

Destination Unknown

Situational

analyses of Children on the Move

Move



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Abbreviations

AWARE	Association for Water, Applied Education & Renewable Energy
BHU	Basic Health Unit
BHU	Basic Health Unit
DHQ	District Headquarters
ECA	Employment of Children Act
FATA	Federally Administered Tribal Areas
FGD	Focus Group Discussion
IDMC	Internal Displacement Monitoring Center
IDP	Internally Displaced Person
ILO	International Labor Organization
KP	Khyber Pakhtunkhwa
LRH	Lady Reading Hospital
NFE	Non-Formal Education
NGO	Non-Governmental Organization
PDMA	Provincial Disaster Management Authority
PFF	Pakistan Fisherfolk Forum
SCA	Sindh Children Act
SPARC	Society for the Protection of the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Introduction

Pakistan signed the United Nations Conventions on the Rights of the Child (UNCRC) in 1990. The Convention guarantees the civic, political, health and cultural rights of the children in its signatory states around the world. In this context, following the ratification of the Convention, state parties are required to take legislative, administrative and policy measures for the realization of child rights. However, 26 years after the ratification of the Convention, Pakistan has made insubstantial progress towards meeting the requirements of the UNCRC. A number of factors including administrative and legalistic deadlocks, lack of budgetary provisions and an absence of political will have compounded to impede Pakistan's progress towards meeting the obligations enshrined in the UNCRC.

The 18th Constitutional Amendment was hailed as a positive development by the Pakistani intelligentsia, politicians, and activists. For many child rights activists, the Amendment provided an unprecedented opportunity to the provincial governments to formulate their own legislation on child rights which overcame the deficiencies of the present laws. Furthermore, it provided additional opportunity to legislate to province specific child rights issues. However, five years on, very little progress has been made by the provinces to promote and protect child rights.

In this regard, Society for the Protection of the Rights of the Child (SPARC) and Terres de Hommes (TDH) collaborated to undertake a series of situational analyses on the state of children living in different circumstances across Pakistan. The three analyses detailed below focus on children of Internally Displaced Persons (IDPs), children of Tharparkar and children working in the Fishing industry. The aim of these analyses was to shed light on the living conditions of these children and their families along with any government initiatives in place to help support these children. The information used to create this report was a mixture of secondary and primary research which involved Focus Group Discussions (FGDs), In-Depth Interviews (IDIs) along with gathering pertinent information from reports published by various international/national development organizations and from newspaper articles.



**Situational Analysis of
Children in IDP Camps**

Situational Analysis of Children in IDP Camps

1. Introduction

An Internally Displaced Person (IDP) is defined by the United Nations as someone who is forced to flee his or her home but who remains within his or her country's borders. They are often referred to as refugees, although they do not fall within the current legal definition of a refugee¹.

According to latest statistics by the UNHCR, a record-breaking 38 million people were forcibly displaced within their own country by violence in the year 2014; a significant increase from 33.3 million in 2013². The Internal Displacement Monitoring Centre (IDMC) reported that the majority of the increase in displaced people during 2014 was the result of protracted crises in Democratic Republic of the Congo, Iraq, Nigeria, South Sudan and Syria. These five countries accounted for 60 per cent of new displacement worldwide³.

As of July 2015, there were more than 1.8 million people displaced by insurgency, counter-insurgency and other related violence in Pakistan. Most of the Internally Displaced Persons (IDPs) are concentrated in camps or host families in the province of Khyber Pakhtunkhwa (KP) province and the Federally Administered Tribal Areas (FATA); but some also relocated to the province of Balochistan and to major cities like Karachi. The two biggest IDP camps are Jalozai Camp and Bakakhel Camp in Khyber Pakhtunkhwa. However, a majority of IDPs opted to live within host communities leaving only 42,400 people residing in various camps⁴.

Disaggregated data by age and gender gathered by the IDMC reveals that of the total population of IDPs living in camps, 31 per cent are boys and 23 per cent girls, while 21 and 22 per cent are adult men and women under the age of 60.

The following situational analysis deals with the families of IDP's residing either in the Jalozai IDP Camp or surrounding host communities. The analysis draws its findings from various Focus Group Discussions (FGDs) held with target respondents which also include the staff of the IDP camp. The main focus of the analysis is to shed light on the living conditions of these families with a special focus on the state of children in both localities.

2. Objectives

2.1 Main Objective

To ascertain issues related to children living in IDP camps and host communities in the province of Khyber Pakhtunkhwa.

2.2 Specific Objectives

- Assess the living condition of families in the Jalozai IDP Camp and surrounding host communities with a special focus on children

¹ <http://www.unhcr.org/internally-displaced-people.html>

² Internally Displace People Figures. UNHCR. 2015.
<http://www.unhcr.org/pages/49c3646c23.html>

³ Global IDP Figures. Internal Displacement Monitoring Centre. 2015
<http://www.internal-displacement.org/global-figures>

⁴ Pakistan IDP Figures. Internal Displacement Monitoring Centre. 2015
<http://www.internal-displacement.org/south-and-south-east-asia/pakistan/figures-analysis>

- Evaluate the effectiveness of government/ donor driven initiatives in the IDP camp and host community.

3. Methodology

3.1 Sampling

Sampling for the study was influenced by availability of families present in the target IDP camp and the surrounding host communities. Since the war in FATA began, a plethora of families were forced out of their homes and housed either in makeshift camps while others found refuge in host communities. However, as various localities have been cleared by security forces, most have been asked to return to their former communities; leaving behind a scarce amount of families. In this context, due to many security reasons cited by law enforcement agencies, many NGO's have been unable to access these camps easily to gather data from families. Furthermore, in many cases, the IDP's themselves have reservations about talking to researchers and activists because of the future consequences of their statements.

Keeping in view the above mentioned limitations, the data collectors relied on purposive sampling to select target families and research respondents. This meant that only those respondents who were willing to participate in the research were selected. A total of 30 families (10 families from the target IDP camp and 10 families each from the two host communities) were selected to provide information on the situation of children living in the IDP camp and host communities. Moreover, the staff in-charge of handling the day to day affairs of the IDP camp was also interviewed to gauge any similarities and/or differences to the responses of the families situated there.

