

USAID
FROM THE AMERICAN PEOPLE





Lakki Gate Mosque, Bannu

“Disaster risk reduction has been a part of USAID’s work for decades.we strive to do so in ways that better assess the threat of hazards, reduce losses, and ultimately protect and save more people during the next disaster.”

Kasey Channell,

Acting Director of the Disaster Response and Mitigation Division of USAID’s
Office of U.S. Foreign Disaster Assistance (OFDA)

PAKISTAN EMERGENCY SITUATIONAL ANALYSIS

District Bannu

August 2014

“Disasters can be seen as often as predictable events, requiring forward planning which is integrated in to broader development programs.”

Helen Clark, UNDP Administrator, Bureau of Crisis Prevention and Recovery. Annual Report 2011

Disclaimer

iMMAP Pakistan is pleased to publish this district profile. The purpose of this profile is to promote public awareness, welfare, and safety while providing community and other related stakeholders, access to vital information for enhancing their disaster mitigation and response efforts.

While iMMAP team has tried its best to provide proper source of information and ensure consistency in analyses within the given time limits; iMMAP shall not be held responsible for any inaccuracies that may be encountered. In any situation where the Official Public Records differs from the information provided in this district profile, the Official Public Records should take as precedence.

iMMAP disclaims any responsibility and makes no representations or warranties as to the quality, accuracy, content, or completeness of any information contained in this report. Final assessment of accuracy and reliability of information is the responsibility of the user.

iMMAP shall not be liable for damages of any nature whatsoever resulting from the use or misuse of information contained in this report. The user agrees to indemnify and hold harmless iMMAP and anyone involved in storing, retrieving, or displaying this information for any damage of any type that may be caused by using this information.

The terms used and the maps presented in this profile do not imply the expression of any opinion whatsoever on the part of iMMAP and USAID concerning the legal status and the area of any administrative unit or its authorities.

NOTE:

This district profile is a live document and it will continue to improve based on its users feedback and upon availability of more accurate and authenticated sources as and when they become available. It's not always possible to publish these profiles in hardcopy format; however iMMAP will ensure that these updates are made available on DRR Pakistan Information Management Portal. For updated version of following profile, please visit www.drrpakistan.pk/pesa.

Any questions/ comments concerning information presented in this report can be addressed to:

iMMAP Pakistan Services Desk

H.# 25, College Road, F-7/2, Islamabad, Pakistan

Tel: +92.51.835.0755

eMail: cop@immap.org

Credits

iMMAP has been providing Information Management [IM] and Disaster Risk Reduction [DRR] capacity building services in Pakistan since 2010. Based on our lessons learned, while interacting with thousands of humanitarian partners and government officials, both national and international; we believe that the following are 7 basic requirements to improve Disaster Response and Management life cycle:

1. Information Management [IM] is a must for effective disaster response and monitoring;
2. Coordination among all stakeholders [both national and international] is of utmost importance to reduce redundancy and duplication in such critical situations – going beyond clusters and getting connected with local community representatives;
3. Appropriate logistic arrangements are critical for humanitarian relief and mitigation. However, it must be born in mind that logistic requirements drastically vary from disaster to disaster, based on its time, geography, and nature;
4. Disasters and Development are intimately connected. Its important that all disaster responders are aware of the long term implications of their actions of relief and early recovery;
5. It is important that we, as disaster responders, take full responsibility of self-accountability and transparency not only to the satisfaction of the government officials but the general public as well. Not-for-profit sector must be driven by a cause!
6. National, Regional, and International Public/ Private Partnerships [PPP] is the only way to implement sustainable Disaster Risk Management [DRM] measures;
7. Media must be integrated in our response efforts. This vastly helps to disseminate the right information, minimize duplication of efforts, and make all stakeholders aware of your organization's input/activities.

Pakistan Emergency Situation Analysis [PESA] is a series of District Profiles (DP), which is developed with the above-mentioned 7 basic requirements in focus. PESA DPs are one of the most effective iMMAP IM services in Pakistan, which directly contribute to thousands of humanitarian relief providers' effective emergency response and disaster management.

I can not conclude this note without thanking iMMAP Pakistan team that has contributed tirelessly, under extreme emergency pressure, to consistently deliver their best on time, during the 2010, 2011, 2012, and 2013 floods, 2013 earthquake in Balochistan, and the most recent drought emergency in Tharparkar, Sindh during 2014.

I particularly wish to express my great appreciation and thanks to my mentors, colleagues, and friends Mr. Fayyaz Ali Khan and Ms. Kathrin Lauer for their continuous feedback and reflection on the profiles quality. At many times, I parked their feedback, due to the time constraints of the service we have been trying to deliver. However, their feedback have always been valued and appreciated. Mr. Naeem Ahmad, being the M&E professional, has proven himself to be a gem for iMMAP. I also appreciate the efforts of other staff members who have been with us in the past and many new faces that joined iMMAP recently for their work with an exceptional dedication. This includes: Farooq Laghari, Qassim Jan, Sumbal Kazmi, Salman Mulk, Zohaib Fazal, Hadya Ali, Dr. Ahmad Ali Malik, Fatima Gillani, Fatima Ali, Zeeshan Ahmad, Sarfaraz Meher Din, Muhammad Javed Iqbal, Muhammad Akhtar, Muneeb Muzamil, Mahwish Muzamil, Tariq Sardar, Muhammad Shafique, Wajid Ali, and last but not the least Nouman Ali, our amazingly skilled graphic designer.



Mehdi Bokhari
PESA Project Director

Foreword

Timely response to a disaster may save precious human lives and reduce economic costs. However, natural disasters, typically, occur unexpectedly. Consequently, in most cases, the afflicted population lacks the necessary tools and capacity to handle such tragic occurrences and the devastation is manifold more than it should be.

“Before the next disaster hits, now is the time to recommit to making smart investments that save lives, property, and money. Whether at home or abroad, measures to improve response, increase disaster management capacity, plan and prepare, can have dramatic dividends.” (Kasey Channell: Acting Director of the Disaster Response Team for USAID’s Office of U.S. Foreign Disaster Assistance.) It is so true, as preparation for unexpected calamities is a tough task. However, if certain precautions are taken, they might lessen the overall damage. This series of district profiles, prepared by iMMAP and funded by USAID, is one such effort to enhance Government of Pakistan, humanitarian organizations and all other stakeholders’ efforts towards rapid needs assessment, disaster response and mitigation.

These profiles are divided into four sections namely background information, disaster history and its impact, hazard vulnerability and capacity assessment (HVCA) and coordination and support services. Background information provides an overview of history, geography, culture, and communication infrastructure. It also provides detailed analyses of demography, livelihood, food security, health and education. The second section provides detailed history of disasters in the district; information about losses and damages; and gap analyses of above mentioned sectors. HVCA section provides detailed analyses of district hazards, vulnerabilities and capacities that exist in the local community. Coordination and support services section gives information on whom to contact in emergency/disaster situations. The motivation stems from the idea that at the time of disaster all the stakeholders in general and the donors and disaster managers in particular can have a fair idea of what to expect and how to prepare for. It is expected that this contribution of USAID and iMMAP would lead to a well-coordinated and coherent response by different humanitarian organizations on managing similar disasters.

Having stated the above, it is very candidly admitted that these profiles are by no means exhaustive and in fact require a lot more input to qualify these as good enough documents for disaster preparedness. However, these are live documents and would be improved upon as and when required. There appears to be an element of repetition, which is owed to the fact that while these documents depict the district profiles in normal circumstances, the same then provide a detail account of the impact of the emergency assistance provided by the government and the humanitarian organizations and the remaining gaps. Due to time and resources constraints, the information provided in these profiles is mainly base on secondary source data. Depending on the end users’ response and funding availability, this exercise would be extended to other districts of the country.



Major (Retd) Tahir Iqbal
iMMAP Pakistan
Chairman

Table of Contents

District at a Glance	i
Acronyms	iii
1 Background Information	1
1.1 Introduction.....	1
1.1.1 History	1
1.1.2 Geography	2
1.1.3 Culture (Ethnicity, Religion and Politics)	2
1.1.4 Administrative Division	3
1.1.5 District Bannu Law & Order	3
1.1.6 Road Network Infrastructure	4
1.1.7 Irrigation	5
1.1.8 Solid Waste Management	7
1.2 Demography.....	10
1.2.1 Population Characteristic	10
1.2.2 Population Growth Pattern	11
1.2.3 Population Distribution by Age and Gender	11
1.2.4 Dependent Population	11
1.3 Livelihood	13
1.3.1 Main Sources of Livelihood/Income	13
1.3.2 Agriculture	13
1.3.3 Livestock	15
1.3.4 Industry	16
1.4 Food Security.....	17
1.4.1 Availability	17
1.4.2 Access	17
1.4.3 Utilization and Stability	18
1.5 Health and Nutrition	20
1.5.1 Basic Health Facilities	20
1.6 Education.....	23
1.6.1 Highlights	23

1.6.2	<i>District School Enrolment Ratio</i>	23
1.6.3	<i>Gender and Level Wise Details</i>	24
2	Disaster History and Its Impact	27
2.1	Disaster History	27
2.1.1	<i>Disaster Impact on Demography</i>	30
2.1.2	<i>Disaster impact the social-economic infrastructure</i>	30
2.1.3	<i>IDP Crisis 2014</i>	30
2.1.4	<i>IDP Crisis Impact on Livelihood and Economy</i>	32
2.1.5	<i>Latest IDP Situation Update as of 24th July 2014</i>	34
3	Hazard, Vulnerability and Capacity Analysis	52
3.1	Hazard:	52
3.1.1	<i>Natural hazard</i>	52
3.1.2	<i>Man-made hazard</i>	52
3.2	Vulnerability:	52
3.2.1	<i>Physical/material vulnerability:</i>	53
3.2.2	<i>Social/organizational vulnerability:</i>	53
3.2.3	<i>Attitudinal/motivational vulnerability:</i>	53
3.3	Capacity:	56
3.3.1	<i>Physical/material capacity:</i>	56
3.3.2	<i>Social /organizational capacity:</i>	56
3.3.3	<i>Attitudinal/motivational capacity:</i>	56
4	Sectoral Mitigation Measures	60
	<i>Education</i>	60
	<i>Health</i>	60
	<i>Water</i>	61
	<i>Sanitation (Latrine)</i>	61
	<i>Hygiene</i>	62
	<i>Shelter</i>	62
	<i>Livelihood</i>	62
	<i>Food</i>	62
	<i>NFIs</i>	62

<i>Government and Humanitarian Sector</i>	63
<i>Security Aspects</i>	63
5 Coordination and Support Services Annexures	64
5.1.1 <i>Departmental Focal Points</i>	64
5.1.2 <i>Emergency Response</i>	64
5.1.3 <i>List of NGOs working in District</i>	64
5.1.4 <i>Health Facilities</i>	66

List of Tables

Table 1.1-1: Administrative Division of District	3
Table 1.1-2: Crime Statistics of Bannu	4
Table 1.1-3: Road Network Infrastructure of District	4
Table 1.1-4: Entry/Exit Points for District	5
Table 1.1-5: Mouzas Reporting Sources of Irrigation: Mouzas Reporting Sources of Irrigation	5
Table 1.1-6: Waste Generation Estimates	8
Table 1.1-7: Physical Composition of Water	8
Table 1.1-8: Potential for Water Recycling	8
Table 1.1-9: Organization for Solid Waste Management	8
Table 1.1-10: Ratio of total staff to Population, household and waste collected	8
Table 1.1-11: Expenditure on Solid Waste Management	9
Table 1.2-1: Estimated population of District for 2014	10
Table 1.2-2: Population Details by Tehsil	12
Table 1.2-3: Estimated Population by UCs for 2014	12
Table 1.3-1: Mouzas Reporting Sources of Employment:	13
Table 1.3-2: Food and Cash Crops Cultivated in District	14
Table 1.3-3: Livestock in District Bannu (2006)	16
Table 1.3-4: List of Industries by Type in District Bannu	16
Table 1.4-1: Number of Mouza Reporting Major Crops	17
Table 1.4-2: Distance of Mouzas from Wholesale Markets	18
Table 1.4-3: Percentage Distribution of HH by Source of Drinking Water	19
Table 1.4-4: Percentage Distribution of HH by Type of Toilet	19
Table 1.5-1: Population per health unit (facility, beds, and workforce)	20
Table 1.5-2: Number of Health Institutions in District	20
Table 1.6-1: Gross and Net Enrolment Rates by Gender and Locality at Different levels	24
Table 1.6-2: Enrolment and Educational Facilities by level and Gender	25
Table 2.1-1: Vulnerable UCs of Bannu and their estimated population for 2014	27
Table 2.1-2: Details of Losses and Damages due to Floods 2010	30
Table 2.1-3: Demographics of the IDPs	34
Table 2.1-4: Government and Military Response to the IDP Situation	34

List of Maps

1: Reference Map	ii
2: Irrigation Infrastructure Map	6
3: Bannu Health Facilities Map	22
4: Education Facility Map	26
5: Risk Assessment Map of Bannu	28
6: Possible Safe Location Map of Bannu	29
7: IDP Camp Locations	51

DISTRICT BANNU

AT A GLANCE

Population 1998 **675,667 persons**



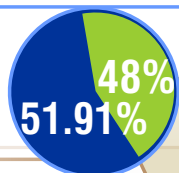
Population Density
206 per Sq. Km

2.81%

Average Annual Growth Rate (1981 - 98)



Male
543,935



Female
508,750



Average Household Size
9.7



Sex Ratio
108
Males per 100 females



978,406
92.9%

Urban Population

Health & Education



Government Health Facilities

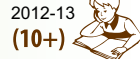
68



Educational Facilities

1,404

Literacy Rate
2012-13
(10+)



48%



Male
72%



Female
23%



Registered Voters
444,059

Population 2014 (Est)
1,052,685 Persons

Administrative Units

Tehsil	1
Union Councils	49
Mouzas	230

Area

1,227
Sq. Kms

Housing

Total Housing Units (1998)

1,22,335

Pacca Housing Units **15945 (13.03 %)**

Housing Units having Electricity **47857 (39.12 %)**

Housing Units having Piped Water **14797 (12.09 %)**

Housing Units using Gas for Cooking **734 (0.59 %)**

Rural Population

74,279 7.1%

Infant Mortality Rate
76/1,000 Live Births
Under 5 Mortality Rate
100/1,000 Live Births
Maternal Mortality Ratio
275/100,000 Live Births



Electoral Representation

Male	263,312
Female	180,747
National Assembly Seat:	(NA-26)
Provincial Assembly Seat:	(PK-70, PK-71, PK-72, PK-73)



Solutions in Time
ALHASAN SYSTEM Private Limited

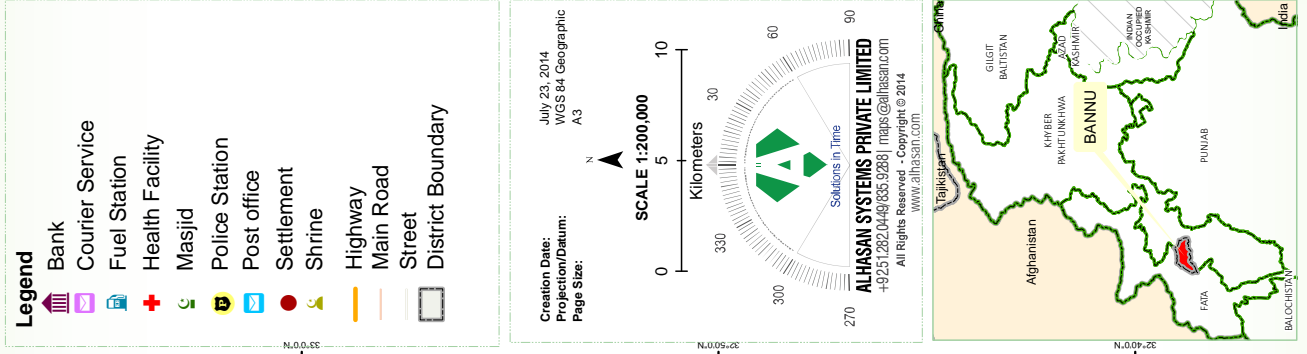
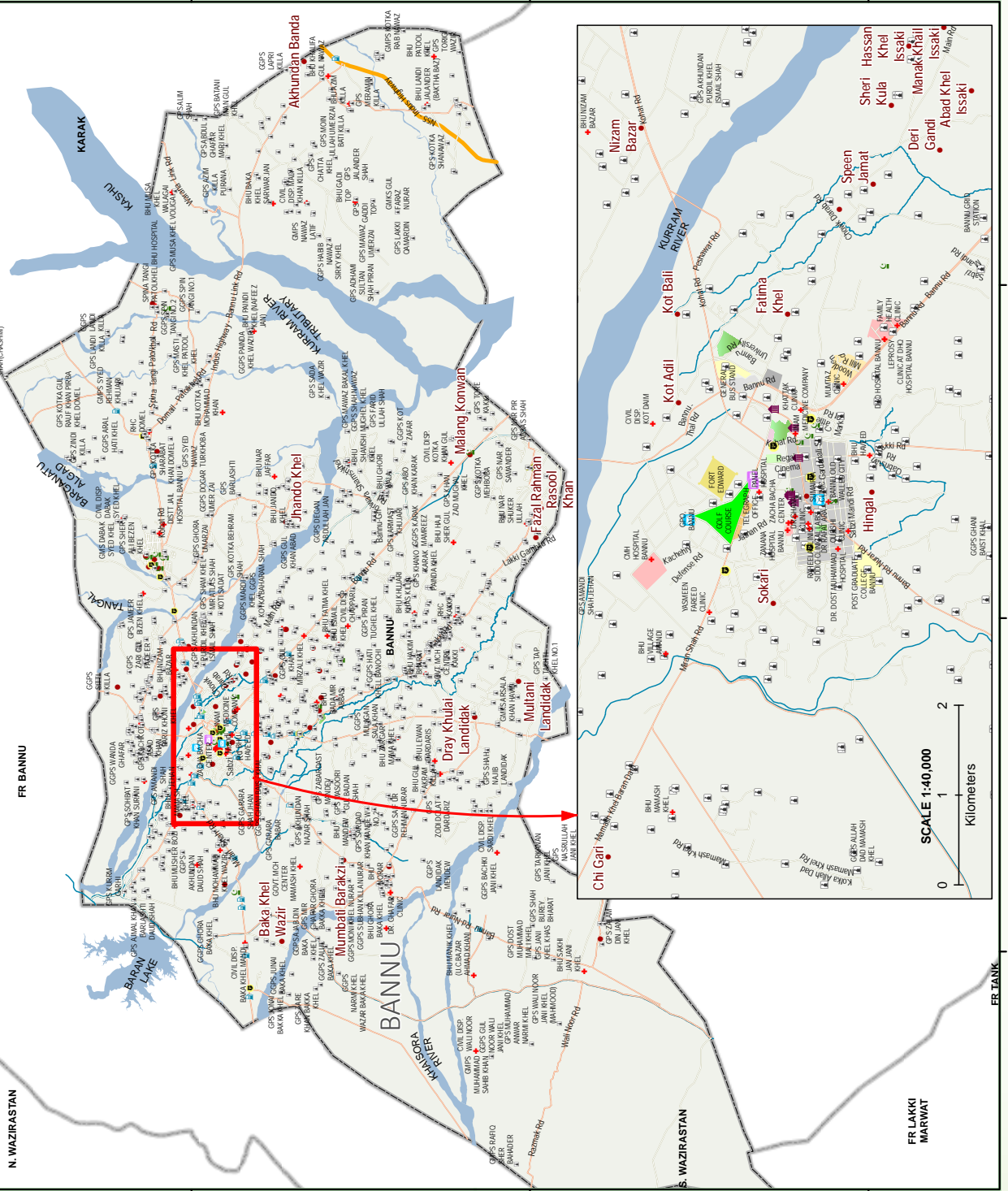


USAID
FROM THE AMERICAN PEOPLE



Because Information Matters

BANNU DISTRICT REFERENCE MAP - KPK



Acronyms

BHU	Basic Health Unit
CPR	Contraceptive Prevalence Rate
CFW	Cash For Work
ECP	Election Commission of Pakistan
FAO	Food and Agricultural Organization
GER	Gross Enrolment Rate
HH	Household
KPK	Khyber Pakhtunkhwa
NADRA	National Database and Registration Authority
NDMA	National Disaster Management Authority
NDP	National Drainage Programme
NER	Net Enrolment Rate
NFIs	Non-Food Items
NGA	National Geospatial Agency USA
NGO	Non-Governmental Organization
NHA	National Highway Authority
NRSP	National Rural Support Programme
PBS	Pakistan Bureau of Statistics
PCO	Population Census Organization
PDMA	Provincial Disaster Management Authority
PLW	Pregnant and Lactating Women
PSLM	Pakistan Social and Living Standard Measurement Survey
RHC	Rural Health Centre
SUPARCO	Space and Upper Atmosphere Research Commission
TFR	Total Fertility Rate
TRF	Technical Resource Facility
TLC	Temporary Learning Centres
TSS	Transitional School Structure
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WFP	World Food Programme
WHO	World Health Organization

1 Background Information

1.1 Introduction

1.1.1 History

District Bannu lies 190 km south of Peshawar, the capital of the Khyber Pakhtunkhwa Province of Pakistan. The geo-strategic location Of Bannu is quite important as since the ancient and medieval times, the Kurram-Bannu route into the Indian subcontinent was used to connect Hindustan-Kabul. The invaders and colonizers from the northwest also used to take this route. It was once part of the Gandhara civilization and was subsequently ruled by the Persian, Hindus, Kayanis, Alchaemenian, Muslims, Sikhs and the British, up to the independence of Pakistan in 1947. Under the latest revision of Pakistan's administrative structure, promulgated in 2001, Bannu was given the status of a city district¹.

Etymology of the name of Bannu is obscure despite the fact that it was the gateway to the subcontinent. During the British rule it was called Edwardsabad as after the annexation of the Punjab, Sir Herbert Edwardes administered the valley. Later on, it was named Dulipgarh or Dulipnagar, named after the Maharaja of Punjab Dulip Singh. Later on, in 1903, after its separation from Punjab, its name was changed to Bannu.

The history of Bannu can be traced back to the Persian rulers, the Achaemenians and Buddhism. In one source of Achaemenian satrapies map, it equates with the Bannu/Waziristan region. There are also historically defined links between the ancient Persia and Akra (which is considered the ancient name of the territory currently named Bannu), but no precise references are available.

In 1738, Nadir Shah Afshar, Shah of Iran and founder of the Afsharid dynasty, conquered Bannu but he laid it completely waste. Ahmed Shah Abdali, the King of Afghanistan and the founder of the Durrani Empire, led his armies through the Bannu Valley three or four times, levying what he could by way of tribute on each occasion. Later on, the Nawab of Mankera conquered the Valley in 1818, but after a very short time he was speedily forced to give way to Ranjit Singh, the Sikh ruler of Punjab and the founder of Sikh Empire and who was in control of Peshawar at that time.

