



# PROFILING OF IDPs LIVING IN SPONTANEOUS SETTLEMENTS IN BANNU



## Survey Report



JANUARY/FEBRUARY 2016

## Executive summary

There are currently 2654 families (12,354 individuals: 6,230 male and 6,124 female) living in the spontaneous settlements in Tehsil Bannu. Of this number, 2,775 are boys under the age of 12, and 2,668 are girls. In addition, out of the 2,564 families profiled, 231 were female-headed (9%).

There are 957 Pakistan families living in the spontaneous settlements who recently returned from Afghanistan. These families fled to Afghanistan during the crisis in North Waziristan Agency in June 2014. One family living in the settlements is originally from Afghanistan.

In June 2014, after the start of the Pakistan law enforcement agencies (LEA) operation against armed militants, an estimated 103,000 families were displaced from North Waziristan Agency (NWA). Around 85,000 families fled to Bannu District. The arrival of such a large number of IDPs is having a dramatic impact on this small District. The economy, essential services, infrastructure and resources are all suffering. While many host families displayed kindness and generosity towards the IDPs, tensions between the host and IDP communities in Bannu town are rising due to, among others, LEA searches for non-state actors in rented houses. Together with the arrival of Pakistan families from Afghanistan, this is contributing to the rise of new arrivals in the settlements.

### *Access to Education*

The protracted crisis has also reduced the coping mechanisms of the IDP families which has increased the vulnerability of the most vulnerable – the young, older people and those with disabilities. School is out of reach for many of the boys and girls living in the settlements. 59% of girls and 30% of boys are not attending schools. The low enrolment rate is linked to two main factors namely the absence of schools in the settlements and the fact that government schools are between 5 and 10 km away. Educational opportunities for children with disabilities are particularly limited. If the situation does not improve dramatically, the risk of ending up with a generation of NWA children disengaged from education and learning is high.

In some areas, boys and girls have attended Education in Emergencies (EiE) programmes provided by local agencies supported by UNICEF. EiE programmes are an emergency response to deliver life-saving health and hygiene messages, psychosocial support and supervision for vulnerable children. However, due to funding constraints, these programmes have come to a halt. Moreover, they cannot be seen as a substitute for formal education or as a means of displaced children catching up on lost schooling.

It must also be noted that 21% of the families indicated that early marriage is taking place in the spontaneous settlements.

### *Psychosocial needs*

The pressures of displacement and changes in lifestyle has caused psychological distress for families. The psychological effects of living in displacement, loss of livelihoods, living in

crowded tented shelter with family members who are also distressed, is affecting the well-being, sleep, speech and social skills of men, women, boys and girls alike. Unfortunately, local and international organizations are not receiving any funds to address the mental health and psychosocial needs of these families. Organising recreational activities to children and adolescents or establishing child and women friendly places would already brighten up their day-to-day lives and to become less stressed and anxious.

### *Lack of health facilities*

Women have only minimal access to health services and their lack of access is of particular concern given that the majority of people living in the spontaneous settlements are women and children. During the debriefing of the enumerators by the protection cluster, it was mentioned that there are no traditional birth attendants (TBAs) present in the settlements and that due to cultural sensitivity, men did not allow their female family members to see the doctor.

The primary obstacle in accessing health care for many IDPs is their lack of resources, including to pay for transport to the nearest government hospital which is 5 km away.

### *WASH issues*

The IDPs living in the settlements have only limited access to safe drinking water and adequate sanitation, leading to a decline in health and hygiene.

Boreholes, hand pumps and unprotected wells dug by hand are the main source of drinking water for families living in the spontaneous settlements. 71% of the people interviewed indicated that the daily amount of water is not sufficient while 63% responded that waste and garbage is 'dumped everywhere in the settlements'.

No proper latrines are available in the settlements. The available dry pit latrines have been damaged and filled. People erected self-made latrines and bathrooms from cloth while open defecation is common.

### *Shelter and NFIs*

Even though 61% of families are living in traditional shelter, the new arrivals in the settlements are living in crowded conditions with relatives and family (18%) in tents (16%) or in make-shift shelter (5%). In addition, 45% of the respondents stated that they had not received a winterised NFI kit yet.

### *Civil documentation*

73% of families living in the spontaneous settlements have at least one family member without a CNIC. According to enumerators from EHSAR, **1235** female and **30** male in sector A of the settlements alone do not have a CNIC.

