IVAP Nutrition, Education and Health Bulletin

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KEY FINDINGS

NUTRITION

- 2.4% of tested children under 2 years had yellow MUAC status indicating moderate acute malnutrition and 0.5% had red MUAC status indicating severe acute malnutrition.
- Rates of severe acute malnutrition were highest in Tank followed by Kohat and Tank.
- Mothers in registered families were more likely to start breastfeeding within the first hour after birth.
- 68% reported that youngest child in the family was only exclusively breastfed for 1 month or less.
- In 14% of families there was a decrease in breastfeeding since displacement; in 3% breastfeeding stopped entirely; and in <1% there was an increase in breastfeeding. The situation was most acute in Kohat followed by Hangu, Nowshera and Peshawar.

EDUCATION

- 105,947 children (68%) were reported to be attending school.
- School attendance was lowest in the districts of Kurrum and Nowshera; but was also particularly low in several Union Councils (UCs) of Peshawar, Hangu and DI Khan.
- More children from North Waziristan and Khyber Agencies were attending school before displacement (compared with their school attendance in host communities); children from other agencies were more likely to be attending school since they had been displaced.
- 57% of children in female-headed families were attending school; less than the average of 68%.
- Reasons for not attending school: long distance to school (DI Khan 20%, Tank 20% and Nowshera 19%); child was attending a madrassa instead (Tank (36%); cultural issues (Kurrum 19%, Kohat 19% and Nowshera 17%); associated expenses (DI Khan 60%); denied admission due to discrimination (Peshawar 2%); lack of documentation (families from North Waziristan 12%).
- Registration status had little impact on education indicators.

HEALTH

- 13% of families reported to have at least one family member with a chronic illness.
- 4% of individuals were reported to have a physical disability and 0.5% a mental disability.
- 64% of families used out-patient department services, 12% accessed free medicines, 3% used family planning and at least one member of 12% of families had been hospitalized since displacement.
- Reasons for not using health facility: financial constraints (Kurrum 26%); difficult terrain to access facility (Tank 20% and DI Khan 14%); security (DI Khan 6%); not aware of location (39%).
- 37% reported that required medicines were unavailable; 6% that required staff were unavailable.
- Women in 13% of families reported to not have access to healthcare providers to assist with birth.
- Children in 50% of families received routine vaccinations
- Women in 20% of families vaccinated against tetanus.

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NUTRITION

INFANT FEEDING PRACTICES

In terms of infant nutrition, 22% of families with children under the age of 2 years reported that the mother started breastfeeding within an hour of birth while 78% reported to have done so within 24 hours. Meanwhile, 3% of respondents reported that the mother only started breastfeeding after 3 days, and mothers in 1% of families were reported to have never breastfeed. On average, breastfeeding started latest in Kohat followed by Hangu and Kurrum, and earliest in Tank and DI Khan. Families that were registered as being a TDP with the government were more likely to report that breastfeeding started within the first hour after birth.

The vast majority (68%) reported that youngest child in the family was only exclusively breastfed for one month or less. In 21% and 7% of families the youngest child was exclusively breastfed for at least 4 months and 6 months respectively. This is far below the Pakistan average of 55% and 47% for exclusive breastfeeding till 4 months and up to 6 months respectively (National Nutrition Survey (NNS) 2011). The relatively short period that mothers are reported to be exclusively breastfeeding for is worrying as it increases the vulnerability of these infants to malnutrition.

In most families with children under 2 years old, breastfeeding patterns were not reported to have changed since displacement (47%) or the respondent did not know if patterns had changed (35%). In 14% of families there was a decrease, in 3% breastfeeding stopped entirely and in <1% there was an increase in breastfeeding. This situation was most severe in Kohat followed by Hangu, Nowshera and Peshawar.

