EXECUTIVE SUMMARY

An inter-Cluster assessment mission was conducted to Mir Ali Tehsil in North Waziristan Agency (NWA) from 26–29 January 2016. The mission covered a sample of six out of the ten villages that were recently de-notified by authorities. The Government has planned to facilitate the return of some 5,000 to 7,000 families to these areas.

Key findings

- An estimated 10 per cent of private houses were damaged due conflict and 1.5 years of weather damage.
- No crops were being cultivated and orchards are severely damaged. Irrigation infrastructure is blocked and/or damaged due to the lack of maintenance.
- Mir Ali returnees do not have suitable access to the current food distribution hubs in NWA.
- Existing health facilities are only lightly damaged but non-functional due to lack of trained staff (including female staff) and basic equipment has been badly damaged or destroyed.
- Schools for boys and girls are intact but require renovations after long closures (especially to WASH facilities). There is a lack of female teachers and education supplies.
- Malnutrition among IDPs was observed at the embarkation points, and nutrition services are lacking due to the general state of health facilities.

Recommendations

- Provision of seeds and tools for the upcoming cultivation season.
- Rehabilitation of water systems as well as purification and solar assistance.
- Establish an additional food distribution hub accessible to Mir Ali.
- Strengthening health facilities through skilled staffing, equipment, medicine and vaccination and nutrition services.
- Distribution of emergency shelter supplies and toolkits.
- School repairs, skilled male and female teachers, school supplies and WASH facilities are all required.

For feedback, queries or comments about this inter-cluster mission or the report, please contact OCHA Pakistan at ochapakistan@un.org
SECTION 1: INTRODUCTION

1.1 Background
Following the Government’s decision to initiate the return of IDPs to the 10 villages of Mir Ali Tehsil of North Waziristan Agency (NWA), an Inter-Cluster Rapid Assessment Mission was conducted to the planned return areas from 26 – 29 January 2016. The mission visited six recently de-notified villages. In addition the mission held meetings with the concerned line departments, political agent and administration, FDMA, Military, local communities, and visited the embarkation point.

The security situation was deemed conducive for return, with level three demining completed and no ongoing military operations in the area. Damage to structures and houses was minimal with less than 10 per cent of the observed structures affected, although a lack of maintenance was apparent. Movement of the returnees after their return is controlled by the military. To leave their village they must obtain prior approval, although in an emergency military support is provided.

In March 2015, returns to NWA commenced, with 35,274 families returning to their areas of origin as of mid-January. On January 6, 2016 FDMA in a Return Task Force meeting agreed to move forward with the prerequisite steps prior to the facilitation of about 5000 – 7000 families to their areas of origin in Mir Ali. An Inter-Agency Security Assessment Mission was conducted 19-21 January 2016 which indicated the environment was suitable for the following Inter-Cluster Rapid Assessment Mission was undertaken from 26 to 29 January 2016.

1.2 Objectives
The purpose of the rapid assessment was to:
- Determine whether the proposed return areas are appropriate for resettlement.
- Gather information on the status, quality, and quantity of services provided in the Agency, and to generate a basic profile of the humanitarian situation in these areas for the planning of short- and medium-term support.

1.3 Methodology
The mission held meetings with the Assistant Political Officer (APO), relevant line departments, FDMA, military and the returnees. In the company of FDMA and APO, there were visits to the embarkation point, where meetings with returning community members were conducted. Field visits to the health, education and WASH facilities and to agricultural fields in the de-notified areas were also undertaken. Female mission members arranged separate meetings with female returnees.

1.4 Security
The security situation of the newly de-notified villages is under the control of the military and no security incidents were reported before or after the mission dates, or during the on-going returns. During interaction with the returned families they noted their satisfaction with security condition. Level three de-mining clearance has occurred in all de-notified villages and most of the access routes were also found in reasonable condition. It is anticipated that with the passage of time the situation will further improve. However, military operations are still underway in parts of NWA and the likelihood of a security incident as a reaction to the operation cannot be ruled out.

