies ranked as the number one need are text books (33 percent) followed by school uniforms (30 percent) and stationary/notebooks (24 percent). (*Table 8 provides further details on this.*)

Needs of School Supplies	Percentage of HHs	
	Rank 1	Rank 2
Text books	33	7
Stationary/Notebooks	24	22
School bags	5	23
Uniform	30	24
School shoes	8	24

Table 8 School Supplies Needed for Displaced Household Children

Needs as Prioritized by Male IDPs

Displaced households were asked to share their three top needs. Male household respondents stated that non-food items are their top priority (26 percent), followed by cash grants (24 percent) and water and sanitation facilities (15 percent each). Other needs frequently cited were electricity, food items and employment. (*See Table 9 for details.*)

Immediate Needs	Percentage of HHs		
	Rank 1	Rank 2	Rank 3
Cash grants	24	7	6
Child Friendly Space	1	0	0
Electricity	7	19	17
Employment	2	5	10
Food Items	3	10	4
Latrine	15	2	4

Non Food Items	26	15	12
Privacy problem	2	1	0
School	1	1	1
Shelter	4	4	6
Water	15	26	26
Fuel/Gas	0	1	0
Harsh Weather Protection	0	1	3
Health	0	8	10
Clothes	0	0	1
ID card problem	0	0	1
Pathway	0	0	1

Table 9 Needs as Prioritized by Male Respondents

Food Security

Weekly Food Consumption Pattern

Wheat products are the most frequently consumed food items in that most households eat them seven days a week; the second most consumed item is milk/milk products, also usually consumed seven days a week; the third most consumed item is rice (four days a week), and the fourth most consumed items are potatoes and pulses/lentils/beans (three days a week). (See Table 10 for details about food consumption.)

Food Items	No. of Days Eaten in a Week, Mode (Mean)
Wheat Products	7 (6.4)
Rice	4 (4.38)
Maize	1 (1.95)
Potatoes	3 (4.17)
Fish/Meat	1 (2.41)
Pulses/Lentils/Beans	3 (3.18)
Vegetables	2 (3.24)
Fresh Fruits	1(2.35)
Milk/Milk Products	7 (5.24)

Table 10 Weekly Food Consumption Patterns of IDPs

Main Sources of Food Items

Most displaced households are purchasing almost all of the listed food items; a large number of households also mentioned borrowing as their main method of acquiring food. There are a considerable number of instances where households received food aid from NGOs and local government; in these particular cases, the main items distributed by NGOs and local government were wheat products, rice and pulses/lentils/beans. (See Figure 10 for details)