Of those who reported that breastfeeding had decreased since displacement, the majority (63%) who provided a reason why it had decreased indicated that this was because of insufficient breast milk, which tends to be an indication of the poor nutritional status of lactating mothers. Other cited reasons include sickness of the mother, lack of privacy and space, and death of the mother. Questions about breastfeeding patterns were asked of female family members. However, IVAP surveyors often experience more difficulty in asking questions about breastfeeding due to the sensitive nature of these questions. As a result, the data for these indicators are likely to be less accurate.

Figure 1: Change in breastfeeding patterns since displacement

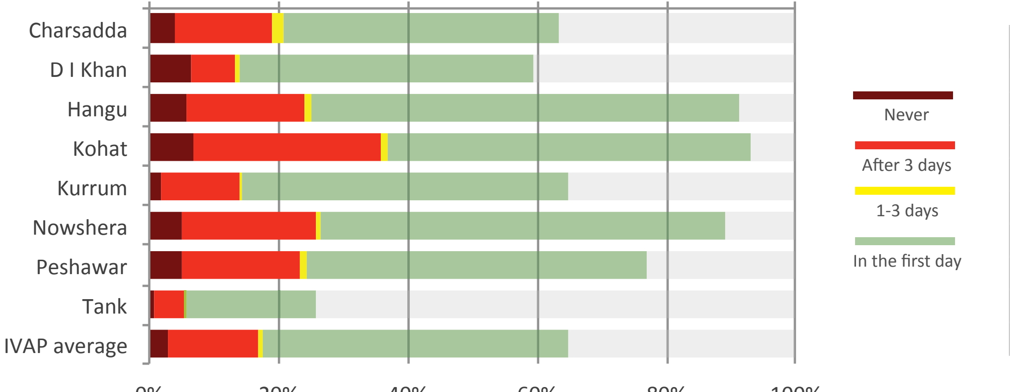
Charsadda
D I Khan
Hangu
Kohat
Kurrum
Nowshera
Peshawar
Tank
IVAP average

0% 20% 40% 60% 80% 100%

Stopped
Decreased
Increased
No change
Don't know

	Stopped	Decreased
Charsadda	4%	15%
D I Khan	1%	7%
Hangu	6%	18%
Kohat	7%	29%
Kurrum	2%	12%
Nowshera	5%	21%
Peshawar	4%	18%
Tank	1%	5%
IVAP average	3%	14%

Figure 2: Time after birth when breastfeeding started



	Never	After 3 days
Charsadda	4%	5%
D I Khan	2%	1%
Hangu	1%	5%
Kohat	2%	10%
Kurrum	2%	7%
Nowshera	1%	3%
Peshawar	1%	3%
Tank	0%	0%
IVAP average	1%	3%

In terms of what was replacing breast milk when breastfeeding was decreased or stopped, the most common substitutes were liquid other than milk (42%) and dried milk powder (31%) followed by liquid milk (25%) and specialised infant formula (24%). A higher than average number of TDP families reported to have replaced breast milk with liquids other than milk in Nowshera, Charsadda and Peshawar.

MUAC TESTING

Mid-upper arm circumference (MUAC) testing was carried out on 77,163 children between 6 months and 5 years old (80%), in the remaining cases the child was either not at home or the parents did not allow the test to be conducted. Of those who were tested, the vast majority -- 97% -- had green MUAC status indicating that they were well nourished, 2.4% that they have moderate acute malnutrition (MAM) and 0.5% had red MUAC status indicating severe acute malnutrition (SAM). Some of those children with red and yellow scores were also chronically ill, this may help explain their MUAC status. Rates of SAM were highest in Tank followed by Kohat and Hangu.