1.5 Visit to the Baka Khel Embarkation Point
Arrangements and facilities at the embarkation point were acceptable. These include the entrance of families to the embarkation point, male and female waiting areas, availability of WASH facilities, male and female doctors, first aid medicines, presence of ambulances and processing of return documentation. Vaccinations were in progress, however during the previous month no Injected Polio Vaccination (IPV) was given. Most of the returning females are not aware of vaccinations, and female staff at the embarkation point are needed to assist with vaccinating children. The capacity of the EPI staff needs to be reinforced, as does the availability of cold chains needs for the proper maintenance vaccines.
1.6 Stakeholder Discussions

Meeting with male returnees: Returnees are experiencing difficulties in accessing basic necessities. Following returns, there are challenges in access to safe drinking water, unavailability of health and veterinary facilities, an absence of resources to cultivate their lands, and restrictions in movement. There is recognition among the population of the efforts of the authorities to improve the level of services. Food assistance is a crucial component in ensuring the area’s conduciveness to return.

Meeting with female returnees: There is a scarcity of health facilities for females, especially for pregnant women. Childbirths are facilitated by traditional birth attendants. Women indicated the pervasiveness of urinary tract infections, but they cannot access a health facility. Children are suffering from skin diseases and there are no services for treatment. There is constant concern regarding the condition of their children due to prolonged instability during displacement and returns.

Outcomes of civil-military meetings: The military personnel at Mir Ali indicated that as the number of returnees is almost 9000 families, the establishment of separate food distribution hubs for the Mir Ali caseloads is essential. They further added that before displacement the resident’s major source of income was smuggling, which is now blocked. Land is not properly developed for production purposes, markets and shops are still in reconstruction and it will take some time before the returnees regain their livelihoods or income generating activities. The Assistant Political Officer (APO), supported the extension of food assistance beyond six months. The Political Agent’s administration has two teams for the assessment of damaged houses consisting of a primary survey and a verification team. If a house is damaged more than 45 per cent, it is considered fully damaged and the owner will be compensated with approximately US$2,000. Houses with less than 45 per cent damage are considered partially damaged and the compensation is approximately US$1,000.

Outcomes of meetings with line departments: Health facilities lack equipment, medicines, cold chains, and staff need capacity building. Rehabilitation of some health facilities is in progress but the unavailability of female medical staff is a major gap. There is no medical record keeping, and no effective follow up mechanisms. The only available functioning facility able to accommodate delivery and birthing is the Tehsil Head Quarter Hospital in Mir Ali. A prevalence of malnourishment was noted in children and pregnant and lactating women (PLW) in return areas, and the lack of a nutritionist is aggravating the situation.

The rehabilitation of tube wells is in progress but there is considerable space for improvement. Schools are open and enrolment is underway, but schools lack WASH facilities, boundary walls, and teaching and learning materials. There are few local female teachers, and owing to the unavailability of accommodation and transportation, the lack of female teachers is impacting girls’ education.
Virtually all irrigation channels require extensive repair and maintenance. The majority of water diversion structures are damaged; 80 per cent of orchards are ruined; land for crop cultivation is barren, and 70 per cent of farmers do not have the necessary resources to prepare their fields. Markets are not yet functional and seeds are not available from the agricultural department. The livestock department has no vaccines, medicines, nor any plan for restocking of livestock.

The rehabilitation of damaged infrastructure is carried out by the military and as such the line departments do not have comprehensive information.

SECTION 2: CLUSTER SPECIFIC FINDINGS

2.1 Community restoration

Overall the extent of damages to public and private property is minimal. According to the military, security forces faced less resistance in the area. With exception of Mir Ali and Miranshah bazaars which are completely destroyed, the rest of the public and private infrastructure is more or less intact. The majority (70-80 per cent) of houses are made of concrete which is a sign of better economic status. Damaged houses were either impacted by artillery or degraded by the weather (especially those of mud construction). The displacement continued for 1.5 years, so there is a need for some degree of rehabilitation due to the long absence. The availability of food and the resumption of education were identified as major needs. Some houses situated on the roadside are either partially damaged or destroyed however, schools and mosques are intact. Access remains a challenge as anyone entering the area has to register their name one day in advance. Government middle and primary schools are intact, however no teachers are deployed. A few private schools are opened with the support of Army in rehabilitation and provision of supplies.