From 1818 to 1836, Sikh troops and armies of the Nawab inturn harried the region; however, in 1838 the valley was ceded to Raja Ranjit singh. After that the British succeeded the Sikhs and occupied Bannu in 1848, but as much as Sikh rule had been hated, its British replacement aroused little enthusiasm². More or less continuous warfare between the British and the *Pashtuns* necessitated a huge British garrison on the west side of the city. The British ruled the

¹ Akra: The Ancient Capital of Bannu, North West Frontier Province, Pakistan

² http://indpaedia.com/ind/index.php/Bannu_District, 1908

region from 1848 to 1947, when it became a part of the new nation of Pakistan. Now it is an important district of the Khyber Pakhtunkhwa (KP) province of Pakistan.

1.1.2 Geography

Bannu is surrounded by mountain ranges of Koh-e-Sufaid and Koh-e-Hindukash. It is situated approximately 120 km south-west of Kohat, 140 km north of D.I.Khan and about 190 km south of Peshawar. The total area of this district is 1,227 square km. Bannu lies between 32° 59' and 33° 22' north latitude and 70° 36' and 71° 21' east longitude. The flood Plains/zones are the areas between Kurram River and Gambilia River.

Winter in Bannu starts from mid-November and lasts till the end of March. Summer months are from May to September. The mean maximum temperature in summer is over 31 °C (88 °F) and the mean minimum temperature is 16 °C (61 °F). The mean minimum temperature during winter is 4 °C (39 °F) and maximum is 20 °C (68 °F). Total rainfall calculated in 2013 is 15.8 mm as compared to 0.3 mm in 2012³.

1.1.3 Culture (Ethnicity, Religion and Politics)

Bannu is one of the most ancient cities of this region and for centuries it has been a route for trade between Afghanistan, South Asia, and Central Asia as well as the Middle East. It is a conservative Islamic city with a rich history. Bannu's inhabitants consist mainly of Pashtun, while a few Hindkowans also exists in the district. A strong tribal system is prevalent in the region. The major tribes are Banisee, Niazis, Wazirs, Marwats, Abbasies, Bhattaan, Syeds and Awans, with many more sub-tribal groups and factions within each larger tribe.

Over 99% of the city's population is Sunni Muslim, along with some Hindus, Sikhs, Christians and Ahmedis. Despite overwhelmingly Islamic nature of Bannu, it was previously home to other smaller communities such as Jews, Budhist, Hindus and Sikhs. Its famous markets such as the Chowk Bazaar and Tehsil Bazaar are emblematic of this mixture of culture and offer a variety of goods including gold and silver ornaments, traditional carpets, pottery, and clothing to artwork in wood, brass and precious stones. Even today, Bannu is considered the commercial, economic, political and cultural center of the Pashtuns with a tiny mix of the Hindko, Marwati, and Waziri dialects⁴.

The district is represented by four elected Members in the provincial assembly (MPAs) of Khyber Pakhtunkhwa province and one elected Member in the National Assembly (MNAs) of Pakistan. Jamiat-i-Ulema Islam (F), Pakistan People's Party Parliamentarians (PPPP) and Muslim League (N) are the major political parties of this district. In the general elections of 2005 and 2008, MMA remained the dominant party of this district. In the general elections of 2013, Jamiat-i-Ulema Islam (F) was dominant in the district by winning two provincial seats and the

³ Development Statistics of Khyber Pakhtunkhwa 2014, table no 52

⁴ <http://historypak.com/bannu-home-of-pakhtoons/>

only NA-26 seat of the district⁵. There are 444,059 total registered votes in the district, with 263,312 male voters and 180,747 female voters.

1.1.4 Administrative Division

District Bannu consists of only one tehsil i.e. Bannu tehsil. District Bannu has been divided into 230 mouzas (Revenue Villages), out of which 210 are rural, 5 are urban and 11 mouzas are partly urban. Also, there are 13 police stations in the district⁶.

Table 1.1-1: Administrative Division of District

Peshawar	Knungo Circles/ Supervisory Tapas	Patwar Circles/ Tapas	Number of Mouzas					
			Total	Rural	Urban	Partly urban	Forest	Un-populated
Bannu Tehsil	7	52	230	210	5	11	0	4

Source: Mouza Statistics of NWFP: 2008, Agriculture Census Organization

1.1.5 District Bannu Law & Order

District Bannu is facing enormous challenge of maintaining law and order because of terrorism, militancy and influx of IDPs. Weak governance structure and lack of human and financial resources are supposed to be behind reluctance to rectify or to take any remedial measures for the uplifting and development of the district. Widespread killing, abduction for ransom and dacoities are now being taken as normal crimes. A large number of citizens are now believed to be either primary or secondary victims of growing violence and poor law and order situation in the District. Most notably, kidnapping cases and terrorist violence have risen at an alarming pace in Bannu District over the past decade.

Operation Zarb e Azab was launched against the terrorists to uphold rule of law and Constitution in North Waziristan Agency. As a result a large influx of IDPs came to District Bannu and nearly one million IDPs have been registered. To maintain law and order the state and frontier regions (Safron) ministry has asked the interior ministry to send twenty platoons of the Frontier Constabulary (FC) to Bannu.

Police Stations in District Bannu

There were only 13 police stations in District Bannu in 2010 to maintain security requirements of large population. There has been no addition during 2011 and 2012 in the number of police stations in District Bannu. As the influx of IDPs has increased population in the district, subsequently responsibilities of existing police staff has been increased to a higher level.

District	2010	2011	2012
Bannu	13	13	13

Source: Development Statistics of Khyber Pakhtunkhwa, 2014.

Crime Statistics of District Bannu

⁵ <http://ecp.gov.pk/GE.aspx>

⁶ <http://www.khyberPakhtunkhwa.gov.pk/Departments/BOS/nwfpdev-statis-crime-tab-59.php>

Relative to other crime statistics murder carries higher weights in overall crime scene of District Bannu. In 2012, 170 murder cases, 2 kidnapping for ransom cases, 4 child lifting cases, 13 abduction cases, 1 car theft case and 12 motor cycle theft cases were registered in District Bannu. An increased trend has been observed under all crime heads during 2012.

Table 1.1-2: Crime Statistics of Bannu

District	Murder		Kid: Ransom		Child Lifting		Abduction		Car Theft		Car Snatching		M. Theft		Cycle	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
Bannu	177	170	2	2	4	4	7	13	0	1	1	0	2	12		

Source: Development Statistics of Khyber Pakhtunkhwa, 2014

Terrorist Attacks in Bannu in 2013

In 2013, in District Bannu there were 59 terrorist attacks by militant outfits, in which 25 people were killed and 134 were injured.

District	Attacks	Killed	Injured
Bannu	59	25	134

Source: Pakistan Security Report, 2013 (PIPS)

Attacks on Educational Institutes in District Bannu in 2013

Militants attacked private and public schools in general and girls schools in particular. The highest number of such attacks were occurred in Khyber Pakhtukhwa (51). As many as 17 attacks took place in District Bannu.

Suicide Attacks in District Bannu 2013

As many as 18 suicide attacks took place in Khyber Pakhtunkhwa, whereas three attacks were carried out in District Bannu, in which two people were killed and 33 were injured.

District	No. Attacks	Killed	Injured
Bannu	3	2	33

Source: Pakistan Security Report, 2013 (PIPS)

1.1.6 Road Network Infrastructure

District Bannu has 385 kilometer of roads network in the district. District Bannu is connected with Peshawar, D.I. Khan and Kohat districts through Indus Highway (N55).

Table 1.1-3: Road Network Infrastructure of District

District	Route	via	Distance
Bannu to Peshawar	Indus Highway (N55)	Kohat	187 km
Bannu to Miram Shah	Miran Shah Road	F.R. D.I.Khan	60 km
Bannu to D.I. Khan	Indus Highway (N55)	N55	162 km
Bannu to Lakki Marwat	Lakki Marwat Road	Sarai Naurang	56 km
Bannu to Kohat	Bannu-Kohat Road, Indus Highway (N55)	N55	125 km
Bannu to Karak	Bannu-Kohat Road	Surdag, Garuzi	54 km
Bannu to Thal	Thal Bannu Road	Shewa	69 km

Table 1.1-4: Entry/Exit Points for District

S.NO	Entry Point(Village)	Entry/Exit From	Entry To	Bannu UC	Road
1	Yar Muhammad Khan Kili	F.R Bannu	Bannu	Aral Hathi Khel	Kohat Road
2	Sitti Kalay	F.R Bannu	Bannu	Sikandar Khel	Bannu-Thal Road
3	Kurram Thangi	F.R Bannu	Bannu	Amandi	
4	Rucha	F.R Bannu	Bannu	Jani Khel	
5	Chagal	F.R Bannu	Bannu	Jani Khel	Razmak Road
6	Sarkai Dog	Lakki Marwat	Bannu	Jani Khel	Bannu Road
7	Jani Khel	Lakki Marwat	Bannu	Jani Khel	Bannu Road
8	Kotka Saifullah	Lakki Marwat	Bannu	Landi Dak	Bannu Road
9	Gul Din Khan	Lakki Marwat	Bannu	Sarai Naurang	Lakki-Gambila Road
10	Abdu Karim Khan	Lakki Marwat	Bannu	Sarai Naurang	
11	Mehrdil	Lakki Marwat	Bannu	Sarai Naurang	Kakki Road
12	Sarai Naurang	Lakki Marwat	Bannu	Sarai Naurang	Bannu Naurang Road
13	Banda Zaid Gul	Lakki Marwat	Bannu	Karab Kala	Indus Highway (N55)
14	Wali Khel	Karak	Bannu	Karab Kala	Indus Highway (N55)
15	Mita Khel	Karak	Bannu	Karab Kala	Warana Link Road
16	M. Akbar Daulat Khel Kili	Karak	Bannu	Aral Hathi Khel	
17	Aral Banda	Karak	Bannu	Aral Hathi Khel	Kohat Road

1.1.7 Irrigation

The Khyber Pakhtunkhwa province lies between river Indus and the Sulaiman hills that form the western barrier of Pakistan. Though the irrigation system of Khyber Pakhtunkhwa is not pervasive and its canals are insignificant as compare to the great irrigation network of Punjab, yet a vast area is irrigated through canals. Almost 92% of the cultivated area is irrigated through canals in the Bannu valley. These canals draw their supplies from the Kurram River and Gambilia Rivers; these two rivers irrigate the whole of cultivated area of the district⁷.

Agriculture in Bannu is largely dependent on Canals. Moreover, tube wells irrigation is also available in some places. The irrigated land in district Bannu constitutes a large percentage as compared to the other districts of Khyber Pakhtunkhwa. Out of 230 total mouzas, 221 (96%) mouzas are irrigated through Canals, River, Tube-wells, ravine, and spring stream etc⁸. Canals irrigate 92% of the total irrigated mouzas.

Table 1.1-5: Mouzas Reporting Sources of Irrigation: Mouzas Reporting Sources of Irrigation

Bannu	Rural Populated Mouzas	Number of Mouzas Reporting Source of Irrigation							
		Canal	River	Tube-well/Well	Ravine	Spring Stream/Karez	Arid	Flooding	Others
Number	221	203	15	25	44	5	10	8	1
Per cent	100	92	7	11	20	2	5		

Source: NWFP Mouza Statistics (2008), Agricultural Census Organization, Government of Pakistan

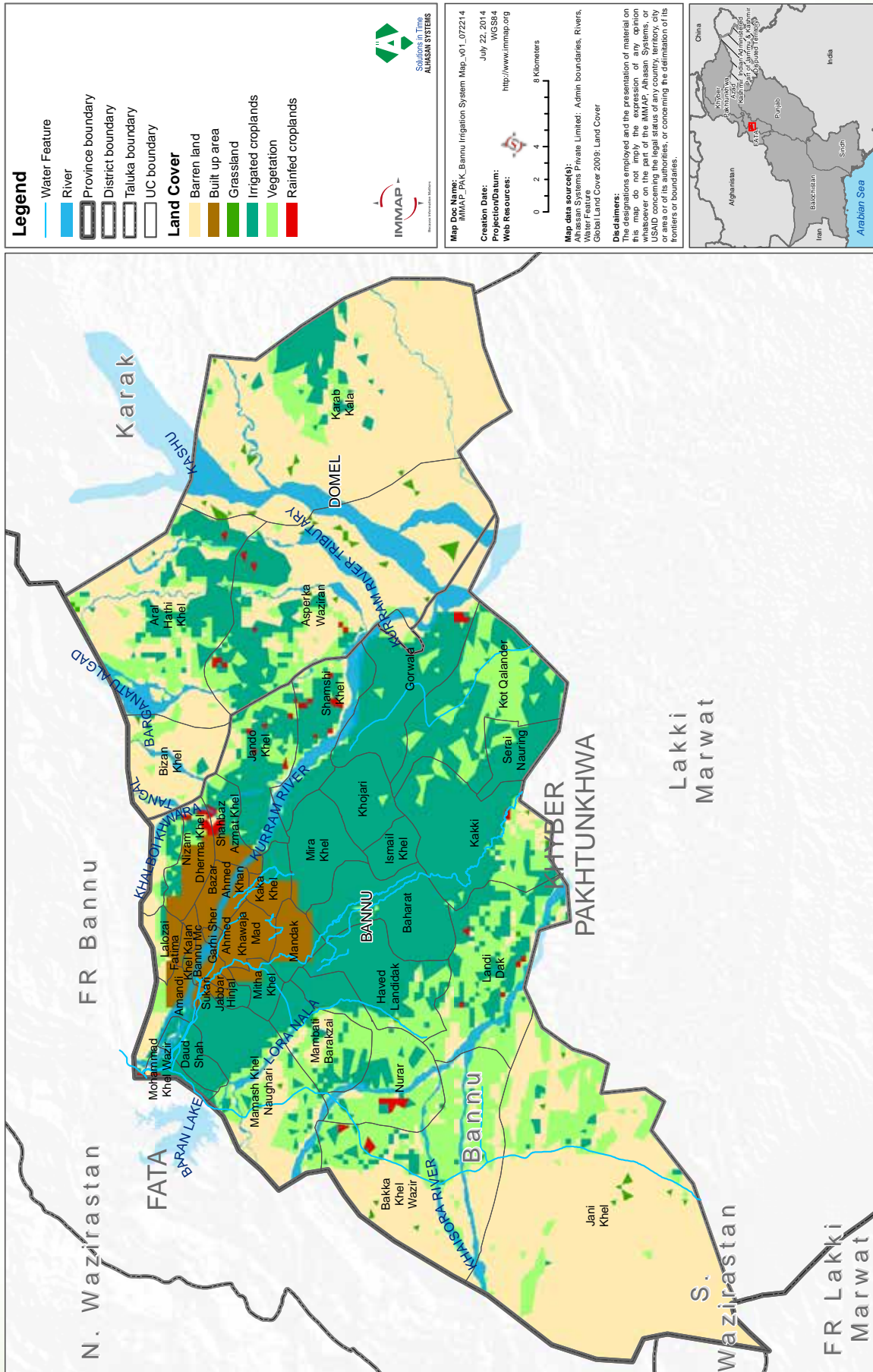
⁷ <http://www.freefictionbooks.org/books/p/13754-the-panjab-north-west-frontier-province-and-kash?start=58>

⁸ NWFP Mouza Statistics (2008), Agricultural Census Organization, Government of Pakistan

BACKGROUND INFORMATION



Bannu - Irrigation System Map July, 2014



1.1.8 Solid Waste Management

“Solid Waste Management (SWM) is the generation, separation, collection, transfer, transportation and disposal of waste in a way that takes into account public health, economics, conservation, aesthetics, and the environment, and is responsive to public demands.”⁹

On the basis of settlements, District Bannu can be divided into urban area and rural areas. The urban area can be further divided into the Main city and Cantonment area. The villages in the rural area are grouped. Some of the major areas are: Surani, Bazar Ahmad Khan, Norar, Mandan, Mamash Khel, Kaki, Baraat, Shahbaz Azmat Khel, Shah-Dev, Man-Dev, Khojari, Ghoriala, Doud Shah, Sukari and others. Majority of the district population resides in villages, however, the urban area is still overcrowded.

In District Bannu, there is no proper solid waste management system to facilitate the rural areas. Common practices of dumping the house garbage are i) on sides of houses (which are used as manure/fertilizer for cropland), ii) burning of used polythene bags, and such many discarded items, are followed in villages. In the urban areas, the City District Government and the Cantonment Board are responsible for the solid waste management. Nevertheless, the situation in the urban areas is also not satisfactory. Much of the uncollected waste, in both rural and urban areas, poses serious risk to public health through clogging of drains and thus formation of stagnant ponds. In addition, as there is a lack of adequate disposal sites, much of the collected waste finds its way in dumping grounds, open pits, and ponds.

In District Bannu, there is no proper data/statistics about the current situation of Solid waste management system in the rural areas including the collection and the disposal at landfill sites, due to which indiscriminate dumping and open burning of waste is a common practice.

At the urban level, the situation is also not impressive regarding the updated data on solid waste management. Due to improper operation & maintenance, as well as infrastructure, the concerned updated data/statistics about solid waste management is not available. The number of households plays an important role in generation and collection of the solid waste. The average household size in the district Bannu (Urban level) is 9.7 and currently the estimated number of households is 108,524.

The Ministry of Environment and Urban Affairs Division, Government of Pakistan, undertook a study during 1996 on "Data Collection for Preparation of National Study on Privatization of Solid Waste Management in Eight Selected Cities of Pakistan". The study revealed (While taking Bannu in focus) that the rate of waste generation on average from all type of municipal controlled areas varies from 0.439 kg/capita/day to 2.941 kg/house/day respectively as shown in the table 1.1-2. Which presents waste generation rate with respective daily and annual estimates of solid waste¹⁰.

9 Journal of Environmental and Occupational Science Environ Occup Sci 2012; 1(2):129-131

10 Source: (Draft) Guideline for Solid Waste Management; June 2005 (PEPA)

Table 1.1-6: Waste Generation Estimates

Generation Rate Kg/capita/day	Kg/h/day	Waste Generated Tons/day	Tons/year
0.439	2.941	36.0	13,140

Source: [EPMC Estimates, 1996] Source: (Draft) Guideline for Solid Waste Management; June 2005 (PEPA)

Solid waste in Pakistan is generally composed of plastic and rubber, metal, paper and cardboard, textile waste, glass, food waste, animal waste, leaves, grass, straws and fodder, bones, wood, and stones. The detailed physical composition of waste in the concerned urban area (City) of District Bannu is given in table.

Table 1.1-7: Physical Composition of Waste

Items	Plastic & Rubber	Metals	Paper	Card board	Rags	Glass	Bones	Food Waste	Animal Waste	Leaves, grass etc.	Wood	Fines	Stones
Weight (%)	5.30	0.30	3.30	1.60	2.30	1.20	0.20	16.30	2.40	14.70	0.50	45.40	6.50

Source: [EPMC Estimates, 1996] Source: (Draft) Guideline for Solid Waste Management; June 2005 (PEPA)

Under the present Waste recycling system, the municipality is not carrying out any type of recycling activity. Usually, the main recyclable items like paper, plastic, glass and metals are retained by the people themselves, which are later on sold to the street hawkers/waste dealers for recycling. Potential for waste recycling in the urban area (Bannu-city) is given in table.

Table 1.1-8: Potential for Waste Recycling

Ratio	Recyclable Annual amount(tons)	Gross Income Rs. (Million)	Net Income Rs.(Million)
14.20	10,800	7.4	3.7

The municipality of district Bannu has employed staff for management of municipal solid waste. The details of the number and ratios of total staff are given in table.

Table 1.1-9: Organization for Solid Waste Management

Zone/Sector	Total sup. Staff	Supervisors	Total Working Staff	Sweeper/ Sanitary Workers	Total Staff
1	4	1	270	165	290

[EPMC Estimates, 1996] Source: (Draft) Guideline for Solid Waste Management; June 2005 (PEPA)

Table 1.1-10: Ratio of total staff to Population, household and waste collected

Population	Ratio Of Total Staff To	
	Household (000's)	Waste collected(000's kg)
3.54	23.72	8.50

[EPMC Estimates, 1996] Source: (Draft) Guideline for Solid Waste Management; June 2005 (PEPA)

Following table presents municipal expenditure of Bannu urban area (city) and its ratio to waste collected, population and houses.

Table 1.1-11: Expenditure on Solid Waste Management

Total Expenditure (Million Rs)	Rs/Ton	Rs/Capita/year	Rs/house/year
7.34	1,000	90	603

[EPMC Estimates, 1996] Source: (Draft) Guideline for Solid Waste Management; June 2005 (PEPA)

1.2 Demography

1.2.1 Population Characteristic

In Pakistan, male population is more than female population and is among those four countries where life expectancy for female, at birth, is less than that of males¹¹. Sex ratio in Bannu is 107 male per 100 females, which is more than the ratio at the *National* level, which is 106¹². Though there could be other possible reasons for such a difference in male to female ratio, one probable reason of this ratio could be underreporting of females during national surveys. Besides, a very high maternal mortality rate¹³ (0.4 for KHYBER PAKHTUNKHWA) and lesser health facilities as compared to growing population are likely to be instrumental for this differential. Bannu is a rural district in nature and 92.9 percent of the total population resides in rural areas.

