



Health Cluster Updates on IDPs from NWA in Bannu, DIKhan, LakkiMarwat and Tank.

Total Families Registered:

Numbers now over 400,000 displaced. The facilitated exit continues for another 2 days (23rd & 24th). In a meeting with SAFRON, they shared the expected caseload will reach 500,000.

As of 23rd June: Cumulative displaced population are: 435,429 people (males: 114596, females: 137301 and children 183532). Moreover, 73% of the total displaced population are children and women. 17 families have already moved into Bakakhel Camp as of June 22. (Source: FDMA)

IDPs Situation:

BANNU: IDP camp is established at BakaKhel (FR Bannu) where families stay for a transient duration and then heads to district Bannu and other neighboring districts. Only 17 families (reduced from 37 families) are living at this camp site. Mobile medical teams are present at the camp which acts as a transit point for the IDPs before they depart to the community. This mobile comprise of a doctor, 2LHVs and Medical technicians. Free medicines are provided while referred cases are provided with free ambulance services. Vaccination points are established. One Oral Rehydration Point (ORT) is established at the transit point for dehydrated patients.

10 Water storage tanks are installed, each having a capacity of 2000 gallons. 12 Latrines and Washrooms are also established at the camp.

D.I.Khan: The district has received 1000 families and all the schools and colleges are declared camps (owing to summer vacation in schools) and camp management teams are notified for the same.

Mapping of IDPs in Union Councils (UCs): There are 38 UCs in Bannu out of which 16 are notified as IDP hosting UCs, 3 UCs out of 48 in D.I.Khan and 2 out of 16 in Tank. Names of the UCs in Bannu with high risk UCs (based on IDPs presence) listed in a separate document.

Health Facilities updates in District Bannu: For 38 UCs, health services are provided at 2 type D hospitals, 2 RHCs, 34 BHUs and 42 CDs. This is yet to determine how many IDPs are living in the catchment of IDP hosting health facilities. PEI has collected some data on IDPs presence and this presence of IDPs is incurred from the trend seen during the campaign conducted 14-16 June. This trend gives us only a general idea.

**MAP showing the overburdened Health Facilities in the IDP hosting UCs will be shared in the SITREP 5.*

IDPs Health Situation Updates in District Bannu:

Disease early warning system is established in Bannu district, data is send regularly and trends are monitored on regular basis. At the moment no outbreaks or alerts have occurred. DEWS will further be strengthened, especially in the health facilities where IDPs are in abundance.

Polio Updates:

A two day Polio campaign is going to start from 23rd June. In district DIKhan, campaign will be conducted in 23 UCs that are declared highrisk.

PEI established their points at the registration site where they vaccinate all people. Moreover, there are several transit teams at the entrance point of district DIKhan (Chunda post), Tank (Shah Alam post) and Lakki Marwat. In Lakki Marwat, transit points are established at Suleman Khel, Tajori, Takhti Khel, Marmandi Azam, Gandhi Chowk and Tajazai.

As per available information, 48,861 doses of polio vaccine have been administered in FR Bannu, 3,791 in Bannu and 5,002 in Hangu to the population on the move, from 20th to 22nd June, 2014. (Source WHO; UNICEF)

Polio Vaccinations at transit posts catering population movement from North Waziristan; 16-22 June, 2014

District / FR	No. of vaccinations
FR Bannu *	109,950*
Bannu	6,588
Hangu	10,767
Karak	1,764
Kohat	5,479
DI Khan	5,211
Tank	4,062
Lakki Marwat	2,409
Grand Total	146,230

*blanket cover all ages

Health Response by Health Cluster:

- Ten Emergency Health Kits sufficient for 90000 individuals provided to Bannu district. Further two Emergency Health Kits, one Diarrheal Disease Kit (1) and 60,000 Oral Rehydration Salts are approved for district Bannu.
- At the camp site, W.H.O conducted community sessions for hygiene and use of ORT corners although the camp has only 230 individuals
- W.H.O team is in close coordination with DHO office and different hospitals in order to keep a watch on trends of the disease.
- W.H.O has been providing technical assistance (capacity building) to DoH and been filling the gaps in terms of medicines, anti-sera and logistics.
- DEWS Environmental Health unit has been offering services for water quality testing and other environmental aspects related to pertinent diseases with limited capacity due to lack of funds.
- W.H.O has trained district emergency health response teams on outbreaks during floods and natural disasters.

- Pharmacists has trained Government district staff on Logistic Support System for ration use of essential medicine

W4: Partners Present and their area of scope:

- Merlin is working in Bannu, DIKhan and Tank (with Malaria Role Back Program).
- Johanniter is working in DIKhan on primary health in 5 health facilities.
- PEACE and FPHC are working on nutrition projects in district DIKhan.
- MDM is working in Tank in DHQ hospital and BHU Ranwal on nutrition project

Needs of IDPS in District Bannu:

- More than 70% of the displaced population comprises of women and children, hence reproductive and MnCH care must be addressed. There are 4 WMOs all over the district only and, they are either in Women & Children hospital or in RHC Kakki. In the periphery, LHVs and National Program (28 LHS and 525 LHWs) are providing services. There are 90 trained “community mid wives”. Refresher trainings are required for these care providers
- Safe Delivery Kits are in limited quantity and stock needs to be replenished. MnCH Coordinator requested for nutritional supplements and Pyodine (Antiseptics) as well
- Given the current crisis, larger families (average family size 13.5) are residing in small houses, unhygienic practices with food and drinking water may impart important public health ramification. Safe drinking water must be ensured. Community education sessions and provision of water filters and hygiene kits will help this out.
- DEWS needs to be further strengthened because expected overcrowding renders a greater risk to contagious diseases. Refresher trainings for all the facilities’ in charge must be conducted on priority. Surveillance will further be strengthened and sentinel points will be nominated
- Partners need to introduce Nutrition (CMAM) projects in the area
- Mental and Psychological health is always an issue of prime importance.