

#### Highlights

- As of 07 June, the Provincial Relief Commissionerate reported 3 625 483 IDPs in hosting districts of NWFP compared to 3 023 331 on 2 June.
- During the week 22 (23-29 May 2009), a total of 61,174 consultations were reported to DEWS from 162 reporting sites which shows a 22% increase as compared to week 21. Acute Respiratory Infections and Acute Diarrhoea remain the main causes of consultations among the IDPs.
- Three new camps were established (Sugar Mill, Larama and Kunda) in NWFP
- Information management network meeting initiated by OCHA at Provincial and Federal levels

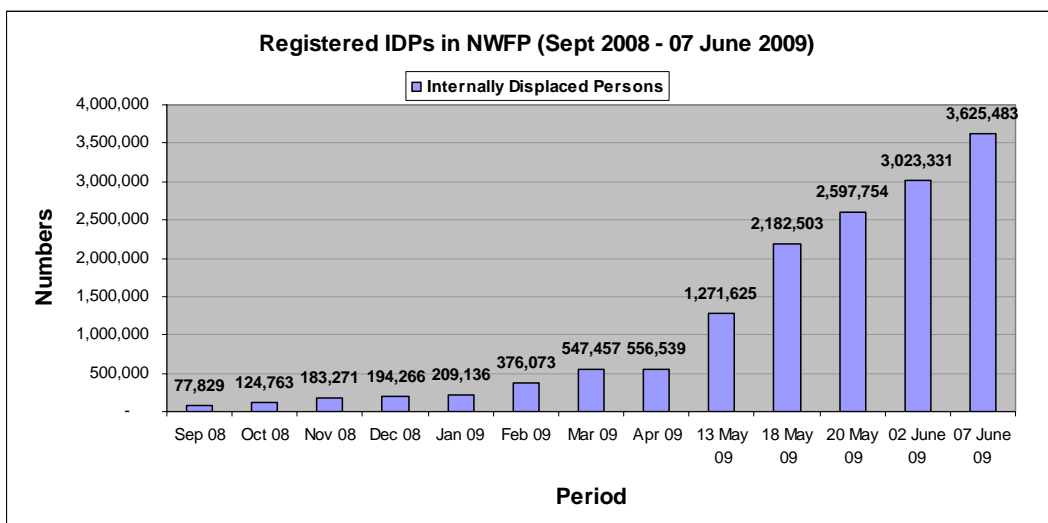


Yar Hussein camp in Swabi district

#### POPULATION FIGURES

The number of internally displaced people (IDPs) in North West Frontier Province (NWFP) of Pakistan keeps increasing and reached up to 3 625 483 on 7 June 2009 as reported by the official website of the Provincial Relief Commissioner at (<http://www.helpidp.org>).

National Database Registration Authority (NADRA) is verifying and cleaning the registration data, up until 6 June they have verified and cleaned the data of 230,000 families (1.4 million IDPs), multiple registrations were found in some instances. A new influx of 10,000 displaced fleeing the Kabal area of Swat was reported on 5 June. Three new camps were established; one at Saleem Sugar Mills in Charsadda district (628 families/3752 individuals<sup>1</sup>) and the second one at Union Council Larama in district Peshawar (803 families/4070 individuals<sup>1</sup>). The third site “Kunda” has been identified and is being established.



<sup>1</sup> Source: Provincial Relief Commissionerate: as of 7 June 2009

## COORDINATION

### **Coordination at Provincial (Peshawar) level**

- Information management meeting held at Peshawar on 4 June 2009 was attended by WHO. OCHA informed that the online system for 3W will be used, it is a common system and it is de-centralized, having contact details and run time comprehensive reports. Cluster Information Focal Persons will be trained to manage the data, accessible data from any cluster and only specified data can be shared. The meeting recognised the need for coordinated information among actors. To do so, each cluster lead will be responsible on managing information within its cluster.
- Provincial health cluster meeting was held on 4 June. The main issues addressed in the meeting included inadequate provision of health care services to the IDPs living within the host communities, DTCs both preventive (WASH) & case management, chlorination of water sources/supplies in camps, solid waste management, shortages/delays, drugs delivery and a regular mechanism to carryout assessments in the camps for monitoring purpose.