Table 1.2-1: Estimated population of District for 2014

AGE GROUP (IN YEARS)	TOTAL			RURAL			URBAN		
	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE	BOTH SEXES	MALE	FEMALE
ALL AGES	1,052,685	543,935	508,750	978,406	502,668	475,738	74,279	41,267	33,012
00 -- 04	190,801	96,921	93,880	181,207	91,928	89,279	9,594	4,993	4,601
05 -- 09	187,656	98,912	88,743	177,418	93,512	83,906	10,238	5,400	4,838
10 -- 14	127,597	68,209	59,388	118,129	63,340	54,788	9,468	4,869	4,599
15 -- 19	100,165	51,163	49,002	92,224	46,972	45,252	7,941	4,191	3,750
20 -- 24	86,185	41,848	44,337	79,416	38,162	41,254	6,769	3,686	3,083
25 -- 29	74,802	36,798	38,004	68,125	32,871	35,254	6,678	3,928	2,750
30 -- 34	59,216	30,661	28,555	53,006	26,628	26,378	6,210	4,034	2,177
35 -- 39	46,226	24,666	21,560	42,000	21,997	20,003	4,225	2,669	1,556
40 -- 44	47,520	23,831	23,689	43,604	21,639	21,965	3,917	2,192	1,725
45 -- 49	36,943	19,103	17,841	34,156	17,537	16,619	2,787	1,566	1,221
50 -- 54	31,764	16,762	15,002	29,426	15,440	13,986	2,339	1,323	1,016
55 -- 59	19,230	10,395	8,835	17,802	9,591	8,211	1,429	804	625
60 -- 64	19,210	10,238	8,972	18,023	9,526	8,497	1,187	712	475
65 -- 69	10,208	5,660	4,548	9,565	5,266	4,299	643	394	249
70 -- 74	8,366	4,828	3,538	7,924	4,565	3,359	442	263	179
75 & ABOVE	6,794	3,939	2,856	6,383	3,696	2,688	411	243	168

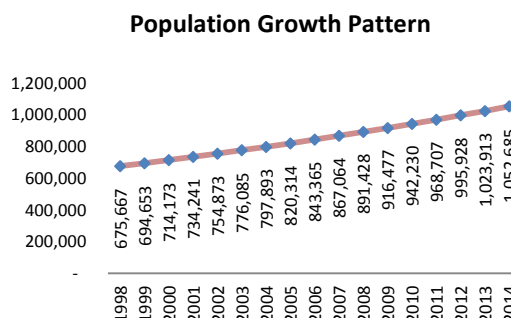
11 A profile for District Badin, 2009. South-Asia Partnership Pakistan

12 Labour Force Survey 2010-11: Pakistan Bureau of Statistics

13 Pakistan Demographic and Health Survey, 2006-07: National Institute of Population Studies, Pakistan. pp. 179

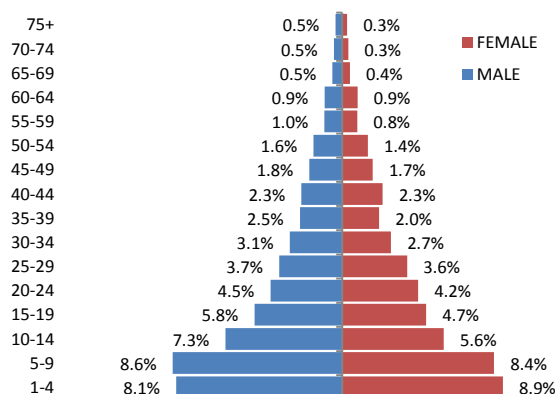
1.2.2 Population Growth Pattern

The corresponding graph shows the Population Growth Pattern of District Bannu, from year 1998 to 2012. From the year 1998 to 2014, there is a constant increase in the population density with an average growth rate of 2.81% per annum. From 1998 to 2014 population increased by 56%. With the same growth rate population will double¹⁴ itself in 24.9 years from 1998. The estimated population for 2014 is 1,052,685.



1.2.3 Population Distribution by Age and Gender

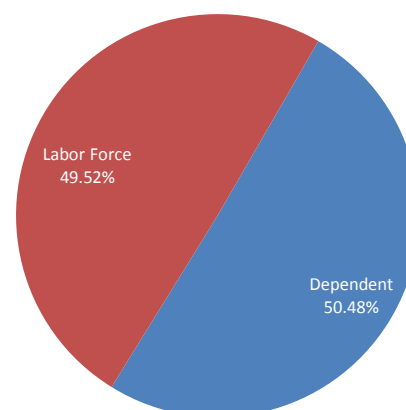
Out of the total population, 51.7 percent are males and 48.3 percent are females. 48.07% of the population is below 15 years of age, whereas 49.52% is in the working age group of 15-64. Sixty five years and above population is 2.41% of the total population. The maximum population lies in the cohort of 0-4, which is 17% of the total population. Except age groups 20-24 and 25-29, in all the age groups male population out numbers female population.



1.2.4 Dependent Population

Economically dependent population comprises of the population that is less than 15 years and more than 65 years of age. In addition to these age groups, widowed, and/or divorced women are also considered part of the dependent population. Dependent population, in the case of Bannu district, is 49.52% of the total population. The working population of the district is 50.48%, which shows that dependency ratio¹⁵ in the district is 95%.

Dependent Population percent



14 Rule of 70 <http://controlgrowth.org/double.htm>

15 Dependency Ratio= (Population < 15 Years + Population > 65 Years)/ Population 15-65 Years

Table 1.2-2: Population Details by Tehsil

Tehsil	Population	Male	Female	Pop Density	Sex Ratio	Average HH Size	Estimated HH
Bannu Tehsil	1,052,685	543,935	508,750	858	107	9.7	108,524

Source: Estimated on the basis of Table 1, District Census Report 1998

Table 1.2-3: Estimated Population by UCs for 2014

Union Council		Union Council	
Amandi	19,673	Khandar Khan Khel	28,315
Aral Hathi Khel	25,897	Khawajmad	15,664
Asperka Waziran	32,238	Khujari	16,504
Baharat	27,534	Kot Qalandar	23,305
Baka Khel Wazir	19,792	Koti Sadat	17,958
Bazar Ahmad Khan	19,909	Lalozai	25,189
Bizen Khel	30,221	Mama Khel	18,471
City-I (urban)	22,580	Mamash Khel	23,973
City-II (urban)	24,198	Mandan	19,958
Daud Shah	21,049	Mandev	15,729
Domel	21,234	Mira Khel	20,037
Fateh Khel Kausar	16,613	Mita Khel	21,822
Fatima Khel Kalan	28,375	Muhammad Khel Wazir	20,869
Garhi Sher Ahmad	22,831	Mumbati Barakzai	19,480
Ghoriwala	22,307	Nar Jaffar Khan	24,713
Hassani	18,220	Nezam Dherma Khel	18,134
Haved Landidak	28,127	Nurar	18,603
Hindi Khel Wazir	21,609	Salaima Sikandar Khel	16,466
Hinjal	18,407	Shahbaz Azmat Khel	16,712
Ismail Khel	16,269	Shamshi Khel	25,459
Jani Khel	19,308	Sikandar Khel Bala	16,996
Jhando Khel	17,260	Sokari	17,784
Kakki-1	26,677	Takhti Khel Wazir	24,695
Kakki-11	15,346	Zeraki Pirba khel	24,439
Kala Khel Masti Khan	25,735	Total	1,052,685

1.3 Livelihood

1.3.1 Main Sources of Livelihood/Income

Agriculture, Livestock and industry are the main sectors of livelihood in Khyber Pakhtunkhwa. According to the official statistics, in 1998 census, there were 97,345 employed people in the district¹⁶. The compositions of the in the district occupations are professionals 5.7%; Agriculture workers 39%, elementary occupations 23.7%, Service and shop workers 9.23%, Craft and related trade workers 6% others 16.2% focused on their personal business and services¹⁷. Women participation in employment is very low and only a very few portion of the female population is employed.

Table 1.3-1: Mouzas Reporting Sources of Employment:

GENDER	QUANTIFICATION	SERVICE	AGRICULTURE	TRADE	INDUSTRY	PERSONAL BUSINESS	OVERSEAS EMPLOYEMENT	LABOUR
MALE	MOSTLY	2	160	-	1	1	1	9
	SOME	179	50	73	9	114	107	210
	NONE	40	11	148	211	106	113	2
FEMALE	MOSTLY	1	6	-	-	23	1	13
	SOME	62	23	2	1	41	1	75
	NONE	158	192	219	220	157	219	133

Source: NWFP Mouza Statistics (2008), Agricultural Census organization, Government of Pakistan

The categories under which these Mouzas have reported their population against different livelihood sources are:

- Mostly: population of 50 percent and above
- Some: population between 1 percent and 50 percent
- None: less than or equal to 1 percent

The above table shows that out of 221 rural mouzas, 154 mouzas reported agriculture as the source of livelihood for male population, while for most female population, 110 mouzas also reported agriculture as source of employment. But the share of services and personal business combined is more than the agriculture. As the following graph shows, in the category of some, services and personal business lead as a major source of employment.

1.3.2 Agriculture

Main source of livelihood of the people of district Bannu is agriculture as 39% of the total labour force is directly or indirectly earn their living through Agriculture. Though there are also

¹⁶ Development Statistics of Khyber Pakhtunkhwa 2014

¹⁷ http://www.bannu.financekpp.gov.pk/index.php?option=com_content&view=article&id=53&Itemid=63

some small scale industries but the very small portion of the labour is attached to this sector in the district. Agriculture is the basis of the economy of the district, as the topography and climatic conditions, are suitable for raising multiple food and cash crops. Total reported area of Bannu is 118,823 hectares, out of which 83,043 hectares are cultivated and 35,708 hectares are uncultivated¹⁸. The district possesses vast potential for growing many types of crops i.e. Sugarcane, Wheat, Sugar beet, Tobacco and vegetables as well as fruits. The area has potential to increase its per acre yield by adoption of various improved methods of crop production technology. Below table shows variety of crops being produced in district's mouzas.

Table 1.3-2: Food and Cash Crops Cultivated in District

Type	Crop	Area Sown in 2007-08 (000 Hectares)	Production in 2007-08 (000 Tonnes)	Area Sown in 2008-09 (000 Hectares)	Production in 2008-09 (000 Tonnes)
Food	Wheat	10.1	18.3	10.7	19.5
	Rice	1.9	3.6	1.9	3.7
	Maize	4.9	8.9	4	7.3
Cash	Sugarcane	0.8	33.7	0.5	20.3

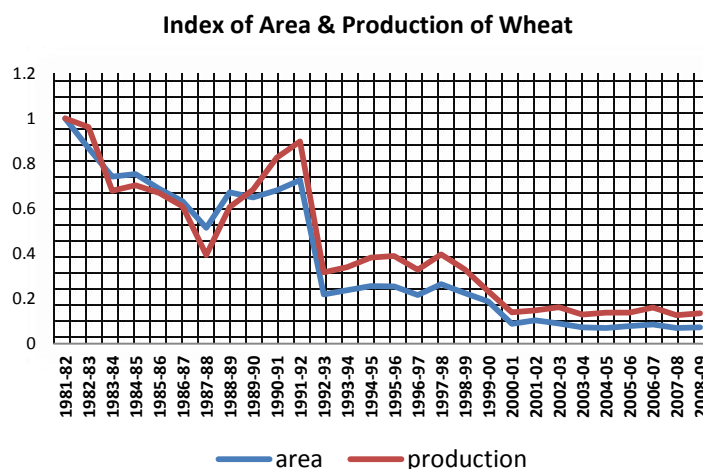
Source: Crop Area and Production by Districts for 28 Years; 2008-09 Pakistan Bureau of Statistics (PBS)

Also, the above table shows the area and production of different food and cash crops in the district. Due to the topography, most of the farmers grow only wheat and maize in Rabi and Khareef seasons. Sugarcane is also produced on small farms in the district.

- **Wheat**

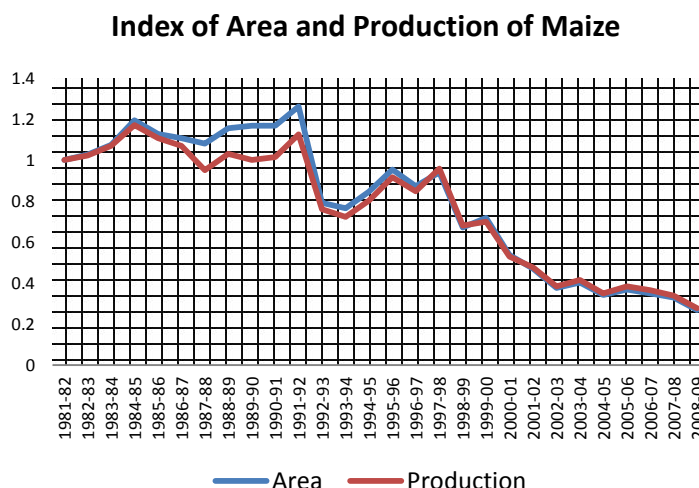
Wheat is the major crop grown in this district. The corresponding index shows that the trend in area and production has been similar over the last 10 years. But the graph shows that there was a boost in both area and production in the year of 1988-92 and production increased significantly in 1990 due to some ideal conditions. Though production slightly increased more than increase in the area, during 2000-08, the relative change in the area and production remained the same in district Bannu.

- **Maize:**



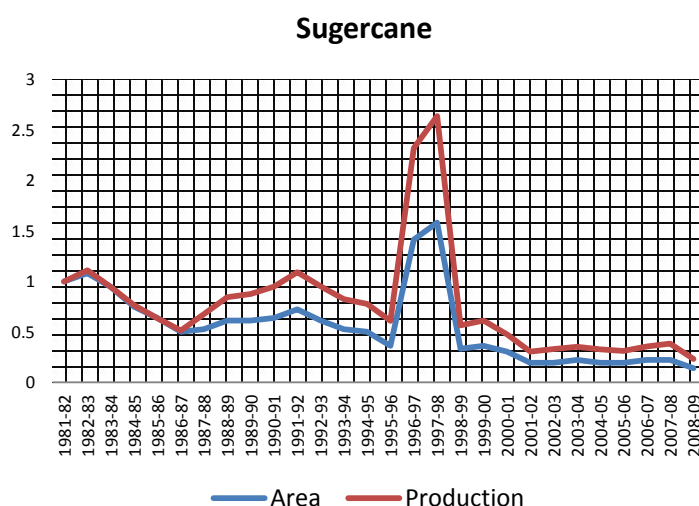
18 http://kpbos.gov.pk/prd_images/1399370800.pdf

Maize used to be the major crop of *Kharif* season in this district. But there is consistently decreasing trend in the production of Maize and in cultivation area of Maize. The figure shows that there was a significant increase both in production and cultivation area of Maize from the year 1988-92 but after that there is almost a decreasing trend. There can be seen a monotonicity in decreasing trend of the production and cultivation since 2000 to so far but the relative change in area and production is similar throughout.



- Sugarcane

Sugarcane is the only significant cash crop of district Bannu. But there is not a significant production as well as area of production of Sugarcane. Only 0.8 hectares area was cultivated with a production of 33.7 tons in 2007-8 while the production is 20.3 tons from the area of 0.5 hectares in the year 2008-9. The figure illustrate that there was a boost in the production of Sugarcane from 1996-98, but after that there is a consistent trend both in production and area of production.



Source: Crop Area and Production by Districts for 28 Years; 2008-09 Pakistan Bureau of Statistics (PBS)

1.3.3 Livestock

Livestock plays an important role in the economy of Pakistan. It provides job opportunities to a large number of the rural population and contributes 11.8% share to the GDP and 55.9% to the agriculture sector. Gross value addition of livestock has increased from Rs.756.3 billion (2012-13) to Rs.776.5 billion (2013-14), showing an increase of 2.7% as compared to last year. However, Khyber Pakhtunkhwa provides 23% of the total livestock production of Pakistan¹⁹.

19 <http://www.khyberpakhtunkhwa.gov.pk/Agriculture/AttDept/Dairy.phpk>

Asses, buffaloes, cattle, goats, horses, mules and sheep along with several poultry farms are found in the district.

Table 1.3-3: Livestock in District Bannu (2006)

Livestock	Number
Cattle	168,927
Buffaloes	56,181
Sheep	92,164
Goats	221,922
Camel	803
Horses	1,771
Asses	20,054
Mules	442
Poultry	1,437,26
Total	1,999,290

Source: Directorate of Livestock & Dairy Development Dept, NWFP, Bannu

1.3.4 Industry

Bannu district is comparatively less developed area in the province of Khyber Pakhtunkhwa. Main source of livelihood of the people of the district is Agriculture, crafts and related trade works with a small number of industries as well. There is a small industrial unit, an automotive training center, Handicrafts Development Centre for female at Nurar, Leather industry, Woolen industry, and some food and beverages industries in the district are functioning, which are manufacturing hosiery, small arms, leather and foot wear, garments, ghee, soap, etc. There are a total 38 working unit out of 42 Industrial Units in district Bannu²⁰.

Table 1.3-4: List of Industries by Type in District Bannu

S.no	Nature of Industry	Total No. of Units
1.	Food, Beverages & Tobacco	8
2.	Textile, Wearing Apparel & Leather Products	15
3.	Paper & Paper Products	1
4.	Chemical, Petroleum, Rubber & Plastic Good	3
5.	woolen	1
6.	Ice factory	10
7.	Cement based	2
	Total	38

Source:

²⁰ Development Statistics of Khyber Pakhtunkhwa 2014

1.4 Food Security

Food security can be broadly divided into four components²¹:

- **Availability** of food in terms of sufficient quantity available through domestic production or imports
- **Access** to adequate resources given the socio-political and economic arrangements of the community
- **Utilization** refers to the body's ability to make use of the nutrients provided. This requires clean water, sanitation, and health care.
- **Stability** includes an all-time access and utilization of food without any fear of losing it due to any shock (natural calamity, economic shock). This component points out the sustainability of food.

1.4.1 Availability

Wheat along with other crops like maize and sugarcane are vegetables are produced in most of the rural mouzas of the district. Orchards are also widespread in the district. Guava of Bannu is famous for their quality and taste.

Table 1.4-1: Number of Mouza Reporting Major Crops

	WHEAT	RICE	COTTON	SUGARCANE	MAIZE	PULSES	ORCHARDS	VEGETABLES
Bannu Tehsil	220	164	6	91	211	9	43	93

Source: NWFP Mouza Statistics (2008), Agricultural Census organization, Government of Pakistan

Food availability does not depend on the availability of wheat only but also on other cereals like maize etc. Bannu is deficit in producing enough wheat to meet its own demand. Over the past three reporting periods of 2011 (1,865 kg/hect), 2012 (1,743 kg/hect) and 2013 (1,778 kg/hect), yield per hectare has decreased significantly²². As far as cereal food is concerned, this district is considered to be the worst in cereal deficient. Animal based food availability (meat, milk, milk products) is also important for total food availability. Bannu is producing surplus animal based food²³. Combining both the crop based and animal based food self-sufficiency, Bannu is facing deficit in food availability at domestic level²⁴.

1.4.2 Access

Per capita availability of food items alone is not a reliable indicator of food security. If the available food is not socio-economically accessible of the masses, it cannot make a society food secure. The income level of the households reflects access to food, capacity of consumption and even food poverty. Average monthly income of a household (HH) in this

²¹ Food & Agriculture Organization (FAO)

²² Development Statistics KPK 2014

²³ Food Insecurity in Pakistan (2009), Sustainable Development Policy Institute (SDPI), Islamabad

²⁴ Ibid

district is between Rs. 11,000 and Rs. 15,000, which is considered as very low income²⁵. Child dependency (ratio between children and household members in economically active age group) is one of the limiting factors in meeting the daily needs of households and is an important indicator to measure access to food. The increased dependency ratio enhances spending of the household on child-care and food, which results in a per capita reduction of socio-economic access to food. Child dependency ratio is very high in this district. The share of household expenditures on food is 62.2% of the total income in Khyber Pakhtunkhwa. So the low level of income, high food expenditures, high child dependency and high inflation (particularly food inflation) hinders access to food.

The table below shows the physical access of food in the district by giving distance of mouzas from the wholesale markets. Average distance from the fruit and vegetable market of a mouza is 12 kilometers whereas the distance from the grains market is 12 kilometers. Such long distances impede access to food.

Table 1.4-2: Distance of Mouzas from Wholesale Markets

Type of facility		Rural Populated Mouzas	Overall Mean Distance (KM)	Mouzas by Distance (in Kilometers) by Facility				
				Less Than 1	1 - 10	11 – 25	26 – 50	51 & Above
Livestock Market	Number	221	6	8	191	21	1	-
	Percent	100		4	86	10		
Grains Market	Number	221	8	6	152	62	1	-
	Percent	100		3	69	28		
Fruit Market	Number	221	8	8	144	68	1	-
	Percent	100		4	65	31		
Vegetable Market	Number	221	8	8	143	69	1	-
	Percent	100		4	65	31		
Govt. Procurement Center	Number	221	44	2	102	34	-	83
	Percent	100		1	46	15		38

Source: NWFP Mouza Statistics (2008), Agricultural Census organization, Government of Pakistan

1.4.3 Utilization and Stability

In addition to food availability and access, proper assimilation of food in the body is essential. Food utilization and stability depicts this absorption of food and its sustainability. Improved sanitation facility, clean drinking water, health infrastructure and individual health status along with female literacy play vital role in food absorption. According to Food Security Analysis (FSA) 2009, access to improved drinking water is reasonable in this district as only 6.33% of the population does have access to improved source of drinking water²⁶.

²⁵ Food Insecurity in Pakistan (2009), Sustainable Development Policy Institute (SDPI), Islamabad

²⁶ ibid

Table 1.4-3: Percentage Distribution of HH by Source of Drinking Water

Bannu	Water Delivery System				
	Tap Water	Hand Pump	Motor Pump	Dug Well	Other
Total	69	14	14	0	3
Urban	95	0	5	0	0
Rural	68	15	15	0	3

Source: PSLM 2012-13

Also, the sanitation conditions are reasonable in the district Bannu where 59% of the households use flush-toilets and only 8% of the households have no toilet facility. The sanitation facility is comparatively poor in rural areas of the district. And the female literacy rate is 23% only.

Table 1.4-4: Percentage Distribution of HH by Type of Toilet

Flush			Non-Flush			No Toilet		
Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
96	57	59	1	35	33	8	2	8

Source: PSLM 2012-13

In a nutshell, this city district does not have sufficient availability of food; a poor socio-economic access; and a poor food utilization environment. Combining all the indicators of food security i.e., availability, access, utilization and stability; it can be ascertained that district Bannu is a food insecure district of Pakistan.

1.5 Health and Nutrition

1.5.1 Basic Health Facilities

Health is an important social sector; Economic development and social progress are closely linked with the state of health of the population of a country. Health facilities are essential not only to provide disease free atmosphere to live but also to enhance the efficiency and productivity of population. Presently, in district Bannu, health services are provided by both Public and private institutions. There are 5 public hospitals and 1 private hospital, 2 RHC, 35 civil dispensaries, 2 MCH centers, 34 BHUs and 1 TB clinics in district Bannu. The total beds strength of government hospitals is about 977 beds. Also, there are 102 doctors, 2 radiologists, 3 dental surgeons, 247 nurses, 38 Nurse Dias, Dias 139, LHVs 52 and 511 other paramedical staff posted by the government in the district²⁷. Estimated population per hospital bed is 1,077. Keeping in view the available health statistics, population per unit is given below.

