



Save the Children

**Rapid Assessment of IDPs in Host Communities
in Mardan and Swabi Districts,
North West Frontier Province
Pakistan**

Compiled by:

Hassan Noor Saadi, Operations Manager

Dr. Ismail Virk, Technical Coordinator

Executive Summary

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

The following are key findings from the household survey:

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

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

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

Background

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

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

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

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

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

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

This report presents the findings from the assessment, focusing on demographical, health, education, protection and livelihood data of IDPs in host communities in Mardan and Swabi. The results will be shared with all actors in the humanitarian response to ensure a coordinated and well-informed response. Save the Children look forward to learning from assessments undertaken by other organizations.

1. Methodology

Objectives of Assessment

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

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

Assessment Design

Three tools were used to conduct the assessment:

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

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

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

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

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

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

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

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

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

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

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

2. Assessment findings

2.1 General and Demographic Information

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

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

Table 1: General Information

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

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

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

The key areas of concern identified are as follows:

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

Table 2: Key Public Facilities/Utilities

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

2.2 IDP Status and Origin

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

Table 3: Duration of Displacement

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

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

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

The data collected indicates that approximately 54% of IDPs are in fact under the age of 18 years. Of this figure 16.5 percent are under 5 years. This data therefore clearly suggests that a particular focus on children is required during this humanitarian response.

With the under-5 mortality rate being close to 96/1,000² in the country, it is of paramount importance that specialized programs such as a focus on nutrition for under-5s are undertaken in order to minimize their vulnerability levels.

Table 4: Demographic Information

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

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

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

Table 5: Movement Plans in Next Four Weeks

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

Table 6: Movement Areas

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

From these two tables, it appears the majority of IDPs do not have clear plans in place with regard to relocating, possibly due to uncertainty around the outcomes of the current military operations³. However at

² 2006 Pakistan Integrated Health Survey

³ Government plans for compensation and infrastructure repair are not confirmed

the time of this assessment 44.4 percent of households were not planning to move from where they were staying.

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

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

Table 7: Residential Information of IDPs

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

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

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

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

Table 8: Living Facilities Available to IDPs

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

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

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

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

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

2.3 Expenditure and Income Profile

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

Table 9: Household sources of essential goods and services

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

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

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

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

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

2.4 Livelihoods

Understanding the livelihoods practices of the affected communities and how these have been affected during this period of displacement can assist understanding and decision making in program design. Changes in livelihood patterns and income are directly linked to a number of indicators, including access to education, health and basic facilities. A close analysis of how people are coping with reduced income/damaged livelihood strategies can help to predict the adoption of potentially risky coping strategies, such as the increased risk of child labor.

Table 10: Previous Means of Livelihood

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

Table 11: Current Means of Livelihood

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

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

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

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

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

Out of the IDP households interviewed, the reported incidence of child labor was at around 1.6 percent⁴.

Table 12: Demographic Indicators of income generation

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

2.5 Health and Nutrition

Incidence of Illness

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

Table 13: Incidence of Illness

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

Disease Profiling

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

Table 14: Reported Frequency of Illness

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

Additional Health and Nutrition Information

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

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

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

Table 15: Additional Health Information including MNCH/EPI

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

2.6 Education

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

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

Table 16: Education Facilities Information

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

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

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

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

Table 17: Children’s Education

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

2.7 Protection

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

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

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

6.4 percent of IDP households reported not having a national ID card with them. This is a serious issue and creates a significant obstacle for them to be registered with the appropriate authorities to receive assistance. Of the 93 percent of IDP households that reported having a national ID card with them, some 11.3 percent are not registered with authorities.

