PAKISTAN: NORTH WAZIRISTAN
DISPLACEMENT
July 17, 2014

PEOPLE AFFECTED

950,000 People displaced (73% women and children)

860,000 People in need of health services (including the most vulnerable displaced population and the host community)

HEALTH SECTOR

Major health risks
- Over 45,000 unvaccinated children
- Shortage of medicines and health services for IDPs
- Severe acute malnutrition among children
- Communicable disease outbreaks
- Environmental health hazards

FUNDING

Health Cluster
US$ 6.8 million requested through the Pakistan Response Plan
US$ 680,000 received from CERF (10%)

WHO
US$ 4.6 million requested
US$ 460,000 received from CERF (10%)

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Current Situation

Over 950,000 people from the North Waziristan Agency (NWA) of Federally Administered Tribal Areas (FATA) have been displaced to neighbouring districts in the Khyber Pakhtunkhwa province as a result of clashes with the security forces. The displaced people are primarily settling in the host communities in Bannu district. Some people are in the camps established in the hosting area. The internally displaced persons (IDPs) are opting to live with the host communities instead of the camps due to cultural and social norms and values. Existing camp facilities, including for health services, are not sufficient to meet the needs of the displaced people.

Between 3 and 8 July the number of registered IDPs increased from 470,000 to 950,000 individuals. Women and children make up 73% of the displaced population. Bannu remains the main hosting district for IDPs with others moving to other districts in the Khyber Pakhtunkhwa province.

A gap analysis of public supply chains showed that essential medicines are needed in the 26 targeted health facilities in Bannu, Kohat, Hangu, Tank, Dera Ismail Khan and Peshawar districts.

The displaced population, both within the host community and in camps, need primary health care services. Disease monitoring, early detection and response to outbreaks is essential to reduce the impact of disease outbreaks.

Both severe acute malnutrition and moderate acute malnutrition are at critical levels. The rapid nutrition assessment of IDPs in hosting communities of Khyber Pakhtunkhwa province conducted in May
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Health priorities:

1. Provision of primary healthcare (PHC) services
2. Vector and water borne disease outbreak response
3. Reproductive health interventions
4. Health facility based treatment of severe acute malnutrition with complications
5. Strengthening of over-burdened health facilities in terms of provision of medicines; medical supplies; trained human resource; and capacity building of the healthcare staff

2014, revealed that prevalence of Global Acute Malnutrition was 18.6% (Severe Acute Malnutrition=5.3%).

Health Risks/Needs

The health system does not have the capacity to serve the increased caseload of 950 000 people. Due to the hot weather, overcrowded living conditions, and poor hygiene and sanitation conditions in the hosting communities, there is a high risk of communicable and water borne diseases like diarrhoea and skin infections.

Vaccine preventable diseases: Vaccinators have not been able to access the North Waziristan Agency (NWA) for the last three years, resulting in increased cases of polio and other vaccine-preventable diseases. There were 45 147 unvaccinated children recorded in the displaced population.

Primary healthcare: District Bannu has a population of approximately 1.2 million and with the influx of the newly displaced persons; the need for essential primary health care has increased two fold. The number of IDPs is escalating and 73% of them are women and children. Children; women and the elderly are the most vulnerable. Timely provision of essential medicines including pre-natal vitamins and magnesium sulphate, clean delivery kits, misoprostol and 7.1% chlorhexidine, etc. can save many lives. WHO has provided medicines which are sufficient until 30 July 2014.

Communicable diseases: The health of the displaced people is at a high risk due to overcrowding, poor living conditions, insecurity, psychosocial distress and exposure to risk factors. The Disease Early Warning System (MoH/WHO) has reported an increase of acute watery diarrhoea (AWD) cases from 29% to 41%. Acute respiratory infections (ARI) cases have shown a gradual decrease and fever cases have increased by 6% (from 5% to 11%) since the influx of displaced people. There is a dire need for the establishment of Diarrhoea Treatment Centres (DTCs) as there is an increased risk of diarrhoeal diseases.

Severe acute malnutrition: Stabilization and therapeutic feeding centres need to be established to address the critical levels of severe acute malnutrition among displaced children. Malnutrition is prevalent in the Bajaur, Mohmand and Kurram districts. Malnourished children, if not treated, have a decreased innate immunity and thus an increased risk of suffering from acute flaccid paralysis even after being vaccinated.

There is a need to establish Nutrition Stabilization Centers that will be linked to the Community Management of Acute Malnutrition (CMAM) sites in Bannu and neighboring districts. It is expected that 240 severely malnourished children with medical complications (female: 130, male: 110) will be treated in Bannu district Nutrition Stabilization Centre. The inpatient care would provide an opportunity for children
to be reviewed by a vaccinator and have increased routine immunization coverage and especially polio vaccination.