As many women, including FHH do not have a personal identification card, their access to humanitarian assistance is restricted while the risk of harassment and abuse is increased. UNHCR, UNWOMEN and partner organizations have been working together to raise

awareness among the IDPs about the importance of having a CNIC and have assisted and facilitated women to obtain one. However, more needs to be done in this regard.

## Objectives and Methodology

The protection and CCCM cluster, together with cluster partners EHSAR and SRSP, undertook a profiling exercise on what life is like for IDP families living in the spontaneous settlements in Bannu. Protection cluster partner IVAP analysed the data that was collected.

The objective was to produce an evidence-based report with a human face, targeting a wide audience to increase awareness about the living conditions in the settlements, women and children's protection challenges, and highlight some of the gaps that require the urgent attention of the humanitarian community:

- Provide a regularly updated **OVERVIEW** of the situation in the settlements, including disaggregated population estimates.
- Consolidate information for **ADVOCACY and FUNDRAISING** efforts on behalf of IDPs living in the settlements
- Indicate the need for more detailed thematic **ASSESSMENTS**

The profiling exercise was conducted between January and February 2016. This entailed a desk review of existing reports and assessments, and data collection through key informants/head of household interviews based on the attached questionnaire (Annex A).

Interviews and focus group discussions provided quantitative information on a variety of issues, how many children go to school, and how many children are working. They also provided qualitative information on the lives of the displaced population.

Overall, 2654 Head of Household (HoH) were interviewed in the spontaneous settlements. 18 trained enumerators from EHSAR and SRSP (8 female and 10 male) went from 'door-to-door' to conduct the structured interviews. When the data was collected, IVAP did the analysis.

### Thematic coverage

The settlement profiling process aims to provide an overview of the living conditions and main assistance needs of IDPs living in each of the settlements. Definitively, it does not attempt to provide a detailed needs assessment, however it will be able to indicate how response should be prioritised and where more detailed assessments are required.

The thematic coverage includes:

- Disaggregated population data by sex, age groups and vulnerability for each location;
- Geographic identification of settlement locations;
- Community-level indicators of settlement conditions and infrastructure (e.g. shelter, wash, health, education)
- Priority needs identified;

## This report presents the following main findings:

### Profile of the families

The majority of the displaced families from NWA are from Datta Khel (41%) followed by Miran Shah (29%), Ghulam Khan (13%) and Mir Ali (11%).

<b>3.6 Place of Origin Village (as per CNIC)</b>		
<b>Title</b>	<b>Total</b>	<b>Total</b>
AFGHANISTAN ,KHUST	1	0%
BORA KHEL	11	0%
DARPA KHEL	1	0%
Datta khel	1090	41%
DOSALI	12	0%
eider khel	4	0%
GARYOM	2	0%
Ghulam khan	354	13%
IPPI	1	0%
KARAM KOOT	2	0%
manzar khel	8	0%
Mir ali	280	11%
Miran shah	764	29%
Razmak	6	0%
Shewa	11	0%
Spen Wam	104	4%
TOLL KHEL	3	0%
<b>Grand Total</b>	<b>2654</b>	

As already stated, 957 out of 2654 families recently returned from Afghanistan while 1 family is Afghan. Even though the majority of the families have lived in the spontaneous settlements for more than a year (1383), 627 arrived less than 6 months ago while 599 arrived between 6 and 12 months ago. The breakdown of families arriving from Afghanistan, host community and rented houses is as follows:

<b>Title</b>	<b>Total</b>	<b>Total</b>
<b>6-12 MONTHS AGO</b>	<b>597</b>	<b>22%</b>
AFGHANISTAN	253	10%
Host Community	323	12%
Rent	21	1%
<b>Less than 1 year ago</b>	<b>2</b>	<b>0%</b>
AFGHANISTAN	1	0%
Host Community	1	0%
<b>LESS THEN 6 MONTHS</b>	<b>672</b>	<b>25%</b>
AFGHANISTAN	279	11%
Host Community	393	15%
<b>More than 1 Year ago</b>	<b>1383</b>	<b>52%</b>
AFGHANISTAN	424	16%
Host Community	771	29%
Rent	188	7%
<b>Grand Total</b>	<b>2654</b>	<b>100%</b>

The majority of the families is registered (88%) and 75% of the registered families have an active registration status. Of the families interviewed, 9 % were female headed while 73% out of the 2654 families living in the spontaneous settlements, at least 1 family member does not have a CNIC.

