

# HANDICAP INTERNATIONAL

***FROM THE PERSPECTIVE OF VULNERABLE PERSONS,  
PERSONS WITH INJURIES/DISABILITIES  
AND OLDER PERSONS  
IN THE CURRENT IDP CRISIS IN PAKISTAN***

## **Participatory Rapid Need Assessment Report**

**17<sup>th</sup>-20<sup>th</sup> of May 2009**



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## I. Introduction

### 1. Background

The North West Frontier Province (NWFP) of Pakistan faces an unprecedented humanitarian crisis as more than 3 millions<sup>1</sup> Internally Displaced Persons (IDPs) flee the mountainous districts of Swat, Buner, Shangla and Lower Dir as fight between insurgents and the government forces intensifies. The scale and speed with which people are leaving their homes presents serious challenges to mainstream service organizations trying to respond to the situation. With an estimated total population of 30 million people in Malakand Division, the influx of over 3 millions IDPs does not reflect the full dimensions of the situation. More than 85% of the population is restricted to their homes either by the conflict or being unable to afford the costs of relocating to safety.

Official estimates suggest that approximately 14% of IDPs are accommodated in camps established by UN Agencies and the NWFP government while the remaining 86% are finding refuge within their social network of families, friends, tribes and, clans throughout Pakistan. Peshawar, Nowshera, Mardan, Swabi, in NWFP are the districts receiving and accommodating the highest number of IDPs both in the camps and as host communities. Within both the IDP population in formal and spontaneous camps, in host communities or other sanctuaries and among those remaining behind are an unknown number of vulnerable adults and children including people injured in the present action and those with disabilities. Many organizations including ICRC have voiced concern about the likelihood of increasing numbers of people with conflict-related injuries.

The insurgents, in an attempt to restrict movement of government forces, have started laying landmines. While information about the numbers and locations of mines is not yet in the public domain, the presence of landmines, along with UXO creates an additional risk of injuries and subsequent disabilities. The need for Emergency Mine Risk Education (EMRE) for the civilian population of the region (both IDPs and those remaining behind) is becoming essential.

### 2. Rationale

Local NGOs responded immediately to the emerging situation within the limits of their human and fiscal resources. The international community is responding to the IDP crisis and a UN Flash Appeal is already launched. Within the emergency response the focus is currently on meeting the basic needs of the large number of people affected. To date, little emphasis has been placed on addressing issues relating to accessibility of mainstream services for vulnerable groups including people with disabilities and injuries or on recognizing and responding to their specific needs.

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<sup>1</sup> End of May 2009

***Handicap International conducted a Participatory Rapid needs Assessment from 17-20 May 2009 focusing specifically on vulnerability at both the camp and host community levels. The assessment sought to map: opportunities for vulnerability and disability to be mainstreamed within the IDP response, recognition of vulnerability as an issue at the cluster level, accessibility of existing services and goods to vulnerable people, service delivery gaps related to disability and vulnerability and to explore the specific needs of persons with disabilities who are now IDPs.***

### 3. Assessment Methodology and Tools

In view of lack of available data for the IDPs, the Assessment Team used qualitative research tools to conduct the assessment. This included the use of a Participatory Observation Form designed specifically for this context to record observations systematically. In order to verify observations and maintain the quality of information, direct questions were also included and responded to by the Camp Managers, Govt/INGOs/NGOs representatives providing various services and a number of beneficiaries including vulnerable persons / persons & children with disabilities or injuries. 3 teams (8 persons) conducted the assessment for a period of 3 days.

### 4. Geographical Coverage

The assessment team attempted to cover the broadest possible geographical area currently accommodating the IDPs including Provincial Headquarter (Peshawar) and the IDPs Camps in Mardan, Swabi and Nowshera districts. The assessment teams visited the IDPs staying with host communities as well as key distribution points within the IDP Camps and outside the camp for the host communities. The sites visited include: Sheikh Shehzad Camp, Jala, Ganjai Hospital, Chota Lahore Camp Mardan, Taraqai No.1, Elementary College Abmer, Kacha Garhi No. 1, Kunda More Distribution point, Malak Abad Distribution point, The assessment team accessed services at both Provincial and District levels to gain insight into the current Emergency Response in terms of its coverage.