Figure 3: MUAC score of children between 6 months and 5 years old

Severe acute malnourishment / Moderate acute malnourishment / Acceptable nourishment

	Red	Yellow
Charsadda	0.4%	1.9%
D I Khan	0.3%	1.8%
Hangu	0.6%	3.3%
Kohat	0.7%	3.2%
Kurrum	0.4%	3.2%
Nowshera	0.3%	1.6%
Peshawar	0.4%	2.4%
Tank	0.8%	1.3%
IVAP average	**0.5%**	**2.4%**

EDUCATION

63% of families with school-aged children reported that they were sending at least one of their children to school at present (up from 56% before displacement). In total, 105,947 children (68%) were reported to be attending school with 48,792 children not attending school. School attendance was lowest in Kurrum and Nowshera, however there are several UCs in Peshawar, Hangu and DI Khan with particularly low school attendance levels. Rates of school attendance from the more recent displacements of North Waziristan and Khyber were lower in displacement compared with the situation before; this was in contrast to children from all other areas of origin, who were more likely to be attending school in displacement compared with before. This was particularly pronounced with children from Orakzai. The results of the survey show that the longer a family has been in displacement, the more likely the children are to be attending school.

Children from female-headed families were less likely to be attending school (57% compared with the IVAP average of (68%) this was even more pronounced among female widow-headed families (55%). TDP registration status did not correlate to a difference in rates of school attendance.

Figure 4: School attendance by host district

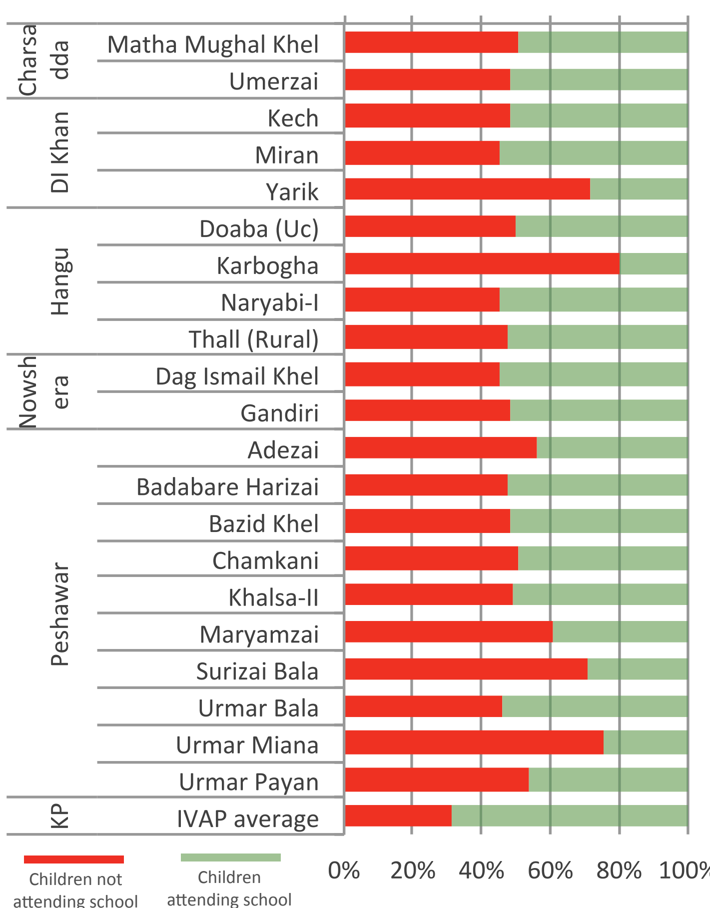
Children not attending school / Children attending school

	Not attending school	
Charsadda	976	30%
D I Khan	9,119	29%
Hangu	6,783	32%
Kohat	5,077	29%
Kurrum	6,184	42%
Nowshera	2,490	36%
Peshawar	14,014	32%
Tank	4,149	27%
IVAP average	**48,792**	**32%**

Among those families that reported that children in their families were not attending school, the most common reason for not attending was insufficient money for school fees and other expenses such as uniforms, books, etc. (32%). This was followed by cases in which children were attending a madrassa (18%), due to cultural issues (10%), or because the children were working (9%).