Out of the 12,354 individuals (2654 families) interviewed, 6,230 are male and 6,124 are female. The age and gender breakdown of the families is as follows:

Age	Male	Female	Total
<5 years	1,920	1,788	3,708
06-12 years	855	880	1,735
13-17 years	1,152	983	2,135
18-39 years	1,465	1,639	3,104
40-60 years	665	710	1,375
>60 years	173	124	297
<b>Total</b>	<b>6,230</b>	<b>6,124</b>	<b>12,354</b>

There are families who have unaccompanied elders (9), persons who are physically and mentally challenged (298), and persons who are chronically ill (167) living with them.

The data collected by the enumerators also reveals that 356 females are lactating while 83 women are pregnant. The below chart shows the vulnerabilities and gender breakdown.

<b>3.9 Number of vulnerable individuals in the family</b>		
<b>Title</b>	<b>Male</b>	<b>Female</b>
Physically challenged	115	85
Mentally challenged	58	40
Chronically ill	93	94
Unaccompanied children (<18)	5	10
Separated children (<18)	0	1
Unaccompanied elders (>60)	2	7
Pregnant women	0	83
Lactating women	0	356
Single headed households	14	112

During the time of the profiling exercise, it was stated that 111 boys and 111 girls were born in the settlements; while 68 deaths (36 male and 32 female) were reported.



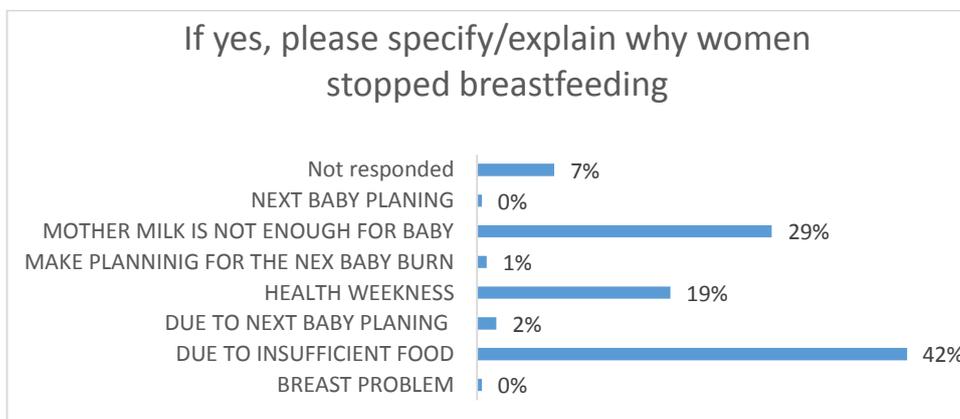
## Access to services

### Food/Food security/Nutrition

Regarding the sufficiency of food, 67 % feel satisfied about it while 32% stated that the food ration is not sufficient. The families who stated that the food ration was not sufficient explained that unregistered families are living with extended families and they are dependent on the food ration provided to the registered family members.

When asked whether there are any reports or indications that women stopped or reduced breastfeeding, 74% responded with No while 8% responded with Yes. Out of the 8% who said Yes, 42% replied that this was due to insufficient food while 29 % stated that it was because of mother's milk not being enough.

63 % reported that they do not have sufficient resources to buy food from the market while 37% indicated that they have purchasing power to buy food.



Majority of IDPs living in the settlements own livestock with 59% keeping cows as livestock, followed by 32% goat while 8% have a mix of cow goat and sheep.

