

INTER-CLUSTER MISSION TO SIPAH 2 FEBRUARY 2016

Bara, Khyber Agency
FATA, Pakistan

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EXECUTIVE SUMMARY

An inter-Cluster assessment mission was conducted to the Sipah area of Bara Tehsil in Khyber Agency on 2 February, 2016. The mission visited Haji Abad where discussions were held with the Military, FDMA, male and female returnees, and community elders. Visits were also conducted to nearby communities and agricultural areas where damages were observed. The Government has planned and is facilitating the return of over 7,000 families to these areas.

Key findings

- An estimated 25-30 per cent of private houses were badly damaged while up to 45 per cent were partially damaged.
- Most families returned with no livestock and market based livelihoods were lost with the destruction of markets shops.
- Irrigation systems are not functional due to damages and lack of maintenance.
- The only two health facilities in the area are either non-functional or very poorly equipped. There are no lady health workers.
- There are moderate to major damages to all schools, and there is a universal lack of school supplies, furniture, learning materials, and qualified teachers.
- Returns are intermittent as male members commute to rehabilitate housing while other family members remain in the Peshawar area.

Recommendations

- Provision of emergency shelter kits, tools, and NFIs for housing reconstruction.
- Rehabilitation of water systems, tankering, and latrine construction.
- Establish an additional food distribution hub for Sipah access.
- Support to all health facilities with medicine, supplies, staff, vaccinations and ambulance services.
- School tents, teaching and learning material, female teachers.
- Cash for work programs, livelihood grants, and agricultural inputs of seeds, tools, restocking, feed, and tree nurseries.



All existing water supply schemes are non-functional and the communities rely solely on ater tankering.



In addition to the extensive damage to schools, and the lack of female teachers, there are no WASH facilities for students.



Agricultural land and orchards are barren. Returning families have no livestock, seeds, or tools to re-establish livelihood activities.



There is only one male doctor in the area, a shortage of medicine

SECTION 1: INTRODUCTION

1.1 Background

Sipah tribe is one of the major tribes from Bara, Khyber Agency and were displaced during military operations. As per UNHCR data 7,753 families (313 in Jalozai camp, and 7,440 off-camp families) were registered during several stages of registration. The government delayed the de-notification of Sipah on the grounds that the tribe was supporting and sheltering militants. Additional conditions for de-notification and return of the Sipah were based on the various sections of Frontier Crimes Regulations Act (FCR). Following numerous consultative meetings, the government de-notified the area on 5 January, 2016. On 12 January, 2016 FDMA started returns of the Sipah tribe from the camp and off-camp areas with the support of humanitarian partners. As of 1 February, 2016 the Government has issued a total of 7,603 Voluntary Return Forms (VRFs) against 7,753 registered families and as per military estimates, approximately 2,000 families have returned to their homes.

1.2 Objectives

The purpose of the rapid assessment was to:

- Gather essential information regarding the humanitarian situation.
- Identify needs and requirements for returnees in the areas of return.
- Locate an appropriate site for food distribution hubs and warehouses in coordination with political and military authorities.

1.3 Methodology

The mission held meetings and discussions with the military, FDMA, community elders, and female returnees. The mission also conducted field visits to agriculture fields, damaged houses and public infrastructure. Some limitations were encountered including the unavailability of the Political Agent, a very limited discussion with only two female returnees, and no focus group discussion with females.

1.4 Security

The mission found that the local inhabitants expressed their satisfaction with the security measures taken by military. The military has mounted check posts every 3 km and cordoned off these areas to stop any militant infiltration. Military focal person Major Usman informed that area is now in full control of the Army and there is negligible influence of the Mangal Bagh Group. He said the community is fully supporting the military in the restoration of peace. He also ensured full support to UN agencies and clarified that in case of any emergency, the military will provide first aid at the nearest Military HQ in Bara Tehsil and that these facilities can be used as safe haven in an emergency. Level three mine clearance has been done in the area and there are no reports of IEDs or UXO incidents following returns.

1.5 Stakeholder Discussions

FDMA and the military arranged a meeting with community elders in the Haji Abad area. Community elders mentioned that they were safe and satisfied with the overall security situation and there was no restriction on their movements, except during the night. They requested support with emergency shelter, NFIs, drinking water, health services, and agricultural inputs.

A separate meeting with the female mission members and the female returnees was also held. Female returnees mentioned that availability of safe drinking water, education, health, shelter, NFIs, the restoration of electricity, and the rehabilitation of irrigation channels were their main needs.