### **Coordination at Federal (Islamabad) level**

- Early recovery cluster meeting was conducted at Peshawar on 4th of July. The group was informed about an early recovery assessment and nominations to participate in the assessment were requested from partners. WHO will be actively participating in the early recovery assessment. OCHA and UNDSS did an assessment of Buner district (one of the districts where some returns activity is reported) and shared that the main road is in good condition, 10km area on both sides of the road has been cleared. The DCO reported that there is a shortage of medicines and medical supplies. OCHA is planning to lead a rapid assessment mission for district Buner and Bajaur next week. WHO will be part of the assessment.
- The health cluster meeting was held on 3 June in Islamabad co-chaired by Ministry of Health and WHO. In the meeting, situation update was given by Dr Jehanzeb Aurakzai, Focal Person, Ministry of Health. Subsequently, information sharing mechanism and frequency of reports was discussed. At the end, an update on funding situation was given by WHO. Several issues were discussed such as Health service coverage inside the camps, as well as DEWS needs to be improved for information sharing. As AWD cases are on the rise WHO is advocating that the disease surveillance is strengthened in order to detect any suspected cholera cases in a timely manner in order to avoid a possible outbreak.

A matrix was circulated among health partners to identify types and quantity of health assessments conducted by partners in order to avoid duplication and improve sharing of information.

### **Who does what where?**

- The map “ Who Does What Where” is updated as of 08 June and enclosed.

### **Disease surveillance:**

The general health situation in all IDP hosting districts in North West Frontier Province (NWFP) in camps and host communities remains stable. But rising trends in diarrhoea cases are being reported from various IDP camps. The environment in the IDP camps is very conducive for any outbreak of Acute Watery Diarrhoea (AWD) due to extreme weather conditions and serious hygiene and sanitation problems being faced by the displaced. The epidemiological surveillance has been strengthened to timely detect an increase especially in AWD.

Since August 2008 till 29 May 2009, the Disease Early Warning System (DEWS) has detected 86 alerts with a potential to evolve into outbreaks. These alerts have been investigated within 48 hours while 26 outbreaks were detected and timely contained/controlled before evolving into larger outbreaks with substantial lifesavings.

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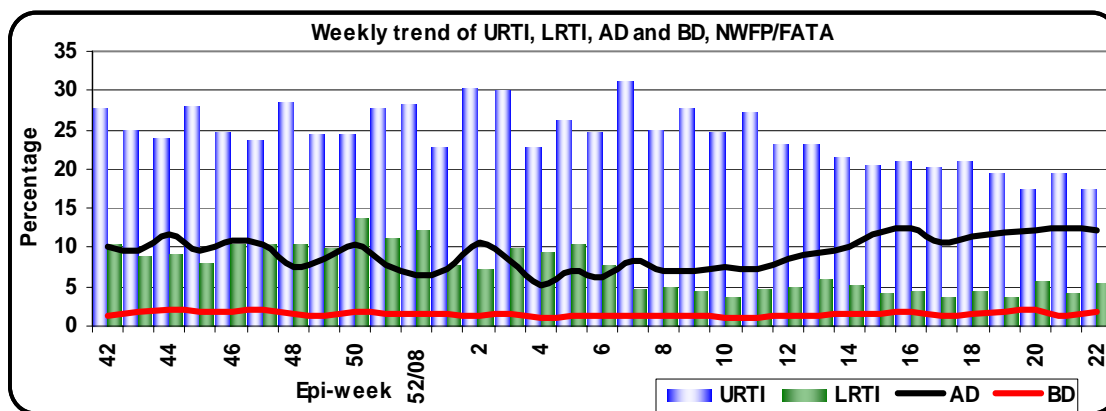
Overall Acute Diarrhoea in children less than 5 years of age accounts for 23% of the total consultation in the age group. ARI is still the leading cause of consultation accounting for 13,943 (23%) of all reported consultations (61,174).

During the epidemiological week 22 (23-29 May, 2009), 4 alerts and one limited outbreak of AWD were reported to the Disease Early Warning System (DEWS) and responded to.

The existing public health facilities within the IDP host communities are overburdened due to the on-going increase of IDPs living within host population particularly in district Mardan.