3.2 Primary Data Collection

Primary data was collected through structured questionnaires, informal interviews conducted through unstructured or open ended questionnaires and Focus Group Discussions (FGDs)

3.3 Structured Questionnaires

Structured questionnaires were used for undertaking a concise yet informative survey in the IDP camp and host communities whereby two survey forms were used to collect information from respondents. The structured questionnaire employed in conducting the survey in IDP camps/host communities dealt with specific information pertaining to the size of the family, domicile, living conditions in the camp and community, number of children, education level of each child and provision of health facilities available to the respondents.

3.4 Focus Group Discussions

Informal group discussions were conducted with the IDP's to get a deeper understanding of issues afflicting families especially children in IDP camps and host communities. In order to maintain an informal and comfortable environment to elicit maximum responses from the participants, the focus groups were undertaken in an informal setting where people were willing to sit and answer the queries put forward by the researcher. A friendly group environment allowed participants to express their opinions freely. Moreover, the presence of multiple respondents resulted in a rich variety of responses based on personal life experiences. While undertaking focus group discussions, the facilitator took special care to facilitate maximum participation as evident from the results of the Focus Group Discussions.

3.5 Photography

Photographic evidence was collected to lend credibility to research activities by collecting visual images of respondents in Focus Group Discussions (FGD's) held at the IDP camp in Jalozai and host

communities around Peshawar. These images lend reliability and credibility to the data collected during the course of fieldwork.

3.6 Location

The research focuses on children and families living in the Jalozai IDP Camp located in District Nowshera along with host communities in two Union Council's (Lala Kalay and Tahkal) situated in District Peshawar.

Jalozai IDP Camp Nowshera:

Jalozai Camp is located 35 kilometers in south east of Peshawar. The camp is one of the oldest and largest refugee camps in Asia and hosted nearly 70,000 Afghan refugees back in the late 1980's after the start of the Soviet-led invasion in Afghanistan. As the amount of refugees increased in the region, the size of the camp was increased by creating a new one alongside it. It is estimated that nearly 300,000 refugees were living in Jalozai Camp by the end of 2001⁵. Recently, since Pakistan initiated the war on terrorism in the Federally Administered Tribal Areas (FATA), large amounts of Internally Displaced Persons (IDP's) were shifted to Jalozai Camp while others found refuge amongst host communities. According to information provided by the Provincial Disaster Management Authority (PDMA) of Khyber Pakhtunkhwa, there are six phases in Jalozai Camp. Temporary markets are setup at the entrance of camp consisting of about 400 shops selling different items. Free medical facilities are provided in seven Basic Health Units (BHU's) while various international/national donor agencies arrange free medical camps frequently. Moreover, 17 schools (six boy's schools, six girl's schools, one high school and four vocational schools) have been established with the support of UNICEF⁶.

4. Major Findings of the Research

4.1 Personal Information

(a) Size of the family

The size of the families residing in the Jalozai IDP Camp and those in the targeted host communities did not vary greatly as evident from the data collected. The average size of families in the IDP camp was recorded to be around seven in comparison to an average of eight members per family in UC Lala Kalay and five members per family in UC Tahklal. The highest number of members in a single family was 11 members in the IDP Camp, 15 in UC Lala Kalay and 11 in UC Tahklal. As residents were forced out of their homes during the war in FATA, many migrated in large droves to seek shelter in urban towns and designated IDP camps.

The size of the families is greater than the normal average owing to the fact that most of these families are composed of not just one's immediate family; but also cousins, uncles, aunts and so on. These close familial ties form the social fabric of Pakistan society and is evident from the data gathered that families chose to stay together rather than separate upon arrival in IDP Camp or host communities.

⁵ Tents village of refugees and IDP's, Jalozai Camp. Latif Ur Rehman, PDMA. http://www.pdma.gov.pk/sites/default/files/Jalozai_Camp_Nowshera.pdf

⁶ Ibid

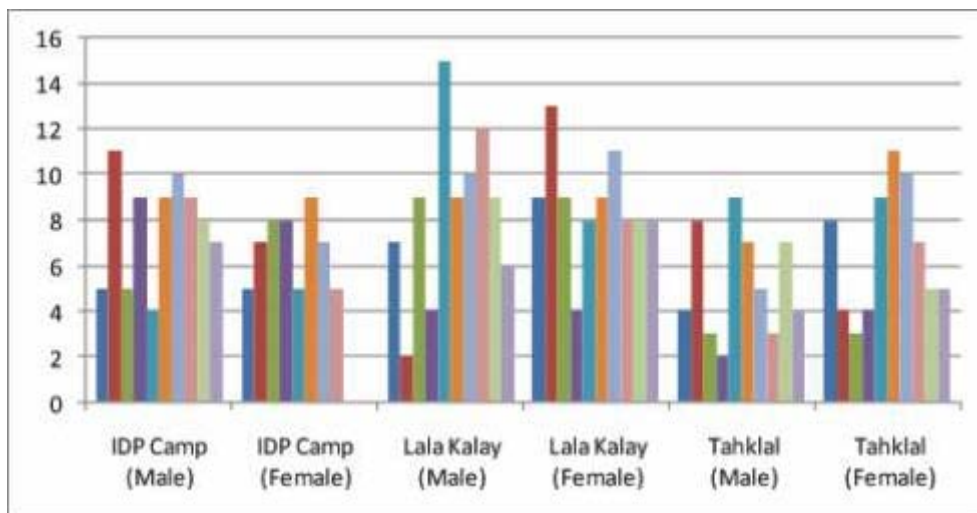


Table 1: Size of the family

(b) Domicile

The IDP Camp in Jalozai has been used to host refugees from Afghanistan since the late 1980's and more recently IDP's from various tribal agencies situated in the Federally Administered Tribal Areas (FATA) that have been displaced due to military operations against terrorists in their agency. Over time, different families from various tribal agencies residing in the IDP Camp were repatriated to their homes after their areas was cleared by law enforcement agencies. During the course of the research, it was revealed that more than half of the respondents in the IDP Camp belonged to Khyber Agency, with a handful belonging to Bajaur Agency. Moreover, all the families surveyed who were living in the host communities belonged to Khyber Agency.