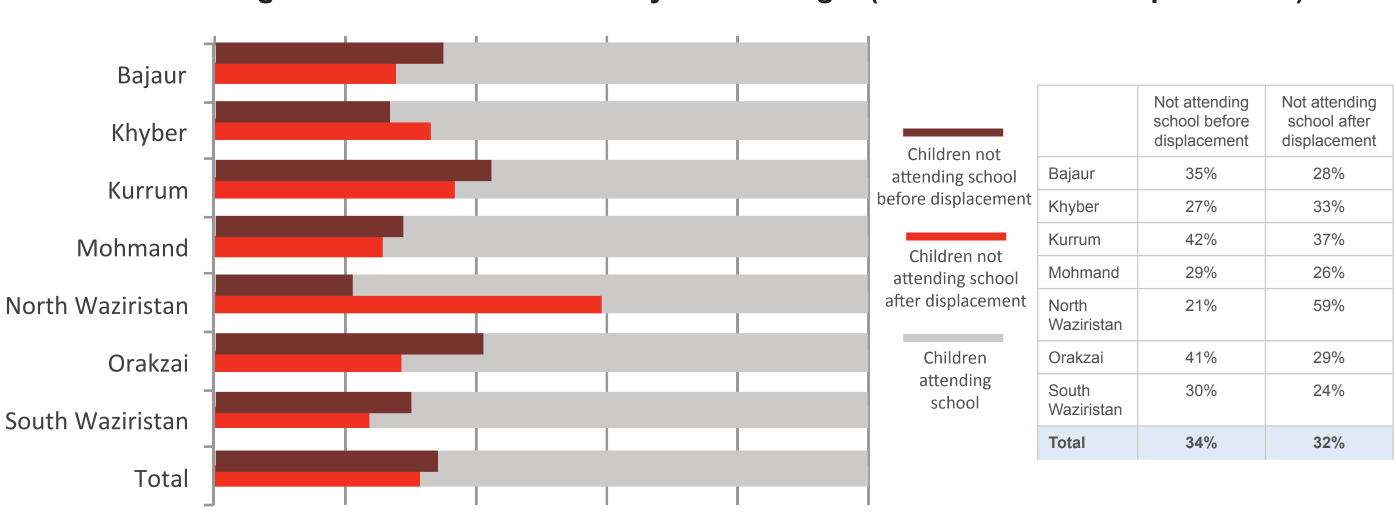
The proportion of families citing attendance at a madrassa as the reason why children were not attending school was highest in Tank (36%) and lowest in DI Khan (19%); meanwhile very few families from North Waziristan cited this as a reason (6%). Cultural issues including the lack of schools for girls and gender discrimination were most commonly cited in Kurrum (19%), Kohat (19%) and Nowshera (17%). Long distance to school was more of an issue in DI Khan (20%), Tank (20%) and Nowshera (19%). In DI Khan, 60% of families with children not attending school cited expenses as the reasons compared with only 31% citing this reason in Tank; this was most commonly cited among more recent displacements from North Waziristan (68%) and Khyber (51%). Most cases of families reporting that their children were denied admission due to discrimination were in Peshawar district, however, this was only cited as a reason by 2% of those families with children not at school. Lack of proper documentation was much more commonly cited as a reason among families from North Waziristan (12% compared with a average of 2%). Whether a family was registered or not did not transfer to different reasons given for why children were not at school.

Figure 5: School attendance by poorest performing UCs



Of those families with children attending school, most (79%) did not report any issues. Meanwhile, 10% reported a shortage of adequate school infrastructure (e.g. furniture, study materials and a proper classroom) and 3% pointed to an absence of staff (half of which indicated that this was a lack of female staff). The absence of staff was mainly cited as a reason in Kurrum (10%), the lack of school infrastructure was also most common in Kurrum. The issues experienced at school did not differ between registered and unregistered TDPs.