Mission members also met with the military who appreciated the role of the humanitarian community and their efforts in relief activities. They informed that they have cleared the area from militants and no security incident were reported. They have carried out a detailed assessment of the Sipah tribe and as per their assessment 2,035 houses, shops, schools, health facilities, and mosques were damaged (70 per cent partially and 30 per cent completely). Additionally the majority of schools are completely damaged, the remaining are partially damaged, and will require rehabilitation and school supplies. All teachers have reported for duty but there are no school tents or supplies. Ten mosques were reconstructed and 9 more are in process. They are also working on improving the main road and will be completed soon. On the issue of humanitarian access and delays in project NOCs they mentioned they have sent numerous

reminders through the appropriate channels for expediting the process. They committed to fully support humanitarian actors, however he also stressed prior coordination, quality management and quick implementation of projects.

SECTION 2: CLUSTER SPECIFIC FINDINGS

2.1 Camp Coordination and Camp Management

Over 7,600 Sipah families have signed their voluntary return forms (VRF). During displacement 313 Sipah families were residing in Jalozei Camp, along with 50 families from other tribes that lived in the Sipah area. Of these 363 families, 233 have physically left the camp. According to the military 2,000 families have returned to their area of origin in Sipah and the process of return is ongoing.

2.2 Child Protection sub-cluster

Due to the lack of proper education facilities, most of the children are out of school and this may result in psychological challenges. According to the military, the return areas have been cleared of mines and UXOs and so far no incidents are reported. The community elders stated there are no safe places in the areas of return where children can be provided with recreational and basic psychosocial support activities. Presently, no humanitarian organization is providing child protection related services in areas return for the Sipah tribe.

Recommendations:

- Provision of recreational and psychosocial support services to children and women through protective spaces in areas of return.
- Awareness raising sessions and dissemination of information among community members regarding mine risk education and its possible negative impacts.
- Immediately establish temporarily schools in tents.
- Establish community-based child protection services for children and women.

2.3 Community Restoration

The extent of damages to public and private property is vast, particularly with schools, water supply schemes, housing, shops, hospitals and irrigation channels. It is estimated that 70 per cent of the public and private infrastructure are completely damaged and 30 per cent partially damage. The bazars were completely destroyed, markets in the area are currently closed, and no specific sources exist for income generation. Because of the de-silting process in Spera dam, the irrigation channels are non-functional thus affecting agriculture and livestock activities in the area. The availability of food, health assistance (female doctors, midwives), rehabilitation of tube wells, irrigation channels, electricity, and resumption of education were identified as major needs.

Recommendations:

- Cash for work activities for the rehabilitation of markets, water and irrigation channels, the paving of streets and link roads.
- Provision of livelihoods grants to vulnerable households in order to re-establish a source of income for their families.
- Rebuilding of secondary roads.
- The restoration and rehabilitation of electricity supply, protection walls, tube wells, and the installation of solar panels to ensure sustainable energy supplies to the area.
- The rehabilitation of school buildings and the provision of tool kits for the maintenance of housing infrastructure.

2.4 Education

According to the Political Agent's office, 32 schools are completely damaged in the whole of the Sipah area. Army officials informed that in three tribes of Sipah, more than 26 schools for boys and girls are affected including 19 schools which are completely damaged and the remaining partially damaged. Those schools which have been repaired need school furniture, teaching and learning material. There is a need to immediately establish temporary schools in tents, in parallel with the reconstruction and repair of damaged schools. Officials have called back the teachers but not all of them have returned. WASH services were not available in schools even before the displacement.

Recommendations:

- Reconstruction and rehabilitation of damaged schools.
- Provision of school tents for temporary learning centres within damaged schools.
- Provision of teaching and learning materials to returnee children.
- Ensure availability of teachers, particularly female teachers in all schools.

2.5 Food Security

The Sipah Tribe is reliant on the green sector (agriculture, livestock and orchards), which fulfills the food security needs at the household levels. Due to military operations agricultural livelihood patterns were disrupted and losses were incurred in livestock as well. Agricultural land has become barren and orchards are completely ruined. In the Sipah area there is only one veterinary centre which is currently non-functional. The communities stated that productive livelihood assets (livestock) were lost due to distress selling and the limited availability of feed and fodder in hosting areas. Poultry is non-existent in the entire area. Previously at the household level, two to four large best-breed animals and five to six small ruminants were kept by locals. Most of the returnee families came with no livestock while some few families do have a small number of livestock left.

The irrigation system is non-functional as most of the concrete and non-concrete irrigation channels are blocked due to siltation, hail damage, and lack of maintenance. The restoration of agriculture-based livelihoods is a key area of focus to enable returnees to revive their agriculture based livelihoods in the short term. In addition, market-based livelihoods have been totally lost as shops in villages have either been destroyed or are non-functional. Central markets were destroyed but economic activities are slowly returning as the market infrastructure is reconstructed. The World Food Program (WFP) would require a humanitarian hub to be established in Sipah for return assistance. WFP technical staff along with FDMA will identify a suitable site for future food distribution. Stakeholders requested support to the farming community in the restoration of agriculture based livelihoods.