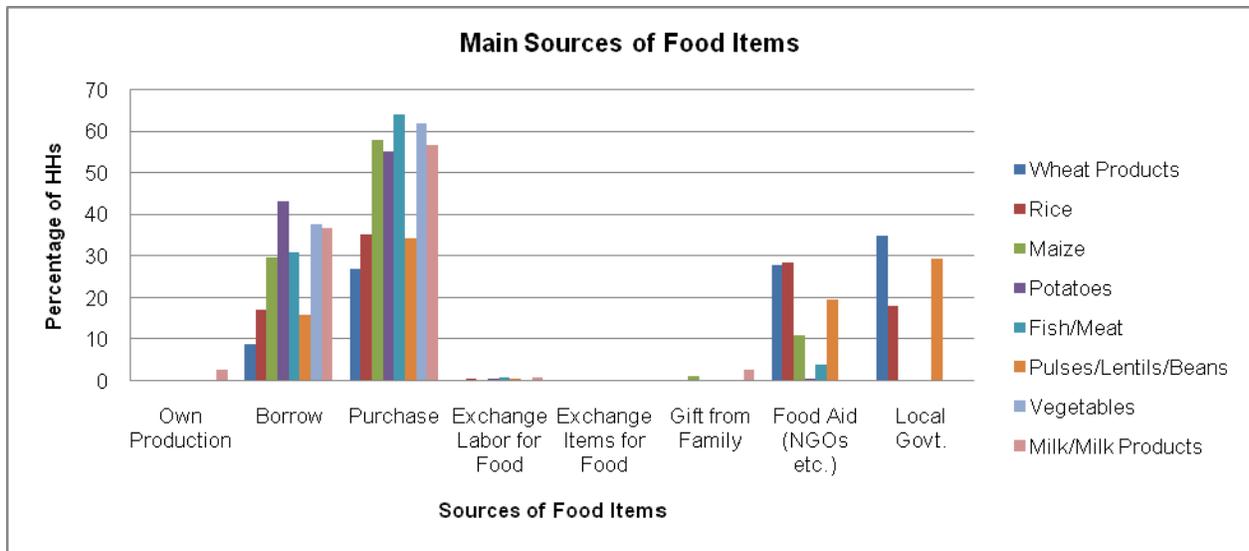


Figure 10 Main Sources of Food Items Consumed by IDPs

Number of Meals Eaten Daily by Household Members

Female respondents shared that, in most cases, children below six months are breastfed five times a day – this is quite alarming, as the frequently recommended minimum is 8 times per day. Children six months to two years of age are usually eat four times per day (including intake of semi-solid foods.) In most cases, children aged 2-18 years are eating four meals daily, while adult household members are eating only two meals a day – this indicates that they may have insufficient food available (*see Table 11*). It is also important to note that 44 percent of households reported feeding children below 6 months of age food other than breast milk – thus the globally recommended practice of exclusive breastfeeding is only practiced by about half of these displaced mothers.

Categories of HH Members	Meals Eaten on Average Mode (Mean)
Children less than 6 Months (breastfeeding)	5 (4.7)
Children 6 months to 2 years	4 (3.61)
Children 2 to 18 years	4 (3.34)
Adults above 18	2 (2.95)

Table 11 Number of Meals Eaten Daily by Household Members

Availability of Food Stock in Households

Scarce food stock indicates that many households may be food insecure. Most households – 52 percent – have only one week of food stock available. Of the remaining households, 24 percent have food stock for two weeks, 14 percent have food stock for three weeks and 9 percent have food stock for one month or more. A few households (1 percent) mentioned that they don’t have any food stock available (*see Figure 11*).

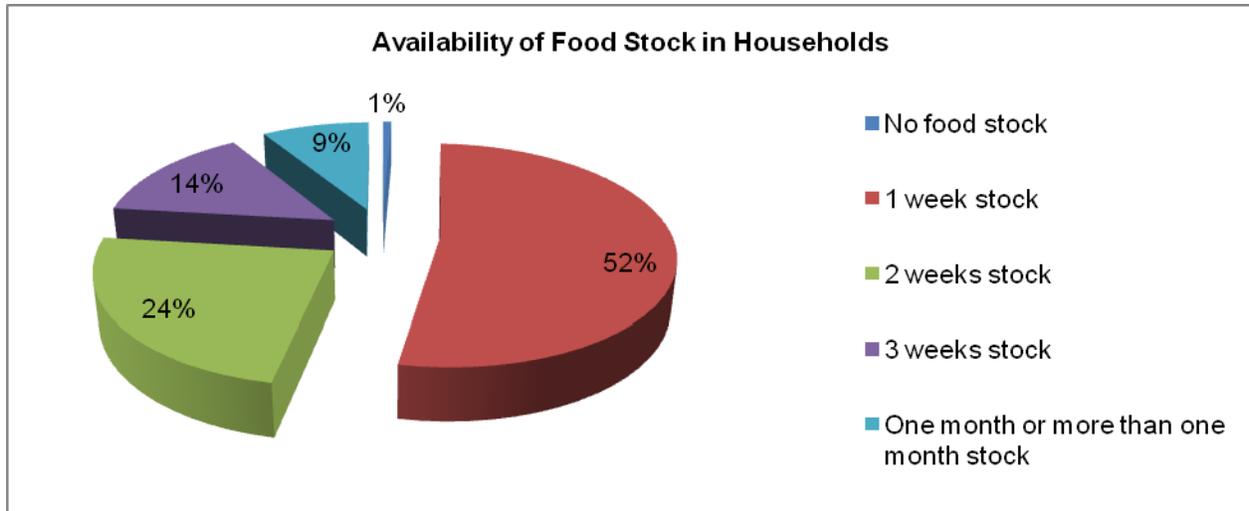


Figure 11 Availability of Food Stock in Households

It is important to note that 97 percent of displaced households stated that there has been at least one incidence when they didn't have money to buy food or meet other household expenses.

Vulnerable Population in the Households

Vulnerable Groups of Children

Children are particularly vulnerable in any crisis situation, and their vulnerability increases when their households are displaced. Certain groups of children are even more vulnerable, particularly those who have lost parents, those who are mentally or physically disabled, and those who have been lost or separated from their families. In the 150 displaced households surveyed, there are 78 children with the aforementioned vulnerabilities. Assuming that each household is supporting only one vulnerable child, this means that over half of displaced households may be supporting a particularly vulnerable child. (*Table 12 indicates the gender disaggregated data for disabled and orphaned children.*)

Vulnerable Groups	Number of Vulnerable Children	
	Male	Female
Children who lost both parents	15	12
Children who lost one of their parents	15	22
Mentally/physically disabled children	10	4

Table 12 Number of Vulnerable Children

In addition, 2 percent of households reported caring for a separated child, another 2 percent mentioned that one of their children is separated from them, and 1.5 percent stated that one of their children is currently missing.

