Against All Odds: Restoring Healthcare Through Conflict, Isolation and Resistance

Reconstruction of Basic Health Unit Miana Doag, Union Council Dogdara, District Upper Dir

In one of Upper Dir's hardest-to-reach and most conflict-affected valleys, WADDAN rebuilt a BHU and a new MNCH Centre for PKR 19 million, just over a quarter of the estimated government cost, and restored primary and maternal healthcare for more than 80,000 people.

At a glance

Item	Detail
Facility	Government Basic Health Unit (BHU) Miana Doag, Union Council Dogdara, District Upper Dir, Khyber Pakhtunkhwa
Funding partners	RAHA Programme (Refugee Affected and Hosting Areas), UNHCR, KfW
Implementing partner	WADDAN – Partner in Development
Government counterparts	Relevant provincial and district health authorities, Communication & Works Department, District Administration
Project period	2011–2012
Covered area	7,500 sq.ft
Funding	PKR 19 million, incl. MNCH Centre (vs ~PKR 70 million estimated via government channels)
Population served	80,000+ direct (UC Dogdara); 120,000+ indirect (adjoining UCs)
Daily OPD	100+ patients on average
Cumulative outpatients	600,000+ (WADDAN facility records, as of June 2026)

Item	Detail
Ownership	Formally handed over to the Government of Khyber Pakhtunkhwa

Context: a valley shaped by conflict

Before WADDAN arrived, Union Council Dogdara had no functioning health facility and no humanitarian actor working in health.

Militant groups entered the area around 2007. Doag Dara soon became one of their main headquarters in Upper Dir, where fighters were trained and attacks on the state were planned.

The government BHU at Miana Doag was taken over and turned into a central base and facility for the militants.

Before the military operation, the militants ruled local people by force. Government officials, development stakeholders and public property, including schools, were attacked. Homes and property of ordinary residents were set on fire, and many people were killed or injured.

The violence reached across the district. On 5 June 2009, a suicide bomber struck a mosque in Hayagai Sharqi, Upper Dir, during Friday prayers, killing more than 40 people and wounding over 70 (source).

During the 2009 military operation, the BHU was completely destroyed, together with schools, water schemes and link roads in the union council. The cycle of violence did not end there: after the operation, houses of local residents linked to the militants were also burned.

The conflict left deep scars. Old enmities, factional groupings, mistrust of outsiders and political propaganda against development actors had made the valley one of the hardest places in the district to work. For decades, the area had turned development away, and earlier efforts to bring in services had repeatedly stalled.

For ordinary families, most of them poor, the result was stark: reaching the District Headquarters Hospital meant a journey of about 60 km and roughly five hours, often impossible for a woman in labour or a sick child.

The challenge

WADDAN faced resistance and practical obstacles from the first day, any one of which could have stopped the project.

Challenge	What it meant on the ground
Security	Post-conflict environment with continuing threats to staff, contractors and the site
Community resistance	Local disputes, mistrust of outsiders and a long history of opposing development work
No road access	No vehicle road to the site; materials could not be trucked in
Transport	Cement, steel, equipment and supplies carried in on donkeys
Winter	Snow and cold halted or slowed work for long periods each year
Limited budget	A full health complex had to be delivered at a fraction of the government cost estimate
Vested interests	Some local actors sought personal advantage and placed undue pressure on the project team; interests affected by a public facility raised recurring objections
Site security and asset losses	A public village path ran through the site, leaving it open with no privacy or effective security; damage to machinery and equipment, and unaccounted loss of machinery, materials and supplies; disputes and resistance on a near-daily basis

WADDAN's response

With funding from RAHA, UNHCR and KfW, WADDAN reconstructed the BHU as a complete healthcare complex, not a single building.

The 7,500 sq.ft facility includes:

- Service unit for outpatient care

- Purpose-built Maternal, Newborn and Child Health (MNCH) Centre with labour room
- Doctor's residence
- Medical Technician quarter
- Lady Health Visitor (LHV) quarter
- Class IV staff quarter

On its own initiative, WADDAN also added protection and retaining walls, an internal alleyway and a water channel to protect the site from erosion and flooding.

WADDAN followed standard community-engagement practice. A jirga of elders was held, local labour was hired from the area, and a Health Management Committee (HMC) was formed to give the community a stake in the facility.

Sustaining genuine community ownership proved difficult. Some local actors sought to use the project for personal advantage rather than community benefit, and at times the oversight role of community structures gave way to undue pressure on the project team.

The project also met resistance from local interests that stood to lose from a functioning public health facility. Recurring objections, often over minor issues, slowed progress and required careful, patient management throughout implementation.

During construction, the project also suffered deliberate losses to its own assets. A small number of local elements opposed to the project's completion caused damage to machinery and equipment, and machinery, construction materials and logistics supplies were lost from the site through criminal activity. These losses were intended to stall the work, and added further operational and financial pressure on an already constrained budget.

The site's layout made it especially difficult to protect. Because adjoining landowners refused to allow passage around the site, the only public path for residents of a neighbouring village ran directly through the BHU compound. The site could not be secured or closed off, construction proceeded without privacy or effective security, and disputes and resistance became a near-daily occurrence.

WADDAN did not let these pressures stop the work, and the facility was completed and handed over.

Government oversight was built in from the start. Engineers and officials of the relevant government departments were engaged from site layout through to completion, and conducted regular monitoring visits during construction. On completion, the relevant government department formally confirmed that the facility met all prescribed government standards and specifications.

Results and impact

The BHU has recorded more than 600,000 outpatient visits to date and now sees over 100 patients a day.

- **Access restored:** families in UC Dogdara no longer have to travel about 60 km and five hours for basic care.
- **Reach:** 80,000+ people served directly in UC Dogdara, and 120,000+ indirectly in adjoining union councils.
- **Public revenue:** patients pay a nominal government fee of PKR 10 per visit. These fees have generated more than PKR 6 million for the Government of Pakistan.

Value for money and sustainability

With PKR 19 million in total funding, WADDAN delivered the complex plus an extra MNCH Centre, against an estimated PKR 70 million through government channels (BHU PKR 60 million plus MNCH Centre PKR 10 million), a saving of nearly three-quarters.

These savings were achieved without compromising quality. Despite materials carried in on donkeys and repeated winter stoppages, the facility was built to full government standards under continuous departmental oversight.

On completion, WADDAN formally handed the facility over to the Government of Khyber Pakhtunkhwa. It now runs as part of the public health system, with continuing staffing and operations under government ownership.

Lessons learned

1. **Persistence in hard areas pays off.** Where others had stalled, sustained presence turned an abandoned site into a working health system.
2. **Local trust is the real foundation.** Construction could only move once community resistance was addressed.
3. **Build systems, not buildings.** Staff housing and an MNCH Centre made the BHU usable by doctors and LHVs, not just standing.
4. **NGO delivery can cut public cost.** Lean management delivered government-standard infrastructure at just over a quarter of the estimated cost.
5. **Plan for the terrain.** Donkey transport and winter shutdowns must be built into the schedule and budget from the start.

Independent verification

The facility's construction quality, functionality and contribution to local healthcare have been formally acknowledged by the relevant provincial and district health authorities, the Communication & Works Department, the District Administration and community elders.