SITUATION REPORT, AFGHAN REFUGEES IN PAKISTAN

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Based on visits to North-West Frontier Province, 11-13 September, 1980

The following report is based on a three-day visit to Peshawar, North-West Frontier Province, by Dr. Stuart Kingma, Dr. Rainward Bastian of the German Institute for Medical Mission, and Colonel J.J. Dean of the Christian Hospital Association of Pakistan. The information contained in this report was supplied by the staff of the Mission Hospital in Peshawar and by the staff and medical team of the Inter-Aid Committee, Karachi, based in Peshawar.

At the present time there are well over one million Afghan refugees in Pakistan, all of them located within the North-West Frontier Province and Baluchistan Provinces. The exact number of refugees in Baluchistan were not determined but the number is approximately 200,000. In its report dated 31 August the North-West Frontier Province Commission for Afghan Refugees listed 839,260 refugees in the NWFP. In its report dated 8 September the figure had risen to 870,885. This reflects an influx of an additional 31,625 refugees during the week ending 8 September. Approximately half of these refugees in the NWFP are located in Peshawar district, approximately 400,000 in number. The refugees are clustered in fourteen localities, with each locality containing from three to twenty camps.

The Inter-Aid Committee (IAC), Karachi, has been able to distribute large numbers of blankets, clothing, quilts and medicine to these camps as well as participate in the organization and supply of the medical teams working in the camps.

At present there are twenty-three or twenty-four medical teams operating in NWFP. The International Rescue Committee has two teams operating in the Kohat area. Save the Children Fund from England has two teams operating in four camps in the Peshawar area. Pak Medico International, which is assisted by agencies in the Federal Republic of Germany, has two all Pakistani teams operating in four camps. The International Committee of the Red Cross has one team operating at present and is preparing a second team. The United Nations High Commissioner for Refugees has fourteen medical teams working in various camps and these are composed of all Pakistani workers. The Pakistan Red Crescent has begun to work with one team as well. It is estimated that adequate coverage will be reached when thirty teams are operating. The UNHCR has also opened a clinic in Peshawar with twelve beds for handling simpler cases

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requiring hospitalization. This clinic was opened one week ago. More complicated cases are referred to the Khyber Hospital in Peshawar, and to the Tank and Bannu Mission Hospitals.

The final medical team is the one operated directly under the Inter-Aid Committee and consists of staff from the Peshawar Mission Hospital. This team is under the direct supervision of Dr. Anwar M. Ujagar, medical superintendent of the Mission Hospital. The head of the team is Dr. Darvesh who has been on the staff of the Mission Hospital for some three years. His mother tongue is pushto, the language of most of the refugees. Dr. Darvesh is usually accompanied by a nursing superintendent, a dispenser from the hospital, a clerk/helper and a driver. The team carries out primarily a curative service to sick patients who come to see them wherever they set up their temporary clinic. This is carried out on a daily basis, lasting approximately two or three hours each day. The camp for which the IAC team is responsible is the Kacha Garhi camp located just to the west of Peshawar and containing 10,892 refugees as of 8 September. Because this camp is spread out over a wide area, the team visits a number of locations around the camp, returning to each location approximately every ten days. The number of patients seen daily varies between 120-175.

The IAC, Karachi, had received $US 4,821,000 by 31 July. By that date they had expended approximately $US 2,000,000 for all aspects of the programme in both provinces in which they are active. The next financial and activity report will be prepared at the end of October. These funds have been spent on the purchase of the blankets and clothing and the medicines for the medical teams. The IAC has assumed full financial responsibility for the one team it is fully responsible for. In addition, it supplies the full needs for medicines of the IRC teams, the Pak Medico teams and the Save The Children Fund teams. Pak Medico International received one shipment of medicines from the Federal Republic of Germany, sent by the German Institute for Medical Mission, and the rest of their medicines have been coming from the IAC. The IAC spends Rs 45,000 in medicines per month for all of the four organizations and their seven teams.

The IAC also assumes financial responsibility for Afghan patients which are admitted to the Khyber Teaching Hospital in Peshawar and to the other mission hospitals.

The IAC has also started a school project for Afghan children in the Jalozai camp, a camp which is being visited by the medical team of Pak Medico. They found a number of Afghan teachers within the camp and initiated this work in cooperation

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with the government of Pakistan and the camp leaders. Many of the children in the camp had carried along their own school books and so this school project has begun in fourteen tent schools with approximately fifty children per tent. An initial outlay of Rs 25,000 was required to begin this project in April and the running costs amount to Rs 5,000 per month for the fourteen teachers. For two months this school was suspended as the camp moved up into the hills during the very hot weather but teaching has resumed this month. Some Islamic schools have also started in the camps and IAC has given them a little bit of financial help.

The government is discussing the possibilities for somewhat more permanent type camps which will be called "modern tentage villages". These will be of a somewhat more permanent type but the first attempt to establish camps like this does not seem to be working very well. The matter is still under discussion.

The UNHCR has proposed that the medical teams become involved in a more comprehensive preventive and promotive health education programme. This is under discussion with the government and no specific plans have been evolved at this point. The IAC had proposed a similiar plan earlier but it was felt to be premature at that time during the emergency phase. The government is now clearly interested.

