



Winter Relief and Health Services for Returning IDPs

Reporting period: January 1, 2018 – March 31, 2018

Prepared by: Dr. Rubina Mumtaz, Country Director

Organization: Real Medicine Foundation Pakistan (www.realmedicinefoundation.org)

Project title: Winter Relief and Health Services for Rehabilitation of Returning IDPs

Project location: District Swat, Khyber Pakhtunkhwa (KPK), Pakistan



January–March 2018

Real Medicine Foundation, Pakistan
328, Main Service Road, St 67, Sector E-11/3
Islamabad, Pakistan

TABLE OF CONTENTS

1	SITUATION ANALYSIS	3
1.1	Background and Repatriation Process	3
1.2	Problem Context	3
2	PROJECT DESCRIPTION AND PROGRESS REPORT	3
2.1	Project Goal and Objectives	3
2.2	Project Location, Duration, and Target Population	3
2.3	Project Implementation Progress Report	4
	2.3.1 <i>Registration of repatriating families</i>	4
	2.3.2 <i>Procurement, quality assurance, and storage of supplies</i>	4
	2.3.3 <i>Distribution</i>	5
	2.3.4 <i>Measurable outcomes</i>	6
3	ANNEX	8
3.1	Second Distribution: January 2018	8
3.2	Third Distribution: February 2018	18
3.3	Fourth Distribution: March 2018	27

I: Situation Analysis

1.1: BACKGROUND AND REPATRIATION PROCESS

For more than a decade, an estimated 5 million people in Pakistan have been displaced from their homes due to Taliban-driven terrorism, military conflict, sectarian violence, human rights abuse, a situation further aggravated by natural disasters such as the 2005 earthquake and the 2010 floods. Historically, internally displaced persons (IDPs) who are victims of natural disasters have been repatriated to their homes within months of the calamities,¹ unlike IDPs who are victims of Taliban-led terrorism and conflict, whose rehabilitation has taken years.

In mid-2014, the Pakistan military launched its largest offensive against the Taliban, and within 2 years, the overall security situation improved and terrorist attacks in Pakistan dropped to a six-year low since 2008. This prompted the government to approve a phased repatriation of the IDPs from the hosting districts back to their home areas. According to OCHA reports, more than 300,000 families registered with the authorities in KPK were repatriated over one year.² The government assistance program provided each repatriated family compensation of Rs25,000 (US\$250) in cash assistance, Rs10,000 (US\$98) for transportation expenses, and food rations for a month. In addition, to aid the rehabilitation of the returning IDPs, the government planned to implement a comprehensive strategy to ensure that social services like health, education, and clean drinking water are made available in their home areas. This promise, however, has not yet materialized. OCHA reports that over one-third of IDPs had not registered with the government for lack of proper documentation and have remained invisible; they are assumed to be repatriating without any assistance.

1.2: PROBLEM CONTEXT

Government assistance has proved to be inadequate. The IDP families from Swat who were, to start with, poor and barely living hand-to-mouth, have now returned to homes in high altitude villages that are in shambles, misused by the Taliban. Families returning in the fall or winter season face immediate resettlement during the bitterly cold days of winter, when temperatures fall well below zero. Families with small children and elderly members are particularly vulnerable.

Most remote villages have unpaved roads or footpaths that become blocked by heavy snow, isolating them for long periods. Firewood or coal for heating and cooking becomes scarce. Houses within these villages are scattered at a distance from each other, making access to aid difficult, especially for medical emergencies. Food items become scarce, as shopkeepers trek the distances carrying goods on their shoulders, and they begin selling at exorbitant prices.

To aid the rehabilitation of vulnerable repatriating families in remote parts of District Swat, RMF Pakistan launched a new program, Winter Relief and Health Services for Rehabilitation of Returning IDPs, in the winter of 2017–2018.