Most Common conditions during week 22 (23-29 May, 2009)	Consultations (n=61174)	Percentage	Change (as compared to week 21)
• <b>Acute Respiratory Tract Infection (ARI)</b>	<b>13943</b>	<b>23%</b>	--
○ <i>Acute Upper Respiratory tract Infection (URTI)</i>	10614	17%	↓
○ <i>Acute Lower Respiratory Infection (LRTI)</i>	3329	5%	↑
• <b>Acute Diarrhoea (AD)</b>	<b>7451</b>	<b>12%</b>	--
• <b>Scabies (SCB)</b>	<b>2579</b>	<b>4%</b>	↓
• <b>Unexplained Fever</b>	<b>2989</b>	<b>5%</b>	↑
• <b>Bloody Diarrhoea (BD)</b>	<b>1105</b>	<b>2%</b>	↑
• <b>Suspected Malaria (MAL)</b>	<b>902</b>	<b>1%</b>	↓
• <b>Acute Jaundice Syndrome (AJS)</b>	<b>25</b>	<b>0.04%</b>	--

The following graph shows weekly proportion of consultations for the common priority communicable diseases in IDP hosting districts of NWFP from 11 October 2008 to 29 May 2009.



#### Alerts and outbreaks:

- Establishment of Diarrhoea Treatment Centre (DTC) is in process in IDP camps and in referral hospitals. Tents have been pitched in Jalojai and Kacha Ghari camps while in Sheikh Yaseen and Sheikh Shahzad site allocation has been done for a combined health facility. Logistic items are being arranged. For DTC in district Swabi site allocation has been done and logistics arrangements are being made.
- On 27 May, a limited outbreak of AWD was identified in a cluster of four IDPs families travelled long from Lower Dir, living in a house in district Nowshera. Out of the 21 family members, 9 were suffered with AWD. The alert was detected through DEWS and timely responded, the AWD outbreak was confirmed by district health authorities (laboratory confirmation from NIH, Islamabad). Containment measures were taken by WHO in collaboration with district health authorities, National Program for Lady Health Workers, Town Municipal Authority and Public Health Engineering Department. No new cases found through active surveillance of the area, the most of the affected family members have returned back to their native district i.e. Lower Dir.
- Three more alerts for AWD generated by the DEWS each in Sheikh Shahzad camp, Jalala camp and Jalojai IDP camp. On investigation, the alerts were found false.
- The surveillance also investigated 3 measles alerts.
  - Two Measles cases were reported from BHU Taru-Jabba in the weekly DEWS report of week-22. WHO investigation revealed that the first case was a 3 years old female child residential of Bab-e-Jadid, UC Taru-Jabba, Tehsil Pabbi, district Nowshera. The child was wrongly labelled as measles. After review of the medical history and medical examination, Measles was ruled out. The second child in the family had no symptoms but all children had history of measles vaccination.
- The 2<sup>nd</sup> reported case of Measles involved a 4 years old male child residential of Taru, near to BHU Taru-Jabba in Nowshera district. The Child developed rashes 10 days before and now had recovered. The history and sign symptoms were typical of Measles; a blood sample was collected and sent for Serology. Two younger children in the same family were alright; no other case was in neighbourhood or in village. All children had history of Measles vaccination. EPI Technician was advised to visit all houses for vaccination of any missed child.

### ***Needs assessment:***

UNOCHA is planning to conduct McRAM (Multi-Cluster Rapid Assessment Mechanism) assessment during the current week in the communities of IDP hosting districts in order to identify the urgent needs and gaps of IDPs. The health cluster portion of McRAM was reviewed in consultations with partners. WHO is participating in the assessment.

Save the Children conducted an assessment of IDPs living in host communities in 10 union councils of district Mardan and Swabi in late May 2009. Main findings of the assessment are as follows:

- 79.2% of households reported facing some health problems after displacement, with over 50% of families reporting diarrhea as the most common illness suffered.
- Almost 80% of those interviewed reported accessing any health services within host communities, while over 20% have not received any health care despite reporting that they needed it.
- The incidence of exclusive breastfeeding for children under six months of age was reported to be approximately 35%. Of the children under six months not breastfeeding exclusively, 15% of primary care-givers reported feeding their infants milk formula. This is against accepted infant-feeding recommendations, as there is a significant health risk if formula milk is mixed with contaminated water.
- While almost 75% of households reported having completed immunization of their children, no evidence was available to substantiate these reports during this assessment in the majority of cases.
- Almost 80% of pregnant women reported not having access to antenatal care.