**Reproductive health:** Approximately, 73% of the total displaced population consists of women and children. Reproductive health services in the existing health facilities in Bannu district are insufficient and there is a lack of gynecologists, anesthetists and female medical officers. Essential reproductive health medicines are also needed. There are only four gynecologists present in the health facilities to cater for the reproductive health needs of the district.

The current stocks with the UNFPA cover less than 5% of the estimated affected population.

**Overburdened Health Facilities:** The health facilities in Bannu include a District Headquarters Hospital, two Rural Health Centres, twenty Basic Health Units, three Civil Dispensaries and two Mother and Child Health Centres serving the displaced and hosting population. These overburdened health facilities need to be strengthened with the provision of trained health staff (male and female medical doctors, pharmacists, paramedics etc.), medicines and medical supplies.

**Health Cluster and WHO interventions**

The Health Cluster and WHO response will focus on priority basic life-saving activities required for filling gaps in humanitarian health response. The health interventions will focus on the IDP hosting districts and will cater to the health needs of the displaced as well as the hosting population.

WHO has provided 36 Interagency Emergency Health Kits (IHKs) to cover 324,000 people until 30 July 2014. Maternal and child health/reproductive health stocks have been prepositioned by UNFPA and are sufficient to cover 5% of the caseload of displaced population. Five Diarrhoeal Disease Kits (1000 moderate to 100 severe diarrhoeal interventions) have been provided. WHO Environmental Health Engineers are conducting water quality testing in hosting areas. Chlorination of water sources is also underway.

A total of 399,019 people have been vaccinated in Bannu and at the permanent transit posts (PTPs) in southern Khyber Pakhtunkhwa and FATA (21 May - 13 July). Polio vaccination is underway and the affected population was given a blanket vaccination at the time of registration. Vaccine-preventable diseases like measles are the main priority. Over one and a half million doses of polio vaccine were administered to the children aged less than 5 years (502,643 in third round so far) among the IDPs and host communities.

The staff of health facilities in the targeted districts have been trained on the Disease Early Warning System and healthcare providers are able to diagnose, investigate and manage alerts of communicable diseases. WHO trained district rapid emergency response teams in disease surveillance and outbreak response.
The two measles and leishmaniasis alerts reported through the Disease Early Warning System (DEWS) were responded to within 48 hours. DEWS data reveals alerts and outbreaks of: 40% acute watery diarrhoea, 21% acute respiratory infection, 11% fever, 4% injuries, 2% skin infections and 22% other consultations.

The IDP population is vulnerable and at high risk of communicable diseases. The emergency life-saving health response will fill gaps in the health service delivery for six months. The Health Cluster will ensure that urgent health needs are addressed in close coordination between NGO partners, WHO, UNICEF, UNFPA and health authorities.

The multi-sector needs assessment was conducted by NGO partners together with health authorities. The Multi-cluster Initial Rapid Assessment (MIRA) began on 12 July, as soon as accessibility to the area was ensured by the authorities.

A Health Cluster “detailed comprehensive health need assessment” has started in the adjoining districts/agencies. This assessment will provide a complete picture of the health needs, gaps and capacity of the health system delivery in district Bannu (hosting 80% of IDPs’ caseload) and the adjoining hosting districts.

### Funding Requirements

The Health Cluster is appealing for US$ 6.8 million to address the IDP crisis in NWA in the next six months. Of that amount, WHO is requesting US$ 4.6 million. The Central Emergency Response Fund (CERF) has allocated US$ 680 000 (10% of the total required funds) from the Rapid Response window to address critical health needs of the displaced population with a focus on priority interventions in the health services delivery.

<table>
<thead>
<tr>
<th>Budget breakdown health cluster activities</th>
<th>Budget US$ (in millions)</th>
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<tbody>
<tr>
<td>1 Emergency Primary Health Care (PHC) services to fill gaps/unmet needs in IDPs camps and off-camp locations, including communicable diseases surveillance and response and treatment of children with severe acute malnutrition with complications in Bannu, Lakki Marwat, Kohat, Hangu, D.I. Khan, Tank and Peshawar</td>
<td>2.3</td>
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<tr>
<td>2 Emergency health assistance to mothers, newborns and children residing in Bakka Khel camp and host communities in the KP districts of Bannu, D.I. Khan, Lakki Marwat, Karak, and Tank</td>
<td>1.2</td>
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<tr>
<td>3 MNCH/Reproductive Health (RH) services, including antenatal, postnatal care and GBV response in Bannu, D.I. Khan, Lakki Marwat, Karak, and Tank</td>
<td>1.0</td>
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<tr>
<td>4 Essential life-saving medicines and medical supplies covering 500,000 displaced population in all hosting districts</td>
<td>1.8</td>
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<tr>
<td>5 Water quality surveillance and response to control outbreak of communicable disease working as frontline component of Disease Early Warning System (DEWS) in Bannu, D.I. Khan, Lakki Marwat, Karak, and Tank</td>
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<td>TOTAL US$ (in millions)</td>
<td>6.8</td>
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