Table 18: Protection

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

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

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

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

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

2.8 Humanitarian Aid

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

Table 19: Humanitarian Aid Received

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

2.9 Priority Needs of IDPs

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

Table 20: IDP Reported Priority Needs

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

3. Conclusions / Recommendations

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

- **Recommendation #1: Shelter support, NFIs and WASH activities need to be expanded and increased in host communities.**
- **Recommendation #2: Activities that protect productive and household assets through cash injection to cover additional rent, utilities and additional costs associated with displacement are needed.**
 - The vast majority of IDP families are without income-generating options and are depleting their minimal savings on necessary expenses such as utilities, health care, food, and other inputs. We have seen from this survey that the burden of IDPs is also affecting the host communities, as many IDP households depend on their hosts, government, friends, and family to meet their daily expenses. Moreover, as resource-stretched IDP families begin to return home, their need for immediate livelihoods support to restart income generating activities will be acute. It is likely that a percentage of households may not ever be able to return home, given current circumstances.
- **Recommendation #3: Immediate support to early livelihoods recovery for returning families, through provision of cash vouchers or in kind.**
 - The survey highlighted the varied sources of income for households, including agriculture and daily labor. The recommendation therefore is to provide support for the coming agriculture season through land preparation and distribution of inputs with a focus on ensuring that adequate labor opportunities are available for landless households.
- **Recommendation #4: Health care facilities, both static and mobile, in host communities should be expanded as well as improved, and communities should be made immediately aware of their availability. Flexible programs that would maintain health coverage of moving populations are**

needed now. Particular and immediate attention to diarrheal disease, especially in children, pregnant women, and the elderly, should be prioritized. With 80 percent of pregnant women reporting that they have not received any antenatal care, ante- and neonatal care needs to be prioritized.

- The assessment reports an alarming rate of diarrheal and other illnesses suffered by IDP families. It also concludes that more than 20 percent of IDP households are not accessing health care even though they perceive a need for it.
- **Recommendation #5: Sensitize and advocate adherence to the Infant and Young Child Feeding in Emergencies Operational Guidance and the international code for the marketing of BMS. As lactating mothers return home, support for Infant and Young Child Feeding (IYCF), Expanded Program for Immunization (EPI), and Maternal and Child Health (MCH) care should go with them.**
 - Exclusive breastfeeding is on the whole not being practiced for infants under 6 months, and the addition of formula in a significant percentage of households is of concern. The survey shows that immunization rates need also to be improved.
- **Recommendation #6: Offer non-formal and remedial activities for IDP children in host communities, and prepare for the return to school in both host and home communities. Programs should include not only reconstruction of damaged buildings and re-equipment of schools as needed, but also training for teachers on methods to work with children who have been through difficult experiences.**
 - Less than a third of all school-age children are currently participating in educational activities, and the start date of the new school year is approaching rapidly. Focal groups with children highlighted the very strong desire among IDP students to return to their studies.
- **Recommendation #7: Improving access to unregistered households is needed, using community-based systems and structures to avail them of humanitarian assistance as needed.**
 - 6.4 percent of households reported not having a NIC, and over 11 percent of those with an NIC reported being unregistered with the authorities. These are likely to be some of the most vulnerable households, as access to humanitarian assistance will be obstructed.
- **Recommendation #8: IDP and host community children should be given immediate access to structured activities in well-equipped and child-friendly spaces that give them an opportunity to play and express themselves. Special programs need to be put into place for orphaned, separated, or unaccompanied children, as it is possible that these children face increased risks and may require special attention, such as referrals to services, family tracing, or income support to care givers.**
 - The vast majority of IDP children have nowhere to play and no access to recreational materials. Children's lives have been deeply disrupted, and there is evidence of orphaned, separated, or unaccompanied children among the IDP population. In focus groups children expressed their strong desire to return to normal activities.
- **Recommendation #9: The priorities of IDPs themselves should inform the provision of humanitarian aid. Current priorities in food, NFI kits (non-food items), livelihoods support and health care should be addressed. As IDPs return home, an assessment of their needs should be conducted to hear from them directly what their priorities are.**
 - Humanitarian aid is reaching the IDP community, and IDPs are clearly expressing their priorities to be food, NFIs, livelihoods support and health care.