Figure 6: School attendance by area of origin (before and after displacement)



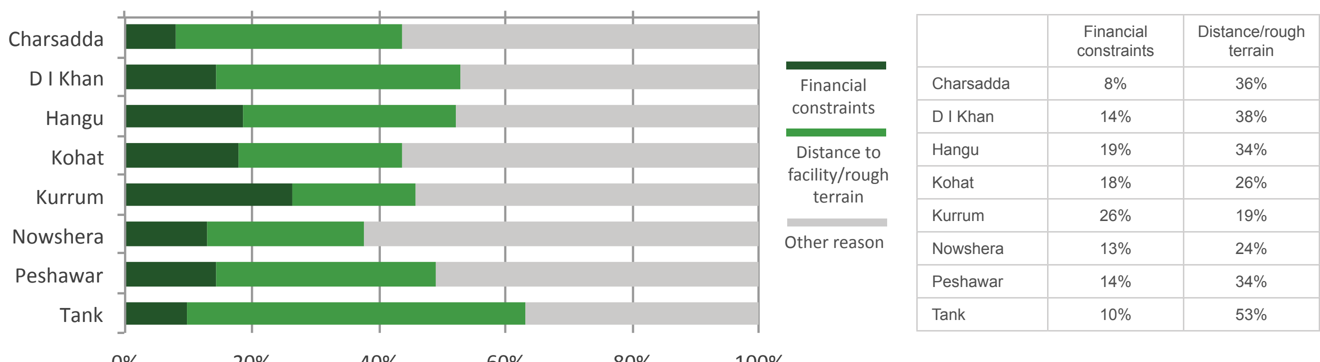
	Not attending school before displacement	Not attending school after displacement
Bajaur	35%	28%
Khyber	27%	33%
Kurrum	42%	37%
Mohmand	29%	26%
North Waziristan	21%	59%
Orakzai	41%	29%
South Waziristan	30%	24%
Total	**34%**	**32%**

HEALTH

A significant proportion of individuals profiled – 13% – reported to have at least one family member with a chronic illness. The most commonly identified chronic health issues include heart disease, kidney problems, arthritis and Hepatitis B & C. In addition a total of 887 individuals were reported to have suffered from polio in the past. A total of 4% of individuals were reported to have a physical disability. The most commonly reported physical disabilities were vision and hearing impairments. In addition, 0.5% of individuals were reported to have a mental disability, however, this is likely to under-reported for a number of reasons including the stigma attached to mental illness, poor diagnosis and lack of prioritisation.

With regard to access to healthcare, 69% of families claimed to have used a government health facility since displacement. This is unsurprising given that 64% of families profiled had been displaced for more than four years. Most families had used out-patient department services (64%), 12% accessed free medicines, and at least one member of 12% of families had been hospitalized. An additional 3% of respondents reported that members of their family had used family planning services since displacement.

Figure 7: Reasons for not visiting healthcare facility



	Financial constraints	Distance/rough terrain
Charsadda	8%	36%
D I Khan	14%	38%
Hangu	19%	34%
Kohat	18%	26%
Kurrum	26%	19%
Nowshera	13%	24%
Peshawar	14%	34%
Tank	10%	53%

Of those families that reported that no member of their family had visited a healthcare facility since displacement, the most commonly cited reasons for this included: that they were not aware of the location of the facility (39%); the long distance to the facility (34%); financial constraints (18%); and cultural and social constraints (5%). While only 2% cited security as a reason for not visiting a healthcare facility, this was much higher in DI Khan (6%). Financial issues were more commonly reported as being an issue in Kurrum, Hangu and Kohat, and difficult terrain was mainly cited in Tank (20%) and DI Khan (14%). Finally, financial issues and social/cultural constraints were more commonly given as reasons for not using health facilities by female headed families.