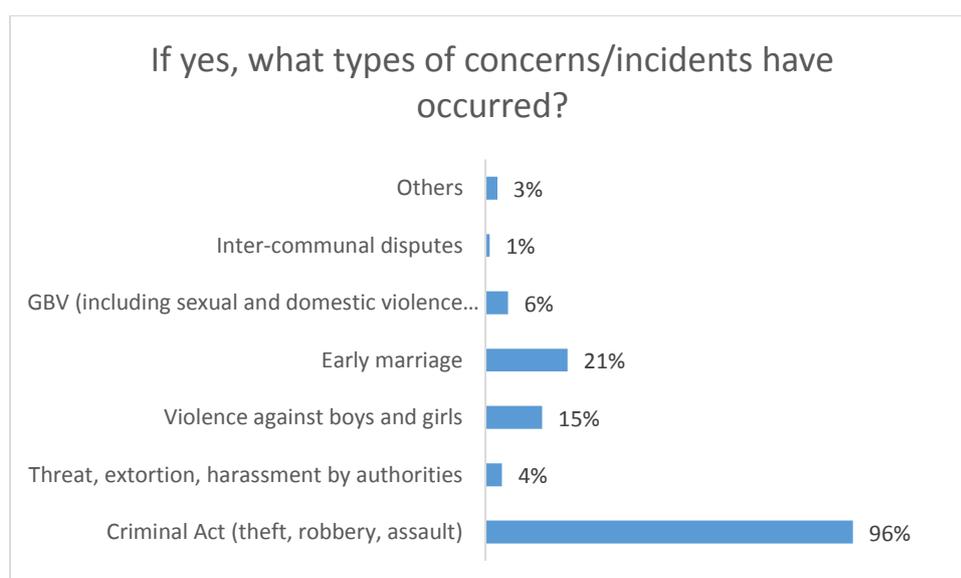
## Protection

In order to get and insight of key protection concerns in the camp, a series of question were asked.

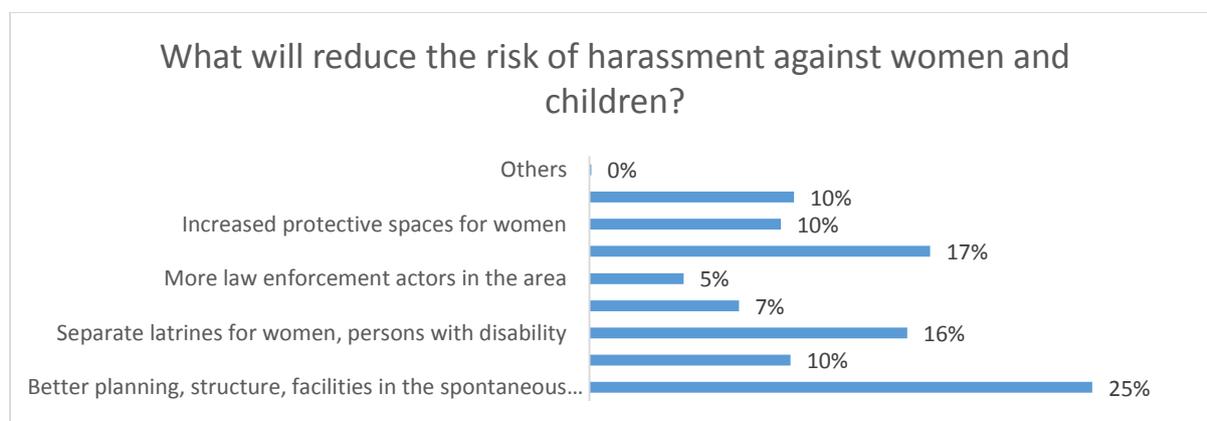
While 77% replied that they are not facing problems in obtaining assistance, the 23% who are facing problems indicated that the lack of civil documentation is the main issue.

b. If yes, indicate what type of problems?		
Title	Total	Total
not enough assistance	227	38%
Lack of documentation	317	53%
Food/NFI Distribution methods excludes elderly persons	29	5%
Food/NFI Distribution methods excludes people with disability	17	3%
Food/NFI Distribution methods excludes FHH	20	3%
Others	538	89%

On security issues, 69% are satisfied with the security in the spontaneous settlements while 31 % reported criminal acts such as theft, robbery, assault. **It is worth mentioning that 21 % reported early marriage as a major issue of concern.** 15% reported violence against boys and girls and 6% reported GBV issue (including sexual and domestic violence against men, women and children).



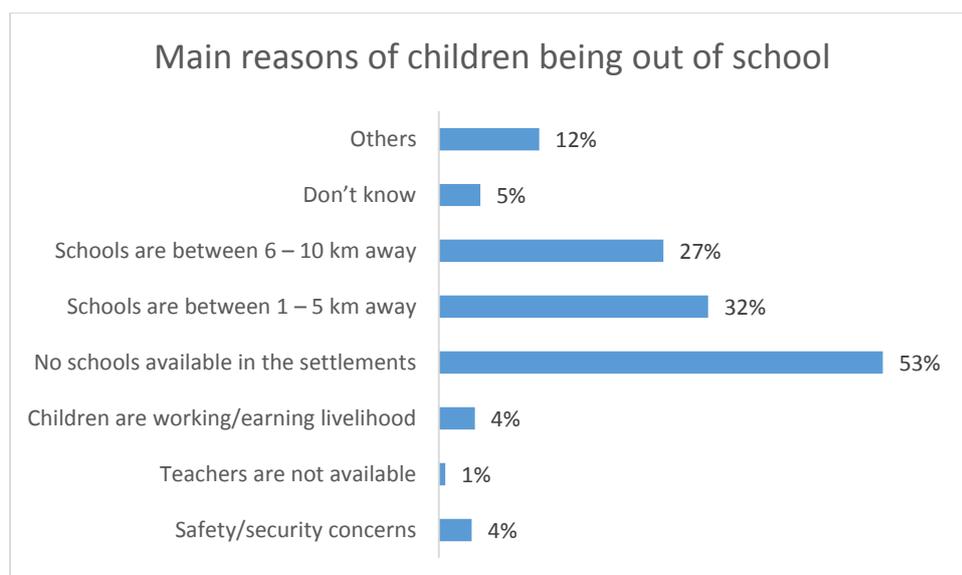
Suggestions to reduce the risk of harassment against women and children included better planning, structures and facilities in the spontaneous settlements (25%) while 17 % indicated the need for more law enforcement actors in the area and 16% suggested to build separate latrine and wash facilities for women and persons with a disability while 10% advocated for increasing protective spaces for women:



