

**Health Cluster
Displacement from Khyber Agency-Pakistan**

A. Cluster Details

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B. Reporting Period

1. Report Number:	HC-001
2. Report Date:	26.03.2012
3. Time Period Covered:	23.03 – 25.03.12

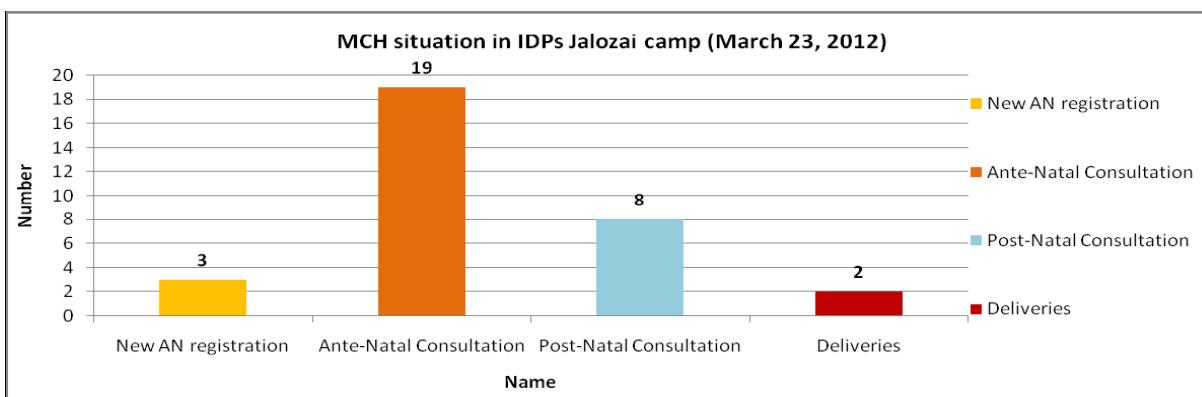
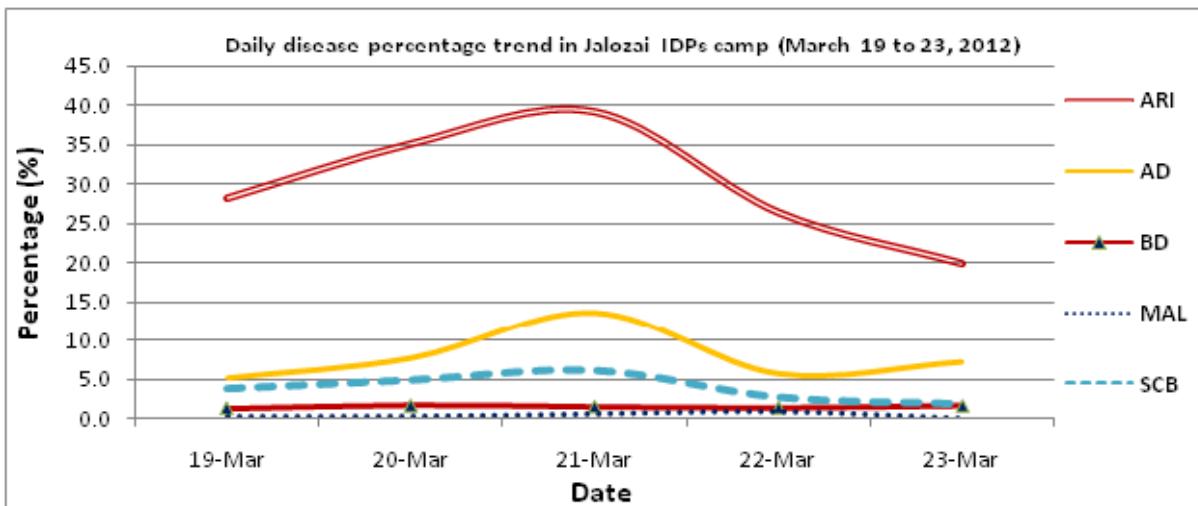
C. Humanitarian Needs

WHO along with health cluster partners, UNICEF and provincial health authorities lead the emergency health response for the newly displaced IDPs in Jalozi camp and living in host communities in District Nowshera.

The disease trend for Acute Respiratory tract infections (ARI) accounted for 20% or 74 cases of the total patients (372 consultations) in all age groups and show 6% decrease of ARI patient visits as compared to 22nd, March 2012. Other Acute Diarrhea (OAD) account for 7.3% or 27 cases of total patient consultations in all age groups by showing 1.5% increase as compared to OAD patient visits on 22nd, March 2012. Bloody Diarrhea (BD) shared 1.6% or 6 cases of all patient visits on 23rd, March, 2012. Skin Infections (SCB) reported as 2% or 7 cases of the total patient consultations by showing 1% decrease as compared to 22nd, March 2012 .