Recommendations:

- Livestock medicines, de-wormers, mobile veterinary clinics, and rehabilitation of the veterinary center.
- Provision of livestock feeds.
- Livestock and poultry restocking.
- Facilitation and technical guidance on land preparation.
- Seed crops for upcoming cropping season.
- Provision of agricultural toolkits.
- Rehabilitation and de-siltation of critical Kacha & Packka irrigation channels.
- Provision of fruit plants, nurseries and forest trees.
- Provision of high-energy biscuits.

2.6 Health

It was confirmed that there are only two health facilities in the Sipah area: THQ/Category D Hospital Dogra, and the CHC Habibullah Kaley. The CHC is completely non-functional, while the THQ Dogra hospital which is the main health facility for the whole of the Tehsil, including Sipah, is very poorly equipped. There is only one general doctor and a dispenser deployed at THQ Dogra, who are present until 1pm. There is no lady doctor, lady health volunteer, or nurse available in the hospital. The hospital does have a labor room but it is poorly equipped and non-functional. There is a severe shortage of medicine with only paracetamol and an antibiotic. The lady health worker (LHW) program is non-functional. The hospital does not have an ambulance for referral. No emergency health services are available, especially at night. Emergency cases are referred to Hayatabad Medical Complex Peshawar, with an army ambulance. Reportedly there is an outbreak of measles in the area, as the elders informed that many children are currently suffering from measles. Acute respiratory infections are prevalent as children have pneumonia and other chest infections.

There is limited access to safe drinking water and a general water scarcity due to non-functional tube wells and no electricity supply. This, together with no proper sanitation and wash systems, increases the risk of water borne diseases. Malnutrition, which has a significant impact on the health indicators of children, remains a major gap as currently there are no LHWs in the area. The hospital does not have appropriate staff to run a stabilization centre. The lack of proper shelters is also posing a threat to human lives, particularly children, elderly and the debilitated.

Recommendations:

- Operationalize health facilities with proper staff, doctors, paramedics, LHWs, LHVs, EPI technicians.
- Ensure complete package of primary health care services, and establish disease surveillance systems.
- Full time BeMONC and referral services with ambulance services.
- Female doctor with experience in gynecology, or LHVs/midwives with provision of clean delivery kits.
- Routine immunization activities and polio immunization with equipment such as solar panels for maintaining a cold chain of vaccines.
- Essential medicines and supplies need to be stocked.
- Linkages with nutrition and WASH, to mitigate the risks of outbreaks of waterborne diseases and acute malnutrition.

2.7 Nutrition

During the mission it was noted that the health infrastructure was very limited, thus not sufficient for the needs of the population. According to the community, all health facilities were lacking essential services and staff. They reported that the health services are not sufficient for the needs of children under five and pregnant and lactating women. There were no full time ambulance services available. Residents are totally dependent on either army transportation or private vehicles to travel more than one hour to HMC in Peshawar. The community also reported cases of malnutrition which were not treated in their host communities. Breastfeeding and child care practices are insufficient as the mothers are themselves malnourished and most of the time busy with household support. The LHW services are not yet established and outreach and access to primary health care services, immunization and nutrition are negligible.

The nutrition indicators in the FATA region are already very poor, verified by numerous sources, and malnutrition rates exist above emergency threshold levels. Similarly NIS screening rates for the IDP population under treatment reported a prevalence of global acute malnutrition (GAM) at 16.2% above the emergency threshold while SAM was 3% for FATA population. These represent an alarming rate of acute malnutrition that may worsen in the absence of nutrition specific and nutrition sensitive interventions. The community reported a total loss of livelihood and agriculture sources as they have only returned after 15 months. The return areas may currently be considered food insecure as the families missed out on the cultivation seasons due to displacement dating back to several years, hence the populations will remain dependent on food distributions until agriculture activities are restored. Food insecurity may further exacerbate the malnutrition status of children and women if proper nutrition services are not established. The therapeutic nutrition services along with IYCF promotion will be required along with the food and/or cash disbursement program.