Table 1.5-1: Population per health unit (facility, beds, and workforce)

Facilities	Beds	Workforce	
Total	82	977	1,094
Population/Unit	12,838	1,077	962
WHO Standard	5,000	400	435
% of Population catered	39%	37%	45%

Table 1.5-2: Number of Health Institutions in District²⁸

District/ Tehsil	Hospitals		Dispensaries		R.H Centres		B.H Units		T.B Clinics		S.H Centres	M.C.H Centres	Leprosy Clinic
	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	Beds	No.	No.	No.
Bannu	6	897	35	0	2	40	35	-	1	-	0	2	1

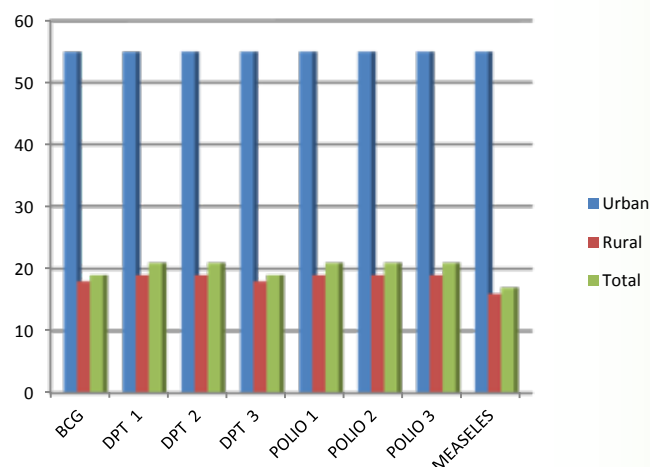
²⁷ http://kpbos.gov.pk/prd_images/1399372381.pdf

²⁸ Ibid

Immunization

Immunization coverage estimates are used to monitor immunization services, and to guide disease eradication and elimination efforts. This indicator is the measure of the percentage of children of 12-23 months of age who have received all the doses of BCG vaccine, three doses of polio & pentavalent vaccines and 1 dose of measles vaccine in a given year.

In District Bannu, around 73% pregnant women have received tetanus toxoid injections. In the urban areas this percentage is 87% and in the rural areas it is 73%²⁹. Record based³⁰ immunization data of District Bannu shows that 17% (Male 19%: Female 15%) of the children aged 12-23 months have received full immunization. In the urban areas, this percentage is 55% (Male 56%: Female 50%) and in the rural areas, it is 16% (Male 17%: Female 15%). The corresponding graph shows the percentage of children of 12-23 months that have been immunized by the type of Antigen based on records³¹.



²⁹ Table 3.11, Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-2013

³⁰ Table 3.4 (b) Based on record: Children who reported having received full immunization who also have an immunization card, expressed as a percentage of all children aged 12-23 months. Also immunizations to be classed as fully immunized a child must have received: 'BCG', 'DPT1', 'DPT2', 'DPT3', 'Polio1', 'Polio2'

³¹ Table 3.5: Pakistan Social and Living Standards Measurement Survey (PSLM)2012-2013

1.6 Education

1.6.1 Highlights

Literacy Rate (10 years and above)		48%
Adult Literacy Rate (15 years and above)		44%
GPI Primary		0.69
GPI Middle		0.45
GPI Secondary		0.41
GPI Higher Secondary		1.36
Population that has ever attended School		51%
	Male	76%
	Female	25%
Population that has completed primary level or higher		41%
	Male	64%
	Female	18%
Student Teacher Ratio		73
	Primary	166
	Middle	110
	Secondary	74
	Higher Secondary	84

Source: Bureau of Statistics, Khyber Pakhtunkhwa 2014 and Pakistan Social and Living Standard Measurement Survey 2012-13

1.6.2 District School Enrolment Ratio

The education status is quite poor in Bannu. The overall literacy rate (for the population of 10 years and above) is 48%; for males it is 72% and for females it is 23%. For the urban rural comparison, urban literacy rate is higher than the rural, which is 73%. Among urban community, literacy rate for male is 83% and for female it is 63%; whereas the rural literacy rate is 47%, and in the rural community, literacy rate for male is 71% and for female it is 21%. Adult literacy rate (for the population of 15 years and above) is 44%. Gross Enrolment Ratio³² (GER) for primary level in Bannu is 71% (Male: 83%, Female: 57%), in urban community it is 77% (Male: 79%, Female: 75%) and in the rural community it is 71% (Male: 83%, Female: 56%). Net Enrolment Ratio³³ (NER) for the primary level is 56% (Male: 69%, Female: 42%), in urban community it is 69% (Male: 72%, Female: 67%) and in the rural community it is 56% (Male: 69%, Female: 41%). Table 1.6.1 shows details of Gross and Net Enrolment Rates by Rural and Urban Gender at different levels.

³² Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year.

³³ Enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population.

Table 1.6-1: Gross and Net Enrolment Rates by Gender and Locality at Different levels

Urban/ Rural/ District	Gender	Gross Enrolment Rates			Net Enrolment Rates		
		Primary (5-9)	Group Middle Group (10-12)	Matric Group (13-14)	Primary Group (5-9)	Middle Group (10-12)	Matric Group (13-14)
Urban	Male	93%	90%	124%	72%	46%	17%
	Female	105%	65%	82%	67%	37%	24%
	Total	99%	78%	101%	69%	41%	21%
Rural	Male	99%	70%	92%	69%	30%	15%
	Female	61%	22%	26%	41%	9%	5%
	Total	82%	51%	61%	56%	22%	10%
Total	Male	99%	71%	93%	69%	31%	15%
	Female	63%	24%	29%	42%	10%	6%
	Total	82%	52%	63%	56%	23%	11%

Source: Pakistan Social and Living Standard Measurement Survey 2012-13

1.6.3 Gender and Level Wise Details

The total enrollment in District Bannu is 118,399 (Male: 73,045 and Female: 45,354). Out of a total of 4,959 teachers, 3,002 are male and 1,957 are female teachers. This illustrates that one teacher is teaching averagely 23 students. The total boys' school of District Bannu are 829, and the total female schools are 575. Thus, the total number of schools is 1,404 and averagely every school has an enrolment of 84 students and a teaching staff of around 2³⁴.

Primary

The total number of primary level schools, that are reported, is 1,159. The total enrolment at the primary level is 84,797 (50,169 are boys and 34,628 are girls). Total number of teachers at the primary level is 2,839, out of which 1,656 are male and 1,183 are female teachers. Thus, on an average, each primary school has an enrolment of 73 students with a teaching staff of 2.

Middle

There are a total of 132 middle schools reported. The total enrolment, at the middle level, is 21,919, of which 15,027 are boys' enrolment, whereas, the girls' enrolment is 6,892. The total teachers at the middle level are 688, out of which 351 are male teachers, while, 337 are female teachers. Thus, on an average, each middle school has an enrolment of 166 students with a teaching staff of 3.

Secondary

There are a total of 93 secondary schools in the district. The total enrolment at the secondary level is 10,205, of which 7,225 are boys' enrolment whereas 2,980 are girls' enrolment. The total number of teachers at the secondary level is 1,015, out of which male teachers are 724 and female teachers are 291. Thus, on an average, each secondary school has an enrolment of 109 students with a teaching staff of 10.

³⁴ Bureau of Statistics, Khyber Pakhtunkhwa 2014 <http://kpbos.gov.pk/products.php?pid=24&period=2014>

Higher Secondary

There are a total of 20 higher secondary schools. The total enrolment at the higher secondary level is 1,478, out of which 624 are boys' enrollment and 854 are girls' total enrolment. The total number of teachers, at the higher secondary level, is 417, out of which 271 are male teachers and 146 female teachers. Thus, on an average, each higher secondary school has an enrolment of 74 students with a teaching staff of 20.

Table 1.6-2: Enrolment and Educational Facilities by level and Gender

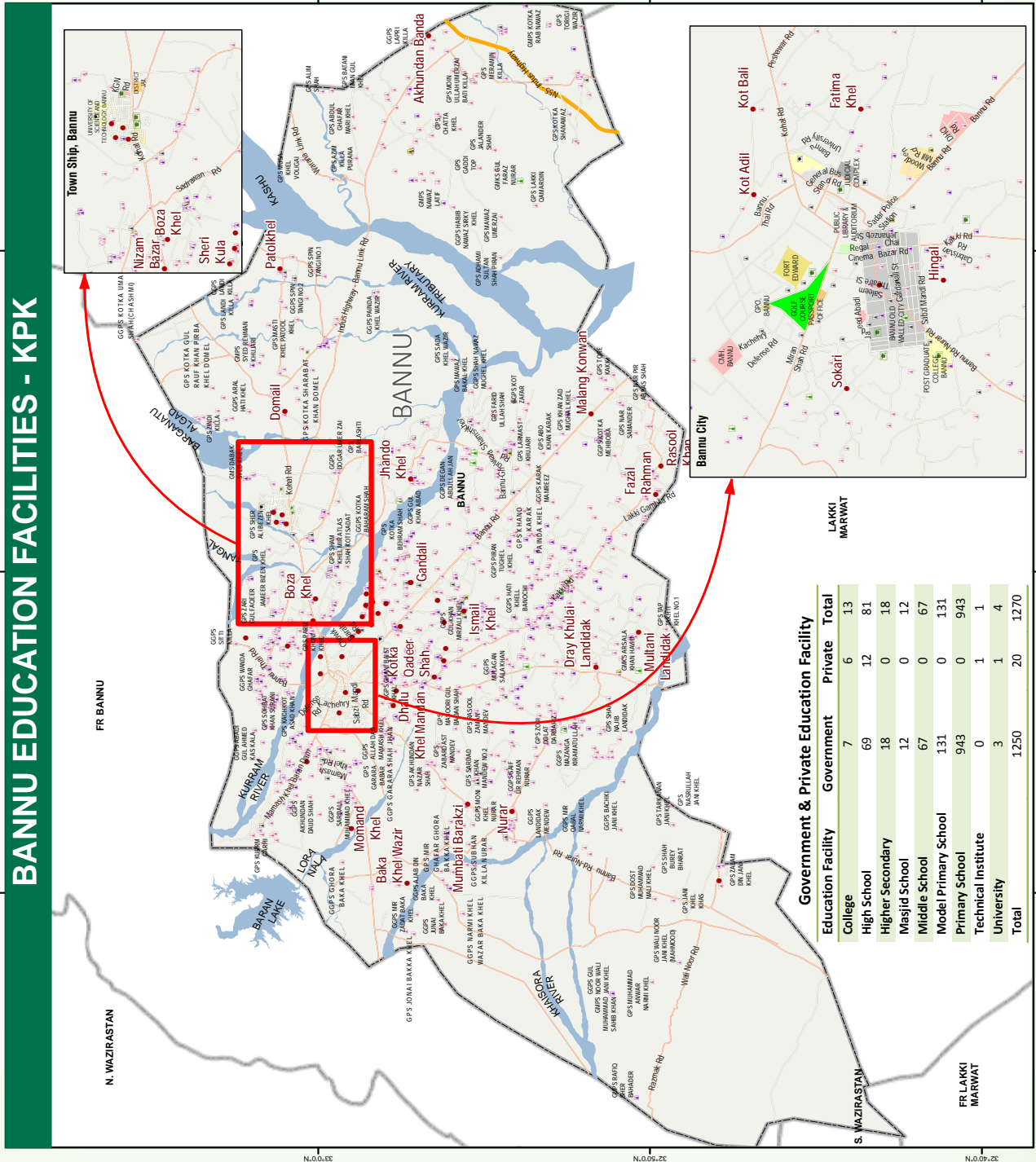
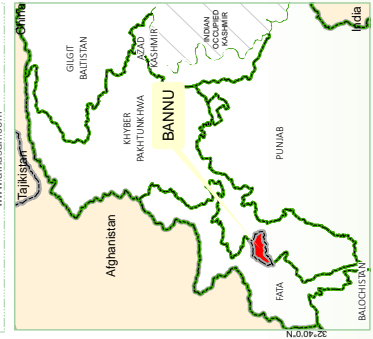
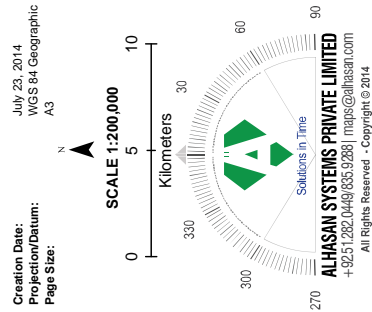
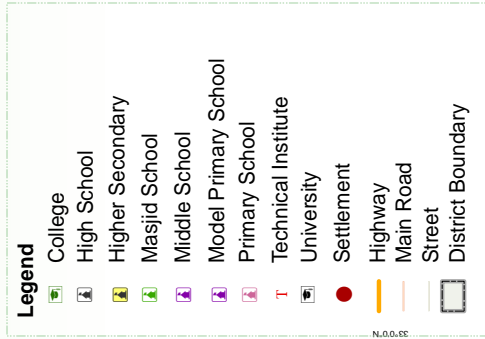
	Boys	Girls	Total	Boys	Girls	Total	Male	Female	Total
Primary	50,169	34,628	84,797	6,98	461	1,159	1,656	1,183	2,839
Middle	15,027	6,892	21,919	65	67	132	351	337	688
Secondary	7,225	2,980	10,205	55	38	93	724	291	1,015
Higher Secondary	624	854	1,478	11	9	20	271	146	417
Total	73,045	45,354	118,399	829	575	1,404	3,002	1,957	4,959

Source: KPK Educational Statistics

While comparing the educational standards of the education in terms of Millennium Development Goal-2 (MDG-2) of "Achieving Universal Primary Education by 2015", the district has achieved net enrolment rate of 72% at primary in 2012-13 as compared to provincial rate of 52% of 2012-13. Pupil teacher ratio is 73, which is so high as compared to the global average of 18³⁵. In terms of 3rd MDG "Promoting Gender Equality and Women Empowerment", district's Gender Parity Index 0.69 is less than that of country's average of 0.84 for 2008-09³⁶.

³⁵ <http://huebler.blogspot.com/2008/11/ptr.html>

³⁶ Khyber Pakhtunkhwa Millennium Development Goals Report 2011



2 Disaster History and Its Impact

2.1 Disaster History

2010 floods proved to be the worst ever disaster in the history of KPK. As many as 3,380,000 people were affected due to these floods in KPK which constitutes 23% of total affected population of Pakistan. The PDMA reported that Khyber Pakhtunkhwa typically gets 962mm of rain annually, but from July 28 to August 3 the province received 3,462mm of rain³⁷. PDMA KPK categorized all the districts into three categories and Bannu is considered to be one of the medium affected districts along with Battagram, Chitral and Malakand.

PDMA KPK identified Kurram, and Tuchi Rivers along with Nullah Kasho, Dowa and Nadi Lora can cause medium level floods in district Bannu. PDMA has identified 21 UCs as most vulnerable UCs for floods' hazard³⁸.

Table 2.1-1: Vulnerable UCs of Bannu and their estimated population for 2014

Union Council	Population	Union Council	Population
Amandi	19,673	Jhando Khel	17,260
Aral Hathi Khel	25,897	Khandar Khan Khel	28,315
Asperka Waziran	32,238	Kot Qalandar	23,305
Baka Khel Wazir	19,792	Koti Sadat	17,958
Bazar Ahmad Khan	19,909	Mama Khel	18,471
Bizen Khel	30,221	Nurar	18,603
Domel	21,234	Salaima Sikandar Khel	16,466
Fatima Khel Kalan	28,375	Shahbaz Azmat Khel	16,712
Ghoriwala	22,307	Shamshi Khel	25,459
Haved Landidak	28,127	Takhti Khel Wazir	24,695
		Zeraki Pirba khel	24,439

³⁷ http://centralasiaonline.com/en_GB/articles/caii/features/pakistan/2010/08/12/feature-03

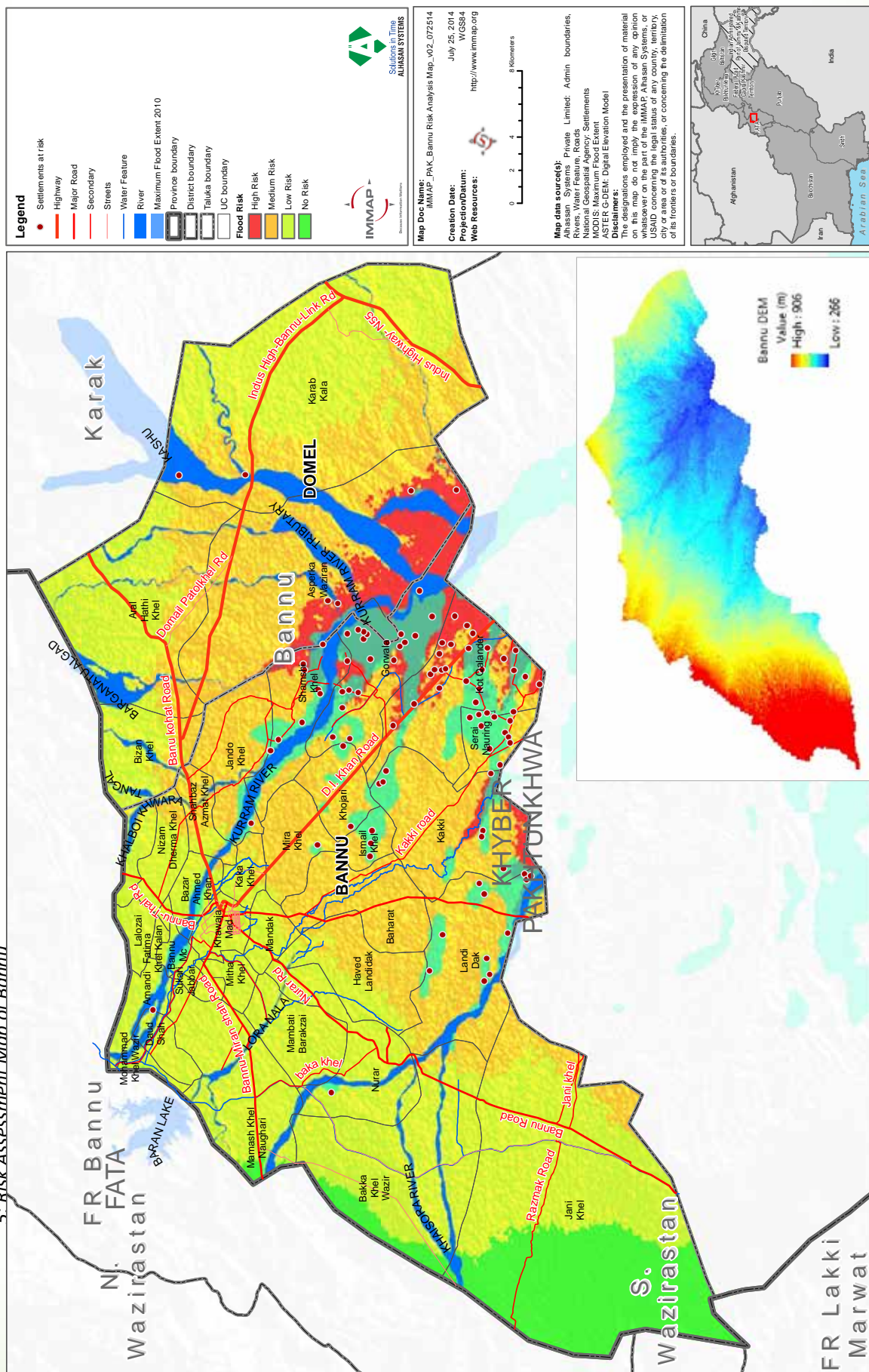
³⁸ Monsoon Contingency Plan KPK 2014



Bannu - Risk Analysis Map

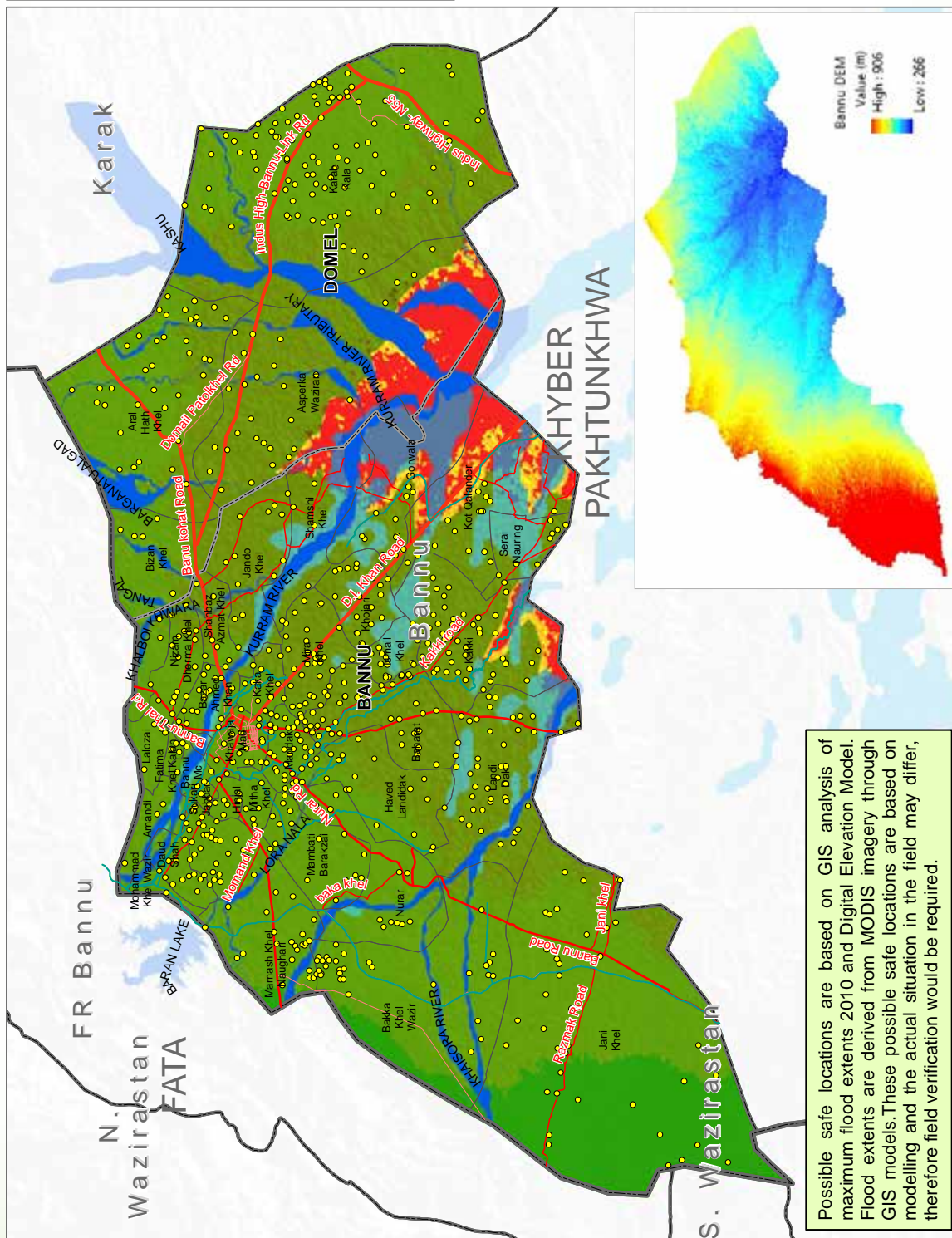
July, 2014

5: Risk Assessment Map of Bannu

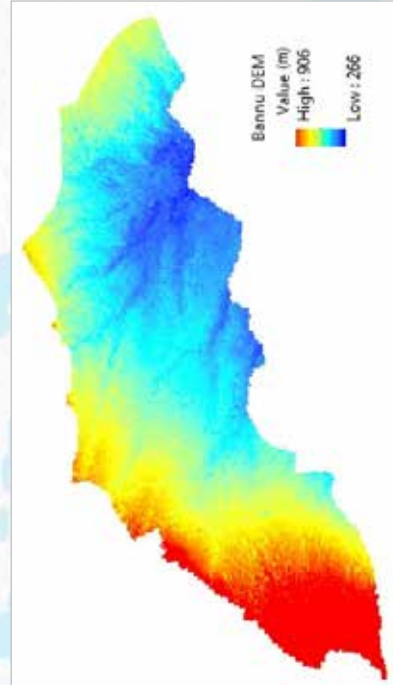


Bannu - Possible Safe Locations Map

July, 2014



Possible safe locations are based on GIS analysis of maximum flood extents 2010 and Digital Elevation Model. Flood extents are derived from MODIS imagery through GIS models. These possible safe locations are based on modelling and the actual situation in the field may differ, therefore field verification would be required.