International Medical Corps (IMC) recently conducted surveys for assessing the needs and intentions of the newly arrive IDPs from Swat, Buner and Lower Dir. The first survey was conducted in Shiekh Yasin and Yar Hussain Camps and with the IDPs in transit. The second survey was conducted among the IDPs living with host families and their hosts in Mardan and Swabi Districts. Proper research tools were used to conduct these assessments, the methodology is explained within the reports. Reports of both the assessments are attached

## **FILLING GAPS**

### ***Medicines and medical supplies***

- WHO pharmacists are maintaining complete record of the issuance of medicines and consumption data, and promoting the rational use of medicines. The team is also providing on spot training to health care providers on rational prescription of drugs.
- According to calculations done by the WHO essential drugs team, at least USD 5,590,972 worth of essential medicines (including Inter-agency Emergency Health Kits, Mini Emergency Health Kits, Cholera Kits, Trauma Kits A & B and Reproductive health kits) will be required for IDPs response for the period of July-Dec 2009.
- Essential medicines were provided by WHO at MCH center Aba Khel, Nowshera for the treatment of Acute Diarrhoea cases on June 3, 2009.
- One Cholera kit provided to District Headquarter Hospital Mardan.
- WHO has sent one Mini Emergency Health kit and surgical supplies to district hospital at Mingora, Swat on 30 May.

### ***Health infrastructure and medical staff***

- IMC has received two tents (10'x15') from WHO (donated by HEPR) for the establishment of the second health corner at Yar Hussain IDP camp at Swabi district as the IDP population in the camp has crossed 15000.

### **Health Cluster Partners Response**

Through health cluster partners, 44 health clinics are providing healthcare services in camps and more than 33 mobile medical teams are operating in host communities.

**American Refugee Committee (ARC)** International is working in district Swabi in coordination with local health authorities. They are providing health services including medicines and supplies in four public health facilities i.e. RHC Yar Hussain, RHC Marghuz, BHU Zaida and Civil Hospital Topi in district Swabi. They are planning to extend the services in the evening and night shifts.

**Comprehensive Disaster Response Services (CDRS)** an INGO, is providing health services to the IDPs living outside the camps through two mobile clinics in district Mardan and Swabi. Each mobile clinic consists of 1 Male General Physician, 2 dispensers, 2 assistants and a logistics coordinator. They have resources until Sept. 2009 and can expand if more funding is available. From 15 May to 5 June 2009, they have treated 7,458 patients through these two mobile units.

**UNICEF** through its implementing partners is providing 24/7 comprehensive primary health services in Sheikh Yaseen and Mazdoorabad camps in district Mardan and also providing Maternal and Child Health (MCH) services in Kacha Gari I & II camps in Peshawar.

UNICEF has also provided one female medical officer, 4 lady health visitors, 4 female and 4 male medical technicians and 5 vaccinators, to the district health authorities, Lower Dir. They are also supporting 14 vaccinators hired through executive district officer, Mardan and Swabi for new IDP camps.

Since beginning of the operation last year, UNICEF has provided training to 34 healthcare providers on IMNCI (Integrated Management of Neonatal & Childhood Illnesses) and BCC (Behaviour Change Communication). 20 female healthcare providers have been trained on ante-natal care guidelines. 100 LHWs have given training on conduction of health education sessions.

**International Medical Corps (IMC)** is providing 24/7 comprehensive health coverage including MNCH and health education at Yar Hussain camp Swabi from May 10, 2009. During the last week, the team has treated 2426 patients. Male and female medical officers are providing services in the morning and evening shifts. A fully equipped IMC ambulance is also available 24/7 in the camp. IMC is planning to start psychosocial support for the IDPs in the camp.

IMC is also providing healthcare services to IDPs living with the host communities in Swabi district through two mobile medical units. The teams conducted 247 consultations during the last week.