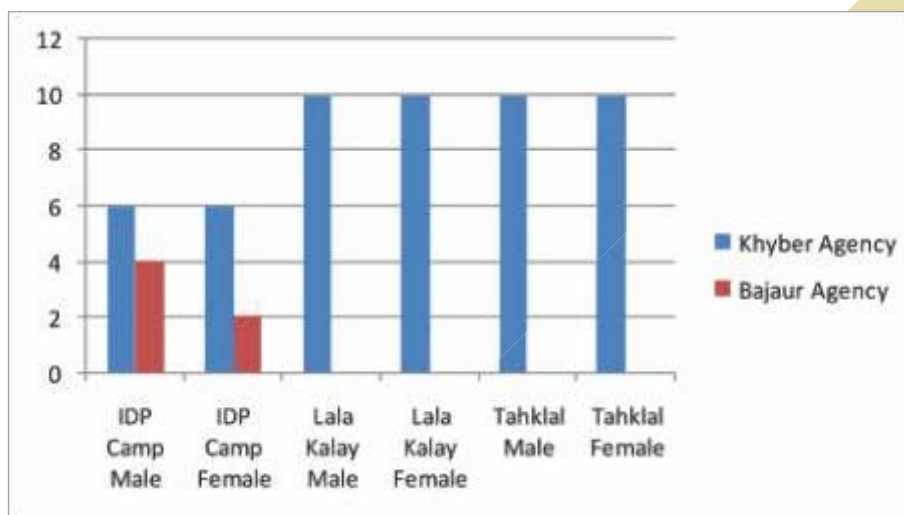


Table 2: Domicile

(c) Duration of stay in IDP Camp/host community

The duration of stay of IDP's varied greatly depending on their domicile. As per data from FGD's in the IDP camp, a majority of the respondents were residents of Khyber Agency while a few were from Bajaur Agency. The respondents from Bajaur Agency had been living in the camp for more than five years at least; one family had been residing in the camp for the past nine years.

That is an astounding amount of time to be homeless and be made to live in makeshift shelters of questionable quality and quantity. An army operation to clear Bajaur agency of terrorists commenced in 2008 and lasted for six months after which much of the agency had been cleared but left in ruin. Despite this, many families have still not been repatriated and have become seemingly permanent residents of the IDP camp.

IDP's that had travelled from Khyber Agency had been living in the camp for no more than four years. Moreover, all the families residing in host communities also belonged to the Khyber Agency and lived for no more than two years within the community. It is pertinent to mention that various military operations have been conducted in Khyber Agency over the years culminating in the recent Zarb-e-Azab operation. However, many families are still unable to go back as most of their homes have been destroyed and sporadic fighting still breaks out between security agencies and the terrorists.

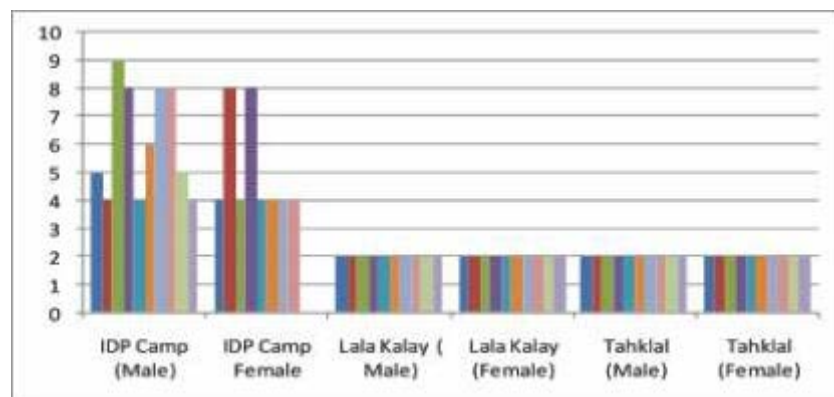


Table 3: Duration of stay in IDP camp/host communities

4.2 Living conditions of IDP's

(a) Number of tents available for families in the IDP camp/host community

The number of tents available to IDP's depended on the capacity of the camp and the amount of refugees/IDP's seeking shelter in the camp at any given time. During the course of data collection, not many families were residing in Jalozai camp as many had opted to stay in host communities. According to the data, there were 804 tents available in the camp for families of refugees and IDP's that on average could house a family of four to five people. However, the condition of the tents and the surrounding area was unsatisfactory owing to poor maintenance and lack of hygiene. Moreover, the tents had been worn out because of extended use and being battered by rain/wind during the year. Families living in host communities had in comparison, a roof over their heads and satisfactory amount of space to live in.

(b) Number of sanitation facilities available at the IDP camp/host community

Sanitation or lack thereof is a major concern for families living in open spaces as well as the government who need to regularly check sanitary conditions to mitigate any threat of diseases and/or viruses that may spread in the area. As per data collected from families as well as the IDP camp staff, there were 438 latrines and 186 washbasins in the camp. The respondents also cited that the sanitary conditions were well kept and were functional. Apart from these, various international donor organizations have also instituted sanitation programs like the Water, Sanitation and Hygiene (WASH) program rolled out by UNICEF. The WASH program and other initiatives by donor agencies have also helped maintain the sanitary conditions inside the camp. The families that were living in host communities did not cite any sanitation problems whilst living with host communities.

(c) Provision of food and water inside the IDP camp/host community

Given the large number of IDP's and refugees that are housed in Jalojai camp all year around, it grew unfeasible and difficult for the government to provide constant provisions of food and water to the residents of the camp. As per data collected from the respondents, basic nourishment and other edible items are provided by the World Food Programme (WFP) while the provisions of water are handled by the United Nations Children's Fund (UNICEF). These two international organizations are at the forefront of providing rations to the residents of the camp along with other organizations as well such as Peace and Development Organization (PADO) and the Community Research and Development Organization (CRDO).

(d) Provision of health facilities inside the camp/host community

Owing to the fact that a large number of people reside in the IDP camp and host communities, a proper healthcare facility is of utmost importance especially for women and children. According to the data collected from the target group, the two main health facilities functioning inside the camp are the Basic Health Unit (BHU) run by the provincial government and a makeshift hospital created by the EHSAR Foundation. Apart from these, medical camps are set-up by various NGO's for short periods to provide health kits and ascertain the status of health indicators inside the camp.

In Focus Group Discussions (FGD's) with families residing in host communities, it was revealed that they faced difficulty in accessing health facilities easily and had to travel long distances to the nearest hospital which was the Lady Reading Hospital (LRH) in Peshawar. They also stated that many of the families were unable to afford treatment and even those that could, were unable to access a doctor easily in LRH owing to the large amount of people that frequent the hospital.

