

“Homeless in their Homeland”



*Care for internally displaced
persons in the North West Frontier
Province of Pakistan (NWFP)*

June 2009

Nature of problem

- Military operation by Pakistan's security services against Taliban in districts of Buner, SWAT and Dir has led to massive migration of civilians into NWFP
- Migration started July 2008, then they returned and then fled again November 2008
- 17 camps established by Pakistan Government and IDPs also registered with host families or in community buildings
- Programme well coordinated by Emergency Response Unit: see www.helpidp.org

Nature of problem 2

- Population of IDPs in camps = 218,000 (22%)
- Population of IDPs living outside camps = 2.8 million (78%)

- Total IDPs in NWFP = 3 million

- IDP camp assessed = Jalozai where 112,975 individuals from 18,791 families are currently living

Nature of problem 3

- “One UN” have requested 543 million US dollars from the international community to help manage the problem
- Only 118 million US dollars so far donated

As of 29th May 2009

Maternal and Child Health Issues Identified 4th June 2009

- There are approximately 20,000 women in the Jalozai camps, of which an estimated 25% are pregnant: that is 5000 mothers so far

Maternal and Child Health Issues Identified 4th June 2009

- Breast feeding is a problem because of lack of privacy and of designated areas for mothers to have sufficient privacy to continue

Maternal and Child Health Issues Identified 4th June 2009

- Main problem for all IDPs is the high temperature reached in the tents during the daytime hours, especially from 1200-1800 hours (outside temperatures regularly 45 degrees C and inside tents 52-56 degrees C)
- Since the camps were first opened in November 2008 (winter), the tents used were designed to keep occupants warm. UNHCR at present does not have sufficient funds to replace these “winterised tents” with single thickness cooler ones

9 children from Family where also 3 adults including mother and father living in 2 adjacent tents where temperature inside one at 1230 hours was 46 degrees C on 4th June 2009. This Family originated from SWAT and had been previously living at an altitude of 3500 feet where it rarely became as hot as this



Maternal and Child Health Issues Identified 4th June 2009

- Women are most at risk from the health impact of these high temperatures because they cannot easily break Parda and go outside
- Pregnant women are particularly at risk of heat exhaustion

Attempts to reduce high temperatures inside the tents

- Some have water coolers and electric fans but limited supplies of these are available
- Tents which are more suitable for hot weather are not at present available
- Shades which can provide covers for up to 3 tents at a time could help but need funding
- One solution would be to provide materials and labour to build semi-permanent mud walled residences with thatched roofs
- Best solution will be “women friendly” areas in Hujras (shaded community places) where women can meet during the daytime and where they can have support for issues such as breast feeding, child care, and counselling and support for post traumatic stress when required. Areas for bathing and washing would be valuable

Good things about the management of the IDP camp

- Excellent coordination of efforts by weekly policy and strategy committee meetings
- Creation of clusters to allow the streamlining and coordination of all aid

Function of clusters: eg Health and Nutrition run by Government Health Department and co-chaired by WHO and UNICEF

- Inclusion of key humanitarian partners
- Establishment and maintenance of appropriate humanitarian coordination mechanisms
- Coordination with national/local authorities, State institutions, local civil society and other relevant actors during response
- Participatory and community-based approaches
- Attention to priority cross-cutting issues (e.g. age, diversity, environment, gender, HIV/AIDS and human rights)
- Needs assessment and analysis
- Emergency preparedness
- Planning and strategy development
- Application of standards
- Monitoring and reporting
- Advocacy and resource mobilization
- Training and capacity building
- Provision of assistance or services as a last resort
- Sector based dispute resolution
- Allocation of gap areas of partners
- Maintaining “who is doing what where” database
- Reporting to operational coordination committee

Maternal and Child Health and integration of primary and secondary healthcare

- Primary and secondary healthcare both functioning well with sufficient ambulances available to transfer patients to Peshawar Hospitals (Lady Reading and Khyber Teaching) if needed
- Child protection under development

Maternal and Child Health secondary healthcare

- Two major field hospitals: one run by the Army medical Corps and one by PIMS (Pakistan Institute of Medical Sciences)
- Both very well equipped and run by doctors and nurses including obstetricians and paediatricians



Labour ward and operating theatre in
Army Medical Corps Field Hospital



Other particularly good features of the camp include the twice daily distribution of cooked food to all the IDPs in the camp, schooling and ongoing improvements to water and sanitation



Waiting for freshly cooked hot meals

Primary Healthcare

- PPHI, PIMS, Merlin, UMMAH, Benazir Shaheed Hospital, Army Medical Corps, Al-Khidmat Foundation, Hamza Foundation and WHO/UNICEF
- Most inside camp but Army Medical Corps also provide trekking clinics in neighbouring areas for IDPs supported by intense security system



Primary Healthcare



Doctors from Army Medical Corps about to leave to undertake primary healthcare for IDPs living in host families and community placements

Maternal Healthcare

- Antenatal care, including ultrasound scanning undertaken in camp
- Obstetric emergencies stabilised and transferred to Peshawar Hospitals
- Most deliveries occur in field hospital with trained birth attendants and facilities for neonatal resuscitation
- Blood bank soon to be established; group and X match available for emergency donations by relatives



Antenatal care including ultrasound

Emergency paediatrics

- Undertaken by PIMS and Army medical Corps in excellent facilities within camp
- Drugs, oxygen, IV fluids all available as is senior general surgeon



Emergency treatment ward in field hospital

Care of IDPs in the community

- 78% of IDPs cared for on a voluntary basis without charge by local communities
- A proportion are within family homes, others in schools, Mosques etc
- Government has brought forward summer vacation to make schools more available for care
- Many are staying with distant relatives but some with friends and some through philanthropy with previously unknown families

Care of IDPs in the community

- Because of Parda, many host families have helped to ensure that women are not embarrassed by sharing and also ensure separation of male adult family members in accordance with local culture
- Food and non-food items are provided free of charge by the Emergency Response Unit
- Some host families have made structural changes to their homes to assist the IDPs



Children from one family sharing home with a host family at no cost
Government provides resources to help both donor and recipient families

Summary 1

- Government, UN and NGOs have all worked together to ensure extremely effective healthcare for over 2 million IDPs
- Security issues are present but well managed and there have been very few problems within the camp
- The principle remaining and major issue is the extremely hot conditions in many tents, especially a problem for women who cannot like children or male adults escape from the tents to cool down. This issue needs very urgent attention as there are at least 4 more months of extreme heat and soon there will be the added effect of monsoon conditions. Possible solutions all require extra funding:
 - Replace winterised tents
 - Shades over tents
 - Mud housing
 - More placements in the community
 - Women friendly Hujras

Summary 2

- Breast feeding also requires support
- International donors need to fulfil the requests made of them by the UN: it is clear that funds are being used extremely well and that Pakistani families despite themselves living in poverty are providing generous care to their friends, relatives and sometimes “stranger” families
- There does not appear to be any provision for treating mental illness or counselling for traumatic stress
- Cash for work programmes could also be very helpful whilst families are waiting return to their homes