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IDP's;
INTERNALLY DISPLACED PERSONS IN PAKISTAN AND THEIR PUBLIC HEALTH NEEDS

1. MBBS, MPH
Assistant Professor
Department of Community Medicine
Khyber Medical College, Peshawar, Pakistan.
2. PhD
Associate Professor
Department of Public Health,
Adjunct Faculty Health services Academy, Islamabad, Pakistan.
3. MBBS, MPH
Assistant Professor
Department of Community Medicine
Khyber Medical College, Peshawar, Pakistan.

Correspondence Address:
Dr. Kashif ur Rehman Khalil
Address: House No. E12, Civil Colony, Warsak Road, Peshawar, Pakistan.
dr.kashif.khalil@gmail.com

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Mohammad Imran Marwat[1], Katrina Amina Ronis[2], Kashif Ur Rehman Khalil[3]

ABSTRACT… Objectives: This article attempts a systematic review of information from conflict areas globally and locally (Pakistan) to identify the gaps and challenges pertaining to the public health needs and assistance of IDPs. **Study Design:** Systemic Review. **Setting:** Department of Community Medicine Khyber Medical College, Peshawar, Pakistan. **Period:** 8 months January 2016 to august 2016. **Material and Methods:** A systematic review was undertaken using various databases such as Google scholar, Cochrane library, Pub-Med, UNHCR and World Health Organization Global Health library, global databases of Medline and Pakistan Medical and Research Council library. **Conclusion:** In Pakistan, the internally displaced people living in camp settings remain susceptible to poor health and disease outbreaks. Although some assistance is provided by the government but keeping in mind the alarming situation much more coordinated and synchronized efforts is required to fulfil the gaps in health needs, skilled workforce, infrastructure and supplies.

Key words: Internally Displaced Persons, Public Health Needs, Refugees.

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INTRODUCTION

Internal displacement is not a new phenomenon as the problem of refugee's dates back to the 1920s. Displacement within the borders of a country gained momentum two decades ago when in early 1990s, a group of human rights advocated to take up the issue of IDPs by the United Nations. Human Rights Commission (UNHRC), which resulted in formulation of the "Guiding Principles" on Internal Displacement.[1] In 1998, the Norwegian Refugee Council established the Internal Displacement Monitoring centre (IDMC) as required by Interagency Standing Committee.[2]

The main difference between refugees and internal displacement is the latter remain within their country's own borders. Refugees are entitled to international protection and to certain rights while the IDPs remain under the jurisdiction of their own government and are not entitled to those additional rights.[3] However, IDPs also need special protection for which the governments remain unwilling or unable to do so which sometimes may itself leads to displacement.[4]

Although the internal displacement of various population groups dates back to the 1960s due to the Biafra Conflict, the first estimate according to the Worlds Refugee Survey in 1982 was approximately 1.2 million from 11 countries.[5]

From an academic perspective it is difficult to obtain accurate and reliable figures for IDPs because displaced populations are constantly fluctuating. The recent global estimates of internal displacement due to conflicts, disasters and human rights violation is 33.3 million with another 22 million augmented by the natural disasters.[6]

Since the 9/11 incidence in New York, United States of America (USA) in 2000, it has been reported that after US invasion in Afghanistan, many of the perpetrators escaped from Afghanistan to Pakistan and the majority settled in the North West region of Pakistan referred to as FATA or the "Federally Administered Tribal Areas".[7,8,9]

Since 2004, an estimated 5 million people have been displaced in Pakistan due to conflicts, sectarian violence and due to natural disasters.[10] The number of displaced communities peaked in 2009 when an estimated 3 million people were uprooted from their settled areas due to armed conflicts between militants and the Pakistan army. An estimated 2.2 million people are still displaced from the FATA region in 2015.[11]

Many local and international non-governmental organizations are involved in relief and health service delivery within conflict and security compromised areas of Pakistan, however there is still dire need of situation analysis to address the needs and protection of IDPs.[12]

This article attempts a systematic review of information from conflict areas globally and locally (Pakistan) to identify the gaps and challenges pertaining to the public health needs and assistance of IDPs.

MATERIAL AND METHODS

This literature review is based on the results of a peer-reviewed studies published in English on IDPs in emergencies and were aimed to assess the public health needs and assistance of Internally Displaced Persons. A structured approach was utilized for the systematic review process in order to review and evaluate relevant studies.

The following 3 stage screening process was carried out to select the most relevant review literature.[13]

The first stage: articles were searched on databases containing the key search words in their title and/or their abstract.

Second stage: study titles and abstracts were reviewed for fulfilment of exclusion and inclusion criteria (see below).