2.1.1 Disaster Impact on Demography

The disaster impact of 2010's floods had been moderate on human population. Out of a total population of 0.94 million, 54,474 people were displaced and 7,782 households were affected. All 49 UCs were affected³⁹. 12 casualties were reported and 27 individuals were injured due to floods. 8,633 houses were partially damaged and 431 houses were destroyed.

Table 2.1-2: Details of Losses and Damages due to Floods 2010

Attribute	Figure
Total Households 2010	97,137
Affected Households	7,782
Total UCs	49
UC Affected	49
Total Revenue Villages	230
Revenue Village affected	N/A
Total Houses Affected	9,064
Partially Damaged	8,633
Destroyed	431
Total Population	942,230
Affected Population	54,474
Death	12
Injuries	27
Cattle head perished	135
Crop area affected	89,232 acres

2.1.2 Disaster impact the social-economic infrastructure

2010 floods moderately affected socio-economic infrastructure. 9 km of district and 2 km of provincial roads were affected. 1 bridge and 7 health facilities and 35 educational facilities were affected too. Besides 5 government buildings were damaged 9 water supply schemes 10 transformers 29 and 29 electricity poles got affected.

2.1.3 IDP Crisis 2014

With the commencement of military operation "Zarb e Azb" against militants in North Waziristan Agency, local population started moving to the adjacent areas. Among many other districts including Bannu, Karachi, Peshawar, DI Khan, and Laki Marwat received the largest number of IDPs. All registration point except Kurram Agency are closed⁴⁰.

Total IDPs that arrived in District Bannu are 790,973, of which 586,786 are female and children. As per the FDMA's figures of 24 July, 2014, a total of 92,784 Families (995,407 Individual) have been registered in district Bannu, Peshawar and Kurram Agency, with more than 74 per cent of them being women and children. As of 8th August, another expected outflow of IDPs from N.W. Agency resulted in an increase of IDPs from 995,407 to 1,000,428 people (95,109 Families). As of 31st July, 2014, NADRA reviewed the registration of 93,239 families and 53,186 (57%,

³⁹ Relief Reconstruction and Rehabilitation, Malakand Crisis & Floods 2010

⁴⁰ Pakistan: North Waziristan Displacement Situation Report No. 9 (As of 7th August). UNOCHA

581,459 people) families were verified by NADRA while 40,053 families (42.9%) were rejected. The Commissioner Bannu is divisional coordinator and FDMA is responsible for IDP registration and cash transfers. All activates (ongoing or planned) are being done through FDMA and it is working in close coordination with PDMA where PDMA would assume a leading role. PDMA provided PKR 265,248 to 33,156 families (PKR 8,000 per family): 20,444 families in Bannu District, 4,273 families in Peshawar and 3,141 families in Lakki Marwat. On 6 August, the Governor KP approved a one-time PKR 37,000 compensation payment and monthly PKR 12,000 to minority head of households without two NWA addresses who meet certain criteria.

This migration of IDPs worsened the living conditions in district Bannu. District Bannu received the largest number of IDPs from NWA as the district is has the easiest access for the IDPs. District Bannu received approximately 80% of the IDPs. This huge influx of the IDPs caused greater pressure over the socio-economic and human resources of the District Bannu. The 2014 estimated population of the district is 1,052,685, and after receiving 790,973 IDPs the total population has reached 1,843,658 individuals and the population density increased up to 75%. These IDPs sought shelter in public buildings, of which many are schools. This influx yielded in an increase of 75% in the existing population of Bannu which ultimately resulted in reducing the carrying capacity of the infrastructure.

According to Multi-Cluster Initial Rapid Assessment (MIRA), following are the key findings of the assessment to assess the current IDP situation.

- Only 5 percent of the families have a source of income, while 95% of the families have no income;
- Inadequate shelter services, overcrowding in areas of displacement, harsh weather conditions, and high rental charges remain key challenges for displaced families;
- The majority of displaced families do not plan to move out of Bannu; 2% intend to move to other parts of KP;
- The majority of displaced families living in schools will soon face displacement when schools re-open;
- Health related problems include skin infections/scabies, diarrhea, coughs, colds, and fever;
- 73% of the key informants reported that displaced in their community face problems obtaining assistance due to various reasons. The most common reason (31%) is lack of documentation – CNIC cards;
- 20% of the respondents think female headed households (7%), children headed households (4%), older persons and persons with disabilities (5%) are excluded from distribution due to distribution modalities/lay-out, or other reasons;
- 11% reported they were aware of children who were separated from their families;

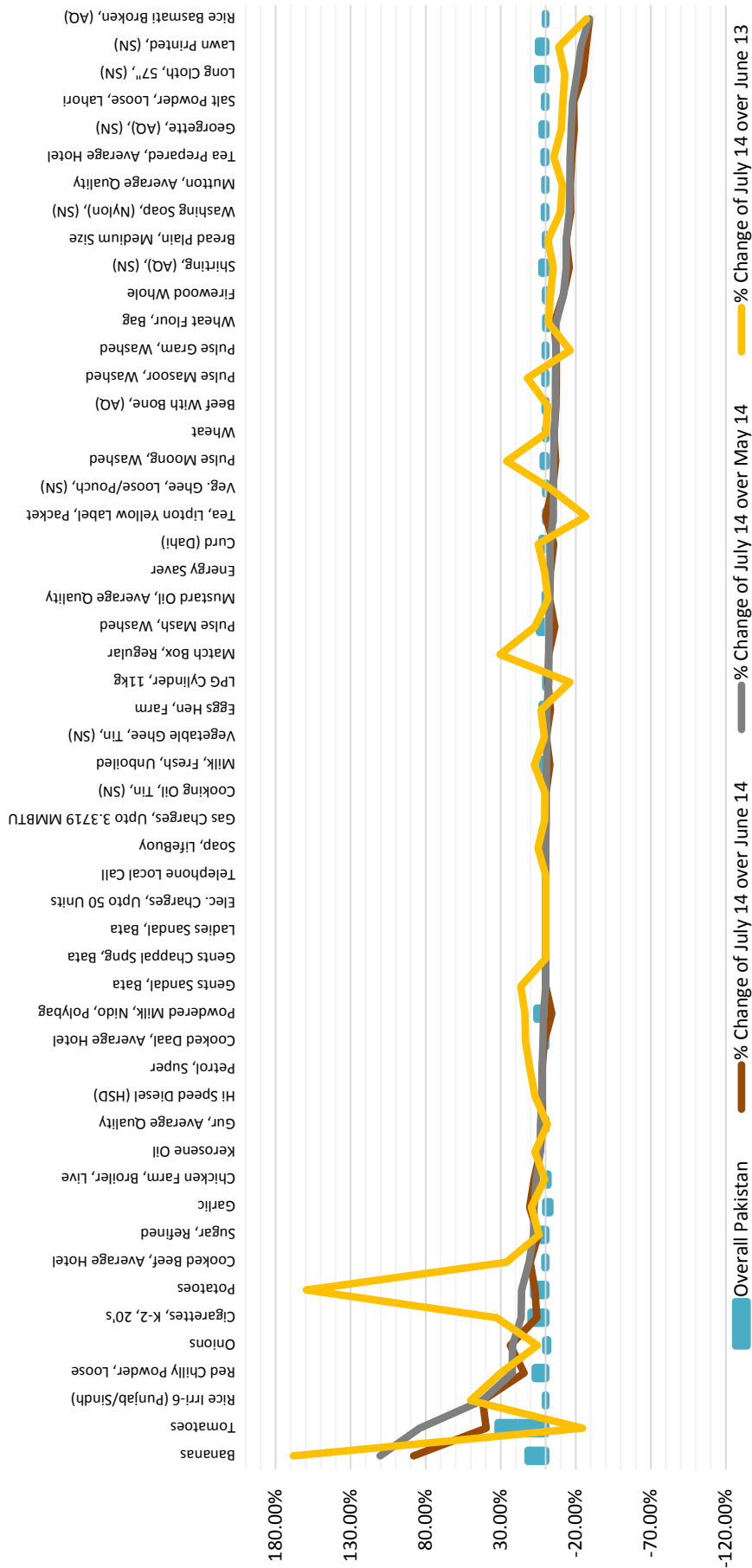
- Lack of access to information, particularly on registration process, available services, and support were identified as major gaps;
- Very limited number of households use unprotected water sources, which are assumed to be safe /free from contamination;
- 87% of displaced families are not treating water at home; 13% use water treatment methods;
- 40 % of displaced families in Bannu are not using latrine facilities and practice open defecation.

2.1.4 IDP Crisis Impact on Livelihood and Economy

In order to illustrate the impact of such a large number of IDPs on the district's economy and means of livelihood, the following graph compares the prices of essential commodities of everyday use in terms of percentage change. As many as 75% individuals of the existing total population migrated to Bannu. This comparison shows that prices of many of the commodities decreased except few. The price data has been obtained from the Pakistan Bureau of Statistics,

The overall prices have decreased in June and May 2014 as compared to the prices in June 2013. If May 2014 is taken as base period, the highest change occurred in the price of Banana i.e. is 88% followed by Tomatoes with 44% and Rice (Irri-6; Punjab/Sindh) with 42%. However, data for the whole country shows that Banana price increased by 11.88%, Tomato price increased by 31.70% and Rice price increased only by 0.24% in the same reporting period. The largest decline was observed in Rice Basmati (Broken) 28%, followed by Lawn fabric (printed) 27%, Long Cloth 25%, and Salt 19%. The data has been obtained from Pakistan Bureau of Statistics' monthly CPI as of June 2014.

Percentage Change in the Price of 53 Essential Commodities



2.1.5 Latest IDP Situation Update as of 24th July 2014

Table 2.1-3: Demographics of the IDPs

Date	Displaced To	Registered individuals	Families Registered	Male_reg	Female_reg	Children_reg	Source
24 th July	Total (Bannu, Peshawar & Kurram)	995,407	92,784	256,961	284,762	453,684	FDMA
15 th July	Bannu	790,973	73,279	204,187	226,278	360,508	Estimated

Government and Military Response to date

The following table provides the chronic details of response to the IDP situation from the government departments and the military.

Table 2.1-4: Government and Military Response to the IDP Situation

Provider	Date	Relief
Federal Government	29-6-2014	Prime Minister of Pakistan announced Rs. 40,000 per family to DPs in the month of Ramadan
PDMA KP	26-6-2014	PDMA KP has handed over 1,000 tents to DC Bannu.
	22-7-2014	UBL has reported that total 128,123 (8,554 in Bannu) beneficiaries have received cash assistance amount of Rs. 102,496 million (@ Rs.8, 000/) from PDMA under the EESAAR Khyber Pakhtunkhwa program till 01.00pm of 22nd July.
NDMA	26-6-2014	<ul style="list-style-type: none"> NDMA has handed over additional 2,000 tents to FDMA. NDMA has handed over 12x3.5 KVA Generators, 1500 x Plastic Mats, 24 x Shelters without poles to FDMA.
Government of Punjab	26-6-2014	Government of Punjab has sent 50 trucks carrying Tents (20 trucks) and Flour & Rice (6,000 bags each, 30 trucks).
	27-6-2014	Govt. of Punjab announced Rs. 50 million Chief Minister's Relief Fund.
	17-7-2014	Govt. of Punjab has started distribution of Rs.7, 000 per registered displaced persons family per month through Zong and 700 families has been benefited through this initiative.
Army/UAE/WFP Pak Army with the help of UAE Govt. distributed 114,193 (Army / UAE = 71,117 packs (90 kg each pack) and WFP = 43,076 Packs (93 kg each pack) as of 16-7-2014	26-6-2014	Army planned to send 40,000 food packs (105 kg each)
	28-6-2014	Pakistan Army distributed 4,680 Food Pack
	30-6-2014	2,804 Pakistan Army / UAE Food Packs distributed
	5-7-2014	3,726 Pakistan Army / UAE Food Packs distributed
	7-7-2014	71,164 food packs distributed by Pakistan Army / UAE /WFP
	8-7-2014	4,593 food packs distributed by Pakistan Army / UAE
	6-7-2014	3,870 Pakistan Army / UAE Food Packs distributed
	9-7-2014	4,300 food packs distributed by Pakistan Army / UAE.
	11-7-2014	3,379 food packs distributed by Pakistan Army / UAE
PDMA Balochistan	26-6-2014	In order to facilitate the Donors and Communities PDMA Balochistan has established the Collection Point (Donation /Relief Goods) for IDPs of North Waziristan in PDMA Office Quetta.
SAFRON (Ministry of States and Frontier Regions)	29-6-2014	Cash to 1,480 families was distributed up till 29 Jun 14 (total 23,533 families benefited). Total cash distributed by SAFRON: Rs 282.396 million.
	9-7-2014	Cash to 28,846 families has been distributed so far. Total cash distributed by SAFRON: Rs 346.152 million. Further financial assistance will be distributed through Zong Sims only.

Provider	Date	Relief
Live Stock Dept. KPK	1-7-2014	Live Stock Department of KP has made following arrangements: a) Establishment of 8 fodder distribution points b) Provision of 8 mobile teams which have treated 6,761 livestock, vaccinated (15,077 animals and 19,200 poultry).
	23-7-2014	In Bannu 44,546 animals vaccinated, 19,999 treated, 114,646 animals sprayed, 6,136 total mortality
PDMA Punjab	4-7-2014	PDMA Punjab has provided 4000 food packs, 20 trucks NFI (2000 Tents), has sent 8 trucks load of dates and 12 trucks of load of Atta on 4 Jul 14
Health Dept.	17-7-2014	1,624 individuals (599 male, 640 female and 465 children) were provided medical treatment (total patients treated: 16,698)
Others		
NRC	5-7-2014	13,078 Non Food Items (NFI's) distributed so far by NRC.
UNHCR-SRSP	9-7-2014	14,894 NFI Kits distributed by UNHCR-SRSP
NRC+UNHCR+SRSP	13-7-2014	NFI distributed: 32,683 (NRC +UNHCR-SRSP)
Zong	13-7-2014	Zong Sims Distributed : 42,000 (verified sims = 37,047)
	15-7-2014	Financial assistance to 1,100 DPs has been paid through Zong Timepay.
	16-7-2014	Financial assistance to 1,534 DPs has been paid through Zong Timepay.
PTCL	5-7-2014	PTCL has donated 1800 food packs, 1798 flour bags (10 kg)

Humanitarian Response

Pakistan Red Crescent Society (PRCS) Response as of 22-7-2014

- PRCS relief operation commenced on 22nd June with initial response by providing immediate relief (cooked rice) to approx. 23,000 IDPs, health care to 1,690 IDPs through deployment of 4 x Mobile Health Units and 05 Ambulances, provision of 22,000 liters of clean Drinking Water. PRCS Staff and Volunteers with great zeal and dedication are on forefront to deliver the services to the affected people. PRCS in coordination with local government has been allocated 18 UCs to support 4,000 families initially. The District Govt. Bannu allocated the Public Library building for the establishment of PRCS Field Office (Office space, accommodation and warehouse).
- However, keeping in view the constantly soaring up of the IDPs figures, which is now beyond 900,000 individuals PRCS governance has decided to increase the case load from initial 4,000 families to 8,000 families (It shall make about 10% of the total IDPs figure).
- To cater the assistance to 8,000 families (revised caseload) registration of IDPs families in FR and District Bannu has been completed by PRCS Field Teams of KP and FATA. The registration of additional 4,000 families as per revised caseload was done from 16 – 19 July, 2014.

PRCS Sectoral Interventions

1. **Health care and ambulance services:** As of 20th July, total 23,437 IDPs patients were given basic treatment at PRCS free medical camp. In total 5 Mobile Health Units have been deployed so far, out of which two MHUs were deployed at the same location; Meelad Park, due to huge influx of IDPs. The detail of patients treated is given below;

Male	Female	Children	Total
4,878	5,185	12,951	23,437

2. **Water & Sanitation Services.** WatSan assessment has been completed in 09 UCs, targeting 18 villages and some 3,104 individuals. After the assessment some 16 storage tanks along with 16 tap stands have been installed. So far constructions of 52 pit latrines are completed while 13 are in progress. In addition 10 WC latrines constructed along with repair of 14 latrines by PRCS WatSan Field Teams.
3. **Distribution of Non Food Items (NFI) – Phase – 1:** Non-food items (NFI) phase-I distribution has been completed against the initial caseload of 4000 families in District and FR Bannu by PRCS KP and FATA Branch respectively (Each Branch distributed 2000 NFI packages).
4. **Assessment for additional 4000 families for Phase - 2:** As per PRCS revised caseload to cater 8000 families with non-food items, the field teams have identified and registered additional 4000 families. The distribution of NFIs to these registered families will be start from 21 July, 2014.
5. **Psychosocial Support Program (PSP):** The PSP team from PRCS National Headquarters Islamabad assisted by PSP Coordinator PRCS Swat Branch held some important meetings with various Stakeholders/Authorities in Bannu for possible PSP interventions towards IDPs of NWA. The PSP team in consultation with Health team and PRCS District Branch Bannu interviewed Volunteers for PSP intervention and selected 12 volunteers (06 male and 06 female). Each Mobile Health Unit (MHU) will be accompanied by 02 PSP volunteers (01 male and 01 female) to start and carry on PSP activities.
6. **Restoring Family Links (RFL):** The RFL team from PRCS National Headquarters Islamabad together with PRCS District Branch Bannu held some meetings with District Administration and other Humanitarian organizations and conducted field visits to assess the RFL needs in District and FR Bannu. However, according to them no considerable cases were found till 20 July, 2014 for RFL interventions in the area.

Source: PRCS IDPs NWA operation Situation Report No.9/ by PRCS

<http://reliefweb.int/sites/reliefweb.int/files/resources/PRCS%20NWA%20Sitrep%2009.pdf> / published on 21-7-2014

SRSP Response as of 24-7-2014

NFIs Distribution with UNHCR in District Bannu

Total Families facilitated 25,491 (331,383 individuals) at below distribution points

- Sport Complex: 24,014 families (312,182 individuals)
- Local Schools: 1477 families (19,201 individuals) received NFIs through our mobile teams in 160 schools

- Tent Distribution: 38 tents were distributed via mobile teams on need basis in different schools.

Detail Assessment of IDPs families in Schools

- SRSP's Assessment teams have conducted a detailed assessment in 224 schools throughout 24 UCs in district Bannu.
- Total 910 families have been notified including 892 registered and the rest of 18 are unregistered families.
- The assessment report highlights the shelter needs of the IDP's once the schools are re-opened.

Source: SRSR Updates/rsp.org.pk/srsp_new1/component/content/article/85-internally-displaced-people/225-updates-on-srsp-response-to-idp-crisis /Published on 25-7-2014

Muslim Aid Response Updates

Date	Response	Source
22-7-2014	Muslim Aid Pakistan with the financial support of its valuable donors from UK has arranged after-dinners for internally displaced brothers and sisters (IDPs) of North Waziristan in District Bannu during this Ramadan. It was the generous support of Muslim Aid headquarters that helped to organize this activity under "Feed the Fasting Programme " through which after-dinners were arranged at Shamshi Khel, Mamash Khel, Township and Bharat, serving hundreds of IDPs at all 4 places. This is not the end to this journey as Muslim Aid team is still on ground to serve many more.	http://muslimaid.org.pk/muslim-aid-pakistan-organized-after-dinners-for-the-idps-of-north-waziristan/
3-7-2014	Muslim Aid Pakistan has launched a health emergency response for the IDPs of North Waziristan in district Bannu. Muslim Aid team comprising of an MBBS doctor, Dispenser, Pharmacist and LHV is providing emergency health aid to the internally displaced brethren of North Waziristan through this mobile health unit where free of cost diagnostic and medical services and an ambulance is available to provide referral services.	http://muslimaid.org.pk/health-emergency-response-for-the-idps-of-north-waziristan-is-adding-another-feather-in-muslim-aid-cap

HANDS Emergency Response for IDPs of NWA Updates as of 17 -7-2014

HANDS Pakistan has started its Emergency Response for the affected families of North Waziristan from its own resources. HANDS has got letter of collaboration from the Ministry of SAFRON. HANDS initiated health services through conduction of Mobile Medical Camps with the support of the District Government Bannu, KPK Government, Health department, FDMA, SAFRON secretariat and its local partner NGO "Organization for Social and Economic Development (OSED)". HANDS teams have planned health education sessions on Health & Hygiene in the IDP camps at Government College (Landhi Jahlandar) in District Bannu. The following table shows Mobile Medical Camps update from District Bannu:

Diseases	Male		Female		Total	
	Male	Female	Male	Female	Male	Female
Diarrhea	187	34	68	36	49	
Dysentery	118	18	41	29	30	
ARI	131	18	18	38	57	
S. Malaria	108	19	35	18	36	
Skin Disease	129	11	27	36	55	
Heat Stroke	69	8	16	19	26	
Eye Infections	41	13	14	6	8	
Others	244	48	58	67	71	
AFP Cases	-	-	-	-	-	
S. Measles	-	-	-	-	-	
Total	1,027	169	277	249	332	

Source: HANDS Report on NWA DPs Updates/ by shared HANDS via email/ on 13-7-2014

Helping Hand for Relief and Development (HHRD) Medical Assistance to IDPs of NWA Updates as of 7-7-2014

HHRD is providing Medical assistance to IDPs with special focus on mothers and children residing in schools and other areas. Medical assistance is being provided by deploying two Mobile Medical Units with the help of local Implementing Partners. 10 medical camps at different locations have been conducted so far.

Health Related Issues

- There is an increased risk of measles cases, Diarrhea and skin infections including Scabies and Leishmaniasis reported due to overcrowding and hot weather condition. More medicines for skin diseases and diarrhea are needed.
- Major portion of MNCH services are provided by Women and Children Hospital, Bannu and there is a need to strengthen this facility in terms of provision of supplies to ensure MCH services are fully provided. Since inflow of IDPs is very high so there are gaps in MNCH service delivery which will be taken care of by UNFPA.
- Reproductive Health services need strengthening in terms of provision of medicines, medical supplies and trained human resources as well as training for the existing staff including LHV, LHWs and midwife. The basic infrastructure of over-burdened health facilities is poor which needs basic rehabilitation and revitalization.
- Mental and psychosocial assistance is required along with rehabilitation services for persons with disabilities with special focus on women and children with disabilities.
- Mobile Medical Camps are on regular basis are highly required as requested by affected people.