4.3 Information regarding children of IDP's

(a) Number of children (Segregated by Male/Female)

The number of children was recorded via FGD's with the respondents and informal interviews with the IDP camp staff. As per data collected from the IDP Camp staff, there were an estimated 4,871 children living in the IDP camp out of which 2,487 were male and 2,384 were female aged 5-16 years. The aforementioned figure of the number of children poses a great challenge for the provincial government to ensure that their rights are protected and that they are provided education, basic nutrition and regular checkups by medical professionals. Moreover, the provincial government and the IDP camp staff have to also ensure that children are not subjected to violence or are forced into labor. The table below shows a comparison between the number of children between families living in the IDP camp and those residing in host communities.

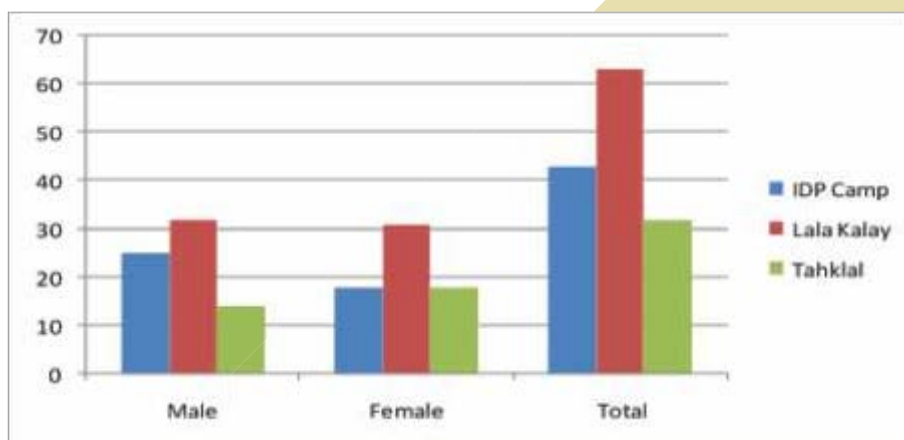


Table 4: Number of children (Segregated by Male/Female)

(b) Education level of each child

According to the data collected from FGD's with parents in the IDP camp, most of the children had been educated up to the primary level; barring a few who had not attended any formal schooling whatsoever or had only completed pre-primary education. Children living in host communities were a little more educated than those residing in the IDP camp. All the children had completed primary schooling while some were enrolled in secondary schools before being displaced from their homes.

(c) Type of schooling and school provisions provided in IDP camp/host community

Given that most of the families had migrated from their homes to the IDP camp and host communities, many children had to forgo their schooling in hopes for an alternative either through Non-Formal Education (NFE) or government run schools in the camp. There were two primary schools and one secondary school around the camp. Apart from these two, there were also NFE schools run by donor agencies however, those closed down. As per the FGD's with parents, the children were also provided various school provisions such as stationary, books and sports equipment in some cases. However, teacher and student attendance was low at these schools and most of the children remained uneducated. In the case of families living with host communities, most of the children travelled to nearby government schools for their education; however some opted not to owing to the distance of the school from their community.

(d) Health facilities provided to women and children in IDP camp/host community

The provision of health facilities was one of the biggest challenges for the provincial government to provide on a daily basis. Keeping the Basic Health Unit (BHU) functioning everyday required considerable funds for upkeep, stocks of medicine, adequate number of doctors and so on. In this regard, the provincial government was aided by various non-governmental organizations; most prominently by the EHSAR foundation who opened up a small hospital inside the camp. According to the research respondents, nearly everyone visited the EHSAR hospital in case of sickness or treatment however; serious cases including those of neo-natal health were referred to Lady Reading Hospital, Peshawar. Apart from this, various other donor agencies conducted medical camps from time to time wherein they provided free medical treatment and provision of health kits to families. Moreover, Lady Health Workers also made sporadic visits to the camp to inquire about the status of maternal and neo-natal health.

As for the families living in host communities, they opted for hospitals/BHU's closest to their locality. The families living in UC Lala Kalay travelled to Lady Reading Hospital for medical treatments while those living in UC Tahklal opted for the Khyber Teaching Hospital.

(e) Health problems faced by children in the IDP camp/host community

As detailed previously in the research, the IDP's are at a great risk of being exposed to harmful diseases and infections given the fact that a large amount of people live in close quarters. In the course of data collection, the families living in IDP camps complained about various diseases and infections their children were affected by; the most common being diarrhea followed by scabies, malaria and malnutrition. The respondents stated that the local BHU was not equipped to handle such cases and families had to travel to LRH in Peshawar for treatment. Many blame inadequate healthcare facilities and lack of proper nourishment as reasons for their child's health problems. They also stated that sanitary conditions were far from satisfactory. Families living in host communities also faced similar problems but cited malaria and scabies as the two biggest infections affecting their children. Those children that were severely affected by diseases were shifted to bigger hospitals from the IDP camp or host community.

(f) Has there been any case of abuse of children in the IDP camp/ host community or from people on the streets.

Cases of abuse of children either physical or psychological are kept under wraps by parents out of shame that it might bring to the family or in cases where the abuser is part of the family. Socio-cultural norms deter any open discussion regarding abuse of children especially young girls and women. In the course of data collection, the respondents in the IDP camps stated that no such incident of abuse or mistreatment of children had surfaced during their time in the camp. They also however, noted that should any incident does take place; there were no protection mechanisms in place by the government to handle the situation. Likewise, families living with host communities also did not report any recorded abuse of children in the community.

4.4 Government/Donor initiatives to help IDP's

(a) Which international/national donors have undertaken interventions inside camps related to health/hygiene/sanitation and education?

As mentioned before in this situational analysis, apart from the provincial government, there are various international/national donor agencies who have been working to help the IDP's in Jalozai Camp and those in host communities. However, since the donor initiatives are time-bound, they cease to exist if continued funding is not provided to the programme.

Organization	Type of intervention			
	Sanitation	Health/Hygiene	Food	Education
UNICEF	✓	✓	X	✓
WFP	X	X	✓	X
CRDO	X	X	✓	X
Muslim Aid International	X	X	X	✓
PDMA	✓	✓	X	✓
PADO	✓	✓	X	X
EHSAR	X	✓	X	X
Concern Worldwide	X	✓	X	X

Table 5: Government/Donor interventions

With regard to families living with host communities, they are not afforded the same governmental/donor interventions as those in the IDP camp. However, some were provided with Ration Cards by the provincial government to help them buy food for their families.