Violence against Women

Displaced women were asked whether there has been an increase in physical punishment of women since the crisis began. A significant proportion of women – 33 percent – reported that there has been an increase in physical punishment of women at home. (Although women were interviewed separately by female

enumerators, considering the prevailing patriarchal culture, some women might have been afraid to answer ‘yes’ to this question, so the actual number may be higher than reported.)

Child Protection

Issues Related to Children

Crisis situations often have dire effects on children and directly affect their psychological condition, particularly if they are displaced from their homes. Of the 150 households surveyed, 70 percent of mothers stated that they have observed behavioral changes in their children. The most prevalent changes reported were sleeping badly (45 percent) and aggressive behavior (35 percent). (See Table 13)

Nature of Changes Observed	Percentages of HH	
	First Change	Second Change
Sleeping badly	45	8
Aggressive behavior	35	16
Less social	19	23
Changed eating habits	2	52

Table 13 Changes Observed in Behavior of Children after Displacement

Worryingly, 62 percent of households reported that there is no designated place for children to play nearby, and 45 percent stated that group activities for children are not available. This poor situation is compounded by the fact that 81 percent of female household members reported an increase in physical punishment of children since displacement. On the other hand, only 1.4 percent of households reported a rise in drug addiction among children after displacement (see Table 14 for details on child protection issues).

Issues Related to Children	Percentage of HH Responses	
	Yes	No
Is there a place to play available?	38	62
Has there been an increase in physical punishment?	81	19
Is drug addiction among children rising?	1.4	98.6
Are group activities available to children?	55	45

Table 14 Child Protection Issues

It is critical to note that 9 percent of displaced households stated that there has been a considerable increase in paid work by children; similarly, 37 percent of households said they include children who are engaged with household work and not attending school.

Nutrition

To determine the nutritional status of children within displaced households, the assessment team recorded Middle Upper Arm Circumference (MUAC) readings of 97 children within the 150 households. As per MUAC reading criteria, these children were between 6 to 59 months, and their height was between 65 to 110 centimeters. According to these MUAC readings, the prevalence of Severe Acute Malnutrition (SAM) is 1 percent, and Moderate Acute Malnutrition is 6 percent. These figures are within the range of acceptable to poor, but alarmingly, 32 percent of children are at risk of becoming malnourished. This means that 32 percent

of children are bordering on MAM, and any severe infection or disease could increase their chances of becoming malnourished.

Health

Access to Health Facilities

The study reveals that 24 percent of displaced households don't have access to a functional health facility. For the 76 percent who are accessing a health facility, 54 percent are visiting government health centers, 29 percent are going to private clinics, while 10 percent are visiting government hospitals. A small number mentioned that they are visiting mobile clinics (4 percent) and dispensary/MCH centers (3 percent) for health consultations. (See Figure 12)

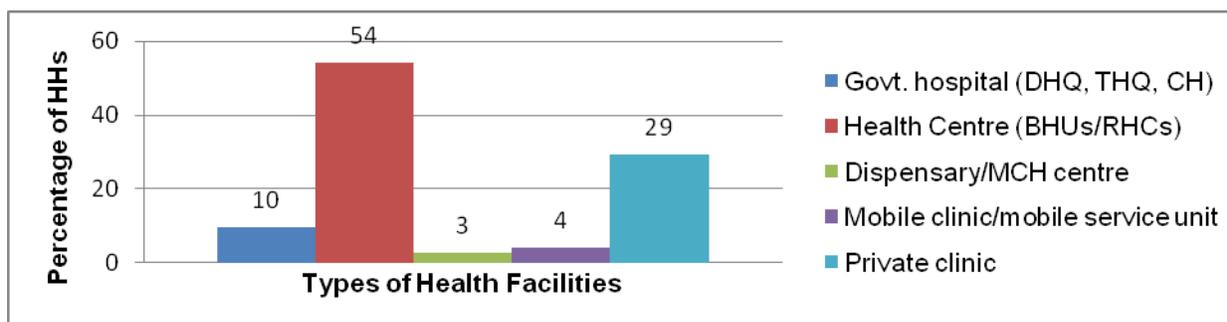


Figure 12 Types of Health Facilities Accessed by IDPs (Out of those who have access to)

For those who have access to health facilities, 58 percent stated the nearest health facility is within 5 km. of their residence, while 18 percent have to travel 6-10 km. to reach the nearest health facility (see Table 15).