OPD Report of Mobile Medical Camp as of 7-7-2014

District	U.C.	Village	Intervention	Beneficiaries			Total
				Male	Female	Children	
Bannu	Khandar Khankhel	Saiful Khel	Mobile Medical Camp	17	27	69	113
	Bannu	Panel School	Mobile Medical	14	16	46	76

District	U.C.	Village	Intervention	Beneficiaries			Total
				Male	Female	Children	
		Bannu	Camp				
	Bharat	Zalim Mandaan	Mobile Medical Camp	46	121	85	252
Total Beneficiaries as of 7th July				77	164	200	441
Cumulative Total as of 6th July				243	312	468	1023
Total Beneficiaries Till Date				320	476	668	1464

Source: HHRD Response to NWA DPs Report/ by HRRD shared via Email/on 8-7-2014

Human Relief Foundation (HRF) Updates as of 18-7-2014

TABA Foundation is an umbrella organization that is bringing all welfare trusts of Pakistan on one platform. Over 80 organizations are members of it. Under the working group comprised of members from Health and Disaster Management Clusters, it has been decided to work collectively in order to utilize the resources most efficiently. Kawish Welfare Trust and Human Relief Foundation have been selected as leading and implementing partners.

- First phase is starting from 18th July 2014 and will come to an end on 20th July 2014. Under the first phase following activities will take place for IDPs of North Waziristan residing in District Lakki Marwat:
- Non Food Items worth Rs. 748,050 would be distributed
- Food Items worth Rs. 100,000 would be distributed
- MHU would operate within the budget of Rs. 250,000 and would target 1,500 patients at their doorsteps and at two government hospitals IDP desks would be created for 5 hours daily. Sarai Naurang Civil Hospital and Civil Hospital Lakki have extended their invitations.
- Water Purification Chemicals would be distributed as well.
- **Planned Activities by TABA/HRF/KAWISH led consortium:** 12 tonnes food distribution, 200 Clean Delivery Kits, 50 kits for TBAs, Mobile Health Unit in Lakki Marwat and Bannu, Reproductive Health Services and Medicine Donations for Public Health Facilities.

A Rapid Assessment was conducted by HRF Officials and Volunteers. The details of the assessment is given below;

Bannu and Lakki Marwat

Field Partner includes Community Advancement and Rural Empowerment (CARE)-Bannu, Kawish Welfare Trust facilitated in Lakki Marwat, YAROH and Unique Development Organization provided volunteer support for data collection.

- HRF team visited two Union Councils of Bannu that were identified by the field partners. Out of 1,000 + families, HRF met with 50 families approximately. Methodology adopted to accumulate information was through focused discussion meetings.
- In UC Bharat of district Bannu, 315 IDP families have resided, includes 857 males, 1103 females and 1374 children i.e. females and children are 74.3 % of the total displaced.

Villages under UC Bharat	Families	Male	Female	Children	Total
Shaburi Killa	27	75	82	86	243
Allam Gil Bharat	17	51	67	87	205
Nasir Bharat	16	47	54	77	178
Bharat Khas	23	59	80	93	232
Hakim Bharat	28	75	87	105	267
Sikandar Bharat	9	26	39	43	108
Khowdal Bharat	11	31	43	49	123
Mughdal Khel Bharat	16	45	63	77	185
Dil Nawaz Bharat	26	66	73	127	266
Kotka Bazi Jan	18	45	61	87	193
Landi Dhak	39	112	143	157	412
Saeed Tughal Khel	21	57	69	81	207
Piran Tughal Khel	11	29	47	45	121
Kalan Tughal Khel	19	42	67	78	187
Bazid tughal Khel	16	46	59	89	194
Kathi Khel banochi	18	51	69	93	213
Total	315	857	1,103	1,374	3,334

- In UC Mamakhel of district Bannu, 604 IDP families have resided, includes 1704 males, 2187 females and 2769 children i.e. females and children are 74.4 % of the total displaced.

Villages under UC Malamkhel	Families	Male	Female	Children	Total
Hassan Khel Khairaki	39	122	161	195	478
Newa killa	18	54	63	71	188
Mang Killa	21	50	67	82	199
Khairaki Khas	35	101	125	163	389
Gharib abad	13	40	56	72	168
Zargar Mama Khel	16	43	61	77	181
Sama Khel Khas	27	81	99	135	315
Sidan Mama Khel	13	39	44	68	151
Zeraki	16	50	67	78	195
Shaheed Baba	21	60	75	87	222
Wall Khee	17	51	67	88	206
Ismaeel Khel	19	59	71	97	227
Total	604	1,704	2,187	2,769	6,660

- Number of Pregnant women (Estimated): 132
- Number of Complicated Pregnancies (Expected): 26
- Number of Caesarean sections (Expected): 7
- In District Lakki Marwat, Kawish Welfare Trust has registered 100 IDP families that includes 1400 approximately. Final figures would be shared in Situation Report # 3.
- Women of Reproductive Age: 350
- Number of Pregnant Women (Estimated): 14
- Number of Complicated Pregnancies (Expected): 3
- Number of Caesarean Sections (Expected): 1
- 90% of the IDP families residing in schools have brought their livestock with them.

- Severe shortage of non-food items (NFIs); especially for bedding, hygiene purposes, etc.
- Food provided by The Government and WFP is insufficient since the average family size is 13.5.
- Provision of clean drinking water is not readily available. Accessibility and storage facilitates needs to be upgraded.

Source: HRF SitRep# 3_NWA Displacement/ by HRF shared via email/ on 18-7-2014

Al-Khidmat Foundation

Date	Activity	Package Consisted of	No of Families Benefited	Area of Distribution
June 21-2014	Food package distributed	Food items, water-coolers, tarpaulin, and clothes	200	Bannu and Lakki Marwat
June 25-2014	300 food packages distributed	Each package includes 2.5 kg ghee, 4 kg rice, 3 kg flour,	Not known	Not known
June 26-2014	Food package distributed	Not known	100	Azad Mandi and Bannu Township
June 27-2014	Food package distributed	Not known	50	Sheraki
June 29-2014	Food package distributed	Not known	1,000	Bannu
July 3-2014	Food package distributed	Not known	300	Bannu
July 3-2014	Eatables and hammocks distributed	Not known	15	Mianwali (Tola Banki Khel)
July 12-2014	Food package distributed	Not known	100 IDPs (Individuals)	Bannu
July 13-2014	50 food package, 16 Kitchen sets, chairs, stools, tubs, distributed	Not known	100	Lakki Marwat
July 13-2014	Food package distributed	Not known	400	Bannu
July 14-2014	Food package distributed	Not known	100	Bannu
July 20-2014	Iftar Dinner arranged	--	500 IDPs (Individuals)	Bannu
July 21-2014	Ramadan Ration Package distributed	ghee, rice, lentils, dates, tea	600	Bannu
July 22-2014	Medical assistance provided	---	112 people including 58 children, 36 female, and 17 male	Bannu
July 28-2014	Eid Mela and lunch arranged on Eid day	Gents suit, Ladies' suit and dresses for children, Shoes, Mehndi, Vermicelli (Seviyan), Bangles, Water coolers, Umbrellas, Hygiene kits, and Ladies' kits 4000 gifts were distributed among children at Neelam Ghar. The gifts contained cricket bats and footballs. -	500 IDPs (Individuals)	Bannu
August 2-2014	Holy Quran distributed	---	Not known	Tent Village of IDPs in Bannu
August 5-2014	Food package distributed	20kg Flour, 7KG Cereals, 5KG Rice, 3KG Sugar, and 5KG Cooking Oil.	75	Bannu
Total families benefited are 2,940 while individuals benefitted in different activities are 1212				

Human Relief Foundation (HRF) Pakistan Office

RELIEF PROVIDED	BENEFICIARIES
305 Non Food Items (Kitchen/Washroom Utensils, Mats, Water Coolers, etc)	4117
105 Hygiene Kits (Towels, Nail Cutters, Soap, Washing Soap, Mosquito Repellent, sanitary napkins, etc.)	525
2 Medical Camps in Lakki Marwat (2 Male Medical Officers, 1 Lady Health Visitors and 2 Dispensers)	500
Food Distribution (23 kg packet) for 57 families	770
Medicines Donated to Government Hospitals in Sarai Naurang and City Hospital Lakki Marwat	1,000
Food Distribution (23 kg packet) for 300 Families (250 IDPs + 50 Host) in Bannu	3,860
Cooked Food Distribution in Bannu	800
Total Number Of Beneficiaries	11,572

Comp Coordination and Camp Management

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> The Government-established IDP camp in Frontier Region Bannu (FR Bannu) currently houses 215 families with 1,240 people. The majority of displaced people continue to live with host families, rented houses or public and private buildings, such as schools. Over 1,600 schools in Bannu are used as shelters by IDPs due to the availability of water, sanitation and power supply in schools. Some are occupied by a single family or household but others share with multiple families or households. Some extended families share a room with more than 18 people because of a lack of space. Male and females stay in separate quarters of the schools. A lack of proper sanitation and clean drinking water are major issues: washrooms were unavailable with only self-dug pit latrines and lack proper sewerage systems. Skin problems and other deteriorating health symptoms were reported among women and children, particularly expectant mothers. UNHCR will conduct a rapid needs assessment and relief interventions in the Bannu schools to enable immediate services, such as health, non-food items (NFIs), protection and WASH to the displaced families staying in schools through the CCCM mechanisms as practiced in the camps. 	<ul style="list-style-type: none"> Cluster members CERD, FRD, HDOD and SRSP implement different activities in schools housing IDPs, including protection-related activities, WASH installations and NFI distributions. Cluster members assessed some 618 schools in Bannu to determine the number of people staying in the schools and those with special needs. 	<ul style="list-style-type: none"> Schools are scattered and response is challenging. Potential for duplication of activities with WASH partners. Appropriate campsites are needed for displaced families staying in school buildings who must vacate the schools before 15 August when schools re-open after summer vacation. Lack of health and hygiene awareness among those staying in schools. Lack of dedicated funds to enable a timely rehabilitation of the schools used for shelter.
•	•	

Community Restoration

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> Enhance government capacities for effective IDP management in provincial- and district-level hosting areas. This support includes information management, coordination and monitoring of relief distribution. Establish grievance redressal facilities and legal aid support to guide and facilitate IDPs obtain humanitarian support and register their complaints. Initial information shows tremendous pressure on the existing infrastructure, especially public facilities, such as water supply, health, garbage disposal, etc. An assessment is needed to identify gaps, needs and corresponding action to augment these services. Income-generation support to help displaced men and women meet their immediate day-to-day requirements which can include skills and vocational training, and business support grants. Support for hosting communities to improve their basic physical infrastructure to cope with the huge influx of displaced people. 	<ul style="list-style-type: none"> Established a 24-hour PDMA call centre in Peshawar to register IDP complaints. With UNDP support, the call centre is staffed with 3 supervisors and 18 call assistants. Complaints are forwarded to PDMA for redressal. From 26 July to 1 August, the Call Centre received 1,517 calls; 97 from females. The callers mainly asked for information and clarification about cash grant packages and registration issues. ILO conducted its initial assessment on cash-for-work (CFW) and skills profiling. It will establish an Emergency Employment Information Centre in Bannu for 6 months and support CFW activities for 3,000 workdays and asset replenishment benefitting 50 families. UNDP assessed eight water supply schemes in Bannu to install solar-generated pumps to provide uninterrupted water supply to the displaced and hosting communities. UNDP will support PDMA and FDMA to map and assess pressure on public services and identify potential areas to support IDPs and hosting communities to enhance livelihood opportunities. UNDP will support FDMA in formulating a return, recovery and reconstruction strategy. UNDP provided \$493,000 for the call centres, Bannu District Disaster Management Unit and solar pumps. 	<ul style="list-style-type: none"> Cluster members started activities with limited available core resources. Funding is urgently needed.

Education

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> The Cluster aims to reach some 82,000 children. The Cluster plans to provide educational supplies such as school tents, school-in- box, recreational kits, tents, seating mats, tarpaulins, and teaching and learning material to schools in the camp and in the IDP hosting areas. 82,000 Children will be covered by 	<ul style="list-style-type: none"> The Cluster has pre-positioned educational supplies including 65 school tents, 185 recreation kits, 210 school- in-a-box kits and 1,925 plastic mats. The number of schools used as shelter by displaced families has increased to 1,667 in Bannu, Karak and Lakki Marwat of these 80 per cent are in Bannu, some 75 per cent 	<ul style="list-style-type: none"> Educational supplies are a major gap in education response, such as school tents, SIB, stationery, and other teaching and learning materials. Schools used as IDP shelter will affect the school infrastructure, facilities, furniture, teaching and learning material, and liability of high electricity bills.

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> the Cluster Build capacity of government teachers, Parent-Teacher Committees and School Management Committees on various topics including teaching in an emergency, psychosocial support and life-skills-based education. 	<ul style="list-style-type: none"> schools are primary and 46 per cent are girls' schools. Cluster member, BEFARe will support education activities of NWA displaced children in Bannu, initially 9,000 children will be reached with these activities. BEFARe has hired staff, established an office in Bannu, and met with the district Government education officials to discuss proposed activities. Meet regularly with the Education Department to coordinate education response in southern districts. 	<ul style="list-style-type: none"> The new school year starts in September.

Food Security

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> The Cluster's prioritized needs are food assistance to all IDPs, preventive nutrition rations, livestock vaccination, sprays for Congo Crime disease, and livestock feed. The number of displaced people needing assistance exceeds the worst-case scenario made during the preparedness/contingency planning stage. 	<ul style="list-style-type: none"> The Cluster's prioritized needs are food assistance to all IDPs, preventive nutrition rations, livestock vaccination, sprays for Congo Crime disease, and livestock feed. The number of displaced people needing assistance exceeds the worst-case scenario made during the preparedness/contingency planning stage. The Provincial Livestock and Dairy Development Department received 100,000 doses of small animal vaccine from FAO and vaccinated some 100,000 small and large animals at check points. FAO started providing animal compound feed, urea molasses, feeding and milking kits and foot-and-mouth disease vaccines to initially 10,000 NWA displaced families. After distributing over 62,953 food packs from the UAE Government the army withdrew from food distribution. 	<ul style="list-style-type: none"> Continued funding is needed to enable the Cluster to cover people's needs. The security situation and access to locations where IDPs reside still remain problematic. Lengthy approval time to process NOCs for travel poses challenges for NGOs/Cluster members to initiate projects, efficiently and effectively respond to IDP needs, and impact programme oversight and monitoring. Reaching IDPs with assistance who are now spread over eight districts and as far as the Malakand region.

Health

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> An increased risk of diarrhoeal diseases and more diarrhoeal cases are reported among the displaced population due to hot weather and unsafe hygienic practices. 	<ul style="list-style-type: none"> WHO provided 49 Emergency Health Kits (EHKs) covering 441,000 people until end of August, 7 Diarrhoeal Disease Kits (DDK) estimating 7,000 moderate to 700 severe diarrhoeal 	<ul style="list-style-type: none"> Health facilities are overburdened and need human resource support through NGO partners, especially female doctors and paramedics, medicines, supplies, and OPD

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> • More support is required to strengthen reproductive health (RH) interventions: RH kits, female doctors and nurses, Lady Health Visitors, laboratory staff, etc. • Need to strengthen over-burdened health facilities: provision of medicines; medical supplies; trained human resource; and building capacity of healthcare staff. • Diarrhoeal Treatment Centers (DTCs) are needed to address diarrhoeal disease cases to avoid outbreak among the IDPs and hosting population. 	<p>interventions (1 DDK covers from 100 severe to 1,000 mild interventions). Some 15 doses of anti-leishmaniasis medicine for skin diseases were provided to the Women and Children Hospital Bannu.</p> <ul style="list-style-type: none"> • UNICEF signed a new tripartite LoU to strengthen maternal newborn and child health services in the Women and Children Hospital Bannu and KICH in Karak and support the Government by filling human resource gaps (5 women medical officers, 6 medical officers, 12 nurses, 1 data entry operator), provide newborn and obstetric care equipment, and support renovation of newborn and obstetric care units. • District Health Officer (DHO), Bannu hired 20 UNICEF-supported EPI technicians who were deployed to Union Council with high IDP concentrations. They started work on 21 July after orientation on EPI activities. • UNICEF-supported EPI services continue in 20 Bannu Union Councils: 1,072 children were vaccinated with BCG; 1,616 with Penta1; 100 with Penta 3; 1,815 with measles 1; and 230 with measles 2: and 626 pregnant women were vaccinated against tetanus. • Mother and Child Week is planned from August 11 in FR Bannu with an enhanced package of multi-antigen (measles vaccination, Vitamin A supplements, Penta, deworming, iron folate supplements for PLs and provision of ORS) and social mobilization and health and hygiene education sessions. First and second level supervisors were trained; skilled and non-skilled people will start from 7 August. • Clean delivery kits, newborn kits, LLINs, midwifery kits, community- and facility-based MNCH services were prepositioned with partners. Sales orders for supplies MNCH to strengthen Women and Children Hospital, public sector health facilities and EPI are in progress. DHO requested for provision of 20 ILRs and sales orders for the same is in progress. Sales orders for Mother 	<p>support.</p> <ul style="list-style-type: none"> • RH services in existing health facilities in Bannu District are insufficient. There is a lack of gynaecologists, anaesthetists and female medical officers. Essential RH medicines are needed. • NGO presence is very low and they need resources to enhance health coverage in the hosting areas.

Needs	Response	Gaps & Constraints
	<p>and Child Days supplies are in progress.</p> <ul style="list-style-type: none"> UNFPA collaborated with Muslim Aid to implement Minimum Initial Service Package for RH in Bannu. With its NGO partner, Network for Human and Social Development, UNFPA supported the Government National Health Emergency Preparedness and Response Network, distributing hundreds of clean delivery kits and newborn baby kits. The RH kits ordered by UNFPA are ready and will be used for basic RH needs of around 200,000 affected people. The kits will be distributed to the affected population and overburdened health facilities, in close coordination with the Government, RH Working Group members, WHO and UNICEF. 	

Logistics

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> Access to the areas where the displaced are arriving remains a key challenge for responding organizations and could hamper humanitarian operations. Logistics support is required to augment existing infrastructure to receive continued life-saving food, shelter, water, health care, nutrition and protection support. 	<ul style="list-style-type: none"> A Logistics Cluster Coordination Cell is operating in Peshawar with a dedicated coordinator. Logistics Cluster focal points are positioned in Dera Ismail Khan and Bannu. The Cluster is coordinating with 30 NNGOs, INGOs, international organizations and UN agencies who have expressed interest in the Logistics Cluster supporting their logistics gaps. Since 21 June, 1,123 m3 of cargo was transported on behalf of three different organizations. 38 m3 of relief items were stored on behalf of the Assistant Commissioner's office in Bannu. Logistics Cluster information products and logistics related updates, including maps, meeting minutes and a road distance matrix were shared via the Cluster's mailing list and website. The Cluster is organizing prefabricated warehouse assembly training at Peshawar level. A dedicated senior GIS assistant stationed in Peshawar produces logistics maps for humanitarian community's use and stands ready 	<ul style="list-style-type: none"> Access to the areas where the displaced are arriving remains a key challenge for responding organizations and could hamper humanitarian operations.

Needs	Response	Gaps & Constraints
	to support partners' request.	

Protection

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> IDP families with specific needs who are unregistered due to unavailability of Computerized National Identity Card (CNIC) and other reasons, particularly women, need urgent support since they are not benefitting from the current assistance in spite of their desperate situation. While grievance desks and help desks were established to capture key concerns of 74 % of the IDPs are women and children IDPs, there is a lack of specific services for people with specific protection risks or specific needs, such as services for older people and people with disabilities and Gender Based Violence (GBV) response mechanisms. Aging and Disability Task Force (ADTF) partners will soon begin activities focusing on older people and people with disabilities while GBV sub-cluster partners are establishing GBV response and prevention mechanisms. Establishing services to refer identified IDPs with specific needs is urgently needed. One of the main reasons for non-verification in the NADRA verification is "family tree" issues. Addressing this issue through civil registration procedural remedy is a complicated and lengthy process particularly for women who would not be able to obtain necessary document. These IDPs, particularly women, could remain unverified unless their household separation is processed in a timely manner. FDMA report suggests that IDPs are now more dispersed in various districts. Expansion of protection activities in other high concentrated districts besides Bannu is urgently required. Lack of sanitary items, particularly for women, is continuously reported through field partners. 	<ul style="list-style-type: none"> Registration is on-going at Ali Zai, Kurram Agency; registration in Bannu and Peshawar finished in mid-July. BEST conducted protection monitoring at Kurram registration point and found no female staff members on-site, hindering women's access. Women without CNICs were not registered as was the case in other registrations. UNHCR/ESHAR grievance desks (GDs) are expanding with more staff per location and geographical expansion from one district to four districts (five GDs in Bannu and one each in Peshawar, Lakki Marwat and Dera Ismail Khan) particularly to respond to grievances from non-verified families. The collaborative set up will be in place with NADRA and FDMA to facilitate solutions. Unregistered and non-verified families with specific needs were identified for follow up with home visits. Two trainings were conducted for GD staff and information tool packages were developed. The expanded GDs will start on 8 August in eight locations. Identifying unregistered IDP families with specific needs and supporting them with basic assistance (food, NFIs and referral for protection-specific services) is one of the priority foci. The approach for home visit assessment was formulated; the tool is being developed. The applicable criteria were based on the vulnerability criteria formulated under the Vulnerability Working Group. An information brochure was finalized containing information on available health facilities, hotline/helpdesks and grievance desks which will hopefully facilitate better access to services. Other types of barriers in accessing to services were identified in the MIRA assessment and in various reporting. 	<ul style="list-style-type: none"> Gaps in service provision for persons with specific protection risks such as GBV survivors, persons with disability, older persons still remain, posing challenges in effective referral mechanism. The current policy on registration will not consider new CNIC card holders. There is no current no plan to re- open new registration. Since the period of registration was very short (except in Kurram where registration continues), IDPs were advised to approach NADRA to obtain new CNICs. The opportunity for registering at this moment is not available. The current policy that IDPs need to have two addresses (current and permanent address) in the areas notified by the Government and inability for NWA IDPs to change address at this moment will pose a huge challenge for IDPs who were unverified for this reason without any procedural solutions available.