Even though 81% of the respondents answered negatively to the question regarding changes in behavior due to displacement, enumerators reported that ‘negative behavior towards women was on the rise, which has increased the risk of domestic violence. A number of children are in need of psychosocial counseling and women are prone to depression. Anxiety is commonly observed in the behavior of all IDPs’.

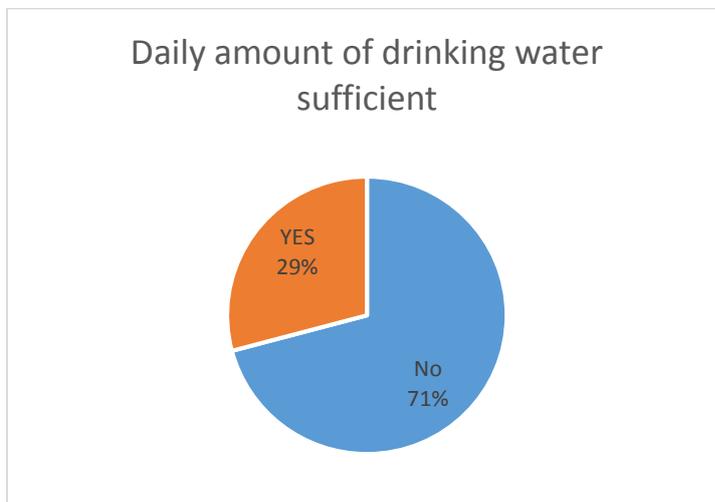
### Education:

59% of girls and 30% of boys living in the spontaneous settlements are not attending school. The main reasons given are as follows:



## WASH:

70% of the IDPs are getting their drinking water from Borehole/hand pump; 8% depends on water from the river and streams while 21 % collect water from a well. However, 71% of the families living in the settlements stated that the daily amount of safe drinking water is not sufficient.

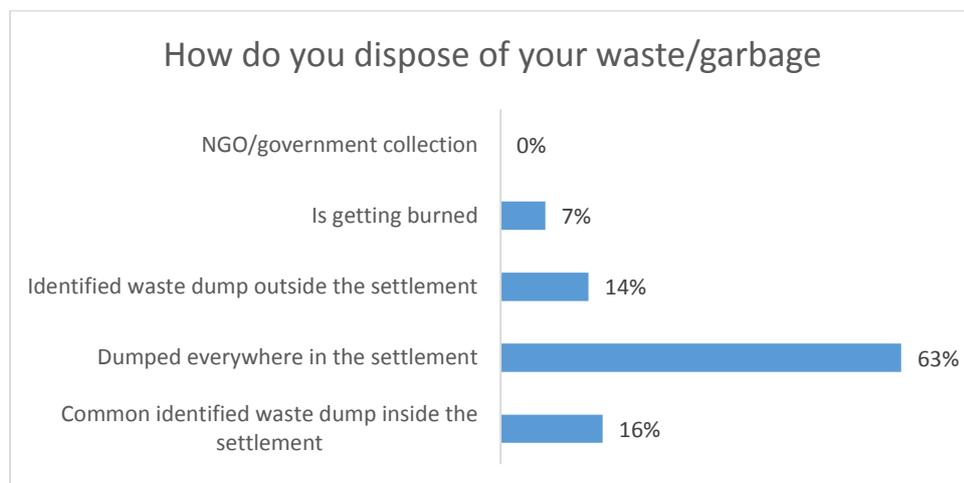


No proper latrines are available in the settlements. The available dry pit latrines are mostly have been damaged and filled. People erected self-made latrine and bathrooms from cloth.



