



Tirah valley-Khyber Agency



Displaced population waiting for food assistance



IDPs waiting for assistance



Displacement from Tirah valley

Situation overview:

Due to intense fighting between two rebel/militant groups in Bagh Maidan, Tirah valley, Khyber agency, has caused a complex security situation which has forced large number of resident population to leave their homes and seek refuge in surrounding areas. The displacement started from 21st March 2013. Since the security situation in Tirah valley is getting worse, the IDPs are forced to move towards Kurram and Orakzai agency and settle areas of Hangu, Kohat, Nowshera and Peshawar. Now security forces have started military operation in Tirah valley and gaining control of the crisis affected areas.

According to the FDMA, 47,713 people (6,202 families) have been displaced from Tirah Valley in Khyber Agency since mid-March due to an escalation of hostilities between rival armed groups. According to UNHCR statistics total 1,362 families have been registered out of which 423 families have been registered in New Durrani Camp in Kurram Agency while 939 families have been registered in off camp settlements in Kurram Agency. About 10% of the displaced people have sought refuge in Kurram Agency, while the rest have moved to Hangu, Kohat, Nowshera and Peshawar districts. According to the FDMA, most of the Internally Displaced People (IDPs) are expected to live in host communities in different locations in Kohat, Hangu, Peshawar and Jalozai camp. According to the FDMA most of the IDPs are children (46%) and women (33%). Owing to the security concerns, their displacement is expected to last for at least six months, during which they will require humanitarian assistance. Local authorities estimate that about 60,000 people (10,000 families) from villages within the Maidan area in the Tirah Valley could be affected by the crisis. Please see below displacement map.



The existing health services in the three IDP camps (Jalozai, Togh Sarai and New Durrani camp) will support the new IDPs arrivals in camps till its maximum capacities to full fill the immediate health needs of the displaced populations, However, additional resources will be required for maintenances and expansion of the existing health services and continuation of emergency health services for the next 6 months.

Current on-going Health Activities and Future Needs/Gaps by location:

1 Jalozai IDP camp:

The camp is divided into 8 phases. Currently the population of Jalozai is **12,742 families**. This population also includes recently shifted 300 families from Tirah tehsil of Khyber Agency. (Source: PDMA & UNHCR)

- WHO: WHO extends its support by providing communicable disease surveillance and alert response, nutritional surveillance, capacity building, coordination, water quality monitoring and ensuring efficient & effective primary health care services availability by the provision of essential medicines.
- Two health cluster meeting addressing the displacement has already been conducted under WHO lead.
- MERLIN International: Providing Primary Health Care services to IDPs through its four health posts. It is also providing MCH services in its Jalozai phase-3 health post.
- CAMP (Community Appraisal and Motivation Program): Providing PHC services in Jalozai IDP's Camp through its two static health units.
- CERD (Centre of Excellence in Rural Development): Providing basic EMOC services through its two MCH centres in Jalozai IDP's camp.
- UNICEF: Supporting Nutrition in all phases through Merlin and strengthening MCH services in Merlin & CERD supported MCH centers.

Needs/Gaps:

- There will be a need to establish new health posts to cater the needs of new arrivals in along with a referral service to Pabbi satellite hospital and DHQ hospital Nowshera.
- Close coordination is needed with EDO-H Nowshera for effective health coverage in the government health facilities which are already overburdened to cater the health needs of the IDPS living in the host communities living in Jalozai Camp and surrounding host communities in Nowshera.
- UNICEF and UNFPA will support the RH/MNCH activities through provision of Reproductive Health Kits, Newborn Kits and vaccines and immunization children under five.
- Health Cluster Partners (Johanniter Int, Islamic Relief, Save the Children, HHRD) working in Nowshera district will be contacted to scale-up their health interventions to cater the additional case load living in the surrounding areas of the health posts.

2. Togh Sarai IDP camp (Hangu district) has a population of **1,159 families (approx. 7,000 individuals)** and **recently 3 families** from the fresh displacement have arrived in camp. The camp is expected to receive more families as forecasted by FDMA. Currently CERD (centre for excellence in rural development) is the sole health service provider in the camp and is providing PHC, MCH and Nutrition services.

Kohat/Hangu: The health facilities in the IDPs hosting areas of Kohat, Hangu and Peshawar would need additional support in terms of medicines, medical equipment and human resources support along with referral services to cater the extra burden of displaced families living in the surrounding the health facilities. NGO partners need to work out

their action plans for the emergency response in the hosting areas for provision of emergency health services including support to new born including immunization/vaccination, RH/MNCH and referral services.

Needs/Gaps:

- The current CERD capacity can cater an additional 500 families (approx. 3,000 individuals). Additional resources will be required to cater the health needs of the new arrivals in the camp through establishment of new health posts (one health post cater for 10,000 population).

3. New Durrani IDP camp (Sadda, Kurram Agency):

Total Families registered in this camp are **3,500** (21,000 individuals approx.) but families living in the camp are **1,456 (8,736 individuals)**. Remaining families are living in host community around the camp and seeking all relief assistance including health facilities from the camp. There are two exit points where FDMA is enlisting the IDPs before they move to Kurram agency, Hangu, Kohat and Peshawar. The FDMA expects to receive an additional **4,000 families (24,000 individuals)** in this camp due to this fresh displacement.

Needs/Gaps:

- Two additional health posts will be required for the new 4,000 displaced families. The health post will provide health services along with a referral service to THQ hospital Sadda, Lower Kurram Agency.
- Close coordination is needed with agency surgeon Kurram Agency for effective health coverage in the government health facilities to cater the health needs of the IDPS living in the host communities living in Sadda/ lower Kurram agency.
- NGOs partner will also be contacted to know their interest in provision of health services in the new Durrani camp. They will be facilitated in obtaining NOCs from FDMA when required.
- UNICEF and UNFPA will be contacted for the Reproductive Health Kits, Newborn Kits and vaccines and immunization children under five.
- Additional financial resources will be critically required to support the addition caseload for the next three months.
- Funds are critically required to support the organization to continue its services in the camp.

The Health Cluster under WHO coordinated response includes reinforcement of disease surveillance aimed at disease outbreak prevention and outbreak containment as early detection to alerts and life-saving interventions to control the outbreak of epidemic- prone diseases with high mortality rates. Provision of essential primary health care services including monitoring water quality in camps and health facilities the emergency response health package would ensure the provision of PHC services (including maternal, newborn and child healthcare) through strengthening of service delivery points/temporary health clinics in IDP camps and support through mobile health units.

HOP- 2013 Funding Gap:

Cluster	Total Amount Needed in 2013 (USD)	Amount Available (USD)	% of Needs Available in 2013 (USD)	Funding Gaps January-Dec 2013
CCCM	\$31,732,500	\$8,482,500	27%	\$23,250,000
Education	\$9,514,654	\$1,129,686	12%	\$8,384,968
Food Security	\$174,661,359	\$45,530,844	26%	\$129,130,515
Health	\$22,799,382	\$159,536	1%	\$22,639,846
Nutrition	\$11,973,509	\$2,064,238	17%	\$9,909,271
Protection	\$31,464,972	\$7,504,201	24%	\$23,960,771
Shelter	\$91,577,300	\$8,000,000	9%	\$83,577,300
WASH	\$11,800,000	\$13,007,174	110%	(\$1,207,174)
Total	\$385,523,676	\$85,878,179		\$299,645,497

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