¹ Oxfam Fact Sheet Pakistan Floods <https://www.oxfamamerica.org/static/oa3/files/pakistan-floods-factsheet.pdf>

² UN Office for Coordination of Humanitarian Affairs OCHA Report June 2017
https://www.humanitarianresponse.info/system/files/documents/files/ocha_pakistan_weekly_return_snapshot_01_june_2017_0.pdf

II: Project Description and Progress Report

2.1: PROJECT GOAL AND OBJECTIVES

Project Goal:

To assist in the immediate rehabilitation of IDP families being repatriated during the winter of 2017 in District Swat, Province KPK, Pakistan.

Project Objectives:

1. To provide relief shelter, i.e. winterized tents, plastic floor mats, carpets, and minor repair of damaged houses
2. To provide relief food, i.e. uncooked food rations and cooking provisions
3. To provide warm clothing, blankets, and hot water bottles
4. To provide family hygiene kits and MHM (menstrual hygiene management) kits
5. To provide primary health care via outreach satellite clinics

2.2: PROJECT LOCATION, DURATION, AND TARGET POPULATION

The field sites were selected based on the following criteria:

- Villages in remote areas with unpaved connecting roads (which become blocked by snow)
- Villages located at high altitudes (6,500–8,500 feet above sea level), because District Swat is composed of a valley that is relatively warm, but also of very high mountains where it snows.
- Areas previously occupied by the Taliban. This means that most residents of these areas had to flee and now constitute a large proportion of the returning IDP families.

After several assessments, the sites were finalized as seven villages in four union councils of the tehsils Matta and Khweza Khela:

- Baranavi and Dabargai, UC Madyan
- Bashigran, UC Bashigran
- Sattal, Tagoon, and Ayeen Ashoka, UC Bahrain
- Chatekal, UC Beha

The duration of the project is 6 months, covering the winter of 2017–2018. The target population envisioned was 150 families (1,050 individuals); however, 167 families were accepted into the program. Ethically, we could not turn away these additional needy families.

2.3: PROJECT IMPLEMENTATION AND PROGRESS REPORT

2.3.1. Registration of repatriating families:

In coordination with the PDMA (Provincial Disaster Management Authority) and District Union Councilors, 167 vulnerable families were registered in four union councils (UCs) of two tehsils, as listed above. The process of selection followed an intensive, three-step protocol based on four criteria: 1) preference given to female-headed households, 2) repatriation from IDP host site within the previous 2–3 months, 3) family includes young children and elderly members, and 4) single source income of Rs15,000/- (US\$150/-) or less.

Every family was visited personally by RMF Pakistan's head office, and a copy of the national identity card of the head of household, ages of young children, pregnant/lactating mothers, and number of menstruating women in the household were recorded. Each registered family was designated a case number, and a means of

communication, via mobile phone, was established with the family, either directly with the head of household or via a proxy so that each family can be contacted with the timetable of our distribution days.

2.3.2. Procurement, quality assurance, and storage of supplies:

Following RMF's four-step protocols of procurement, RMF staff finalized different vendors for the relief goods and established MOUs with them at the start of the project. All vendors are from the local markets in the city of Mingora, the capital of District Swat. The four-step procedure is outlined below:

- **Step 1:** Tender for quotations is published in the local daily paper, or where this is not possible, then via the local market channels specific to the field site.
- **Step 2:** A minimum of three quotations are entertained for each type of relief good item. Preference is given to a vendor who can supply more than one type of good.
- **Step 3:** Once quotations are received, each potential vendor is then visited ad hoc for a quality assurance exercise. If the goods are not to our standard of quality, then additional quotations are requested from the market and the exercise is repeated.
- **Step 4:** The final selection is made based on the quality of the goods and the most reasonable rate.

Procured goods are first stored in the RMF hub clinic compound, where the RMF monitoring and evaluation officer(s) carry out quality checks. Packages are randomly selected, and after tallying with family case numbers, each packet is opened and items examined and counted. Only after a successful quality assurance exercise is the vendor paid the balance of his bill.