Distance	Percentage of HH Responses
Within 5 Km	58
6-10 Km	18
11-15 Km	8
Above than 16 Km	2
Don't know	14

Table 15 Distance of Health Facility from Households

Acquiring Medicines

Despite the fact that most displaced households are in debt and have limited income, 67 percent reported that they have to buy medicines when needed. For the remaining 33 percent, 28 percent stated they received medicines for free, 3 percent mentioned that consultations were sufficient and they didn't need any medicine, and 3 percent of cases required medicines that were not available (see Figure 13).

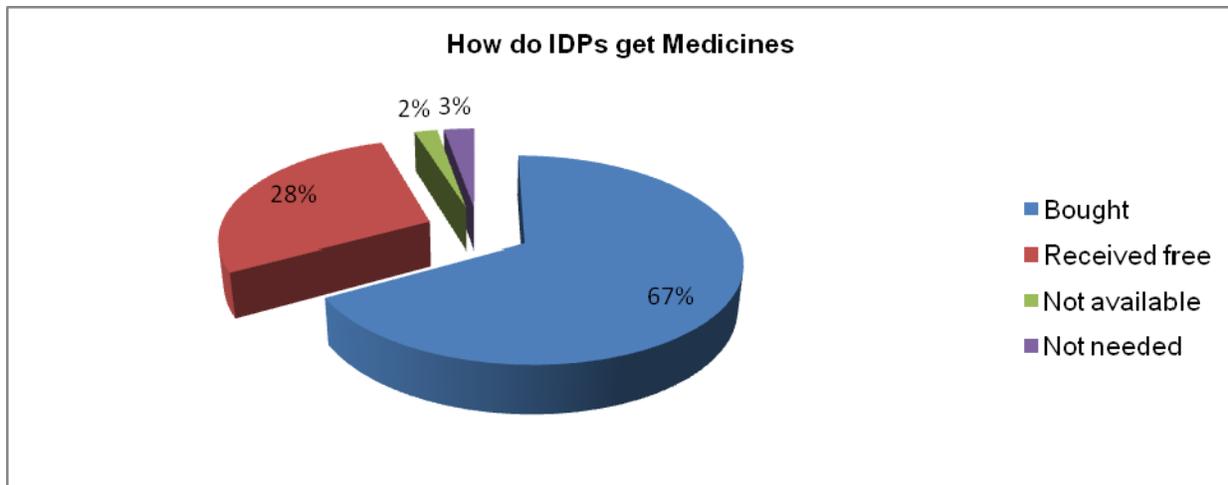


Figure 13 How IDPs Get Medicines

Child Vaccination

Of the 150 surveyed households, 82 percent reported that their children have received vaccinations. Of those who received vaccinations, 63 percent received both oral polio drops and measles injections, 34 percent received only oral drops, while four percent received only measles injections.

Births and Deaths in IDP Households since Displacement

The surveyed households reported 52 live births after displacement (28 male and 24 female); 33 percent of households have experienced the birth of a child after displacement. Since displacement, 11 infants under one year of age have died; thus, approximately 7 percent of households have experienced the death of a child less than one year of age. It is important to note that all deaths reported in by the surveyed households were under one year of age. This means that infant mortality is quite high in the displaced households, and access to and use of quality MNCH services thus may be limited.

Making the conservative assumption that the deaths reported are *in addition* to the number of reported live births (52), then the total number of births would come to 63. If 11 out of 63 children died, this means that approximately 1 out of 6 children died before completing the first year of his/her life. This indicates that the estimated infant mortality rate in displaced households – 175 deaths per 1000 live births – is more than twice that of Pakistan’s national infant mortality rate of 72 deaths per 1000 live births. (Table 16 details the number of deaths by age group)

Age Groups	Percentage of HHs Reporting Deaths (Number)	
	Male	Female
Deaths 0 to less than 1 years of age	4 (7)	3 (4)
Deaths 1 to less than 5 years of age	0	0
Deaths 5-18 years of age	0	0

Table 16 Deaths in IDPs Households since Displacement (by Age Groups)

Women's Reproductive Health

Considering that pregnant women are present in 17 percent of displaced households, reproductive health is a critical area of concern. Of the 52 women whose recent pregnancy ended in a live birth, only 28 have delivered with the help of a Skill Birth Attendant (54 percent). One woman reportedly died during pregnancy. (See Table 17 for details)

Categories of Women	Percentage of HH Responses (Number)
HH having Pregnant Women	17% (29)
Women whose recent pregnancy ended in a live birth or still birth since displacement	31% (52)
Women attended by Skill Birth Attendant during delivery	54% of women who reported a live birth (28)
Deaths of women due to pregnancy since displacement	0.7% (1)

Table 17 Women's Reproductive Health Status

Needs as Prioritized by Female IDPs

When asked openly, female IDPs stated that their top priorities were Non Food Items (fans, water coolers, mattresses and summer clothes), food, electricity, and drinking water. Other needs included provision of fuel, livestock and accommodation (see Table 18).