IMC is also planning to provide support in terms of medicines and medical supplies to DHQ hospital Swabi. The needs have been assessed jointly with EDO Health Swabi and MS of the DHQ Swabi and the support is being coordinated with the Health Department NWFP.

IMC is providing 24/7 health services in Palosa IDP camp Charsadda with the support of WHO. A fully equipped IMC ambulance is available 24/7 in the camp. 442 patients were treated during the last week.

IMC is also providing health services to IDPs living with host families in Charsadda district through two Mobile Medical Units since November 26, 2008. The mobile teams have treated 802 patients during the last week.

**UNFPA** continues to provide comprehensive reproductive health services both in camps and in existing health care facilities to serve IDPs by establishing the following 6 Service Delivery Points (SDP).

1. Support to referral level static health facility at civil hospital Pabbi, Nowshera
2. Jalozai camp at PIMS field hospital, Nowshera
3. Sadbarkaly camp, Lower Dir
4. Palosa IDP Camp, Charsadda
5. Jalala IDP Camp, Mardan
6. Yar Hussain camp, Swabi

In Sawabi Yar Hussain camp, second delivery was conducted on 5 June 09 at UNFPA SDP.

**CWS-P/A** is providing health care services through its mobile health unit to IDP's in district Mansehra and district Abbottabad. More than 400 IDP's have received health care services through this facility in this area. The Mobile health unit staff includes Doctor, LHV, MT and a vaccinator.

The Pakistani NGO **Frontier Primary Health Care (FPHC)** is providing 24/7 comprehensive services in Sheikh Yaseen IDP Camp, Mardan. Their medical team comprises three male and two female medical officers, four dispensers/medical technicians, two lady health visitors, two midwives, two EPI technicians and five social mobilizers.

### ***Maternal, neonatal and child health***

- UNFPA established six service delivery points to support comprehensive reproductive health services in Jalozai, Sadbarkaly, Jalala, Palosa and Yar Hussain camps and in Nowshera's Pabbi Satellite Hospital.
- The data as of 2 June, shows that there are approximately a total of 3,110,272 internally displaced people, 528,746 children under the age of five years, 684,260 women in child bearing age, 93,308 pregnant women out of whom, 10,264 may develop complications and require comprehensive services and referral. Apart from the IDPs, the population in these districts have already a population of 2.5 million children under 5, 3.2 million women in reproductive age and approximately 441, 180 pregnant women in these districts.
- Health facility assessments carried out by WHO in 6 of the IDP district Charsadda, Lower Dir, Mardan, Nowshera, Peshawar and Swabi show that:

- Out of the 209 health facilities assessed, female medical officers are available only in 32 (15%), female medical technicians in 52% and lady health visitors in 92%.
- Update from partners and WHO field staff indicate that there are a total of 25 female medical officers in the 20 camps in the province, with no female medical officers in any of the camps in Malakand district and two camps in Lower Dir district.
- MNCH/RH services are available in 194 of the 209 health facilities assessed (93%) and provide ANC/PNC services,
- 156 (74%) provide delivery services and only 8 health facilities provide comprehensive Emergency Obstetric and Newborn Care services for an approximate population of 58,794 of pregnant women who may have complications.
- The reproductive health/MNCH services in these districts are overwhelmed by the influx of the IDPs and there is need for immediate action. WHO plans to carry out MNCH/RH assessment in the following week. The assessment comprises of health facilities in the districts RHCs, THQs, DHQs. A need assessment in the camps will also be done through focus group discussions. The assessment would then lead to the final situation analysis and therefore implementation of MNCH/RH activities.