**Situational Analysis of
Children in Tharparkar**

Situational Analysis of Children in Tharparkar

1. Introduction

In 2014, Tharparkar experienced a serious drought-like situation due to changing monsoon patterns which hampered the growth of seasonal vegetables in the area. Due to acute food and water shortage, as many as 540 children died due to malnutrition and various other diseases in just one year. The number of deaths could have been averted had it not been for the ill-equipped and under-staffed district hospitals and basic health units in District Tharparkar. Sadly in 2015, as predicted, District Tharparkar was again victim to a severe drought and according to a report issued by the Sindh health department, at least 143 children under the age of five years had died due to various diseases like malnutrition, starvation, premature births, drought and lack of basic healthcare. Though the government dispatched food and water rations to the area, there was a dire need to revamp emergency services in light of the famine like situation which was forecasted to last till the next year as well.

The following situational analysis gives a short overview of the prevailing situation in the Tharparkar region of Sindh which has displaced thousands of families and has increased the incidences of malnutrition and other diseases among children and adults alike. SPARC, in collaboration with its partner AWARE seeks to shed light on the plight of the families residing in the Tharparkar region by presenting statistics on the extent of the problem and the governments capacity to assuage this growing phenomenon. The information put forth in the analysis is based on secondary research and case studies from the region.

2. Objectives

2.1 Main Objective

To ascertain extent of health issues especially malnutrition affecting children living in the Tharparkar region of the Sindh province.

2.2 Specific Objective

- Assess the magnitude of the problem of malnutrition and other health issues affecting children in the Tharparkar region.

3. Methodology

The research conducted for this situational analysis was restricted to secondary/desk research with input from important stakeholders who are directly involved with matters related to child nutrition in the region. The primary organization that was made in-charge of collecting data for this research was the Association for Water Applied Education and Renewable Energy (AWARE) situated in District Tharparkar, Sindh.

3.1 Primary Data Collection

Primary data was not collected during the course of this research as the scope of the situational analysis was limited to information gathered from secondary sources rather than structured questionnaires designed for Focus Group Discussions or In-Depth Interviews. However, informal interviews were conducted with selected individuals directly related to the research to gather case studies of children/families affected by malnutrition in the region and lend credibility to the research.

3.2 Secondary Data Collection

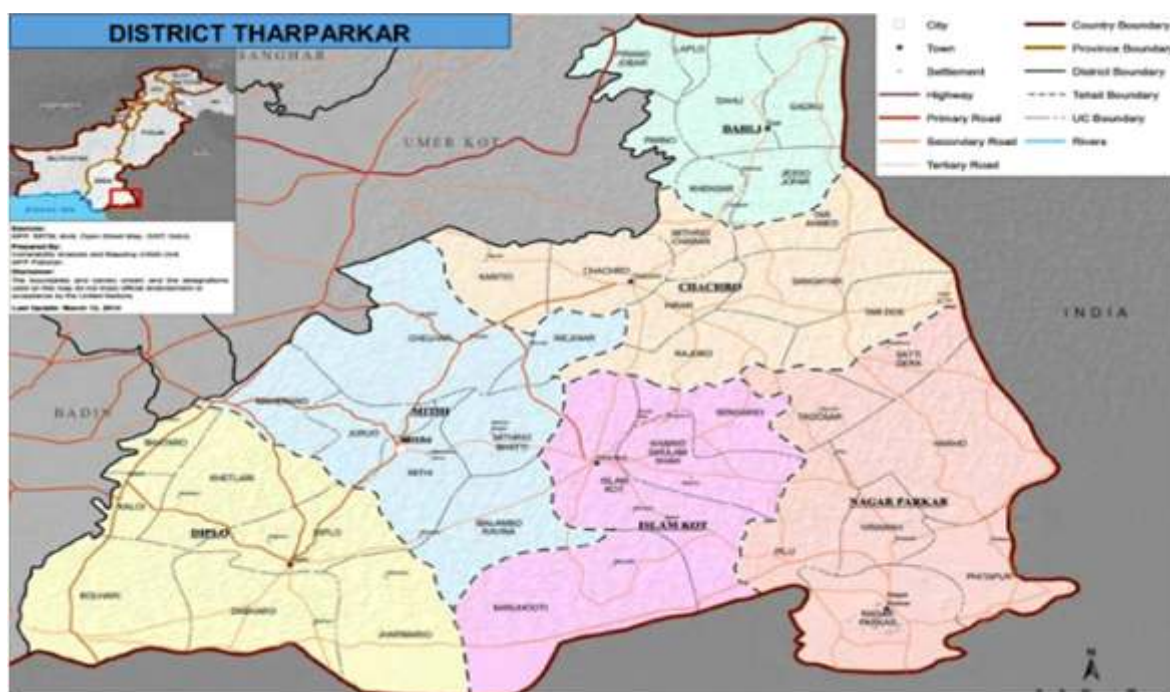
In order to collect relevant data from secondary sources, a questionnaire was drafted by SPARC detailing the information required to formulate the aforementioned situational analysis. The

questionnaire was to serve as a guideline for SPARC's partner organization AWARE to collect comprehensive data from various sources including print/electronic media, provincial government departments, international/national organizations and through informal interviews with locals in the affected areas of Tharparkar. The questionnaire used to collect data from different sources dealt with information regarding the incidences of malnutrition in children who were afflicted by stunting and underweight, the number of BHU's and DHQ's including their capacity and functionality in the region, the extent of the famine in Tharparkar and any government initiatives/programs to placate the situation in the region.

3.3 Photography

Due to socio-cultural restrictions, photographic evidence of the scope of malnutrition in children was hard to document. However, SPARC's partner organization AWARE was able to convince some families to document their children to highlight their plight through this situational analysis.

3.4 Location



The situational analysis focused on children (aged 0-15 years) and their families living in the Tharparkar region which has been severely affected by drought and increased the instances of malnutrition amongst children. Tharparkar is spread over 22,000 square kilometers with a population of about 1.5 million residing in 2,300 villages and urban settlements. Divided into six talukas namely Mithi, Islamkot, Chachro, Dihly, Diplo and Nagarparkar, the area often receives varying levels of rainfall or none at all. Rains normally fall from mid-June to mid-August each year but for the last ten years there have been drought-like conditions in Tharparkar due to which 50 per cent of the overall population migrated to barrage areas to find food and water. The other half relied on livestock farming but even that proved unfruitful as a majority of animals succumbed to various illnesses. *Thar* region generally lacks network of roads, electricity, effective health and other institutions, infrastructure, water and sanitation. Access to safe drinking water and sanitation are the biggest challenges amongst them being faced by the people of Thar Desert.

