

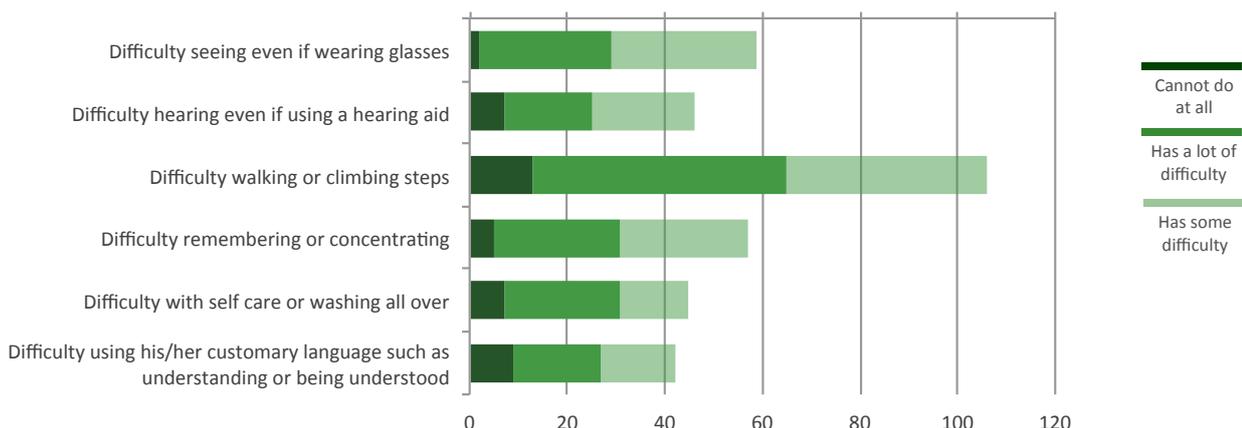


**Disability:** A total of 227 individuals (2%) were reported to have a disability. Of those identified:

- 59 individuals (0.6%) had difficulty **seeing even if wearing glasses**. Of these, 27 individuals or 46% experienced a lot of difficulty and 2 individuals (3%) could not see at all. Of those identified as having this disability: 13 individuals or 22% were children (less than 18 years) of which 10 were over 5 years of age, and 26 individuals or 44% were elderly (60 years or more); 58% were male and 42% were female.
- 46 individuals (0.4%) had difficulty **hearing even if using a hearing aid**. Of these, 18 individuals or 39% experienced a lot of difficulty and 7 individuals (15%) could not hear at all. Of those identified as having this disability: 16 individuals or 35% were children (less than 18 years) of which 6 were over 5 years of age, and 13 individuals or 28% were elderly (60 years or more); 63% were male and 37% were female.
- 106 individuals (1.0%) had difficulty **walking or climbing steps**. Of these, 52 individuals or 49% experienced a lot of difficulty and 13 individuals (12%) could not walk or climb steps at all. Of those identified as having this disability: 35 individuals or 33% were children (less than 18 years) of which 24 individuals were over 5 years of age, and 26 individuals or 25% were elderly (60 years or more); 64% were male and 36% were female.
- 57 individuals (0.5%) had difficulty **remembering or concentrating**. Of these, 26 individuals or 46% experienced a lot of difficulty and 5 individuals (9%) could remember or concentrate at all. Of those identified as having this disability: 15 individuals or 26% were children (less than 18 years) of which 9 individuals were over 5 years of age, and 9 individuals or 16% were elderly (60 years or more); 74% were male and 26% were female.
- 45 individuals (0.4%) had difficulty with **self-care or washing all over**. Of these, 24 individuals or 53% experienced a lot of difficulty and 7 individuals (16%) could do them at all. Of those identified as having this disability: 16 individuals or 36% were children (less than 18 years) of which 11 were over 5 years of age, and 12 individuals or 27% were elderly (60 years or more); 58% were male and 42% were female.
- 42 individuals (0.4%) had difficulty **using his/her customary language such as understanding or being understood**. Of these, 18 individuals (43%) experienced a lot of difficulty and 9 individuals or 21% could not use his/her customary language at all. Of those identified as having this disability: 24 individuals or 57% were children (less than 18 years) of which 16 individuals were over 5 years of age, and 3 individuals or 7% were elderly (60 years or more); 83% were male and 17% were female.

The much higher rate of males identified as having a disability (1.5%) compared with females (2.8%) could indicate under-reporting or a lack of understanding/diagnosis of disability among females. This discrepancy was particularly pronounced for less severe disabilities. In cases where the disability was so debilitating that the individual could not perform the specified activity the ratio was virtually equal. The difference between males and females was most among those aged less than 5 years of age and those aged between 18 and 59 years.