National power lines are damaged but poles have been repaired. The Army has constructed a market in Khadi village and the shops will be handed over to those returnees who lost their businesses during the crisis. There is a potential for business in the processing and packaging of dates, as there are date farms in the area. There are also many wild olive trees which may be suitable for future use. The line departments are not fully operational, nor are the staff deployed. The National Bank is functional, however no other private commercial bank or ATM services are working.

Recommendations:

- Repair and cleaning of houses in the return areas is a priority for suitable habitation.
- The Rehabilitation and Reconstruction Unit should initiate work based on the information shared by the sub-engineer from the Communications & Works Department.
- The re-establishment of civilian authority in the return areas to ensure the provision of services and addressing gaps.
- Those who have abandoned illegal businesses require alternate income generating activities, such as restoration of farms/orchards, agriculture land, or business startup support and skills training. Longer term needs have to be assessed in consultation with local communities, government and the military. Secondary access roads are still damaged and need rehabilitation.
- Culturally sensitive awareness campaign for community members engaged in community restoration activities about peace, social cohesion, protection and risk education as they will be the ones to identify/prioritize community infrastructure schemes, identify cash for work beneficiaries, as well as engage returnees in debris removal, cleaning and rehabilitation.
2.2 Education

Most of the villages have no girls’ schools, and boys’ schools in some villages were not accessible to all children due to distances. According to the Education Officer, 60 per cent of schools are open in the return areas, and they are monitoring the schools and ensuring the attendance of teachers and students. School buildings are intact, but necessary renovations are required as schools were closed for almost two years. There is a need for the early opening of schools, proper security arrangements, and the provision of teaching and learning materials. WASH facilities and boundary walls, particularly in girls’ schools need immediate rehabilitation. Skilled female teachers are not available nor is accommodation and transportation for them. Girls’ enrolment is also a key challenge.

Recommendations:

- Re-opening of schools in de-notified areas.
- Deployment of teachers in the return areas.
- Renovation and repair of schools.
- Establishment of temporary schools/learning centres.
- Textbooks, learning materials, and classroom furniture.
- Rehabilitation of WASH facilities.
- Training and provision of psychosocial support, including mine risk and peace education.
- Recruitment of local female teachers.
- Provision of high energy biscuits.

2.3 Food security

In North Waziristan Agency, agriculture and livestock are one of the key sources of livelihoods and the rearing of livestock remains an essential part of the household for most tribal families. These activities are the major contribution to the food security and nutritional needs at the household level. Due to prolonged instability coupled with the lengthy military operation, agricultural livelihood patterns were disrupted. Heavy livestock losses were incurred during displacement, due to abandonment and limited feed and fodder in hosting areas. Animals that were left behind perished due to exposure and disease, while poultry was also similarly affected. During the mission it was observed that agricultural land had become barren due to non-cultivation and orchards completely ruined from the lack of care.

Concrete and non-concrete irrigation channels are blocked from siltation and most are damaged due to no maintenance. No veterinary centre or hospital is functional. Returning families are vulnerable and have no resources to restore their livelihoods. There is a concern that after the completion of six months of food assistance, there will be no alternate source of food or income. Restoration of agriculture and related livelihood activities are a high priority. The devastation of orchards and the destruction of the market system, including the market for agriculture and livestock inputs are also key impeding factors in the revival of livelihoods.

To support the newly returned families for six months in food assistance the current hubs inside NWA are not suitably geographically accessible. A new hub is required in Miran Shah Tehsil near Eidak village of Mir Ali Tehsil.
Recommendations:

- Provision of seed crops for the upcoming cultivation season.
- Technical support in the preparation of agricultural lands.
- Provision of agricultural tool kits.
- Rehabilitation and de-siltation of critical concrete and non-concrete irrigation channels.
- Rehabilitation of flood protection walls, water diversion structures, and water channels.
- Provision of fruit plants and nurseries.
- Livestock support such as de-wormers, medicines, mobile veterinary clinics, and rehabilitation of veterinary centers.
- Provision of livestock feed, and livestock and poultry restocking.
- The establishment of a new food hub.
- Six months of unconditional food assistance with parallel assessments of the situation to design the future rehabilitation strategy of the returnees.

The above mentioned inputs were identified as critical start up interventions for ensuring sustainable returns process and promoting resilient livelihoods structures. In addition, market-based livelihoods have been lost as shops in the villages have either been destroyed or are non-functional. The need for market-based livelihoods revitalization should also be prioritized in order to restore lives in the areas.