4. Major Findings

4.1 Malnutrition

Malnutrition is induced by a combined lack of quality food, frequent attacks of infectious diseases and deficient care. It is an invisible problem that only becomes apparent in its worst forms, often leading to severe illness or death. Malnutrition poses significant threats to maternal and child survival and adversely affects a child's ability to achieve his/ her full potential by obstructing growth, impairing learning abilities and lowering productivity. A burgeoning population coupled with lack of resources to provide nourishment results in an increase in the wasting, stunting and underweight rates among children. This situational analysis will seek to focus on the aforementioned aspects of malnutrition with regards to the prevailing situation in Tharparkar, Sindh.

(a) Number of children affected by stunting

Stunting, as defined by the United Nations refers to inadequate height for age i.e. the slowing down of a child's physical development owing to lack of nutrition and is considered a better measure of his/her growth than underweight¹. According to the National Nutrition Survey 2011, 43% children born in Pakistan are afflicted by stunting. It was estimated that 21.7% children at the national level are severely stunted while 21.3% are moderately stunted².

The incidences of stunted children has grown over a period of time owing to inadequate resources available to provide satisfactory nourishment to the general populace coupled with effects of global warming that has severely affected weather patterns across the world including Pakistan. According to a report published by the Pakistan Emergency Food Security Alliance (PESFA), an estimated 57% of children under the age of five years are stunted in the province of Sindh alone; out of which 35% are severely stunted³.

In the Tharparkar region, according to the World Health Organization (WHO), the level of stunting among children was recorded at 45.9%; an enormous figure when compared to the overall stunting rates of Sindh. Moreover, to corroborate the previous findings, a nutrition and mortality survey was conducted by UNICEF in Tharparkar, Sanghar and Kamber Shahdadkot districts of Sindh. The survey revealed that the Global Acute Malnutrition (GAM) in Tharkarpar was 22.7% followed by Sanghar with 16% and Kamber Shadadkot with 13.8%⁴. The problem of stunted children and malnutrition is not new to this region of Pakistan. Over the years, the incidences of drought have led to a famine-like situation in Tharparkar and forced families to move towards urban areas to sustain themselves.

(b) Number of children underweight

Food insecurity derives from the lack of access to basic forms of nutrition needed to sustain one's physical and mental well being. The situation arises especially in developing countries where allocation of resources is skewed to favor pluralistic policies rather than grassroots development initiatives. A burgeoning population coupled with lack of resources to provide nourishment results in an increase in the wasting, stunting and underweight rates among children. According to

¹ The Millennium Development Goals Report 2015. United Nations. 2015.

[http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

² National Nutrition Survey 2011. Government of Pakistan. 2011

<http://pakresponse.info/LinkClick.aspx?fileticket=Ao4s-rwdFVI%3D&tabid=117&mid=752>

³ 'Malnutrition not just limited to Tharparkar as 57% children under 5 are stunted in Sindh'. Muhammad Rizwan Chandio. Balochistan Express. March 2014.

<http://www.bexpress.com.pk/2014/03/malnutrition-not-just-limited-to-tharparkar-as-57-children-under-5-are-stunned-in-sindh-report/>

⁴ Nutrition and Mortality Survey. UNICEF. March 2014.

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/004_nutrition_survey_reporte_tharparkar_sanghar_and_kember.pdf

the State of Worlds Children Report 2015 by UNICEF, 32% of children under the age of five in Pakistan are still underweight⁵.

In Sindh, under-nutrition remains a recognized health problem and plays a substantial role in the region's elevated maternal and child morbidity and mortality rates whereby 40 per cent of children in Sindh are underweight⁶. According to the Nutrition and Mortality Survey conducted by HANDS with the support of PDMA, a total of 269 children (aged 0-5 years) were found to be underweight out of a total of 627 children surveyed in the district of Tharparkar. A gender breakdown reveals that out of the total children categorized as underweight, 149 were boys and 120 were girls.

4.2 Capacity of Basic Health Units (BHU's), District Headquarters Hospital (DHQ).

(a) Number of BHU's and DHQ's in Tharparkar

There are only four functioning Basic Health Units (BHU's) in the district out of a total of 31 which are providing various health facilities to the population. However, even these health units are not fully equipped to cater to such a large population. Moreover, besides these BHU's, there are various other health centers available to the population detailed below.

Type of health facility	Number of facilities
Basic Health Units	31
Tehsil Headquarter Hospital	3
District Headquarter Hospital	1
Rural Health Center	2

(b) Number of children reported in BHU's and DHQ's for treatment

In 2015, as predicted, District Tharparkar was again victim to a severe drought and according to a report issued by the Sindh health department, at least 143 children under five years of age have died due to various diseases like malnutrition, starvation, premature births, drought and lack of basic healthcare. The report further revealed that 6,362 children were brought to various hospitals in the month of October 2015, out of which 542 were admitted for treatment. In November 2015, 5,940 children with various pediatric ailments were shifted to healthcare centers, out of which 458 were admitted for treatment. It stated that 7,036 children were shifted to public hospitals in various areas of Thar in the month of December 2015, out of which 722 were admitted⁷.

Similarly, malnutrition, starvation, and lack of health facilities led to more than 8,778 children under five years of age to be brought to hospitals in the month of January 2016. A total of 28,000 children were brought to different hospitals of Tharparkar in four months, out of which 2,599 were admitted for treatment in this time period⁸.

(c) Number of child deaths reported in BHU's and DHQ's

The number of child deaths has steadily increased overtime as evident from Table 2 below. These deaths are just the ones documented from various hospitals as families brought their children in for treatment; however, many have gone unreported owing to the distance of villages from the

⁵ The State of World's Children 2015: Executive Summary. UNICEF. November 2014
http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf

⁶ When hunger strikes. Aoun Sahi. The News International. March 2014.
<http://tns.thenews.com.pk/hunger-strikes-in-thar-desert/#.V-jqzfl97Dc>

⁷ 143 children die in Tharparkar in four months. Pakistan Today. February 2, 2016.