## III. Findings, recommendations

### 1. Registration

#### **Findings:**

A well coordinated mechanism is in place for provision of registration cards to IDPs. Within the IDP Camps yellow cards are issued and in the Host Communities green cards. To ensure early access to relief in the face of an increasingly rapid

influx of IDPs, registration data was initially confined to the name of the head of the household, his/her CNIC No. and total number of family members (dependents). It is planned that a second round of registration will capture more comprehensive data.

The rapid registration process on one hand allowed the maximum number of IDPs to access relief, but with no data collected on the numbers or location of vulnerable children and adults, including those with disabilities or injuries, addressing vulnerability in a systematic way has not been possible<sup>2</sup>. Limitations in available data created further challenges for mainstream and other service providers to address their basic needs that given particular conditions can be life threatening<sup>3</sup> or worsen their condition, but also their specific needs.

### **Recommendations:**

The second round of registration must address vulnerability including disability and conflict related injury as a priority if vulnerability is not to increase within the IDP population. The early availability of this data will be invaluable for both mainstream service providers seeking to address the general needs of IDPs and those, like Handicap International, whose mandate is always to address the needs of the most vulnerable, especially in an emergency context.

## **2. Health**

### **Findings:**

Mechanisms for the provision of basic health services are in place in the IDP Camps and host communities. Though, access to these basic services and provision of specialized health services for vulnerable persons, persons with disabilities / injuries / chronic diseases remains a significant challenge for mainstream health service providers and disability focused organizations alike. The referral system in place can barely address even the most basic health needs of the growing number of IDPs within camps.

Access to health outlets outside camps for the IDP in host communities also remains a challenge for vulnerable people including persons with disabilities / injuries and older persons due to their own mobility restrictions, the physical location of health services at a considerable distance from the persons with disabilities residences, the long waiting queues in summer heat and the lack of access to information in case of visual / hearing impairment.

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<sup>2</sup> One local actor in Taraqai No.1 camp is trying to compile specific information on vulnerable persons, and ICR in Kachi Garhi No. 1 camp was able to identify at least 50 persons with disabilities.

<sup>3</sup> Observed in many post-crisis situation by Handicap International response teams:

i.e. a person with spinal cord injury that is not provided with a least a proper mattress very often quickly develop pressure sores that are likely to put his/her life at risk. A person with injury /chronic disease often needs additional caloric ration on a daily basis to heal properly and mitigate the risk of complications.

Meeting any specific health needs and physical rehabilitation services for vulnerable persons, those with chronic or disabling illnesses and persons with disabilities or injuries remains very difficult, or non-existent in most of the cases<sup>4</sup>. Local NGOs working on disability are primarily focused on providing mobility assistive devices (very limited in numbers) and emergency relief to Vulnerable Persons and persons with disability.

Common health problems observed during the assessment included: Scabies, Diarrhoea, Respiratory Tract Infections and common fever, while vulnerable people with epilepsy, diabetes and hypertension generally remain untreated, creating or increasing the likelihood of a rise in disabling or disability levels.

It also has been observed that persons with injuries already discharged could not benefit from physical rehabilitation cares at camp or community level. Nevertheless, absence of any rehabilitation cares after the discharge from hospital put at great risk the recovery process.

### **Recommendations:**

Ensuring a proper coverage of basic health needs of persons with injuries / chronic diseases and addressing specific assessment and treatment needs of vulnerable persons should be a priority within the IDP Camps as well as Host Communities. An outreach approach along with a strong referral system to specialized actors and health services will minimize the impact of the crisis on existing chronic conditions and impairment, and increase the opportunity for injured persons to return to normal life, preventing complications arising from non-treatment and minimizing preventable disability.