### ***Water, sanitation and hygiene***

- During the last week, 55 samples from various water sources were tested for water microbial quality; 4 samples from hand-pumps were found to be contaminated in IDP camps in Mardan and alternate safe water supply was arranged for the families and handles were removed from the contaminated water hand-pumps, by the camp management.
- In various camps 195 water samples were tested for residual chlorine disinfection for the past 5 days, and all were found to be within the WHO residual chlorine permissible limits
- 69 hygiene promotion sessions were conducted in Jalozai-camps, and 2,000 families were reached with hygiene and awareness raising messages;
- WHO provided 10 WEGTECH kits, for physio-chemical and bacteriological testing of water, to Tehsil Municipal Administrators (TMAs) of IDP hosting districts, including training of 20 persons from local government rural development department (LGRDD) on the proper usage of the kits on 8 May in collaboration with UNICEF and PCRWR.
- In response to AWD outbreak in district Nowshera, cleanliness campaign in the affected area of Nawakalay, Nowshera, was launched and sanitary workers have started cleaning of septic tanks and drainages in the area. 1300 aqua tabs and 150 hand washing soaps were given to LHWs for distribution among the households.
- Two water tankers of 10,000 liters capacity supplying non-chlorinated water to newly opened IDP camp Larama in district Peshawar. WHO raised the concern with the Society for Sustainable Development (SSD) (UNICEF IP) agreed to provide chlorinated water from 6 June.
- 19 sets of hygiene promotion materials were provided to Lady Health Workers (LHWs) to UNICEF implementing partner in Yar Hussain IDP camp, Swabi.

### ***Nutrition***

- Since August 2008, WHO in collaboration with partners has implemented a surveillance mechanism to capture the prevalent trends of malnutrition in the IDPs using the Middle Upper Arm Circumference (MUAC) screening. Data are being collected from the partners on weekly basis.
- In the latest revision of the Humanitarian Response Plan, a sentinel site surveillance mechanism has been proposed for the IDP camps and hosting communities with the aim to assess the extent and severity of malnutrition, determine the underlying causes, and monitor the trends of malnutrition over time in the IDP affected districts.
- Merlin is continue monitoring the nutritional status of IDPs living in camps (Kacha Gari 1/2 and Jalozai 1/2/3) and in host communities in Mardan district and providing treatment for acute malnutrition cases. Two new nutritional centres are under preparation in Jalozai 3 and 4 camps. Five Merlin mobile teams are providing community-based management of acute malnutrition (CMAM) in Mardan host communities.

### ***Mental Health***

HealthNet TPO in collaboration with WHO is planning to provide psychosocial support in 5 IDP camps. In addition to provide psychosocial support to the IDPs, they will also provide the on job training to teachers on psychosocial support and orientation to healthcare providers on basic psychosocial support, care of the care givers, Dealing with clients having psychosocial problem and referral mechanism. Social events and community meetings will also be organized in the camps.

## FUNDING SITUATION

### ***Funds appealed for by the Health Cluster***

The Health Cluster projects included in the third revision of the Pakistan Humanitarian Response Plan had amounted to US\$ 42 065 870. But a WHO project to revitalize PHC services for flood-affected areas was shifted to the Early Recovery Cluster. Now, the total amount being requested by the Health Cluster following the latest revision launched 22 May 2009 is US\$ 37 186 028.

- As of June 9<sup>th</sup>, the Health Cluster had received only 13% of the funds needed (according to the Financial Tracking System established by OCHA) to carry out operations in the next six months. However, donors have started pledging additional funds which will be reflected in the FTS soon.

### ***Advocacy activities***

Situation report produced on 5 June. Information products are being developed on a regular basis to raise the visibility of the health cluster response to IDPs crisis. A flow chart on the development of information products has been developed and circulated internally.

A Press release has been shared with the media stressing the need for international community to be more responsive so that we can better address the needs of the IDPs.

### ***Urgent Needs:***

- Qualified and skilled health workers, especially female medical officers and female medical technicians
- Current stocks of essential drugs with health cluster can only cover the response until end of June 2009. Urgent funding is required to fill the gaps and cover the next 6 months health response.
- Improved services for maternal, neonatal and child health, including obstetric health care and safe delivery kits, ambulances for referral of patients to secondary health care facilities.
- The capacity to identify and manage mental health and psychosocial needs to be built up urgently. Psychological as well as pharmacological interventions are highly needed and psychotropic medicines need to be provided on a regular basis in health facilities.
- Ensuring safe drinking water, promotion of health education to improve hygiene practices, especially through the Lady Health Worker (LHW) Programme.