<http://www.pakistantoday.com.pk/2016/02/02/city/karachi/143-children-die-in-tharparkar-in-four-months/>

⁸ Ibid

main city. According to media reports, the death toll of children under the age of five years stands at 1,614 to date⁹. The table below represents figures taken from five different government hospitals in the area including Civil Hospital Mithi.

Year	Infant Mortality
2011	173
2012	188
2013	234
2014	326
2015	398
January-July 2016	295

Table 2: Infant Mortality due to malnutrition

(d) Number of pediatricians/staff available at BHU's and DHQ's for treatment of patients

For the more than 500,000 children in the district, there are just six Pediatricians, five Gynecologists and 25 Medical Officers working in 31 BHU's. Even at the largest hospital in the district, there are insufficient resources to cater to the entire population. Around 300 to 400 children are admitted to the hospital each month but due to lack of resources and medicines, many of those admitted have died.

Available Human Resource	Quantity
Medical Specialist	22
Pediatrician	06
Ophthalmologist	01
Anesthetist	02
Cardiologist	01
Chest Specialist	05
Gynecologist	05
Pathologist	01
Skin Specialist	01
Women Medical Officer	16
Medical Officer	112
Lady Health Worker	638
Lady Health Visitor	25
Lady Health Supervisor	22

(e) Number of beds available in BHU's and DHQ's

The Tharparkar district is one of the most impoverished districts with regards to medical facilities in the province. There is only one District Headquarters Hospital and three Tehsil Headquarter Hospitals with a capacity of just 50 and 80 beds; catering to a population of over 22,64,653 individuals. Moreover, apart from inadequate infrastructure these hospitals also lack trained medical staff and proper medicines.

⁹ Tharparkar: Pakistan's ongoing catastrophe. Faras Ghani. Al Jazeera International. August 2016. <http://www.aljazeera.com/indepth/features/2016/06/tharparkar-pakistans-ongoing-catastrophe-160629111410198.html>

Type of hospital	Number of health facilities	Number of beds
DHQ Hospital	01	50
THQ Hospital	03	80
RHC	02	64
BHU	31	62
GD	101	0
MNCH Centers	02	0
Total	140	206

4.3 Extent of Famine

(a) Number of families affected by famine in the district

Number of people affected by famine in Tharparkar has risen over the past few months after the Sindh government revised population estimates from 175,000 families to 259,945 families in region of Tharparkar¹⁰.

(b) Number of livestock/crops destroyed because of famine

The main source of livelihood for Tharparkar's population is its livestock of 4.6 million animals which include donkeys, camels, goats, cows, sheep and mules. Some of the animals provided milk and hides to be sold in the local market to generate income for the families. However, due to extreme weather conditions that resulted in a drought, the families were unable to nurture and care for their livestock that slowly died due to unavailability of water and food. Of about six million animals comprising of cattle, sheep, camels, goats, about half a million sheep are estimated to be victims of sheep pox or other ailments. It is estimated that nearly 303,902 livestock died due to different diseases owing from the famine. Given this grim scenario, the families in Tharparkar region lost their main source of income and were forced to move away from their homes in search for sustenance.

¹⁰ Drought in Tharparkar: Revised population data puts famine toll higher. Z Ali. Express Tribune. March 2014. <http://tribune.com.pk/story/682209/drought-in-tharparkar-revised-population-data-puts-famine-toll-higher/>

The background features a complex geometric design. On the left, a large, solid red arrow points to the right. This arrow is partially overlaid by a gold-colored shape that resembles a stylized 'L' or a corner piece. The right side of the page is dominated by a large, diamond-shaped frame. This frame is composed of multiple layers: an outermost dotted gold line, a solid gold line, a dotted red line, and a solid red line. Inside this diamond frame, there are two solid red triangles: one pointing upwards at the top and one pointing downwards at the bottom. The text is centered within the diamond frame, between the two triangles.

Situational Analysis of Children in Fisheries

Situational Analysis of Children in Fisheries

1. Introduction

Pakistan has a total coastline of 1,090 km and a total fishing area of approximately 300,000 square km's. On the coast of Pakistan, there are more than 30 species of shrimps, 10 species of crabs, 5 species of lobster and about 70 commercial species of fish. The total fish production in Pakistan is estimated to be around 665,000 metric tons; of which the share of marine fisheries is 480,000 metric tons, while the remaining 185,000 metric tons are contributed by inland fishing grounds¹.

Around 4 million people are directly dependent on fisheries in Pakistan for their life and livelihood, while a vast majority of them are dependent on small-scale fisheries. Moreover, small-scale inland and marine fisheries provide employment, income and nutritional security to the poor in surrounding areas. Pakistan's fisheries sector covers rivers and their tributaries, canal irrigation systems, natural lakes, storage reservoirs, small/large size ponds, coastal and deep sea fishing. In Sindh, fishing communities are settled in the coastal areas of Badin, Thatta and Karachi. It is estimated that about 16,000 fishing boats are operating in the waters of Pakistan's coast.

This burgeoning sector grows day by day and employs thousands of people including young children and women. Given the dismal state of the economy and displacement of families to major cities like Karachi, the fisheries sector has seen an exponential growth in number of laborers working for bare minimum wage. Women and children can be seen at fish processing units toiling away for hours peeling shrimp and fish skin while also removing fish entrails in a stinky and potentially hazardous environment. The following situational analysis sheds light on the working conditions of children employed in the fishing industry and law/policies in place to protect their rights.

2. Objectives

2.1 Main Objective

To ascertain the working/living conditions of children and families working in the fishing industry in selected areas of Sindh.

2.2 Specific Objective

1. To identify and analyze the extent of child labor in fisheries.
2. To ascertain government initiatives to curb exploitation of children in the fishing industry.

3. Methodology

The research conducted for this situational analysis involved an amalgamation of secondary/desk research and primary research in the form of Focus Group Discussions (FGD's) with respondents in target areas. The primary organization that was made in-charge of collecting data for this research was the Pakistan FisherFolk Forum (PFF) located in Sindh.

3.1 Primary Data Collection

Primary data was collected through informal interviews with target groups. A concise structured questionnaire was developed to gather information from a small sample of respondents in the target locality.