61% noted that there are no bathing facilities near to the tent. 50% of respondents mentioned that the nearest bathing area is within 500 meters.

Moreover, 63% of the respondent stated that waste/garbage is 'dumped everywhere in the settlements; 14% indicated that they use a waste dump outside the settlement while 16 use a commonly identified garbage point inside the settlements.



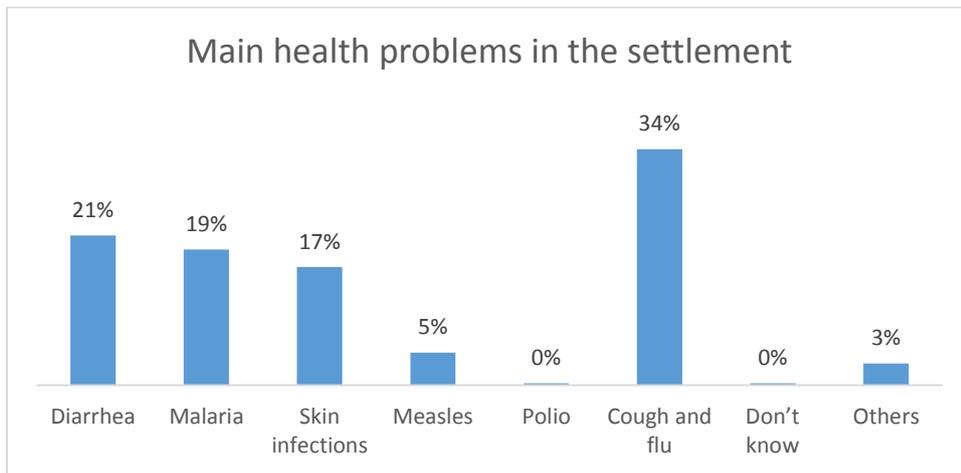
### Health:

The nearest health facility is between 5 and 10 km away from the settlements with no LHV (Lady Health Visitors) or TBA (Traditional Birth Attendants) present in the settlements.

71 % of the IDPs visit the district headquarter and tehsil headquarter hospital for health related issues and 21 % access a BHU. However, 62% of the respondents stated that there are no BHUs in the settlements or in close vicinity of the settlements.

Title	Total	Total
DHQ/THQ hospital	2439	71%
BHU	711	21%
Outreach/mobile health team	142	4%
Dispensary	10	0%
Rural health center	114	3%
Mid wives/TBA's	0	0%

Major diseases prevailing in the camp are Diarrhea, measles, malaria and skin diseases.



### Shelter and NFI:

61 % of the IDPs are living in transitional shelter, 16% are living in tents while 5% are residing in make shift arrangement. There are no separations inside the shelters which limit the privacy of both male and female.

55% of the IDPs responded that they have received a winterized NFI while 45% did not receive these kits due to the fact that the majority of these families are unregistered while some families are lacking their registration documentation which has unable them to receive the assistance and they are sharing the space with extended families.