Needs	Response	Gaps & Constraints
	<p>Those barriers need to be simultaneously addressed in addition to enhanced humanitarian communication.</p> <ul style="list-style-type: none"> Two Child Protection Helpdesks established by the Child Protection and Welfare Commission (CPWC) at Bannu are identifying and responding to vulnerable children's needs. So far, 2,368 child protection cases (1,471 boys and 897 girls) were identified (such as, orphans, separated children, children with disabilities, missing children, children with psychological problems and health issues) and linked with services. CPWC activated its helpline 1121 in Peshawar and adjacent districts. As of 3 August, the helpdesk identified 28 child labour cases. The vast majority of cases received are orphan cases (by father/mother/both), followed by health problems and school dropout cases. So far, 2 unaccompanied children and 92 separated children were identified. CPWC established a child protection unit in Bannu further facilitating response to child protection cases. CPWC is planning a child protection rapid assessment for August. SOPs for separated and unaccompanied children were shared with Cluster members and Child Protection and Welfare Commission to implement in the field. To reduce vulnerabilities of women and girls a pilot Women Protection Centre will be established in District Bannu by the GBV sub cluster, Gender and Child Unit of PDMA, UN WOMEN, Provincial Commission on Status of Women, KP and Directorate of Social Welfare and Women Development. 	

Shelter & NFIs

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> The immediate needs of the displaced people regarding shelter include provision of NFIs, cash rental assistance and temporary shelter construction assistance in 	<ul style="list-style-type: none"> Through the cluster, UNHCR, through SRSP, distributed Core Relief Items (CRIs) to 28,408 displaced families. UNHCR distributed 1,526 CRI kits to 	<ul style="list-style-type: none"> The displaced population demands NFI items like electric fans, hand fans, beds, etc. Security remains a concern for humanitarian organizations

Needs	Response	Gaps & Constraints
<ul style="list-style-type: none"> overcrowded host communities. Provide cash assistance for houses requiring basic repairs to host communities hosting the most vulnerable IDPs. 	<p>families living in schools, hospitals and other collective centres. These kits were delivered to IDPs who had not received NFI kits and identified by UNHCR partners working in these collective centres. Special mobile teams were arranged for this distribution. At Bannu sports complex some 26,882 kits were distributed to registered IDP families.</p> <ul style="list-style-type: none"> UNHCR provided 18,579 blankets and 5,098 plastic sheets to NRC to complement their CRI kits to the required standard to distribute to IDPs. UNHCR issued 32,866 kits, 200 tents and 500 plastic rolls from UNHCR Amangarh warehouse to SRSP warehouse in Bannu for distribution;. 28,408 kits have been distributed. UNHCR kits contain: 2 jerry cans, 2 buckets, 1.5 kg of soap, 2 mosquito nets, 4 sleeping mats, 1 kitchen sets, 1 plastic sheet, 3 blankets and 15 m² of sanitary material. 	<p>providing assistance to the NWA caseload.</p>

Water and Sanitation

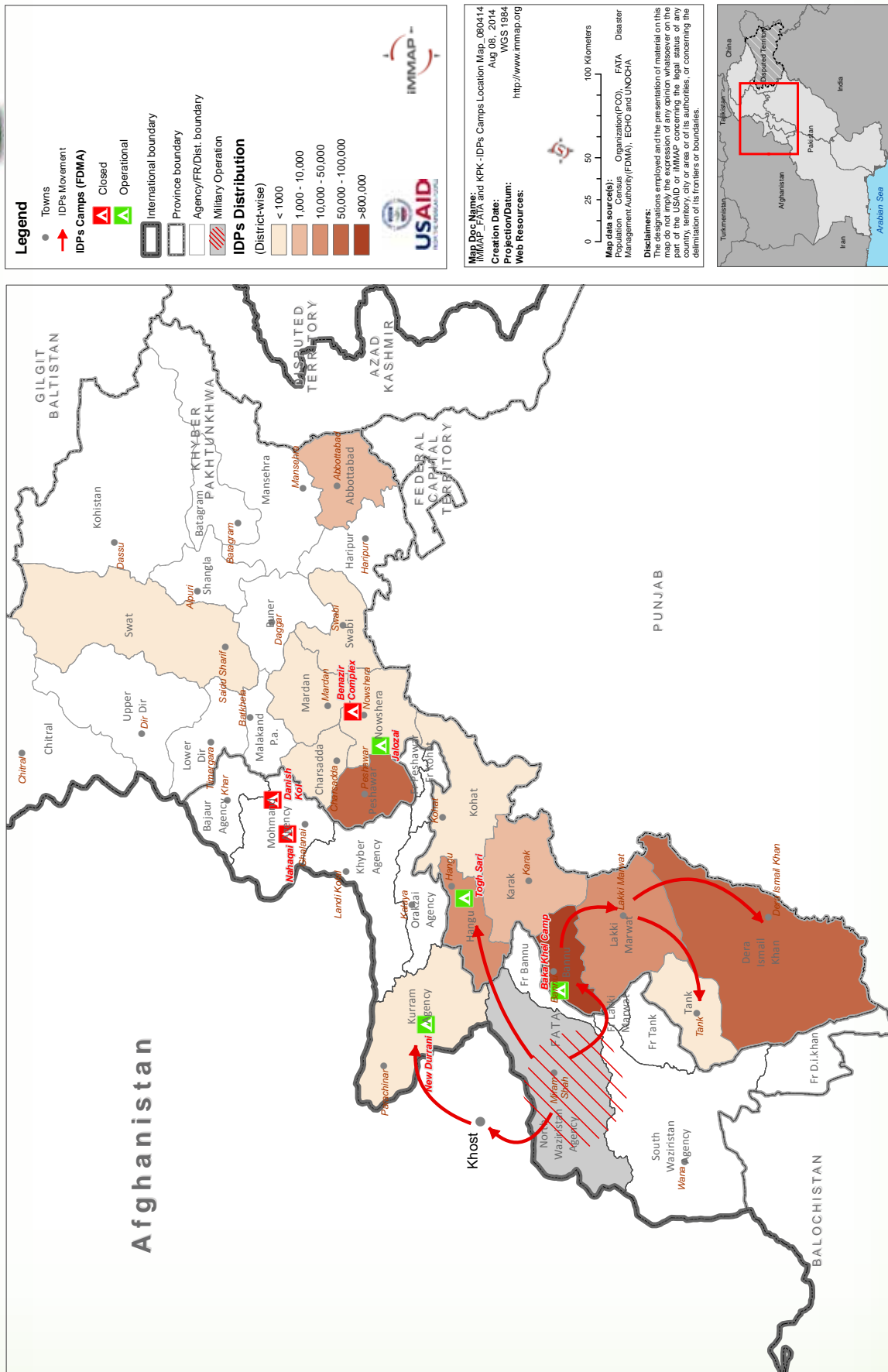
Situation Update	Achievements and Impacts	Needs and Remaining Gaps
<ul style="list-style-type: none"> Water and sanitation facilities are urgently needed in formal and informal camps, particularly in schools and hosting communities where IDPs have taken refuge. FDMA asked for WASH support in FR Bannu. 	<ul style="list-style-type: none"> WASH Cluster members, OXFAM, TMA Bannu and UNICEF, provided 6,303,000 litres of safe drinking water to IDPs in schools and in areas of high concentration in host communities of Bannu and Lakki Marwat. Three existing water systems were rehabilitated in FR Bannu and provided with fuel for the available generators to meet the drinking water needs of 1,860 individuals (IDPs and host community). SABAWON, UNICEF implementing partner, rehabilitated/restored water and sanitation facilities in 156 schools supporting 10,814 IDPs. In host communities, 3 water systems were fixed and 10 hand pumps installed to meet the drinking water needs of people in areas with high IDP concentration. Also, 19 ventilated improved pit latrines were installed benefiting 394 individuals. Three auto chlorinators at water 	<ul style="list-style-type: none"> Access is a major issue for all the humanitarian agencies to respond to the emergency needs of IDPs. General hygiene conditions in the displaced population are very poor and the possibility of a WASH-related disease outbreak cannot be ruled out.

filling points are installed by WHO with the support of UNICEF IP SABAWON.

- WHO regularly tests the water quality of water filling points. Disease early warning system (DEWS) report shared with the Cluster in preparation for any outbreak in the area.

Source: Pakistan: North Waziristan Displacement Situation Report No. 9 (As of 7th August). UNOCHA

FATA and Khyber Pakhtunkhwa - IDPs Camps Location Map (As of Aug 01, 2014)



3 Hazard, Vulnerability and Capacity Analysis

3.1 Hazard:

Hazard simply means danger or risk. The synonyms used for hazards are jeopardy, venture, peril or chance. A hazard is the situation which triggers disaster. But it can be also defined as:

“Hazard is a potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation⁴¹”

So hazard is a situation that has the potential to harm the health and safety of people or to damage plant and equipment. Hazards can be divided into two categories.

3.1.1 Natural hazard

There are natural processes or phenomena within the earth system that may constitute a damaging event. Example typhoons, tsunamis, earthquake and volcanic eruption, cyclones, earthquakes, floods, landslides, storms are natural hazards.

3.1.2 Man-made hazard

Any industrial, nuclear, or transportation accident, explosion, power failure, resource shortage, or other condition, resulting from man-made causes, which threaten or cause damage to property, human suffering, hardship or loss of life are labeled as man-made hazards.

Hazard Matrix

Hazard	Frequency	Area affected/union councils	Severity/Force	Occurred
Floods	Monsoon	Entire district	Medium	2010
Heavy rains	Monsoon	Entire district	Low	2006, 2008, 2013
Epidemics	Seasonal	Entire district	low	Every year
Earthquake	Infrequent	Entire district	Low	2010,2011,2012,2013
Terrorism	Frequent	Entire district	Low	2002 onward (Bannu Central Jail attack 2012)

3.2 Vulnerability:

Vulnerability is a noun, which means the state of being vulnerable or exposed. It also refers to the inability to withstand the effects of a hostile environment its synonym is exposure and other related words are weakness, defenselessness while invulnerability is its antonym.

⁴¹ The “Urban Governance and Community Resilience Guides” (ADPC, 2010)

“the attributes and circumstances of a community or system that makes it sensitive, vulnerable or susceptible to the damaging effects of a hazard⁴²”

Vulnerability precedes disasters, contribute to their severity, hinder and obstruct the disaster response. It is divided into three

3.2.1 Physical/material vulnerability:

Weakness of the built environment and lack of access to physical and material resources i.e living in hazard prone areas or in unsafe buildings, lack of savings, insurance and assets.

3.2.2 Social/organizational vulnerability:

Inequality in social systems that discriminate against and marginalize certain groups of people from accessing resources and services are construed as social/organizational vulnerability. People who have been marginalized in social, economic or political terms are vulnerable to disasters. Weakness in social and organizational areas may also cause disasters e.g. deep division can lead to conflict and war. Conflict of resources due to poverty can also lead to violence.

3.2.3 Attitudinal/motivational vulnerability:

Existence of fatalistic myths and religious beliefs influence people's vulnerability to disaster risks. If people believe that are 'acts of God' and if they have low confidence in their ability to affect change or have 'lost heart' and feel defeated by events they cannot control, these people are often harder hit by disasters.

Vulnerability Matrix

Physical/material	Social/organizational	Attitudinal/motivational
District Bannu is prone to natural hazards like floods, heavy rains and earthquakes. There are settlements in the district, which are situated in the low lying risk areas near Tochi and Kurram river. These areas are exposed to regular occurring of floods. In 2010 ⁴³ flood, 54,473 persons in 39 UCs of the 2 <i>talukas</i> were affected ⁴⁴ . The number of casualties in the district was 12, while 27 were injured.	According to 1998 census, the total population of district Bannu was 677,350, while the projected population for the year 2014 is 1,052,685 Persons. The district has an annual growth rate of 2.81%, which means that the population will double itself in 24 years ⁴⁵ from 1998. Such rapid growth in population gives birth to many socio-economic problems and makes the area vulnerable to different natural and man-made hazards.	There is a lack of training, awareness and knowledge, on the part of the general public and local officials, about complex emergencies - that may affect them, associated risks, damage, and precautions to be taken, Which is perhaps one of the most significant hindrances in the efforts to mitigate disastrous effect of any complex emergency.
The climate of the district is hot	Unlike majority of the other districts	Reactive approach prevails in the

⁴² Participant's Course workbook (ADPC)

⁴³ PDMA/PaRRSA Update # 32, Summary of Losses / Damages: 4th September 2010

⁴⁴ 2010 Flood, Pak response info / KPK/ Population/ Affected/in/KPK/by/UCs

⁴⁵ Rule of 70 <http://controlgrowth.org/double.htm>

Physical/material	Social/organizational	Attitudinal/motivational
with summer temperature sometimes rising as high as 40 degrees Celsius. The warmest month of the year is June with an average temperature of 33.6 °C ⁴⁶ . A case in point is that the IDPs from North Waziristan are from cold areas and that is why they are avoiding residing in the Baka kheil camp where they are exposed to the hot temperature. IDPs (especially Children, women, old and disabled) are facing heat stroke and skin burn problem due to hot weather in the area.	in Khyber Paktunkhwa, district Bannu is rural by its characteristics. Only 7.1 per cent of the district's population resides in urban areas. About 80% of the IDPs have taken shelter in Bannu and most of them are in urban areas for availing the relief services. This tremendous influx in urban areas has created demographic and environmental problems not only for the hosts but also for the IDPs.	whole country and Bannu is no exception i.e., the government and all other stakeholders come into action when disaster occurs, whereas the need is for a proactive approach (disaster risk reduction) where actions are taken in advance of the disaster. Ideally, the arrangements for the IDPs should have been made prior to the military operation in North Waziristan Agency.
Disasters are rooted in development failures e.g. unsafe buildings that cannot withstand heavy rainfalls, floods, earthquakes and result in disasters. In district Bannu, only 1.68% people are using iron/cement, 39.34 % are using T-iron/GARDER and 53.94 per cent are using wood/bamboo ⁴⁷ material for construction of roof.	Dependent population (the population that is less than 15 years and more than 65 years of age, and widows and divorced women) in the case of Bannu district is 50.48 per cent of the total population and the working population is only 49.52 per cent, which shows that dependency ratio ⁴⁸ in the district is 102 per cent, which is very high and as such makes the population highly vulnerable.	Most of the IDPs, for obvious reasons, are sitting idle and are a burden on the host families.
Road network is considered as a vehicle for economic development. Though the district is well-connected with other districts, the quality of roads is not satisfactory. Both Main and Village roads are not in good condition, which are creating access problem for mobile teams to reach out to far off areas of the district.	There is a lack of institutional capacity in the district government to deal with natural disasters and complex emergencies. Mostly, the staffs are not trained to deal with the emergency situation. The existing capacities of the district departments need to be strengthened in the field of information management, needs assessments and gap analysis of services etc.	Hotel owners of the district have increased the room rents and are accommodating extra people in the rooms. Instead of facilitating, the hotel owners are creating troubles for the humanitarian actors.
In district Bannu, only 59% of the households have flush toilet facility, while the households with non-flush and without toilets are 33 and 8 percent respectively. On a daily basis, more than 1.8 Million people (813,669 IDPs ⁴⁹ and 1,052,685	No proper early warning was disseminated by the government agencies prior to the military operation in the North Waziristan Agency. As a result most of the people left their homes without picking their important documents	Disaster impacts women and men differently, even within the same household. Women have less social, economic and political power and are not represented in formal leadership structures. In the current emergency, women are not

⁴⁶ <http://en.climate-data.org/location/3493/>

⁴⁷ Pakistan Social and Living Standard Measurement Survey (PSLM), 2012-13, (Table 4.2) <http://www.pbs.gov.pk/>

⁴⁸ Dependency Ratio= (Population < 15 Years + Population > 65 Years)/ Population 15-65 Years

⁴⁹ UNOCHA, NWA – Internal Displacement (18 July, 2014)

Physical/material	Social/organizational	Attitudinal/motivational
projected 2014 population of Bannu) defecate in the district, which could raise waste management and sanitation problems and can expose the people to different health problems.	i.e. NIC etc. Consequently, the IDPs and the government both are facing difficulties in the registration process.	permitted by the male family members for collecting relief items and are kept in homes. Women are marginalised because of social, economic, biological and physical reasons.
In the whole district, piped water is available to only 69 per cent of the housing units, while 14 per cent ⁵⁰ of the district households drink water from hand pump. By drinking unsafe and contaminated water, the IDPs are exposed to water borne diseases..	The issue of NOC for the International NGOs to work in the Bannu district has restricted most of the organizations to respond to the emergency situation, which has adversely affected the emergency response situation.	
Most of the educational facilities (schools and colleges) have been turned into temporary shelters for the IDPs. In most buildings there is no light, water and toilet facility. Most toilets are dysfunctional while functional toilets are blocked due to non-availability of water and people are compelled to defecation in the surroundings of the schools, which has exposed not only the IDPs but also the host population against different health hazards. Furniture of the schools is used for fuel purpose and is burnt into ashes.	Almost all the displaced families have chosen to stay with the host communities. Mostly, the IDPs are living with their relatives overcrowding the houses. Staying with the host communities in such a large number would have social, economic and political consequences. Risk of creating resentment among the local population cannot be ignored if their stay is prolonged.	
District Livestock department Bannu is engaged in the emergency response activities but due to scarcity of resources find it hard to access the far off areas of the district for the treatment and vaccination of 350,000 cattle (small & large ruminants) and 150,000 poultry ⁵¹ . Besides, there is no computer and net facility in the department for the dissemination of their daily emergency reports to the concerned stakeholders. They report via SMS and cannot explain the whole situation in two or three lines.	An energy crisis in district Bannu has not only affected the livelihoods and business of the local businessmen but also has impacted the emergency response situation. The excessive day and night load shedding has affected the health services in the hospitals too. Concerned departments do not get reports and updates in time from the field because of the long power outages.	

⁵⁰ Pakistan Social and Living Standards Measurement Survey (PSLM), 2012-13, table 4.7

⁵¹ Weekly update -4, (12-18 July-2014) Food Security Cluster

3.3 Capacity:

Capacity is contrasted to vulnerability. Ability to perform or produce is capacity. Capacities are resources, means and strengths, which exist in households and communities and which enable them to cope with, withstand, prepare for, prevent, mitigate or quickly recover from a disaster.

The combination of all the strengths, attributes and resources available within a community, society or organization that can be used to achieve agreed goals

3.3.1 Physical/material capacity:

In most disasters, people suffer their greatest losses in the physical and material realm. Access to physical/material things or objects counts as physical capacity. Few examples of physical and material resources are cash, food, land, properties and tools.

3.3.2 Social /organizational capacity:

However, even when everything physical is destroyed, people still has their skills, experiences and knowledge; they have family and social networks. They have leaders and systems for making decisions. They also have local, collective ‘wisdom’ reflected in their cultural practices that help them reduce or cope with disaster risks.

3.3.3 Attitudinal/motivational capacity:

People also have positive attitudes and strong motivations such as the will to survive and willingness to help each other.

Capacity Matrix

Physical/material	Social/organizational	Attitudinal/motivational
Agriculture is the basis of the economy of the district. Main source of livelihood of the people of district Bannu is agriculture as 39% of the total labour force directly or indirectly earn their living through Agriculture. Total reported area of Bannu is 118,823 hectares, out of which 83,043 hectares are cultivated and 35,708 hectares are un-cultivated ⁵² .	The overall literacy rate ⁵³ (for the population of 10 years and above) for the year 2012-13 is 48 %; for males it is 72 and for females it is 23 %, while Adult literacy rate ⁵⁴ (15 years and above) is 44 %. For the urban rural comparison, urban literacy rate is higher than the rural. Literate people can easily be mobilized and educated on disaster risks.	The teachers, students and youth are assisting the social workers working in their communities and are supporting the displaced people at their schools and villages. They are helping the social workers in the assessment and are acting as a catalyst in the field.
District Bannu has an efficient canal irrigation system, which helps in agriculture productivity. BARAN Dam is the main source of irrigation	District Disaster Management Authority (DDMA) of Bannu has been established in the Commissioner's office on a	In the post flood activities and the current emergency situation, Psychosocial problems of the people (especially children and women) are

⁵² http://kpbos.gov.pk/prd_images/1399370800.pdf

⁵³ Pakistan Social and Living Standard Measurement Survey (PSLM), 2012-13, (Table: 2.14 a)
<http://www.pbs.gov.pk/>

⁵⁴ Pakistan Social and Living Standards Measurement Survey (PSLM), 2012-13, (Table: 2.14 b)

Physical/material	Social/organizational	Attitudinal/motivational
<p>in this district. About 45% of the land is irrigated through canals⁵⁵. Its climate is suitable for production of various food items e.g., maize, sugarcane, wheat, Mango, Guava and Dates etc.</p> <p>Farmers of the district are also familiar with tunnel farming and grow tomatoes, cucumbers, sweet pepper and hot pepper through this method.</p>	<p>temporary basis. DDMA formulates disaster plan for the district and assigns roles and responsibilities to the local district departments. DDMA carries out emergency response and relief activities in the affected areas.</p> <p>Contact number of DDMO Bannu⁵⁶ "Capt. Aurangzeb" is 0333-5480546. Off: 0928-9270039.</p>	<p>addressed by the psychologists, hired by different organizations. Religious scholars (<i>Ulemas</i>) are contributing their part by counselling the displaced people.</p>
<p>People associated with farming and agriculture in district Bannu keep livestock for fulfilling their dairy needs. Livestock department Bannu is vaccinating (42,395 cattle vaccinated) and providing treatment (18,724 treated)⁵⁷ on a daily basis to the animals brought along by the IDPs. The department is making assessments and conducting surveys and have established livestock mobile teams. Vanda (fodder for animals, each bag of 12kg) provided by the Punjab government has been distributed among the livestock owners. Currently, 8 Mobile teams are engaged in the field.</p>	<p>The District Emergency Operation Centre (DEOC) is usually formed by the DDMA in emergencies, which coordinates with different stakeholders and collects data directly from the affected areas. This data is further shared with the other aid agencies and NGOs, which include damage need assessments etc.</p> <p>Focal person: "Capt. Aurangzeb" Control room number: 0928-9270224</p>	<p>The local people of the district have welcomed the IDPs open heartedly and are sharing even their houses, Hujras (guest rooms) with them. They consider the IDPs as the blessing of Almighty Allah in this holy month of Ramadan.</p>
<p>According to the EDO Health Office Bannu, the total health facilities in the district are 80. There are 5 hospitals (3 Teaching, 2 Type D Hospitals), 2 Rural health centres (RHCs), 34 Basic Health Units (BHUs), 2 Maternal Child Centres (MCHs) and 37 General Dispensaries (GD). In all these health facilities IDPs counters are established, where free health services and medicines are provided to the Medically affected IDPs. Besides this, 2 Mobile Units from PIMS and 5 from FATA Directorate are also present in Bannu.</p>	<p>During the IDPs emergency situation, different NGOs /INGOs have focused their attentions on health, education, and social services' activities. These organizations include, Sabawon, EHSAR, SWWS, LHO, AKF, Khwendo Kor, HRF, BEST, Cesvi Pakistan, WHO Bannu, UNHCR etc. These organizations are providing relief services to the affected people, to enable them to stand on their own.</p>	
<p>The total number of schools in the district is 1,404. The district has 1,159 primary schools, 132 middle</p>	<p>Law Enforcement Agencies are important stakeholders in any relief activities. <i>Jawans (Soldiers)</i> of the</p>	

⁵⁵ District profile Bannu by Small & Medium Enterprises Development Authority (SMEDA), Feb 2009

⁵⁶ Khyber Pakhtunkhwa Monsoon Contingency Plan 2014, pp. 107

⁵⁷ Updates from Livestock Department as of 21-07-2014

Physical/material	Social/organizational	Attitudinal/motivational
schools, 93 secondary and 20 high secondary schools. Currently, these school buildings are being used by the IDPs as shelter and evacuation centres.	Pakistan Army are assisting the affected people directly and helping them in distribution of relief items. Besides this, the Army has donated cheques in cash and has dispatched the needed items for the relief of IDPs.	
There is no major industrial unit in district Bannu, while small and cottage industry exists in the district. There is a small industrial unit, an automotive training center, Handicrafts Development Centre for female at Nurar, Leather industry, Woolen industry, and some food and beverages industries in the district. The district is also a big market of Date, guava and spices. These industries generate revenue for the people and are useful in the economic uplift of the people.	Army, NDMA, FDMA, Ministry of SAFRON, Media, different humanitarian organizations and all district departments are in constant coordination with each other and are disseminating important updates on their websites and TV channels for better and in time response.	
The percentage ⁵⁸ of housing units having 2 to 4 rooms in the district Bannu is 70.79; for urban area the percentage is 75.35 while in rural areas it is 70.55 %. Housing units having 5 or more rooms are 9.24%. Housing units with such big space and rooms can accommodate more IDPs and can facilitate them in providing shelter.	Coordination is very important in emergencies. Different clusters (Food security, Nutrition, Education, health, logistic etc.) of the UN are active in the area and are conducting cluster meetings accordingly. They are promoting humanitarian coordination among different organizations working in their specific sectors. Good coordination confirms fewer gaps in humanitarian organisations' work.	
	After the 2010 flood, a number of community organizations were formed by the local NGOs in the district to encourage the local representation. Community Advancement & Rural Empowerment (CARE) organization, Al-Khidmat foundation (AKF), Mandan local support organization (MLSO) and Khwaindo Kor have their committees at the local level, which are facilitating the displaced people at their villages.	