Needs	Percentage of HH Responses		
	Rank 1	Rank 2	Rank 3
Cash grants	1	2	0
Electricity	15	10	4
Employment	1	0	1
Food Items	23	16	16
Fuel/Gas	2	4	3
Latrine	2	4	2
Livestock	4	8	23
NFI	40	51	43
Shelter	2	1	3
Vocational Training	1	0	1
Water	9	6	6

Table 18 Needs as Prioritized by Female IDPs

Recommendations

- I. A considerable number of displaced households – over 36 percent – are not registered as IDPs. Unfortunately, IDPs can no longer register in Lower Dir; in future areas of displacement, government and humanitarian agencies must devote more resources to raising awareness among IDPs about the benefits of registration, and advocate to policy makers to help remove some of the barriers to registration. In addition, in Lower Dir as well as other areas of displacement, agencies should ensure that registration is not always a prerequisite for receiving aid.
- II. A number of displaced household – 30 percent – are using drinking water from unsafe water sources. Agencies should help these households access safe drinking water sources and raise awareness regarding water purification methods. There is also a need to raise awareness on safe hygiene practices (particularly hand washing with soap and water), as this would reduce the risk of diseases caused by bad hygiene practices.
- III. Livelihood support to displaced households should be considered as a top priority, as displaced households are currently living on extremely limited incomes which are insufficient to meet their necessary household expenses. To compound this situation, the vast majority (86%) of households are in debt and a considerable number (97%) do not have cash savings. Provision of cash-for-work opportunities – as most main income contributors are casual workers – and cash grants, would greatly assist displaced households ability to provide for their families and to meet their daily expenses as well as contribute in community infrastructure rehabilitation and improvement.
- IV. Privacy and harsh weather conditions are two major concerns for a considerable number of displaced households; these families could be provided with separators, such as curtains and rods, so that men and women can retain some privacy. Wherever electricity is available, agencies could provide pedestal fans or even high quality hand fans to displaced households.
- V. Given that 30 percent of school age boys and 38 percent of school age girls stopped going to school since their displacement, Humanitarian agencies need to take special measures get these children back in school. Humanitarian agencies should establish temporary schools, with an eye on addressing local cultural norms, which often place less importance on girls’ schooling. Educational stipends can be an important option where households cannot afford educational expenses, or where children are engaged in paid work and stipends would ensure their withdrawal from child labor.
- VI. Many households are at risk of food insecurity – 52 percent have only one week of food stock available. The most food insecure households should be provided with food-for-work, cash-for-food or other food support. Humanitarian agencies should also implement targeted health interventions to reach pregnant and lactating women, in order to increase awareness on frequent and exclusive breast feeding. A considerable number of households are caring for particularly vulnerable children; this is an important area of intervention. Households with vulnerable children should be linked with appropriate service providers, and the Department of Social Welfare, together with child protection agencies, must monitor their cases. To help children cope with psychological stress and trauma, agencies should provide children with recreational facilities and group activities. Humanitarian agencies must also actively address the considerable rise in domestic violence – both towards women and children – by raising awareness at the family, community, and government level on the negative impact of physical punishment. a district level referral mechanism should be in place at the district level to address various forms of child needs particularly for children without parental care and children facing physical abuse (corporal punishment) and violence.

- VII.** Considering the high rates of infant mortality, there is a need to increase access of displaced households to health services, particularly maternal and child health. Humanitarian agencies should consider both curative and preventive sides of health interventions. Looking at the economic situation of displaced households, it is imperative to provide health services such as medicines, clean delivery kits, child hygiene kits, capacity building of skilled birth attendants and existing government health facilities. Trained female health staff must be available for women from conservative households, particularly pregnant and lactating mothers, can receive health care.
- VIII.** IDPs ranked NFIs as their top priority need; this includes provision of fans/water coolers, mattresses and summer clothes. These needs are relatively easy to address, and should be considered in future program designs.