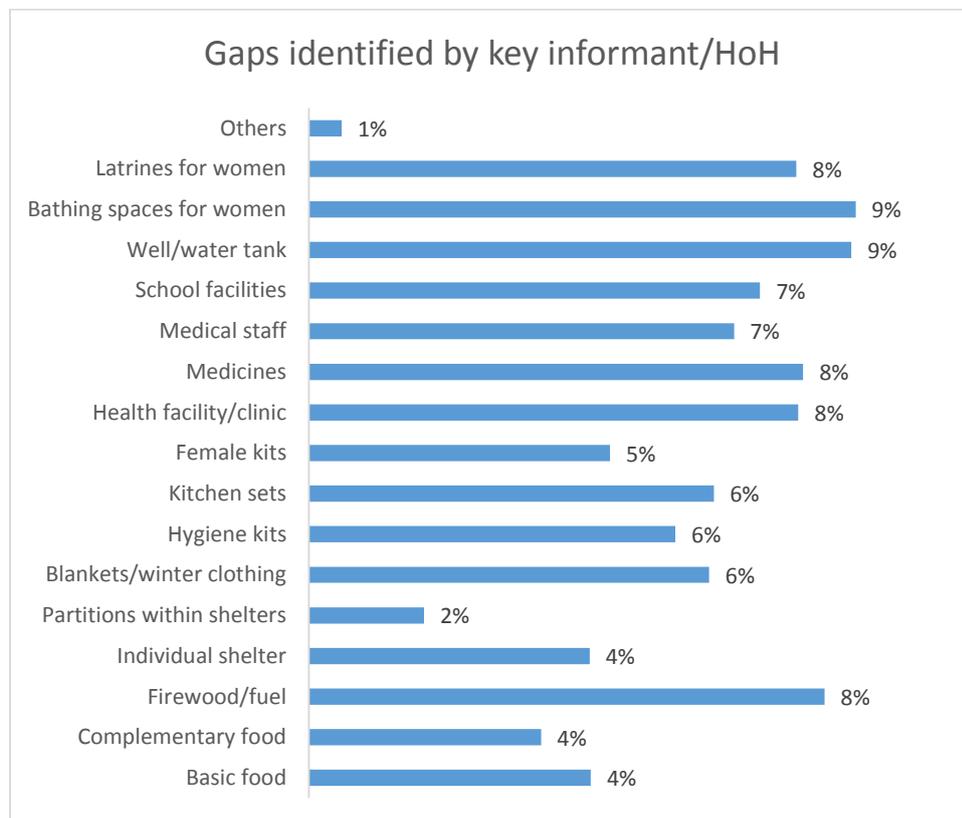


## Humanitarian communication

Regarding the question of how the families are receiving information about the government packages and assistance in the camp, 47% indicated that they receive it through family and friends, 21% from elders, 16% from radio and 7% from NGO staff.

## Major gaps

Major gaps identified by the IDPs living in the settlements are indicated in the chart below:



## Recommendations

- Provision of resources and coordination with Government stakeholders for issuance of civil documentation especially for FHH and women.
- Cash for Work interventions shall be done and preference shall be given to unregistered/vulnerable families.
- Provision of clean drinking water and construction of latrines should be given priority.
- Mobile Health Clinics shall be provided, with a focus on female health concerns like provision of health care to pregnant and lactating women.
- Coordination with department of education for provision of tented school in the camp.
- Make-shift tents shall be replaced with proper tents/transitional shelter and NFI assistance.
- Local and international organizations shall offer creative solutions to transport children to school safely, or to bring educational activities directly to the IDP communities. Given the numerous barriers to education, non-formal education programmes are also essential.

# Annex A



## PROFILING IDPs IN SPONTANEOUS SETTLEMENTS BANNU



The main objectives of the profiling process are to:

- Provide an updated **OVERVIEW** of the situation in the spontaneous settlements, including disaggregated population estimates
- Consolidate information for **ADVOCACY** and **FUNDRAISING** efforts on behalf of IDPs living in the settlements
- Indicate the need for more detailed thematic **ASSESSMENTS**

### 1. Team information

1.1 Date:

1.2 Organization: EHSAR, SRSP

1.3 Enumerator name:

1.4 Enumerator gender: Male, Female

### 2. Geographic data of the Settlement

2.1 District:

2.2 Union Council:

2.3 Settlement number:

### 3. Head of Household

3.1 Name of HoH:

3.2 Gender of HoH:                      Male,    Female

3.3 Age:

3.4 Are you registered?              Yes,    No

If yes, what is registration number:

Is the registration:                      active,    inactive

3.5 CNIC no:

**CNIC spouse/female family members:**

NADRA Token No/tracking ID: male:

female:

3.6 Place of Origin: Village (as per CNIC):

Tehsil:

Agency:

3.7 What was your previous location/address of previous location: Host family, Rent, Afghanistan

3.8 Arrival at the spontaneous settlement:

- a. less than 6 month ago
- b. 6 – 12 months ago
- c. more than 1 year ago

3.9 Number of vulnerable individuals in the family:

Type of vulnerability, if any	Male	Female	Total
Physically challenged			
Mentally challenged			
Chronically ill			
Unaccompanied children (<18)			
Separated children (<18)			
Unaccompanied elders (>60)			
Pregnant women	N/A		N/A
Lactating women	N/A		N/A
Single headed households			

Births in last 6 months			
Death in last 6 months			

3.10 Family composition/members in the family

Completed months or years	Male	Female	Total
<5 years			
13 – 17 years			
18 – 39 years			
40 – 60 years			
>60			

#### 4. Access to Services

Facility/Service	1. available within the settlement?		2. Distance to nearest accessible and functioning facility/service Distance in km	3. Common mode of transport to nearest facility/service		
	YES	NO		Car	Foot	motorbike
Regular market						
Drinking water source						
Health facility						
Pre-school/nursery						
Primary school						
Madrasa						
High school						