⁵⁸ Pakistan Social and Living Standard Measurement Survey (PSLM), 2012-13, (Table 4.4) <http://www.pbs.gov.pk/>

Physical/material	Social/organizational	Attitudinal/motivational
Agriculture is the basis of the economy of the district. Main source of livelihood of the people of district Bannu is agriculture as 39% of the total labour force directly or indirectly earn their living through Agriculture. Total reported area of Bannu is 118,823 hectares, out of which 83,043 hectares are cultivated and 35,708 hectares are un-cultivated ⁵⁹ .	The overall literacy rate ⁶⁰ (for the population of 10 years and above) for the year 2012-13 is 48 %; for males it is 72 and for females it is 23 %, while Adult literacy rate ⁶¹ (15 years and above) is 44 %. For the urban rural comparison, urban literacy rate is higher than the rural. Literate people can easily be mobilized and educated on disaster risks.	The teachers, students and youth are assisting the social workers working in their communities and are supporting the displaced people at their schools and villages. They are helping the social workers in the assessment and are acting as a catalyst in the field.
District Bannu has an efficient canal irrigation system, which helps in agriculture productivity. BARAN Dam is the main source of irrigation in this district. About 45% of the land is irrigated through canals ⁶² . Its climate is suitable for production of various food items e.g., maize, sugarcane, wheat, Mango, Guava and Dates etc. Farmers of the district are also familiar with tunnel farming and grow tomatoes, cucumbers, sweet pepper and hot pepper through this method.	District Disaster Management Authority (DDMA) of Bannu has been established in the Commissioner's office on a temporary basis. DDMA formulates disaster plan for the district and assigns roles and responsibilities to the local district departments. DDMA carries out emergency response and relief activities in the affected areas. Contact number of DDMO Bannu ⁶³ "Capt. Aurangzeb" is 0333-5480546. Off: 0928-9270039.	In the post flood activities and the current emergency situation, Psychosocial problems of the people (especially children and women) are addressed by the psychologists, hired by different organizations. Religious scholars (<i>Ulemas</i>) are contributing their part by counselling the displaced people.
People associated with farming and agriculture in district Bannu keep livestock for fulfilling their dairy needs. Livestock department Bannu is vaccinating (42,395 cattle vaccinated) and providing treatment (18,724 treated) ⁶⁴ on a daily basis to the animals brought along by the IDPs. The department is making assessments and conducting surveys and have established livestock mobile teams. Vanda (fodder for animals, each bag of 12kg) provided by the Punjab government has been distributed among the livestock owners. Currently, 8 Mobile teams are engaged in the field.	The District Emergency Operation Centre (DEOC) is usually formed by the DDMA in emergencies, which coordinates with different stakeholders and collects data directly from the affected areas. This data is further shared with the other aid agencies and NGOs, which include damage need assessments etc. Focal person: "Capt. Aurangzeb" Control room number: 0928-9270224	The local people of the district have welcomed the IDPs open heartedly and are sharing even their houses, Hujras (guest rooms) with them. They consider the IDPs as the blessing of Almighty Allah in this holy month of Ramadan.

⁵⁹ http://kpbos.gov.pk/prd_images/1399370800.pdf

⁶⁰ Pakistan Social and Living Standard Measurement Survey (PSLM), 2012-13, (Table: 2.14 a)
<http://www.pbs.gov.pk/>

⁶¹ Pakistan Social and Living Standards Measurement Survey (PSLM), 2012-13, (Table: 2.14 b)

⁶² District profile Bannu by Small & Medium Enterprises Development Authority (SMEDA), Feb 2009

⁶³ Khyber Pakhtunkhwa Monsoon Contingency Plan 2014, pp. 107

⁶⁴ Updates from Livestock Department as of 21-07-2014

4 Sectoral Mitigation Measures

Education

- Functioning of educational infrastructure is important to minimize the disruption of children's education, it is also critical for their psychosocial well-being. In this context resumption of educational activities for IDPs must commence as early as possible and "Tent Schools" should be established for them.
- Respective district education department should be geared up to initiate educational activities for the IDPs. Teachers should be immediately called on duty and all concerned should be intimated regarding starting of schools for displaced children.
- Following assistance should be provided to the management of these schools:-
 - (1) Tents (preferably bigger shelters).
 - (2) Furniture for Class Room / Offices.
 - (3) School Uniform, Books, Copies and other stationery items.
 - (4) Essential training aids.
- Volunteer NGOs should be encouraged to open required number of schools in a particular tent village with necessary facilities. Tent village management should provide following facilities to the NGOs helping in establishment of Tent School:-
 - (1) Adequate Space.
 - (2) Tents / Shelters.
 - (3) Availability of Teachers (if required) from the occupants.
 - (4) List of students (class wise).
- Local Philanthropists should be encouraged to take initiative to raise an emergency fund to support the affected poor students and parents.
- Government should introduce a 'School Safety policy' taking all locally relevant hazards into account and adopting DRR measure for facilitating IDPs in district Bannu.
- NGOs and other organizations working in the education sector should organize workshops to provide teachers with training on disaster preparedness and early warning signs.
- Education department should produce support materials linked with disaster risk reduction for teaching and learning.

Health

- Health department should take care of establishment of health facilities focused on certain population. All the health related they should deal issues. But the responsibilities have to be identified.
- A logistic system should be put in place for determining the requirement of medicine, maintaining an inventory, storing and stocking, issuing and controlling the use of medicine, stockpile of emergency medicine and supplies, special arrangement with vendors and suppliers for emergency purchases in time of disaster.

- Advocacy seminars should be organized at district level for the training of medical staff to implement National Health Programs.
- DDMA should assign the responsibilities of health department to ensure the availability of medical and paramedical personal in hospital, BHU's, MCHC, and RHC's. Moreover, mobile health teams should be mobilized so that the health facilitators can visit the local areas to provide basic health care especially for the vulnerable group such as people with disabilities, elderly persons, children, females and those who hesitate to go to the hospitals because of cultural constraint and long distance.
- Mobile health units should be started that can bring near the tent of the poor to provide basic health care specially for the vulnerable group such as people with disabilities and elderly persons and also for females those who hesitate to go because of cultural constraint.
- Referral mechanism between BHUs and RHCs should be improved by signing the MOUs for treatment of major illness that BHUs referred to the patients.
- Nutritional screening of elderly persons and children should be started immediate after they arrive at camp for addressing malnourishment because they are suffering from starvation.
- Transportation support should be available for person with disabilities or elder person who is not able to reach BHUs by walk from their tents.
- Weekly survey of the camp should be carried out by team of doctor or nurses for relief of people who suffer with any illness and have no support by other to take his / her to the BHUs.
- Psychosocial sessions should be started for addressing post-traumatic stress disorder and physiotherapy session for addressing the disabilities by assisting the patient

Water

- Water taps should be available within 200 meter in order to ensure the access to water.
- Functioning of water taps should be checked on regular basis.
- Water cooler and pitcher should be available in each tent which will ensure that water in not contaminated.
- For elderly person and people with disabilities special water tabs and water tank be placed near their tents.

Sanitation (Latrine)

- Existing latrines and bathing areas should be cleaned on regular basis.
- Non-functional Communal latrine should be made functional and checked on regular basis.
- Separate latrine facilities should locate at a distance to ensure the female privacy as they hesitate to go there because of cultural constraint.
- Purdah wall should be constructed around females' latrine and torn polythene sheets should replace to ensure females privacy.

- Separate latrine should be provided to elderly person especially to those who are seriously ill or with disabilities. In addition Hand rails should also be provided to them.

Hygiene

- Hygiene kits should be provided to prevent communicable diseases.
- Solid defecate should be removed on regular basis.
- Hygiene session and orientation should be conducted on regular basis in order to understand the dangerous risk factors combined with contaminated water.

Shelter

- Green shade netting should be provided on the top of tents that can minimize the temperature in summer season and will make them reliable to live in extreme weather conditions.
- Torn polythene sheets should be replaced which will ensure them protection against extreme weather conditions
- Each tent should be provided on the basis of family size which is not exceeding than 6

Livelihood

- Fodder stocks should be maintained by the livestock department of the district to cope with emergencies.
- Livestock owners should be encouraged to insure their cattle heads.
- Capacity can be built through awareness programs on livelihood diversification.
- NGO's should organize advocacy seminars, trainings and awareness sessions for improved agricultural practices.

Food

- Civil administration should look after the availability of food.
- Number of Food distribution point should be increased so that they would be easily accessible to most of the population living inside the camp
- For extremely vulnerable group such as elderly persons, female and children separate desk and queues for the food items distribution shall be established so that they prevent disturbance created by youngsters
- Humanitarian aid agencies should provide food supplements according to the taste and need of displaced population on immediate basis for providing the sufficient food.
- Special labor support should be provided to the vulnerable group specially people with disabilities and who do not have any family support to carry their food from food distribution points to their own tents.

NFIs

- Non-food items such as bedding mats, blankets, kitchen sets, hygiene articles, jerry cans, lamps, hand fans should be provided to each individual.

- Proper checking mechanism shall be establish for whom Non-food items is provided or when.

Government and Humanitarian Sector

- District Disaster Management Authority should appeals for assistance through media at the national and international level.
- District Disaster Management Authority and NGOs should employ the requisite staff who have a combination of practical experience and up to date theoretical knowledge related to Disaster Management and Sustainable development (Disaster Managers, Rescue and Relief providers etc.), should stockpile equipment (Boats, Jackets, medicine, food etc.) and should build institutional capacity at the district level.

Security Aspects

- Camp should be properly plotting boundaries by placing a screen or barrier typically of wood or wire on the outer range of the Camp/Boundary of the camp.
- Routes of entry /exist should be marked on the boundary wall to ensure security and proper liability.

5 Coordination and Support Services Annexures

5.1.1 Departmental Focal Points

S#	Department	Office In charge	Designation	Telephone Numbers	
				Office	Mobile
1	Administration	Mr.Muhammad Ayaz	DC	0928-9270032	
		Mr.Aurangzeb Haider	ADC-I	0928-9270039	
		Mr. Shakeel Ahmad	AC	0928-9270437	
2	Police	Mr.Abdur Rashedd	DPO	0928-9270038	
3	Finance	Muhammad Zahoor Khan	District Officer Finance	0928-9270080	
4	Health	Dr.Akbar Jan	District Health Officer	0928-9270132	
5	Education	Haji Fazli Sadiq	District Education Officer	0928-660005	
6	Works & Services	Mr.Fazli Wahab	XEN	0928-9270137	

Source: DCO Office Bannu

5.1.2 Emergency Response

S.No	Name or Organizations	Office Contact
1	Edhi Ambulance	115
2	Electricity Complaint	118
3	Police Emergency	15/ 0928-9270170
4	Telephone (Complaint)	1218
5	Telephone Enquiry	1217
6	Sui Gas Help line	1199
7	PIA Flight enquiry	114
8	Fire Brigade	0928-9270149

5.1.3 List of NGOs working in District

Name	Contact	Email
Khwendo Kor	0333-9722136	yasmingull81@yahoo.com
Human Relief Foundation	051-2220749	abk.hrf@gmail.com
Kuch Khaas	051-8357483	info@kuchkhaas.org
UNHCR	051-2829502-6	svobodov@unhcr.org
Bright Future Organization	0301-8834904	noora.bfo@gmail.com
Thall Development Organization	0345-9183634	
Sabawon	0345 9213036	sabawon.shakeelahmad@gmail.com
Care Foundation/Unique Development Organization	0333 5333075	rashidgul2020@gmail.com
Al-Khidmat Foundation	0334-8859541	Alkhidmatfoundation_pesh@yahoo.com
WHO Bannu	0345-9814596	sowho_tk@hotmail.com
WHO DI Khan	0345-9835003	sowhopolio@gmail.com
Lawari Humanitarian Organization	0345-5850555	ed@lawari.org
MdM France	0345 5579832	medsup.dik@mdm.org.pk

Name	Contact	Email
Community Development Organization (CDO)	0333-9832227	cdo.org87@yahoo.com
Muslim Aid Pakistan	051-210 2249, 051 210 2252 /0334-5149990	mail@muslimaid.org.pk
Pakistan Red Crescent Society	051-9250404	hilal@isb.comsats.net.pk
Association for Behaviour and Knowledge Transformation (ABKT)	051-2100853/ 0345-9002768	shadbegum@gmail.com
Centre of Excellence for Rural Development (CERD)	091-5851801-2/ 0342-3222244	wisal.mohammad@gmail.com
Community Advancement & Rural Empowerment (CARE)	0928-660035/0334-8844121/0300-9011467	Obaidullah.khan@yahoo.com
Community Development Program	0928-620193 /0928-621318/ 0333-972 3099 0928-633821	cdp_org@hotmail.com ed.cdp.pk@gmail.com
Community Research and Development Organization (CRDO)	091-5852202, 0346-7773336	ce@crdopk.org
Direct Focus Community Aid (DFCA)	091-5705744/ 091-5705917/ 0313-8585520 /0300-5899623/0313-8585520	dfca.dfca@outlook.com
Participatory Rural Development Society (PRDS)	091 5854387/0345 9295606	info@prdspak.org fareed@prdspak.org prds.pk@gmail.com
Human Resource Foundation	0323-8621270	Mrkh00@hotmail.com
Rural Development Organization (RDO)	051-2111643	amir@rdopk.org/mirzadgul@yahoo.com
Social Action Bureau for Assistance in Welfare and Organizational Networking (SABAWON)	091-5810424/0928-620806	Sabawon.sm@gmail.com
Sarhad Rural Support Programme	091-5285389	srrsc@brain.net.pk
National Humanitarian Network	051-2111651 – 3	titus.prince@sungi.org/sana.zulfiquar@sangi.org
The Awakening	0946 722072 / 0331915195	Info.awkpk@gmail.com
UNOCHA	051-8355600	hearns@un.org
WFP	051-8312000	islamabad.publicinfo@wfp.org
Swabi Women Welfare Society (SWWS)	0938-310059	swws@brain.net.pk
Relief International	051-2300630, 0922-345-5566171	peter.foo@ri.org info@ri.org
UNFPA	051-8355966/051-2800055	
Comprehensive Disaster Response Services (CDRS)	0300-502 9705/0512299835/6	toddshea@cdrspakistan.org
Human Resource Development Society	051-4433752/4901557/051 4433754	info@hrdsociety.org.pk
Initiative for Development and Empowerment Axis (IDEA)	091-2601003/91-5854677/ 0334-9990101/0345-9990101	amad@idea.org.pk
Kawish Welfare Trust	0423-5175265-6 /0423-3516666	management@kawish-welfare-trust.org
Khidmat e Khalq Foundation (KKF)	021 633 3811 /021 632 3839	
National Organization for Renaissance through Mobilization and Services (NORMS)	0346-9848691	qaziayaz77@gmail.com
People Empowerment & Consulting Enterprise (PEACE)	091-5845050/ 091-5813745	md@peacepk.org smumtazh@yahoo.com
Peace and Development Organization (PADO)	091-570 3647/ 03447508588	ashrafshahpado@gmail.com
NIDA Pakistan	0996 400327/091-5844577 0345-9003076	dp@nidapakistan.org
Pakistan Citizens Alliance	03475087465/ 03234646839/03065656250	pakistancitizensalliance@gmail.com
EHSAR	091-5853030	info@ehsar.org ehsarfoundation@gmail.com
The Bacha Khan Trust Educational Foundation (BKTEF)	091-2601142	mail@bkefoundation.org

Name	Contact	Email
United Nations Development Program	051-8355600	support@brightspyre.com

Source: www.himpakistan.pk

5.1.4 Health Facilities

District	Health Facility Name	TYPE
Bannu	Khalifa Gul Nawaz Teaching Hospital Bannu	Hospital
Bannu	Zanana Hospitaql Bannu	Hospital
Bannu	DHQ;Hospital Bannu	Hospital
Bannu	District Jail Hospital Bannu	Hospital
Bannu	Police & F.C Hospital Bannu	Hospital
Bannu	RHC Domel	Rural Health Centre
Bannu	RHC Kakki	Rural Health Centre
Bannu	BHU Fatma Khel	BASIC HEALTH UNIT
Bannu	BHU Hinjal	BASIC HEALTH UNIT
Bannu	BHU Khawaja Mad Mandan	BASIC HEALTH UNIT
Bannu	BHU Khujari Khas Killa	BASIC HEALTH UNIT
Bannu	BHU Village Amandi	BASIC HEALTH UNIT
Bannu	BHU Laloza	BASIC HEALTH UNIT
Bannu	BHU Nizam Bazar	BASIC HEALTH UNIT
Bannu	BHU Norar	BASIC HEALTH UNIT
Bannu	BHU Seru Bada Khel	BASIC HEALTH UNIT
Bannu	BHU Shahbaz Azmat Khel	BASIC HEALTH UNIT
Bannu	BHU Jando Khel	BASIC HEALTH UNIT
Bannu	BHU Shamshi Khel	BASIC HEALTH UNIT
Bannu	BHU Khalifa Gul Nawaz	BASIC HEALTH UNIT
Bannu	BHU Zargar Mama Khel	BASIC HEALTH UNIT
Bannu	BHU Ghorl Wala	BASIC HEALTH UNIT
Bannu	BHU Azim Killa	BASIC HEALTH UNIT
Bannu	BHU Bizan Khel	BASIC HEALTH UNIT
Bannu	BHU Bada Mir Abbas	BASIC HEALTH UNIT
Bannu	BHU Hakim Bharat	BASIC HEALTH UNIT
Bannu	BHU Gul Akram Killa	BASIC HEALTH UNIT
Bannu	BHU Haveed	BASIC HEALTH UNIT
Bannu	BHU Kotka Mohammad Khan	BASIC HEALTH UNIT
Bannu	BHU Mohammad Khel, Wazir	BASIC HEALTH UNIT
Bannu	BHU Musa Khel Walagai	BASIC HEALTH UNIT
Bannu	BHU Ismail Khel	BASIC HEALTH UNIT
Bannu	BHU Landi Jalander (Baktha Baz)	BASIC HEALTH UNIT
Bannu	BHU Landi Jalander (S.Z.Korona)	BASIC HEALTH UNIT
Bannu	BHU Lewan Dardaris	BASIC HEALTH UNIT
Bannu	BHU Mamash Khel	BASIC HEALTH UNIT
Bannu	BHU Mandew	BASIC HEALTH UNIT
Bannu	BHU Nar Jaffar	BASIC HEALTH UNIT
Bannu	BHU Patool Khel	BASIC HEALTH UNIT
Bannu	BHU Manik Khel (U.C.Bazar Ahmad Khan)	BASIC HEALTH UNIT
Bannu	BHU Daud Shah	BASIC HEALTH UNIT
Bannu	BHU Nar Shuker Ullah	BASIC HEALTH UNIT
Bannu	Civil Dispy. Chandi chowk	Dispensary
Bannu	Civil Dispy. Kalim khan killa	Dispensary
Bannu	Civil Dispy. Kot daim	Dispensary
Bannu	Civil Dispy Fatma khel(kotka razak)	Dispensary
Bannu	Civil Dispy. Murghali	Dispensary

District	Health Facility Name	TYPE
Bannu	Civil Dispy. Torka	Dispensary
Bannu	Civil Disy: Zalim Mandan	Dispensary
Bannu	Civil Dispy: Mando Zai Surrani	Dispensary
Bannu	Civil Dispy: M. Arif Kalan Tughal Khel	Dispensary
Bannu	Civil Dispy. Khan Suba Mita Khel	Dispensary
Bannu	Civil Dispy. Karim Baist	Dispensary
Bannu	Civil Dispy. Khujaram khel (Baran Kila)	Dispensary
Bannu	Civil Dispy: Saeed Rehman(Landi Dak)	Dispensary
Bannu	Civil Dispy: Aslam Dardaraiz	Dispensary
Bannu	Civil Dispy: Bobo Jan Kila (Degan Shadi Khan)	Dispensary
Bannu	Civil Dispy: Asad Khujari	Dispensary
Bannu	Civil Dispy: Sardad Mandev (Mandew)	Dispensary
Bannu	Civil Dispy: Dalasa Mandew	Dispensary
Bannu	Civil Dispy: Mira Khel (Taji Killa)	Dispensary
Bannu	Civil Dispy: Khawaja Mad Landi Dak (Mir Baz)	Dispensary
Bannu	Civil Dispy: Khan Zaman (Sperka Wazir)	Dispensary
Bannu	ESSI Dispy: Mild Park Bannu	Dispensary
Bannu	Leprosy Clinic at DHQ Hospital Bannu	LEPROSY CLINIC
Bannu	Govt: M.C.H Center Mamash Khel	MCH Centre
Bannu	Govt: MCH Center Kakki	MCH Centre