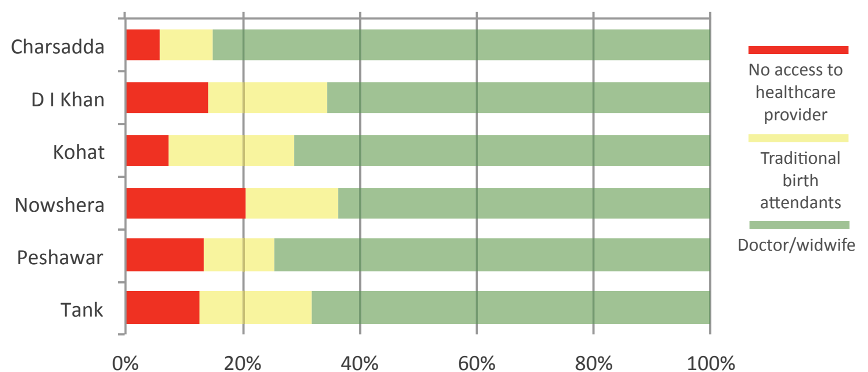
Of those who had visited health facilities, 37% reported that some of the required medicines were not available, 12% reported that they were charged for services, and 6% experienced issues due to the unavailability of (primarily female) staff. Meanwhile, 4% reported that a particularly large amount was charged in emergency or critical situations. Finally, 24% of respondents reported that their family had not experienced any issues in accessing healthcare. The TDP registration status of families seemed to have little impact on the issues they experienced accessing healthcare, however, there was significant variation between different areas of origin and host districts. Families from South Waziristan and Kurrum were more likely to report experiencing the unavailability of staff as an issue. Families from Orakzai were most likely to report that the unavailability of medicines was an issue whereas families from North Waziristan were most likely to report being mistreated due to their status as a TDP. In line with this, those that had been displaced in 2014 were more likely to report experiencing mistreatment based on their status as a displaced person.

Across all the families surveyed by IVAP, there were reported to be pregnant women in 8% of families and lactating women in 25%. In total, 13% of respondents reported that women in their family did not have access to healthcare providers to assist with birth. Women in 17% of families profiled were reported to have access to traditional birth attendants, and in the remaining 70% women were reported to have access to female doctors, community midwives or health visitors to assist with birth. The proportion of women without access

to healthcare providers to assist with the birth was highest in Nowshera (21%) and was also considerably higher among female-headed families (19%); there was not a significant difference between registered and non-registered families.

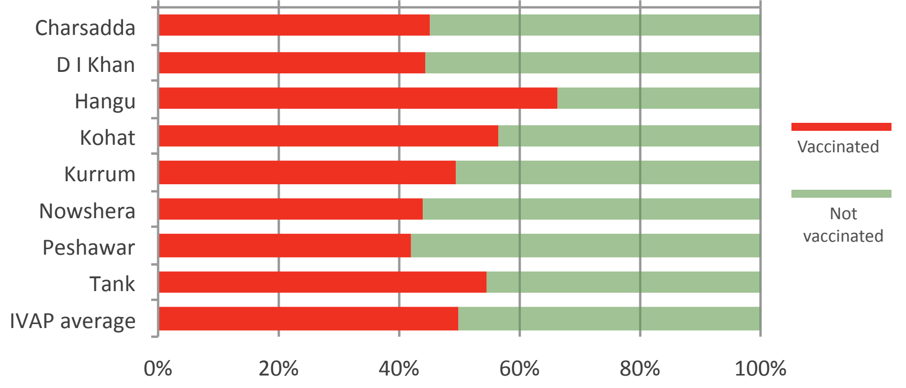
Half of the families surveyed reported that children in their family had received routine vaccinations, however women in only 20% of families had been vaccinated against tetanus. The proportion of respondents reporting that children in their family had received routine vaccinations was highest in Peshawar (58%) and Nowshera (56%) and lowest in Hangu (34%).

Figure 8: Access to healthcare worker to assist with birth



	No access to healthcare provider to assist with birth
Charsadda	6%
D I Khan	14%
Kohat	8%
Nowshera	21%
Peshawar	13%
Tank	13%

Figure 9: Routine vaccination among children (<18 years)



	Have not received routine vaccinations
Charsadda	45%
D I Khan	44%
Hangu	66%
Kohat	56%
Kurrum	49%
Nowshera	44%
Peshawar	42%
Tank	55%
IVAP average	50%

PROFILE

Of the 108,479 families (549,996 individuals) in the current database, most are currently residing in host communities in Peshawar (28%), DI Khan (20%), Tank (10%), Hangu (15%) and Kohat (13%) with information also gathered on families in Charsadda, Kurrum and Nowshera. The population is relatively young with 56% less than 18 years of age. Information was gathered between June 2013 and January 2015.