#### 4.1 Food/Food security/Nutrition

a. Are there any reports or indications that women are stopping or reducing breastfeeding:  
Yes, No, Don't know

b. If yes, please specify/explain why women stopped breastfeeding:

c. Is there any reduction in consumption of food (no. of meals per day?) for children <5:

Yes, No, Don't know

d. Is sufficient food available? Yes, No, don't know

If no, please explain:

e. Do you have adequate resources to buy food? Yes, No

f. How many number of livestock do you own:

g. What type of livestock:

#### 4.2 Protection

a. Do you face problems in obtaining assistance (food, NFIs etc.) ? Yes, No

b. If yes, indicate what type of problems (tick all that apply):

not enough assistance	
Lack of documentation	
Food/NFI Distribution methods excludes elderly persons	
Food/NFI Distribution methods excludes people with disability	
Food/NFI Distribution methods excludes FHH	
Other (please specify)	

c. Number of family members without CNIC:

d. Are there any security concerns at the spontaneous settlement?: Yes, No, Don't know

e. If yes, what types of concerns/incidents have occurred (tick all that apply):

Criminal Act (theft, robbery, assault)	
Threat, extortion, harassment by authorities	
Violence against boys and girls	
Early marriage	
GBV (including sexual and domestic violence against men, women and children)	

Inter-communal disputes	
Other (please specify)	

f. What will reduce the risk of harassment against women and children (tick all that apply)

Better planning, structure, facilities in the spontaneous settlement	
Specific measure for women, elderly, persons with disability at distribution points	
Separate latrines for women, persons with disability	
More female NGO staff	
More law enforcement actors in the area	
Increased protective spaces for boys and girls	
Increased protective spaces for women	
There are no security/harassment situations	
Other (please specify)	

g. Has there been any change in behavior of the following persons due to displacement (tick all that apply):

Boys	
Girls	
Women	
Men	
elderly	
Persons with disability	
None	

h. Please specify the changes in behavior:

#### 4.3 Education

a. How many female children ( 5 – 17 years old) are **regularly** attending school:

b. How many male children (5 – 17 years old) are **regularly** attending school:

c. What are the main reasons of children being out of school (tick all that apply)

Safety/security concerns	
Teachers are not available	
Children are working/earning livelihood	
No schools available in the settlements	
Schools are between 1 – 5 km away	
Schools are between 6 – 10 km away	
Don't know	
<b>Other (please specify)</b>	

#### 4.4 Wash

a. What is the main source of drinking water: well, borehole/hand pump, river/springs tankering, none

b. How long does it take/distance to collect water from the water source:

c. Is the daily amount of drinking water sufficient: yes, No

d. Number of functioning latrines in your area:

e. How far are the nearest latrines/bathing areas:

f. Number of functioning bathing areas in your area:

g. How do you dispose of your waste/garbage :

Common identified waste dump inside the settlement	
Dumped everywhere in the settlement	
Identified waste dump outside the settlement	
Is getting burned	
NGO/government collection	

#### 4.5 Health

a. What is the type of the nearest functional health facility (tick all that apply):

DHQ/THQ hospital	
BHU	
Outreach/mobile health team	
Dispensary	
Rural health center	
Mid wives/TBA's	

b. Is the nearest functional health facility within 5 km or one hour walking distance: Yes, No

c. what are the main health problems in the settlement (tick all that apply):

Diarrhea	
Malaria	
Skin infections	
Measles	
Polio	
Cough and flu	
Don't know	
Other (please specify)	

#### 4.6 Shelter/NFIs

a. Current living conditions:

Tent	
Transitional shelter	
Make-shift shelter	
No shelter/living with other family/relatives	

b. Did you receive a winterized NFI kit: Yes, No.

c. If no, what was the reason given:

**4.7 What primary source of information do you use to get information (tick all that apply):**

Radio	
Elders	
Family/friends	
PDMA/FDMA	
District Administration Office	
SMS	
Internet	
Newspaper	
NGO staff	
Other (please specify)	

**4.8 Gaps identified by key informant/HoH (tick all that apply):**

Basic food	
Complementary food	
Firewood/fuel	
Individual shelter	
Partitions within shelters	
Blankets/winter clothing	
Hygiene kits	
Kitchen sets	
Female kits	
Health facility/clinic	
Medicines	
Medical staff	
School facilities	
Well/water tank	
Bathing spaces for women	
Latrines for women	
Other (please specify)	

**Any remarks/observations by the enumerator:**

**Any remarks/observations by the key informant/HoH**