2.4 Health

Health facilities are largely non-functional due to the absence of basic equipment. In case of an emergency or other health issues the community seeks the services of local untrained practitioners. No female doctor or any other female staff is available. Childbirth or gynaecological issues are referred to Khaliya Gul Nawaz Hospital in Bannu for treatment. Owing to the unavailability of health facilities in the village, traditional birth attendants are primarily dealing with the delivery cases. A considerable number of children in return areas have skin disease but there is no functional facility to treat them accordingly. Polio campaign banners were displayed in prominent places to create the awareness among the community.

Recommendations:

- Health facilities need skilled staff, equipment, medicine, and other supplies.
- Health staff need capacity building in patient management, particularly of mothers and children.
- Preventive measures to control outbreaks of vaccines preventable diseases.
- Routine immunization services for all eligible children and women.
- Solar powered support for cold chains.
- Complete health care packages through community based interventions (mother and child days, health camps, etc...).
- Provision of female health workers.
- Improve polio and measles vaccination of eligible children at the embarkation points.
- Advocacy communication and social mobilization activities plans for demand-generation of health services.
- Supportive supervision and monitoring of health staff.
2.4 Nutrition

During the mission it was observed that most of the health facilities are non-functional, or at least lack essential medicine, equipment, or treatment facilities. Many are partially damaged and require renovation and furniture. There are damaged electrical supplies and no WASH facilities. Most facilities have only one medical technician and no female staff. The Khalifa Gulnawaz Hospital in Bannu is more than a one hour drive from NWA. A high malnutrition ratio has been observed in IDPs at the embarkation point in Baka Khel. It was observed that most of the children and PLWs are malnourished due to unhygienic habits, poor breast feeding practices, poor food consumption, and lack of nutritional services at health facilities. There is no treatment for malnourished children in the entire Agency. Immunization services are lacking. Most deliveries were conducted by traditional birth attendants.

Recommendations:

- Repair and renovation of health facilities.
- Ensure EmMONC services.
- Training and deployment of services and staff to each health facility.
- Provision of essential medicine, laboratory services, nutritional services, and ambulance facilities for areas.
- Proper staffing of facilities, especially female medical officers, nutrition assistants, lady health volunteers, and technicians.
- Social mobilization and awareness efforts regarding health, hygiene, CMAM, and immunization.
- Establish a full-fledged program of lady health workers for maximum outreach to children under 5 and PLWs.
- Establish appropriate nutrition services, and essential supplies through the community management of acute malnutrition (CMAM) approach and IYCF services.
- Establish inpatient services at the agency head quarter hospital for the treatment of severe malnourished children with medical complications.

2.5 Protection

People returned voluntarily. They are satisfied with the security situation and feel no threat in their native areas. However, women are unaware of the situation upon return. No awareness sessions have been conducted for them and they have not received information about their areas and/or return packages. Returnees do not have knowledge about explosive materials. Lack of basic services (market, hospital, schools) was noted, which negatively affects the lives of the returned families. At the embarkation point in Baka Khel camp, several of the females were found distressed, especially female-headed households and elderly women. They did not have any information about the procedures of return, their areas of return, or where to report/whom to report. Some families did not receive their ATM card/transportation grant. The education system is not functional due to the lack of girls’ schools. Moreover, the culture in NWA does not allow girls to go school. The villages are scattered which make it difficult for young girls to attend school. There are only two washrooms available in each school which are not functional. The boy schools have no boundary walls, which is a security issue. Accommodation is a problem for female school teachers due to the unavailability of female hostels. The houses which are equipped with washrooms, do not have a boundary wall. Women also have a problem to access clean water. The water that is used comes from streams and rain water is also stored for domestic use. The water from the streams is used unfiltered which causes health problems. Most IDPs applied for a CNIC. They received a token but they have not received a CNIC yet, and the NADRA office has shifted to Bannu. There are no livelihood opportunities for the returned families, nor shops or agriculture systems. Due to unemployment, there is a chance that domestic violence might occur.
Recommendations:

- Basic health facilities/services are urgently needed in return areas. In case of a medical emergency, people need to travel to Bannu.
- Proper accommodation arrangements for female teachers.
- Proper staffing of facilities, especially female medical officers, nutrition assistants, lady health volunteers, and technicians.
- Social mobilization and awareness efforts regarding health, hygiene, CMAM, and immunization.
- Psycho-social support is needed for returnees as they are affected by their past experience and uncertain about the future.
- In the return areas, many houses do not have a single washroom which is a problem for persons with a disability, the elderly and women.
- Provision of household water filtration systems.
- NADRA mobile van visits to the area once a week to address the CNIC issues.
- Increase livelihood opportunities for both males and females.
- Mine Risk Education at the embarkation point.