Quality assurance checks



Storage facility

2.3.3. Distribution:

Distributions, carried out by the RMF field staff, are scheduled in the first week of every month and take four days to complete. Each day is allocated to one union council (UC). Prior to distribution, goods are transported by rented transport vehicles to storage facilities in each UC. Each storage facility has its own security guard. Beneficiary families are informed well in advance to ensure their presence, and we do not distribute packages to substitute representatives. Verification via national identity cards and tallying with our records is carried out for each family prior to receipt of goods. By our 3rd distribution, we have begun recognizing their faces.



Fourth distribution in Chatekal



Verification of beneficiaries prior to distribution

2.3.4. Measurable outcomes:

During the current period, **455 households** with a population of 3,063 were provided with project planned services. Of these were eight female-headed households. In Swat, a single woman can head a household independently only if she is elderly (above 60 years); younger single women (divorced/widowed) with young children are not allowed to live alone; they either return to natal families or continue to live with their in-laws. Within the family, their status of dependency on hosts' graciousness make them vulnerable to mental abuse. The population of **3,063 beneficiaries** was comprised of 1,562 males and 1,501 females. Children under 15 years of age were 971 male and 831 female children.

Objective 1: To provide relief shelter, i.e. winterized tents, plastic floor mats, carpets, and minor repair of damaged houses

As per our needs assessment report in the first progress report, winterized tents and repair of damaged houses was not needed. However, floor surfaces required water impervious plastic floor mats and carpets. Hence, **167 waterproof, plastic floor mats and 167 carpets** were provided to the families.

Objective 2: To provide relief food, i.e. uncooked food rations and cooking provisions

A total of **455 food packages** were distributed in these three months to the registered families. Each package consists of:

- Flour 40 kg
- Rice 20 kg
- Cooking oil 5 kg
- Tea 1 kg
- Powdered milk 2 kg
- Sugar 5 kg
- Lentils 10 kg
- Spices/Salt 1 packet
- Matchboxes 1 packet

In total, 18,200 kg of flour, 9,100 kg of rice, 2,275 liters of cooking oil, 455 kg of tea, 455 kg of powdered milk, 2,275 kg of sugar, 5,005 kg of lentils, 455 packets of spices, and 455 packets of matches were distributed during the current period. Packages were distributed according to the needs and size of each family; when a family consisted of fewer than 4 members, one package lasted them for two months.

Coal, a local commodity, was provided to the families as a cooking and heating fuel; a total of 6,855 kg of coal was provided during this period. At the beginning, 30 kg of coal was budgeted for a family, but later during

the needs assessment, it was found that 15 kg of coal was enough for one family at an average, considering that people also had some alternate arrangements.

Objective 3: *To provide warm clothing, blankets, and hot water bottles*

The major component of warm clothing was given to the registered households in the first distribution at the launch of the project, as this was an immediate need at the start of winter. During this quarter, **334 polyester quilts** were issued to 167 families, at two quilts per family. In addition, **832 warm shawls** were provided to the adult men and women, and the teenaged boys and girls. The shawls were purchased from a local vendor, as Swati people like wearing their own traditional shawls.

Objective 4: *To provide family hygiene kits and MHM (menstrual hygiene management) kits*

Replenishment items for both the family hygiene kits and menstrual hygiene management (MHM) kits were provided to the registered households during this period. The replenishment items for the MHM kits included sanitary napkins and green tea, while the family hygiene kit items included shampoo, body lotion, toothpaste, hand soap and laundry soap. A total of **455 family hygiene kits** and **782 MHM kits** were replenished.

Objective 5: *To provide primary health care via outreach satellite clinics*

Providing quality primary healthcare to repatriating IDPs and other vulnerable community members is essential, as the project focus areas are high altitude villages in the mountains, where unpaved access roads block up during heavy snow days, isolating communities for long periods. Starting a primary healthcare center in such an area proved to be a challenge. The literacy rate is extremely low, so there were no medically trained personnel in the area or surroundings. The decision made was to bring medical staff from 30 km away and provide a transport allowance. With this limitation, we set up **one central health unit in Chatekal, UC Beha**.