The Inter-Aid Committee, Karachi, is represented by a field office based at the Peshawar Mission Hospital. The team is headed by Mr. B.D. David who has been posted here from Karachi since February. He previously worked with Caritas Pakistan and is a retired Pakistan airforce accountant (and very competent). He is assisted by Mr. Allah Bakhch who is an accountant hired from Peshawar, Mr. Durani who is a field assistant and they have an office general helper. Mr. David reported that they have been able to fill most needs and requests for help at this point but the numbers of refugees are slowly but steadily increasing. They have also been able to purchase most of their material requirements within Pakistan and no shortage is envisioned in the immediate future in this regard. There continues to be active competition amongst suppliers to work with the IAC.

Approximately 60-70% of the Afghan refugees in the NWFP are Pushto-speaking and the remaining 30-40% are Persian-speaking and Dari-speaking. This would indicate that most of the refugees come from the part of Afghanistan which is to the east and closest to Pakistan. It is acknowledged that some of the refugees do return to Afghanistan for fighting in the resistance. However, the majority of refugees that come are the women and children and older men. Most of the fit fighting force has always remained behind.

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One additional comment can be made about the medical teams. There has been some difficulty because of the very high pay offered by the UNHCR to the staff of its medical teams. They are paying Rs 6,000 per month for a doctor (in contrast to the average salary of doctors in the mission hospitals of approximately Rs 2,000 per month). The UNHCR pays lady health visitors Rs 2,500 per month (in contrast to mission hospital pay of Rs 500-800 per month for this category of worker).

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Visit to Kacha Garhi Camp

We accompanied the IAC medical team, together with Dr. Anwar Ujagar and Dr. Darvesh to the refugee camp on 13 September, 1980. This camp is very sprawling on a flat plain to the west of the city of Peshawar and just on its outskirts. It lies on both sides of the road which leads to the Khyber Pass with most of the camp on the north side of the road. The area where the camp lies is barren and marks the beginning of the desert area which continues on up into the Pass. The tents are rather randomly scattered over this plain, clustered into tribal and kindred groups. Each group tends to have its own leader or chief and his flag flies above his tent. We went to that portion of the camp which consists primarily of Ahanabzi tribal people from the Paktia area of Afghanistan. We met with the chief of this group, Malik Abdul Qadar. He and twelve extended families began their migration toward the end of 1979. They crossed the mountains in very difficult weather in December and 86 people died in this trek across the mountains. They gathered at Parachinal after crossing the border until their numbers had grown to 12,000 and then they were directed to their camps of final rest. Half of them have gone to other camps and half came to Kacha Garhi by the end of February. Every day, approximately 200 new people arrive at this camp. The chief stated that all of the fit fighting men are left behind and they came to Pakistan because this is their brother Muslim country and the Russians were "bombing our houses, destroying our families and destroying our faith".

During the initial period the Pakistan government provided a subsidy of Rs 100 per person per month. This has now been reduced to Rs 50 per person per month (people of all ages) and they get additional rations consisting of Ghee (clarified butter fat), vegetable oil, dhal, and other foodstuffs.

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We saw the records of the foodstuffs distributed for the month of August. There were seven clusters of approximately 110 families per cluster. For each 110 families the food allotment consisted of wheat 1,300 kg, pulses (dhal) 130 kg, vegetable oil 95 kg, dried skim milk 100 kg, and sugar 62 kg. With their financial subsidy, they buy tea, salt, clothes and additional food. They report that they are getting enough food but they are suffering the most from the heat on the plains.

They reported that their main problem is water. For most uses, they are expected to fetch water from a large and flowing irrigation ditch some 200 meters away from the centre of this group of refugees. This water supply is abundant but it is extremely muddy and filthy and contaminated. There is much suspended dirt so that the water looks like coffee with cream in it. The government has laid a pipe to the edge of the road but so far has only provided one tap at this pipe. It is not known whether plans exist to carry more water into the camp. There is one additional source available to the refugees and that is from an overflow pipe from a tank which serves a prominent residential area on the border of the camp. This is clean water but flows for only one or two hours a day. They try to use this water for drinking and cooking.

The medical team saw 164 patients during the two and a half hours we were in the camp. It is clear that nutrition is not adequate in spite of their statements that they are getting enough food. However, gastro-enteritis is also common among the children (because of the bad water and unhygienic conditions) and this may play a major factor in the malnutrition problem. Additional medical problems are also related to the unsanitary condition and bacterial conjunctivitis, infectious skin problems and respiratory infections are also important. At the end of August, the medical team reported that "nutritional deficiency is increasing, diarrhoeas are widespread and hepatitis is seen more than is usual. Skin diseases and eye infections are also very common." Commenting on their review of cases for July, they made similiar remarks of concern about nutrition, hepatitis, diarrhoea and skin and eye infections. The incidence of tuberculosis is not much different from the regular population. It averages 2.5 to 3.5% of patients seen. However, if conditions remain as they are, this may become a more serious problem.

Since we were impressed by the severity of the water situation and the medical team concurred that this was the underlying problem for many of the acute illness they treated, it was proposed that a feasibility study be undertaken to see how clean water in adequate amounts could be provided.

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Discussions will be undertaken with the government to see what their plans are. If it seems appropriate, two or three tube wells will be placed in this camp and the return from these wells will indicate whether this is a helpful line of action. The output from these wells and hand-pumps will determine whether additional wells of this sort will be needed and how many. As soon as the initial exploration is completed by Dr. Anwar and his team, he will communicate with the Christian Medical Commission and we can then see whether there are ways in which we can be of assistance in this effort.

Appended are documents giving details on the number of refugees in each camp and recent medical statistics from the IAC medical team.

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