## **3. Food and Nutrition**

### **Findings:**

Food currently being distributed by the World Food Program, philanthropists and local NGOs includes grain, pulses, oil and cooked meals thrice a day. The WFP food package is distributed in accordance with the standards and distribution process whereby the IDPs collect their monthly ration from WFP distribution points after presenting their IDP registration cards. In some IDP camps the assessment team observed that philanthropists and local NGOs systematically distribute breakfast, lunch and dinner and also bring food to the doorstep of vulnerable

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<sup>4</sup> In the two IDP camps Taraqai No.1 and Kachi Garhi No. 1, efforts are being made to address provision of specific medicines for the conditions such as diabetes, hypertension and epilepsy.

people<sup>5</sup>. For IDPs in the host communities food distribution points are established in a commonly reachable place<sup>6</sup>.

In the vast majority of the cases, the assessment team did not observe any provision being made to address the specific nutritional needs of Vulnerable children or adults including diabetics, persons with chronic diseases, sick or injured IDPs, nursing mothers, or persons with disabilities having problems in feeding or swallowing, who may require special supplements, particular type of food or additional time to feed.

### **Recommendations:**

It is recommended that a nutrition assessment be made of the particular needs of vulnerable groups of IDPs and appropriate measures taken at the camp and host community level to ensure that these particular needs are addressed as far as possible. These measures may include: particular attention in monitoring the food income and nutritional status of vulnerable persons, specific distribution arrangement for vulnerable persons, adaptation of the types of food supplied, provision of specific equipment or intravenous or naso-gastric feeding with nutritional supplements within a health facility

## **4. Water, Sanitation and Hygiene**

### **Findings:**

Sanitation facilities in the IDP camps cater for the broad needs of people in general with no recognition of the challenging access for some vulnerable groups of people, especially persons with disabilities, persons with injuries and older persons who are currently unable to access any sanitation facilities. The existing latrines, washrooms and drinking water points present a constant challenge to these persons leaving them with no alternatives but the use of unhygienic alternative arrangements at home and disregarding their basic dignity<sup>7</sup>.

The assessment team repeatedly observed murky water being carried from water points by small children in disposable mineral water bottles raising serious questions on the quality of water available.

### **Recommendations:**

Adoption of the guidelines of the Pakistan Accessibility Code of 2006 (and/or Universal Design principles) by every agency and NGO responsible for the

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<sup>5</sup> In Taraqai No.1 and Kachi Garhi No. 1

<sup>6</sup> Special measure have been taken for IDP community hosted Elementary College Ambar for the volunteers to bring food to some of the vulnerable persons

<sup>7</sup> Practical observations were: No handrails, doors not wide enough to allow someone with mobility aid to enter easily in the latrine or bathroom, unequal and to narrow steps, no clear visual sign for the persons with low vision, etc

provision of WASH facilities would go a long way toward addressing universal access to WASH in the camps and minimize the added difficulties currently faced by vulnerable people, including those with temporary impairments such as heavily pregnant women and IDPs with bad backs following their IDP journey carrying heavy loads<sup>8</sup>.

Strong advocacy at the cluster level for inclusive WASH services (including at the design stage), technical assistance from organizations such as Handicap International and subsequent monitoring of WASH facilities will give credibility to the often included statement in humanitarian project proposals that the needs of people with disabilities have been considered.

## 5. Camp management, shelters

### Findings:

The observations made with regard to WASH facilities can be extended to most of the services running in the IDP camps and host communities. Mobility limitations increased challenges for the persons with disabilities / injuries and older persons to reach different distribution points to available services and information on services is not always reaching the persons with sensory impairments. The location of camps prevented them to connect to the electricity and as result part of vulnerable persons such as persons with disabilities, older persons due to restricted movements suffer the most in the hot sunny days confined to their tents. Dehydration in camp due Extreme weather condition (hot air and high temperature), Potential for sun stroke, condition is greater for persons (and particularly children) with disabilities / injuries / chronic diseases as they have to remain inside the tents most of time.

Moving around the tents is also difficult and can be even dangerous, since the space is limited and filled with tent cables and unmarked tent's nails, especially for children with disabilities. The situation presented with new challenges and hardships to be faced by the inhabitants during the upcoming monsoon season.