2.6 Shelter

Five to ten per cent of the housing units are damaged. The nature of these damages is evaluated to be partial, mostly due to non-maintenance and abandoning of properties during displacement. Houses that are adjacent to the main roads are damaged due to military operations. The construction trends from the intact housing units reveal that there are two major types of construction mechanisms in practice. Seventy per cent of housing units are plum concrete structures, and 30 per cent of the housing units are of mud/mortar construction.

Recommendations:

- Emergency shelter assistance should be provided immediately after the return where there are damages.
- Approximately five per cent of the returnees will require emergency shelters whereas 30 per cent of returnees will seek toolkits for minor repairs to the partially damaged houses.
- The provision of core relief items (CRI) and winterized kits will address the needs in terms of protection form harsh weather. Fifty per cent of the returnees will require CRIs of domestic items. CRIs, preferably the winterized kits, must include quilts, blankets, sleeping mats, etc... and should be distributed immediately after the return.

2.7 WASH

The majority of the inhabitants rely on surface water sources like irrigation channels and have no other options for drinking water. The situation gets even more worse when it rains as the sources becomes more hazardous for drinking. In some areas where IDPs are expected to return, the military have started to rehabilitate and solarized water supply systems. Though there is a proper network of electricity in the assessed areas, power load shedding and low voltage are major hurdles in providing drinking water to the people. Traditional household wells are mostly available inside houses but observed as non-functional due to a number of problems. The water table in the area is between 250-300 feet apart in some of the mountainous locations.
Diarrhoea has been reported as one of the major disease mainly due to the use of water from polluted sources. As per meetings with the sub-divisional officer of the Public Health engineering department there are around 197 drinking water supply systems (109 PHED maintained and 88 VDO) in NWA. A majority of these schemes are non-functional, mostly due to vandalism, the effects of rust on the pipe networks, damages in pumping machineries, and the lack of power. Like other agencies of FATA, these villages face the same challenges of sanitation. People practice open defecation, which has particular negative consequences for females. The female returnees reported fearfully leaving their homes at night to go out in the fields to relieve themselves. The majority of the people are not sensitized to key hygiene messages. Water supply and sanitation facilities in schools and health centres are also in a pathetic state. There are no washrooms in boys’ schools and the facilities are non-functional in girls’ schools. WASH facilities in health centres are also reported as damaged and needing rehabilitation.

**Recommendations:**

- Water supply systems need to be rehabilitated and solarized. Household dug wells, hand pumps, and pressurization also need rehabilitation and chlorination.
- Household water treatment options need to be utilized in the interim period.
- Low-cost sanitation options to reduce open defecation.
- Distribution of sanitation kits to be prioritized for vulnerable target families.
- Returnees need to be sensitized to key hygiene messages.
- WASH in schools/health centers to be rehabilitated/constructed.
SECTION 3: CONCLUSIONS

3.1 Recommendation for support

The findings showed that the damage to the areas of return was perhaps less than in other assessed areas, with less structural damages but similar needs in terms of livelihood support. There is significant damage to irrigation systems and a severe lack of WASH facilities in all public and private structures. 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. Health facilities, while less damaged need significant inputs of medicines and staff, and no female doctors are available in the area. The Return Intention Survey of Mir Ali IDPs found that 100 per cent were willing to return. Nearly half of them wanted to return because they believed they have no other options while in displacement.

3.2 Mission participants

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2. Asif Mahmood – WASH Cluster
3. Syed Asad Qadir – Shelter Cluster
4. Ghulam Samdani – CCCM Cluster
5. Nosheen Khalid – Protection Cluster
7. Mariam Iqbal Tarana – Polio/Health Cluster
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9. Hassan Raza - Food Security Cluster
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