**Figure 2: Individuals with types of disabilities as reported by respondents**



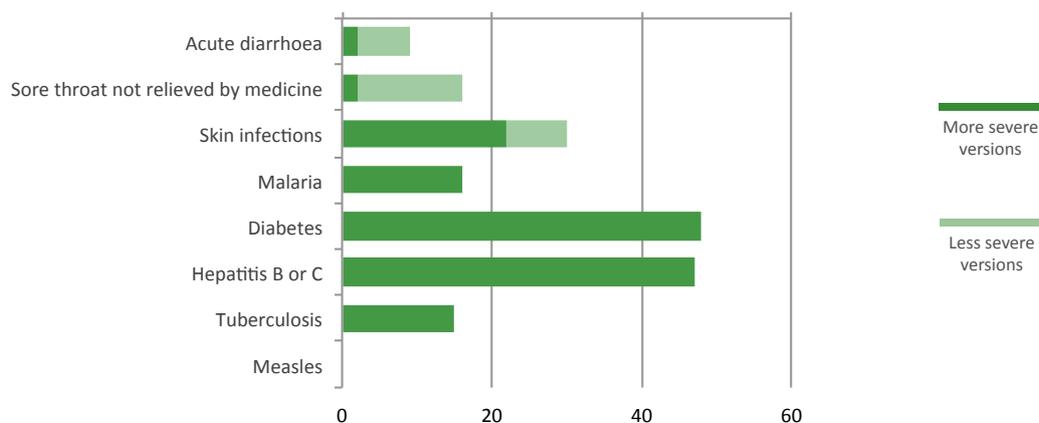


## SERIOUS ILLNESS

A total of 796 individuals (8%) were reported to have a serious illness. Of the individuals reported to be seriously ill: 235 or 30% were children (less than 18 years) of which 152 were over 5 years of age, and 91 or 11% were elderly (60 years or more); 48% were male and 52% were female.

- 7 individuals or <0.07% were reported to have **acute diarrhoea** (2 female; 5 male). In 2 cases the individual was also reported to have a fever indicating a high likelihood of bacterial infection.
- 14 individuals or <0.1% were reported to have a **sore throat that was not relieved with medicine** (8 female; 6 male). In 2 cases, the individuals identified had experienced these symptoms for over 9 weeks indicating a more serious issue such as a chronic throat infection.
- 30 individuals or <0.3% were reported to have a **skin infection** (16 female; 14 male). Of these, 23 individuals (77%) were reported to also experience itching indicating the likely presence of scabies. Meanwhile, in 18 cases (60%) the individual was reported to have large lesions. Of those identified as having skin infections: 22 individuals 73% were children (less than 18 years) of which 14 individuals were over 5 years of age, and none were elderly (60 years or more).
- 16 individuals or <0.2% were reported to have **malaria** (9 female; 7 male). Of those identified as having malaria: 7 individuals or 44% were children (less than 18 years) of which 4 individuals were over 5 years of age, and none were elderly (60 years or more).
- 48 individuals or <0.5% were reported to have **diabetes** (37 female; 11 male). Of those identified as having diabetes: none were children (less than 18 years), and 17 individuals or 35% were elderly (60 years or more).
- 47 individuals or <0.5% were reported to have **hepatitis B or C** (30 female; 17 male). Of those identified as having Hepatitis B or C: 3 individuals or 6% were children (less than 18 years) of which 4 individuals were over 5 years of age, and 2 individuals or 4% were elderly (60 years or more).
- 15 individuals or <0.1% were reported to have **tuberculosis** (7 female; 8 male). Of those identified as having tuberculosis: 10 individuals or 68% were children (less than 18 years) of which 7 individuals were over 5 years of age, and 2 individuals or 13% were elderly (60 years or more).
- There were no reported cases of the **measles**.

**Figure 3: Individuals with types of illness as reported by respondents**

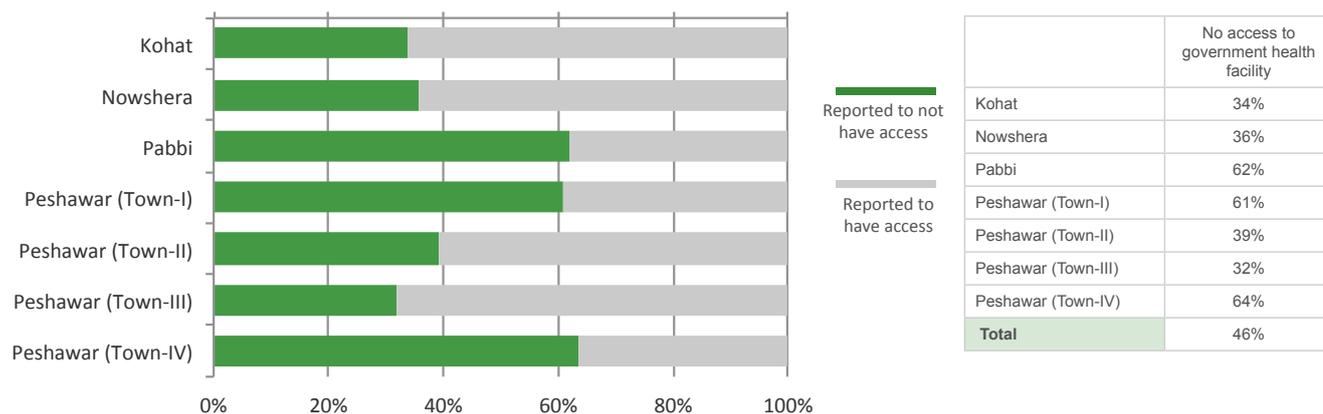


## VACCINATIONS

The vast majority of children under the age of 2 years old (82%) were reported to have received routine vaccinations. There was no significant difference between males and females in rates of vaccination.