Host district	No. of families
Charsadda	2,191
D I Khan	21,187
Hangu	15,956
Kohat	13,953
Kurrum	9,786
Nowshera	4,897
Peshawar	29,991
Tank	10,518
Total	108,479
Gender breakdown	
Male	51.4%
Female	48.6%

Among the families surveyed, the average family size was found to be 5.1 persons.[1] Out of the 108,479 families surveyed, 6% were female-headed (of which, half were widows) and 0.9% child-headed.

Most of the families profiled were from South Waziristan (26%), Khyber (24%), Orakzai (22%) and Kurrum (19%) – with the four agencies together accounting for nearly 91% of the total. In 2014, there was also large number of families displaced from North Waziristan, however due to access issues most have not yet been profiled by IVAP.

Most of the families that were profiled arrived in host communities during the period from 2008 to 2009, with 60% of families reporting that they arrived during these two years. Only 8% of the total arrived in 2014. Most of the families displaced in 2014 were residing in host communities in the districts of Charsadda, DI Khan, Nowshera and Peshawar.

The IVAP inclusion policy is based on the Guiding Principles on Internal Displacement. In terms of government registration, 37,741 families profiled (38% of those who gave their CNIC number) were also registered as temporarily dislocated persons (TDPs) with the government. Of those that were not registered, 17% reported that their registration had been blocked. Nearly all respondents (95%) indicated that their family intended to return to their area of origin. Of these, 82% said that they planned to return as soon as they felt it was safe.

CONCLUSION

The relatively short average period for which displaced children are breastfed is worrying as it increases the vulnerability of these infants to malnutrition. In terms of nutrition, the situation tended to be worse in Kohat, Kurrum and Hangu districts. Based on the nutrition indicators, children in unregistered families are more vulnerable to malnourishment.

Children from families that have been displaced for longer are more likely to be attending school in host communities than in their area of origin before displacement. However, more recently displaced children from Khyber and North Waziristan were less likely to be attending school in displacement. The results of the survey show that the longer a family has been in displacement, the more likely the children are to be attending school. This tends to indicate that it takes some time for displaced families to put their children in school and/or for the education systems to accommodate these children, but that these education systems are inclusive and more extensive than in areas of origin. Registration status did not have a significant impact on education indicators.

The reasons given for why children were not attending school varied from district to district. For most reasons given, there were a couple of districts where that reason was far more commonly cited such as attendance in a madrassa (Tank), cultural issues (Kurrum, Kohat and Nowshera), distance to school (DI Khan, Tank and Nowshera), expenses (DI Khan), discrimination (Peshawar). This geographic variation means that it is particularly important to understand the context and the main barriers to attendance within a community when implementing education programmes.

Similarly, the reasons why families were not visiting healthcare facilities also showed a high degree of geographic variation. For example security was mainly cited as a reason in DI Khan, difficult terrain in DI Khan and Tank, and financial constraints in Hangu, Kurrum and Kohat. Similarly, the issues faced by people who had used healthcare facilities tended to focus on families from particular areas of origin. For example families from North Waziristan were more likely to report facing discrimination accessing healthcare services, families from Orakzai were more likely to experience issues accessing medicines, and families displaced from Kurrum and South Waziristan were more likely to report the unavailability of staff as being an issue. As a result, the particular context needs to be taken into account to understand the barriers to healthcare access.

This bulletin is published by IVAP based on the survey of displaced families conducted from June 2013 till January 2015. Updates from further surveys and other host districts will be shared periodically. For more information about the bulletin contact:

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