Procurement of medical equipment and medicines was made from the nearest city of Mingora by the RMF field staff, following the same protocols used for our Swat health project. Staffed by a Lady Health Visitor (LHV) and a Medical Technician, this clinic operates **3 OPD days a week** on-site and conducts **12 monthly outreach OPD visits** to the other three UCs of the project sites, thus providing the requisite services. Beneficiaries include registered families and other vulnerable populations from the union councils of Madyan, Bashigran, Bahrain, and Beha.

During this 3-month reporting period (from January to March 2018), the Real Medicine Clinic provided healthcare services to **2,259 community members**, comprising 1,094 adults (265 men; 829 women) and 1,165 children (556 boys; 609 girls). Daily OPD averaged at 25–35 patients per day. The average OPD fell during February, when there were landslides and heavy snowfall.

Primary health care consisted of 1,985 consultations, of which the majority were 568 gastric-related complaints of diarrhea, vomiting, abdominal pains, and gastritis, followed by 424 respiratory tract infections. Other complaints included urinary tract infections (228), anemia (215), scabies (125), enteric fever (135), hypertension (54), malaise and body weakness (122), and non-TRA injuries (16). Miscellaneous complaints were grouped under “other” (90).

Maternal and reproductive health services were required for 850 consultations, including 147 antenatal, 94 postnatal, and 20 family planning visits. Other common reproductive ailments were also treated, such as leucorrhoea (94), dysmenorrhoea (76), amenorrhoea (76), pelvic inflammatory diseases (112), p/v bleeding and

discharge (87), and irregular periods (62). There were also primary and secondary infertility cases (28) and MCH-related miscellaneous complaints grouped under “other” (75).



Medical Technician addressing a primary healthcare complaint



LHV serving women with maternal and child health complaints

III: Annex

3.1: SECOND DISTRIBUTION: JANUARY 2018



Distribution in Chatekal, UC Beha



Young and old beneficiaries receiving winter relief supplies for their families in Chatekal





Beneficiaries in Chatekal, UC Beha





Women receiving winter relief supplies for their families in Chatekal





Distribution for repatriated IDP families in Baranavi and Dabargai, UC Madyan





Distribution in Bashigran, UC Bashigran





Young and old beneficiaries receiving winter relief supplies for their families in Bashigran





Beneficiaries in Bashigran, UC Bashigran





Distribution for repatriated IDP families in Sattal, Tangoon, and Ayeen Ashoka, UC Bahrain





Beneficiaries receive winter relief supplies for their families in UC Bahrain



3.1: THIRD DISTRIBUTION: FEBRUARY 2018



Beneficiaries gather for the distribution at Chatekal, UC Beha





Women receiving winter relief supplies for their families in Chatekal, UC Beha





Beneficiaries in Chatekal, UC Beha





Distribution for for repatriated IDP families in Baranavi and Dabargai, UC Madyan





Beneficiaries receiving winter relief supplies for their families in UC Madyan





Distribution at Bashigran, UC Bashigran





Beneficiaries in Bashigran, UC Bashigran





A man receives winter relief supplies for his family in Bashigran



Distribution for repatriated IDP families in Sattal, Tangoon, and Ayeen Ashoka, UC Bahrain



Beneficiaries from UC Bahrain



3.1: FOURTH DISTRIBUTION: MARCH 2018



Distribution in Chatekal, UC Beha





Old and young beneficiaries receiving winter relief supplies for their families in Chatekal





Beneficiaries in Chatekal, UC Beha





Distribution for repatriated IDP families in Baranavi and Dabargai, UC Madyan





Women receiving winter relief supplies for their families in UC Madyan





Beneficiaries from Baranavi and Dabargai, UC Madyan





Distribution in Bashigran, UC Bashigran





Beneficiaries receiving winter relief supplies for their families in Bashigran





Distribution for repatriated IDP families in Sattal, Tangoon, and Ayeen Ashoka, UC Bahrain





Beneficiaries receiving winter relief supplies for their families in UC Bahrain