¹ Fishing in Troubled Waters. A study of problems of fishermen living in coastal areas of India and Pakistan. InterMedia. 2008.
http://www.intermedia.org.pk/pdf/pak_afghan/Sheher_Bano.pdf

3.2 Secondary Data Collection

In order to collect relevant data from secondary sources, a questionnaire was drafted by SPARC detailing the information required to formulate the aforementioned situational analysis. The questionnaire was to serve as a guideline for SPARC's partner organization PFF to collect comprehensive data from various sources including print/electronic media, provincial government departments, international/national organizations.

3.3 Location



The coastal area of Karachi comprises of more than 20 small and large villages. The oldest fishing villages on the coast of Karachi include Ibrahim Hyderi with a population of approximately 100,000 people, most of whom earn a living primarily through fishing. Ibrahim Hyderi is one of the neighborhoods of Bin Qasim Town in Karachi, Sindh. The area is a mix of different ethnicities including Sindhis, Kashmiris, Seraikis, Pakhtuns, Balochis, Lasi, Memons, Bohras, Ismailis.

With growing concerns of sanitation, education and poverty that plague the area; the local fishermen have sought their own means of survival. Despite the numerous problems that surround this town, the beauty of the sea and the simplicity of the people cannot be experienced elsewhere.

4. Major Findings

4.1 Children working in fisheries

(a) Number of males and females

The exact number of males working in the fishing industry is hard to ascertain given the limited resources available. According to the Focus Group Discussions (FGD's) conducted by PFF, there are an estimated 3,865 children involved in child labor in the fishing industry located in Ibrahim Hyderi and Rehri Goth. Of the total number, 3,022 are males and 843 are females. Moreover, out of the total number of children employed, 60% are girls aged 7-14 years who are made to work in hazardous conditions.

(b) Number of educated males and females

As per discussions with community members, the local government schools were in a dismal condition and rife with problems such as lack of infrastructure, teacher absenteeism and non-existent sanitation facilities. Of the total number of children employed in this sector, only 382

children had attended primary schools. A breakdown of this figure shows that 234 of these children were male while 66 were female.

(c) Number of hours worked by children in the fishing industry

As per data gathered from FGD's, children in the fishing industry have to spend 8 to 10 hours a day working either on the sea or maintaining the boats. Males spend up to 12 hours working either at the docks or fishing at deep sea. Moreover, the wages given to child laborers are appropriated at around 9000 rupees per month. No proper schedule of payment is followed by owners of these companies/ contractors to pay the wages of the laborers.

(d) Type of work given to children

The children working in and around the areas of Ibrahim Hyderi are engaged in different type of labor so that they earn a livelihood for their households. Their scope of work ranges from building, repairing and cleaning boats while also loading fish on vehicles. These children work with either their fathers or some other family members and learn the family craft of fishing. Moreover, children also fetch water from community tanks/ponds and collect fuel wood which is considered as helping with household chores rather than child labor.

It was also revealed via the FGD's that most of the children in the community were also involved in trash picking of fish entrails at the harbor. Also, most of these children suffer from various illnesses and injuries due to the nature of their job.

(e) Type of health hazards faced by children

As per data gathered from respondents, children working in the fishing industry experience a plethora of health problems over the course of employment. The most common of ailments being musculo-skeletal problems due to manual handling of heavy loads and extremely demanding work routines. A recent study revealed that children suffered from different health issues such as; heat stress; sleep deprivation; cuts/bruises from handling of nets and equipment; biological hazards in the form of fungi; diesel smoke inhalation; fuel and lubricant exposure to skin during operation and repair of boats and substance abuse.

4.2 Living conditions of families/children working on fisheries

Due to lack of oversight by provincial authorities and the desperation of families living in fishing villages, their living conditions are best described as abysmal. The owners/ contractors of the fishing business have no proper schedule of payment for these families. Many of these workers barely get adequate remuneration in time to maintain a household; with most even facing food scarcity. Moreover, depletion of the fish population due to over fishing has snatched the means of earning a livelihood from many fishermen in the locality.

Families who had lost their sustenance via fishing sent out their children to work in labor across the city to earn a living.

4.3 Laws/ regulations governing employment of children

Sindh Prohibition of Employment of Children Bill 2012

The Sindh Prohibition of Employment of Children Bill 2012 was presented in the provincial assembly and has not been passed since. The proposed Bill maintains the minimum age of employment at 14 years; furthermore, the Bill also prohibits the employment of adolescents (14-18 years) in hazardous occupations. Unlike the ECA, the Act completely bans the employment of children under 14 in any establishment whereas the federal law regulates the employment of children by providing a list of

occupations in which the employment of children is prohibited (section 3: ECA 1991). The Bill also calls for the establishment of a Provincial Coordination Committee on Child Labor that will be tasked to advise the government on appropriate legislative, administrative, and other measures to deal with child labor in the province (section 5). Finally, a person found guilty of employing a child at work (in contravention of section 3 of the Bill) will be punished with an imprisonment extending to six months and a fine of up to 50,000 rupees or with both. This punishment will be extended to a five year imprisonment and a fine of up to 100,000 rupees if the child is employed in a hazardous occupation or process

The Sindh Child Protection Authority Act 2011

The act was enacted but by the end of 2011, the government has neither had established authority nor notified Rules of the Act. The Authority besides many other measures was responsible for the protection of child labor from the forced labor, exploitative labor, beggary and human trafficking within and outside of Pakistan.

The Sindh Children Act 1955

The Sindh Children Act 1955 has hardly been implemented but with reference to child labor there are no accounts of it is being implemented. The SCA 1955 prohibits exploitation of child as laborer under Section 59. It says that a child can be employed for the purpose of menial employment or labor in a factory or other establishment but cannot be exploited for self-interest. It further defines the term exploitation which may include exposing a child to the risk of seduction, sodomy, prostitution or other immoral conditions. Against such exploitative actions, the law provides nominal sentences and fines. Upon conviction, a person may be imprisoned for a term which may extend to two years or with fine which may extend to Rs 1000 or both.

4.4 Government initiatives to help children working in the fishing industry.

Under an ILO-IPEC project, the Child Labor Committee and Child Labor Unit have been established to monitor progress of the project and facilitate in carrying out its activities. According to the Labor Directorate, only 1038 inspections were conducted under the ECA since 1991. Moreover, a Coordination Committee on Child Labor and a separate Child Labor Unit has been constituted by the provincial government. The Committee will provide policy advice on child labor issues while the Child Labor Unit will monitor the implementation of provincial level child labor elimination programmes.



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