Recommendations:

- MCH services to prevent maternal morbidity/mortality, low birth weight babies and neonatal/infant mortality.
- EmONC services for Dogra hospital and infectious disease units to cope up with emergent needs in the post return scenario. Establish a functional LHWs cadre to ensure a good outreach for health and nutrition activities and promotion of EPI services.
- ANC/PNC visits to support pregnant and lactation care and promote maternal health. TSFP for PLW and micronutrients will also be required.
- Appropriate maternal, infant and young child nutrition services for vulnerable children (girls and boys), pregnant women and breastfeeding mothers, especially protecting and supporting exclusive breastfeeding by dissuading and monitoring the donation of breast milk substitutes and providing safe breastfeeding areas for nursing mothers and promoting timely and appropriate complimentary feeding.
- Appropriate feeding services including provision of essential supplies (therapeutic and supplementary foods) for management of severe and moderate acute malnutrition through Community Management of Acute Malnutrition (CMAM) approach. General awareness campaigns of the community will be required to educate the families on the causes, treatment/prevention and consequences of malnutrition for treatment of malnutrition as a disease.
- Enhancing access of children and mothers to micronutrient from fortified foods, supplements or multiple micronutrient preparations (home fortifications).
- Establishment of inpatient services for management of severe acute malnutrition with underlying medical complications at Agency headquarter hospitals.
- Detailed nutrition status assessment through the SMART survey methodology and KAP IYCF survey of the returning and existing population.

2.8 Protection

The destruction of infrastructure and houses in Sipah is extensive and will require major repair and rehabilitation. Although more than 7,600 VRFs were issued, the elders informed the mission that only 500 families had returned while the military stated that 2,000 families had returned. When asked about the differences in numbers, the elders said that families remain in Peshawar while male members of the family commute daily to rehabilitate their houses. The mission only met with one group of elders/community leaders, and the military was present during the meeting. The mission did not have the freedom of movement to meet with other returned families, including women. Five female participants of the inter-cluster mission requested a focus group discussion with women, however this meeting did not take place. Rather, the mission met with two women for five minutes, after which we were asked to depart for travel to the next location. Two other meetings took place during the mission's visit to the area and both were with the army at their compounds.

The area is under military control with checkpoints, movement restrictions at night, and checking of identification. The military has given a telephone number to the elders in case of emergency movement at night. The main Dogra hospital is not functioning at night. Water tankers were seen filling drums along the route. Reportedly, the Political Agent's office and wealthy people of the area were providing clean water. The electricity supply has been badly affected by the crisis and no water can be pumped. Tube wells are also destroyed. The military repeatedly stated that the need for rehabilitation works is great but that there are hardly any NGOs working in the area. Following discussion revealed the military was unaware of the NOC issue. The army stated that they would welcome NGOs in the area but that the quality of the projects should be monitored. In all, the mission spent less than four hours on the ground and meetings with returnees were limited to those described above.

2.9 Shelter/NFIs

An estimated 25 to 30 per cent of the housing units are badly damaged, while 40 to 45 per cent are partially damaged. It is likely that this one important reason that families signed VRFs but the pace of physical return is slow due to damaged infrastructure. Tribal elders said that families remain in Peshawar while male members of the family commute daily to rehabilitate their houses.

Recommendations:

- Provision of emergency shelters (tents) to families with fully or badly damaged houses.
- Provision of tools for the rehabilitation of partially damaged houses.
- Provision of NFIs and winterized items.
- Phase-2 shelter interventions recommended based on the scale of damages.

2.9 WASH

It was observed that all the existing water supply schemes are non-functional and there are no alternate sources. People are totally dependent on water tankering on a self-help basis. Drinking water is the first priority of the community. Immediate interventions are needed to rehabilitate the schemes including the pipe network. The sanitation system as well as the existing latrines are badly affected. According to Army, there are 25 schools damaged in Sipah. WASH facilities in these schools are also severely broken and need rehabilitation and reconstruction.

SECTION 3: CONCLUSIONS

3.1 Recommendation for support

The mission observed that most housing was damaged to varying degrees, and there are urgent needs for livelihood support, health and WASH interventions. Health facilities require significant inputs of medicines and staff, and no female doctors or medical staff are available in the area. Food security is likely to be an issue for returnees, with no crops being cultivated, markets not functional, and difficult access to humanitarian hubs for WFP food distributions. There is significant damage to irrigation systems and a lack of WASH facilities in public and private structures.

3.2 Mission participants

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2. Mahjabeen Ayub, CCCM
3. Salman Hussain, CP Sub-cluster
4. Syed Abbas Ali, WASH Cluster
5. Syed Asad Qadir, Shelter Cluster
6. Jolanda Van Dijk, Protection Cluster
7. Dr. Sardar Hayat, Health Cluster
8. Dr. Shahid Fazal, Nutrition Cluster
9. Faizan Ali Shah, Food Security Cluster
10. Malik Bilal, Food Security Cluster
11. Asma Waheed Ansari, Community Restoration Cluster
12. Wajid Ullah Shahid, UNOPS
13. Abdul Jabbar, UNOCHA
14. Shama Asad, Gender Specialist, GCC FDMA
15. Zartasha Qaiser Khan, Protection Specialist, FDMA
16. Zia Afridi, Agency Coordinator, FDMA