With regard to access to healthcare, 46% of respondents claimed that their family did **not currently have access to a government health facility**. This was highest in Peshawar Town IV (64%), Pabbi (62%) and Peshawar Town I (61%), and lowest in Peshawar Town III (32%). Of those families that had visited a health facility, 23% noted that some required medicines were not available (lower than the IVAP average of 48%), 2% experienced issues due to the unavailability of appropriate staff (lower than the IVAP average of 13%), and 2% were charged for services. The most commonly cited services that were not available were outpatient department (OPD) services followed by maternal, neonatal and child health (MNCH) services. In general, fewer issues were reported with health services compared with the situation across KP as a whole.

**Figure 4: Access to a government healthcare facility**



Of those respondents that claimed that their family did not have access to a government health facility, 45% noted that this was because they were not aware of the location of the facility, others indicated that it was due to the long distance to the facility (30%) or because it was too expensive (7%). The proportion of respondents noting that they did not know the location of the nearest government health facility was highest in Peshawar Town 1 (46%) followed by Nowshera (31%) and Pabbi (28%). This was higher among those who have only been displaced since October 2014 (27%) compared with those that have been displaced for longer (20%).

There were **pregnant** women in 7% of the families surveyed and **lactating** women in 30% of families. Of those families with at least one pregnant woman, 32% reported that they did not have access to healthcare providers to assist with birth; this was significantly higher in Pabbi at 64% of families.



## PROTECTION

In total, 6% of respondents reported a significant **change in the behaviour of children** in their family. In most cases this involved unusual crying or screaming. There were also reports of increased violence, aggression and anti-social behaviour. Less than 5% of these families had received psycho-social support. Meanwhile, 28 children (<1%) were reported to be **working in harmful environments** such as carpet weaving, operating machinery or working in a brick factory. In 2 cases, children were said to be in conflict with the law and there was 1 reported case of a child being in **prison**.

A total of 3% of respondents reported that members of their family had faced **discrimination accessing services**. Widow-headed households were significantly more likely to report such discrimination (9%). In terms of what type of services they were facing discrimination accessing, 43% reported discrimination accessing health services, 37% faced discrimination accessing the job market and in the remaining 20% had problems accessing education services.

There were reported to be 5 **separated or unaccompanied children**, and 69 children who had lost one or both parents. Family members were **missing** from 16 families.

In terms of school attendance, 687 children (25%) were **attending school** at the time of the survey; down from 40% who were previously attending school in Bara. This was much lower than the IVAP average of 77%. This lower rate of school attendance can be explained, in part, by the relatively recent nature of displacement for many of these families. Families that had been displaced since October 2014 were nearly 20% less likely to have children attending school. Children from female-headed and elderly-headed households were less likely to be attending school while those from disabled-headed households were more likely to be attending.

In 90% of cases in which children were attending school, children were reported to be attending school more than 20 days per month; in 7%, children were attending school between 10 and 20 days per month; and in less than 1%, children were attending school less than 10 days in the month.

Of those families with school-aged children that were not attending school, the main reason given for this was the cost of school fees and other expenses such as uniforms, books, etc. (32%), this was followed by families in which children were attending a madrassa (12%), and families that believed girls should not attend school (10% of families with children not attending school). Of those families with children attending school, most (88%) did not report any issues. Meanwhile, 5% reported a shortage of adequate school infrastructure (e.g. furniture, study materials and a proper classroom) and 3% pointed to a lack of staff.

## CONCLUSION

Families from Bara generally reported that they had access to a government healthcare facility. Fewer families reported having access to government healthcare facilities in the Tehsils of Pabbi, Peshawar Town I and Peshawar Town IV. A lack of awareness of local healthcare facilities among the TDP population is an important factor limiting access.

The analysis presented above reveals that the education situation of families from Bara tends to be worse than the IVAP average. This is especially true of those families that have been displaced in the period since October 2014 (as part of the most recent influx). When children were going to school, attendance rates were relatively high.

There were a considerable number of children working in harmful environments and experiencing psychosocial issues. Meanwhile, widow-headed households were nearly three-times as likely to report facing discrimination accessing services.

Given the relatively recent displacement of many families, and the fact that for many it is the first time they have been displaced, information about the location and availability of services available is particularly important, and represents one of the main factors limiting access.

Many of the health and protection indicators analysed in the present bulletin have not been assessed by IVAP in the past. While they allow for a more in-depth analysis of the situation, the fact that they have not been assessed in the past limits the possibility for comparison.

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This bulletin is published by IVAP based on the survey of displaced families conducted from October till November 2014. Updates from further surveys and other host districts will be shared periodically. For more information about the bulletin contact:

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