Social mobilisation in IDP camps in Pakistan

Shingha Bahadur Khadka

Community mobilisation and capacity building, where IDPs have been treated as actors rather than recipients, have contributed to improving the delivery and management of services.

Military operations in August 2008 in Pakistan’s Federally Administered Tribal Areas (FATA) led to significant displacement of people. By late March 2009 over 13,000 families (more than 86,000 individuals) had been registered in eleven camps while some 70,000 families (420,000 individuals) were living with host families.

Kacha Gari, on the outskirts of Peshawar in the North West Frontier Province (NWFP), was established as a camp for IDPs in October 2008, having previously been an Afghan refugee camp, and by March 2009 was housing some 2,600 families (over 15,500 individuals).

The NWFP Commissionerate for Afghan Refugees (CAR), supported by UNHCR, was responsible for camp management and administration. The Camp Coordination and Camp Management Cluster composed of UN agencies and implementing partners – both NGOs and government counterparts – ensured that basic services such as health, food, water, shelter, non-food items (NFIs) and protection were provided in the camps. UNHCR provided funds and technical support for camp coordination and social mobilisation and, as cluster lead agency, coordinated all service providers.

The jirga (council) system is fundamental to the Pashtun culture of the tribal people and was used effectively in the form of sectoral committees for social mobilisation in the camp. A Grand Shura was responsible for coordination of all sectoral committees in the camps. According to the local culture, mixed committees of men and women are not permitted, so separate men’s and women’s committees for social mobilisation in the camps were formed for each sector. Kacha Gari camp had six different sectoral committees – including water management (66 men’s committees/92 women’s committees), education (3/63), health (3/89), protection (2/30), food (3/0) and security (3/0) – plus two grand shuras (men only). The participation of men is higher in those committees where men’s interests are highest and similarly for the committees for issues where women’s role is more significant, such as in education, health and awareness raising for protection of IDPs themselves, especially for women and children.

UNHCR and its partners focused on a community-based approach and a commitment to age, gender and diversity mainstreaming. Initially, this required capacity building and training for implementing partners, plus regular monitoring and provision of feedback. Capacity-building activities included training for sectoral committees and holding regular inter-sectoral committee meetings; a weekly camp coordination meeting and a monthly coordination meeting with all partners; a fortnightly meeting with sectoral committees; and a monthly meeting with the Grand Shura. Community participation has been instrumental in ensuring IDPs’ ownership of the services and assistance.

Main challenges

The main challenges and potential obstacles to social mobilisation in the camps were:

- the diversity of the IDPs, in terms of factors such as their place of origin and their social, economic and political situation which was manifested in their levels of general awareness and interaction with outsiders and their willingness to be involved in groups and to work together

- previous friction among IDPs in their place of origin, which

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emerged as a major trigger for breakdown in social mobilisation and harmony in the camp

- restrictions on women: for cultural reasons, women’s participation in groups and group meetings, interaction with men as well as male staff and even interaction of women with female staff without the permission of a male member of the family was at times not possible
- cultural aversion to the very idea of participation in such groups
- a sense among many IDPs that NGOs do not respect their culture, norms and customs
- difficulty in ensuring proper representation of the whole community in groups
- equity in the distribution of relief items: initially, more vulnerable persons could not easily access food and non-food items
- inadequate understanding among implementing partners of, and expertise in, IDP dynamics, aspects of social mobilisation and coordination with other actors
- the reluctance of IDPs to use communal facilities (especially kitchens, toilets and wash rooms) due to unfamiliarity with modern enclosed toilets and washrooms. IDPs were used to living in ‘self-sufficient’ family compounds. Women in particular were not permitted or willing to leave the privacy of their homes which would risk exposure to strangers, men as well as women
- shortcomings in site planning: toilets and washrooms for men and women were constructed adjacent to each other which was not user-friendly or culturally acceptable; construction of a partition/purdah wall for privacy only aggravated the problem. Women are not permitted to have contact with men outside the home and while purdah walls around family blocks of houses provided some measure of privacy and protection to women, the toilets were located outside these areas and considered culturally out of bounds for women. Constraints on using washrooms and latrines created health issues, anxiety and security concerns.

We adopted a number of strategies to meet these challenges. For example, in order to build a rapport between service providers and IDPs and to improve socialisation and interaction, we began to address them all, even children, by their name. And there was a sustained effort to interact with community elders – especially men – to promote the importance of the group approach and the role of NGOs.

A system was set up for conveying decisions taken by the Grand Shura to the women and for reflecting back to them the women’s viewpoints, so as to help them to understand each others’ perspectives and decisions. Finally the groups were involved in the distribution of relief items; the Grand Shura was encouraged to be involved in distribution of relief materials and to establish a fair distribution system. Scarce items were distributed tent by tent by shura members.

**Results and lessons**

These strategies have, broadly speaking, borne fruit. Overall, there is a much stronger understanding of the importance of community participation. Relief materials are now distributed fairly, with priority given to the most vulnerable. We have seen improvements in security, in girls’ enrolment in schools and in camp residents’ awareness of and attitude towards hygiene and sanitation. IDPs are sharing problems and are actively involved in registration and in the management of services and in addressing gaps in, for example, water, sanitation and health services as they arise.

From our experience in Kacha Gari camp, we have concluded that it is essential to:

- undertake proper capacity building for implementing partners and to ensure the commitment and accountability of all staff
- foster good relations with children and women as they play a vital role in social mobilisation
- maintain an appropriate distance from the community because it helps to push the community to use and adopt new ideas relevant to their new situation. Without some distance between the community and staff who are providing the services in the camps, the community will not accept the new ideas or information shared or disseminated by the staff
- ensure that the concept and process of social mobilisation in camps are understood by the IDPs and the operational agencies
- ensure that the concept of the Cluster Approach is fully understood by partners
- hold regular meetings with all actors and community groups in order to share progress, to plan and to debate issues arising. Coordination among all actors – government, service agencies, implementing partners and community groups – and involving the community in identifying needs and designing services were key to effective service delivery and management
- respect the diversity of cultures and the practices of beneficiaries.

Shingha Bahadur Khadka was a Community Development Officer with UNHCR in Peshawar, Pakistan and is currently Director of Research, Jana Bikash Consultancy (P) Ltd, Nepal.