Dedicated but untrained volunteers imposed further complication while handling vulnerable persons and persons with injuries/disabilities.

### Recommendations:

Selection of Camps must keep in view accessibility and available facilities nearby for vulnerable persons. "Summerization"<sup>9</sup> of camps for the protection of inhabitants may also be considered, especially for persons facing mobility challenges. The

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<sup>8</sup> Indeed, accessibility features, if included at the beginning of the construction of any temporary or permanent units only rise the overall cost of the facility by 1 to 2%

<sup>9</sup> Process to adapt tents or shelters to summer conditions. In current cases, wooden roof construction may be a solution

distribution points shall be established at a commonly accessible locations. While selection of volunteers preference to be given to trained volunteers and fresh volunteers must be accompanied by a person with disability or a trained person that know how to handle Persons with disabilities / injuries.

## 6. Protection, Psychosocial

### **Findings:**

Details on criteria for selection of the camp's sites could not be obtained. Out of six IDP camps that the assessment team visited, only one camp<sup>10</sup> had a proper boundary wall and a guard on duty. The remaining camps comprised sludge floor, unpaved passages and series of tents in multiple rows.

The locations of some of the camps away from the main cities in barren areas presented with increased risks of snake bite and exposure to poisonous insects/reptiles. The absence of any protection measures exposes vulnerable women / children / disabled to danger.

The stress on the faces of the inhabitants could not be ignored due to the overall situation they face, but also the extreme weather conditions mentioned above. Psychosocial initiatives are essentials and the team observed this response in most of the IDP camps. Particularly interesting are the child Friendly spaces organized and animated by several organizations. However, the team hasn't observed any participation or measures to include children with disabilities. No child with disability was seen participating to these most needed activities, although they were present in the camps.

Team also reports that very few volunteers working in the camps are actually aware of specific protection issues for persons of concerns, specific threats that face women and children with disabilities. Therefore, a proper monitoring of vulnerable persons' protection status is not possible for them. Additionally, they are not aware of the particular psychosocial needs of persons with disabilities / injuries and elderly, since they've not been sensitized on these issues.

### **Recommendations:**

Most essential is the sensitization and awareness raising among the volunteers in the camps and host communities to take in account the particular situation of vulnerable persons with regard to protection issues (identification and monitoring).

Initiative to provide proper psychosocial support should be more developed toward persons of concerns and particularly women and children with disabilities. It may

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<sup>10</sup> Kachi Garhi No. 1 was the only IDP camp with Boundry Wall and a security check post

include sensitization of the organization and their volunteers that are providing psychosocial support, facilitation of peer counselling / networking, but also simple measures to ensure access to child friendly spaces for the children with disabilities.

#### IV. Conclusion

There are many aspects to the unfolding humanitarian crisis in Malakand division in NWFP. The emergency response remains focused on bigger issues benefiting vast majority of Persons. While the part of the basic and most of the specific needs of vulnerable persons, persons with disabilities, older persons, persons with Injuries and children with disability remain unaddressed.

The registration process of IDPs is functional; however, it is insufficient in view of the number of IDPs as well as in terms of collecting basic information to help mainstream service providers in responding to the crises without discrimination.

Rapid Need Assessment identified gaps in emergency response in almost all the sectors of services as well as lack of enforcement of universal standards/design during the service provision (by mainstream service organizations).

**HI urges all the response stakeholders to take the necessary measures to ensure full inclusion of these persons of concern in the mainstream services and to develop suitable specific actions in order to respond to their special needs.**

Even though not directly related to this assessment, HI team also wants to emphasize the significant issue of **Land Mines / UXO**<sup>11</sup> that will arise at the time of return and that will require an urgent and efficient response. During this rapid assessment, HI technical team arrived with basic training material to initiate creating awareness amongst IDPs within camp and IDPs at the host communities as preventable measures.

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<sup>11</sup> Unexploded ordnance. Should also be mentioned the Improvised Explosive Devices (IEDs) that may pose a great risk also in the current context.