Third stage: those articles which were not excluded, their full text were reviewed to confirm the inclusion and exclusion criteria. Studies that referenced IDPs with assessment of needs and protection in the title and/or abstract were included and studies either performed on refugees or no specific description of study population were excluded.

A systematic review of literature primarily focused on needs assessment and protection of IDPs using the following databases: Google scholar, Cochrane library, Pub-Med, UNHCR and World Health Organization Global Health library, global databases of Medline and Pakistan Medical and Research Council library.

RESULTS AND DISCUSSION

Protection and assistance is a social and legal issue and it may be defined as the challenge to make states and individuals to meet their humanitarian responsibilities to protect and assist people in war situations[14] and it should cover all rights enumerated in international human rights law, including political, social, civil, economic and cultural rights.[15]

It is the duty of government to provide basic needs to the internally displaced people of their own country. Therefore the government is autonomous in their actions and responsibilities. The guiding principles of IDPs underline that "It is primary responsibility of national authorities and not the international community to provide protection and humanitarian assistance to IDPs within their jurisdiction".[16]

According to WHO, the displacement caused by armed conflicts and sectarian violence leads to distortion of overall health, human resources and health service delivery infrastructure of displaced people as well as of the hosting communities.[17]

WHO argues that political violence, including the armed conflict should be considered and treated as public health problem and the health practitioner should deal with it as "societal disease". Health practitioners should study its causes and its overall effects on physical, mental and social health and to develop treatment strategies and preventive measures.[18]

Displacement due to armed conflicts also leads to food shortage, access to clean drinking water,

lack of employment and education opportunities, frequent outbreaks of infectious diseases and physical and/or mental disabilities.[19]

Studies conducted in Sudan, reveals that there are many challenges faced by Southern Sudan due to war severity, impoverishment and repatriation of displaced people.[20,21] The Sudan government is unable to meet the basic needs of the displaced population and from a health perspective the region's health service provision needs are extremely high.[22] Decades of war between the government and rebels has collapsed the country's whole health system and currently there is one doctor for 70,000 thousand people in South Sudan.[23]

Pakistan's ex-Chief of army staff General Musharraf in his autobiography highlighted the issue of IDPs by stating that:[24]

"The United States was not the only casualty of 9/11. The attacks hit Pakistan differently, but with equally savage force. We feel the ramifications to this day. No other country has faced as many threats on as many fronts."

Being the responsibility of state to safeguard the rights[15] of IDPs, as mentioned in the guiding principles but the FATA IDPs are still fighting for their basic needs and rights across the country.[16] The internally displaced persons can lose their identity and can be disintegrated from their society and tribe. In Pakistan, those who do not have their national identity cards encounter many issues in getting food, medicine and clothes.[25]

According to a study conducted in Pakistan Jalozai IDPs camp, the health dispensaries provided simple medication for common illnesses but lacked the basic medical services such as examination rooms, operation theatre, ultrasound and x-ray machine e.[26]

An another study conducted by Ministry of Health KPK, FATA, WHO and other health partners in Jalozai IDPs camp revealed that IDPs suffer from various diseases including diarrhoea, pneumonia, malaria, scabies and other skin allergies.[27] These findings are similar to the findings of study conducted in Gulu, the northern region of Uganda.[28]

CONCLUSION

People who are displaced due to conflicts, sectarian violence and emergency situations related to natural disasters such as earthquakes and floods; remain susceptible to poor health and infectious disease outbreaks. Women, children and elderly people are more vulnerable to these effects. In Pakistan, some assistance is provided to IDPs by the national authorities however the challenges remain enormous. This systematic review suggests that national governments should realize the alarming situation of IDPs and they should come forward to assist and protect the IDPs being the citizens of this country. Government and other stakeholders need to coordinate and synchronize their efforts to ensure provision of adequate funding assessing and fulfilling the health needs and provision of trained health human resource, infrastructure and supplies.

It is the time to assist and protect the people of FATA like other citizens of Pakistan, under the constitution of Islamic Republic of Pakistan. The people of FATA should be honoured and they should not miss the sense of belongingness or to feel disgruntled, otherwise the most effective measures taken by the state will not generate the positive results.

RECOMMENDATIONS

In Pakistan only 5% IDPs are living in camp settings and the remaining 95% live in host communities of adjacent settled areas. Therefore there is a dearth of information on IDPs profiling and contextual characteristics of assessment strategies of needs and protection. Such information would play an important role in proper needs assessment and to develop the coping strategies, as there is significant difference in health status and service delivery between the IDPs living in camp setting and those who are in non-camp environments.

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– Unknown –

AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	M. Imran Marwat	Planned Study	
2	Katrina Amina Ronis	Manuscript Writing	
3	Kashif Ur Rehman Khalil	Referencing	