### **Web links:**

- **WHO HQ:** <http://www.who.int/hac/crises/pak/en/index.html>
- **Health Cluster Pakistan:** <http://www.whopak.org/idps/index.asp>
- **Pakistan MoH:** <http://www.health.gov.pk>

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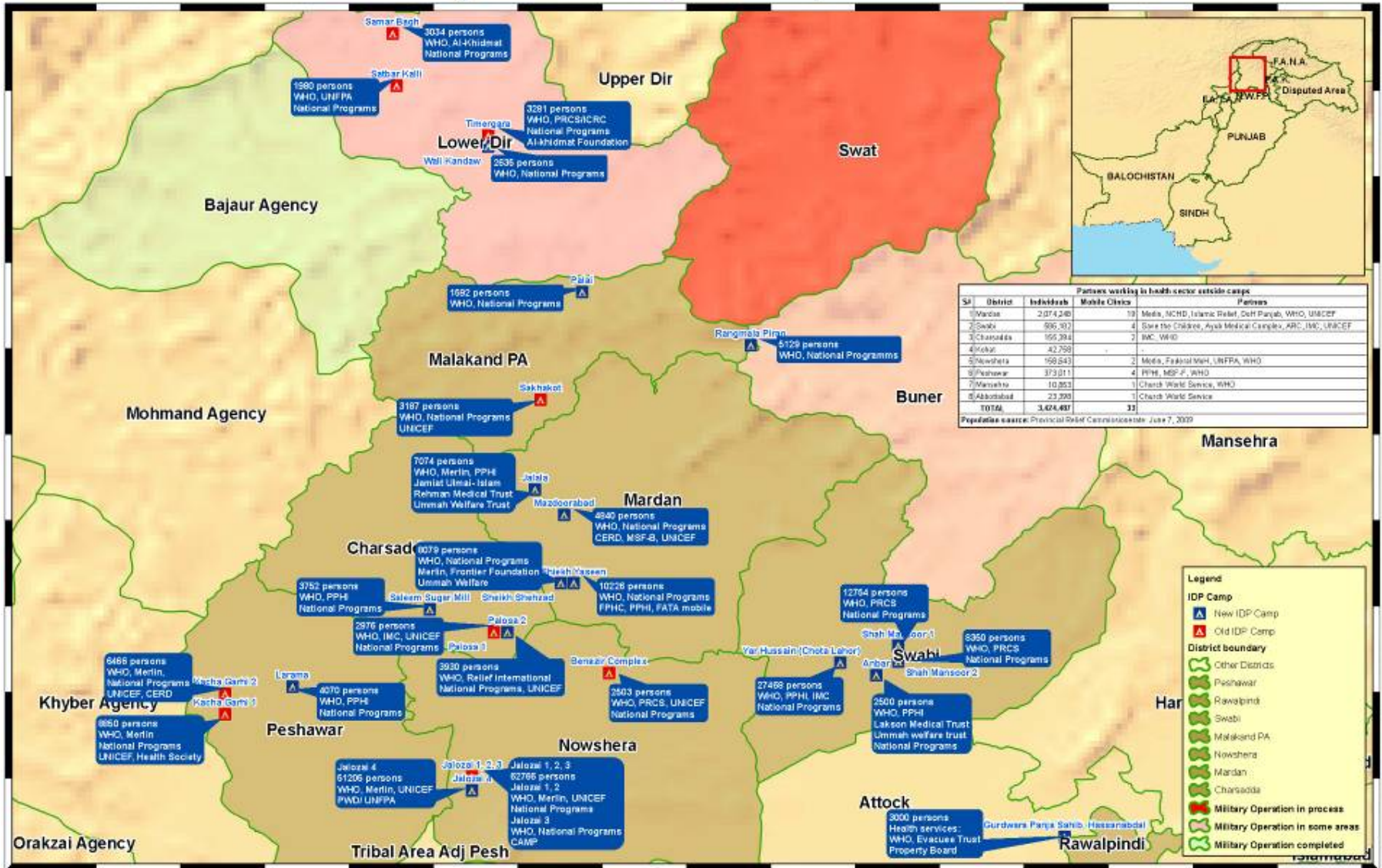
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## Pakistan: Who is doing What and Where (health sector)- North West Frontier Province



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Scale: 1:550,439  
1 inch equals 14 kilometers

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