Since the start of latest influx there has been five measles, two AFP (both confirmed as polio cases) and one suspected malaria cases reported from the camp. All cases were responded by joint teams of WHO-EHA and present health partners. The area needs to be screened for any other suspected cases & routine immunization sessions are to be arranged for measles and introduction of vector disease control activities.

The latest fire incident and burning down of few tents in the camp resulted in one death case (3 years old child) and one child injured (7 months) requiring attention for all partners and present organizations to consider set up of all possible means and mitigation measures to avoid the re-occurrence of such episodes.



D. Humanitarian Response

Health cluster meetings take place on daily basis in Jalozai Camp attended by partners from Health (Merlin, CAMP, CERD, UNICEF), WASH, Nutrition, Food and CCM clusters working in the camp where issues are discussed and decisions are taken on the spot to address any loop holes in the health response for containment and control of disease outbreaks in the camp.

Health cluster monitors and updates partners on daily disease consultations provided to IDPs, disease trends, including upper respiratory infections, pneumonia, bloody diarrhea, other acute diarrhea, malaria, scabies and other diseases.

WHO deployed additional technical human resources to strengthen the rapid response team, composed of two DEWS surveillance officers, two environmental health engineers and one essential medicines' expert, permanently based in and around the camp.

Assessment of 8 health facilities in 7 union councils of Nowshera having high influx of IDP's from Bara, Khyber Agency is under process. The union councils (with HF) are: Dak Ismail Khel (RHC Dak Ismail Khel), Jalozai (BHU Jalozai, BHU Wazir Garhi), Spin Khak (BHU Spin Khak), Shah Kot (BHU Saleh Khana and CD Shah Kot), Dag Baisud (BHU Dag Baisud), Dagai (BHU Dagai), Pabbi (Pabbi Satellite Hospital already assessed two weeks back).

Routine vaccination is in progress by polio teams. A total of 15133 IDP children and women were provided BCG, Polio, Penta, Measles and TT vaccination. MERLIN provides polio and routine immunization to children at two registration points and vaccination desks in all 3 health facilities

(all children under 5 years get vaccinated). District EPI authorities arrange required measures for measles campaign in the camp. Necessary laboratory services are available in the camp (with average of 107-120 tests per day).

Health partners monitor the nutrition situation in the camp ensuring proper screening and required admissions of children between 6 to 59 months and pregnant women. Health cluster partners put efforts to provide necessary MCH services to all women in need on ante- and post-natal care. On a daily average there are 13 new cases registered, 50-60 consultations and 3-5 deliveries.

WHO rapid response team provided required 100 liters of liquid chlorine to the tube well operators along with the trainings on preparation of stock solution and dose adjustment. 14 water samples were tested for residual chlorine at different delivery points. 10 water samples were found as fit for further use while chlorine dose adjusted for the remaining four for proper chlorination.

Three new chlorinators installed in the camp on main tube wells in phases 1, 4 and 5. All chlorinators were tested after installation through residual chlorine monitoring for proper dose management at source and users end.

363 health education sessions were conducted at registration point attended by 1071 males and 2636 females in the camp.

WHO rapid response team visits health posts in Jalozi camp on a daily basis to monitor and assess the stock of essential medicines. At present it is reported that sufficient stocks are available in the health posts managed by MERLIN and CAMP (two health cluster implementing partners in the camp).

CERD (UNICEF implementing partner) has established a temporary MCH at the registration point to better facilitate pregnant women and children, with a team of female medical officer, LHV, 2 female social mobilizers, 2 male social mobilizers). CERD ensures OPD services with high risk pregnancies identified and referred to MSF hospital for proper treatment. A standby ambulance is available 24/7 for the transportation to MCH/tertiary care.

WHO shares on a daily basis compiled updates linked to specific diseases and general health situation in the camp on district, provincial and national levels.

E. Gaps & Constraints

The polio and measles campaigns in the camp need to be enhanced and well-coordinated so all children are vaccinated which were deprived from vaccination from last 3 years due to security situation in Bara Tehsil of Khyber Agency.

Immediate assistance is required for health facilities in the surrounding of Jalozi camp where IDP live in host communities. The assistance should be in terms of essential medicines/ supplies, human resource and referral system strengthening focusing on overburdened health facilities.

Close inter cluster coordination is required between Health, WASH and Nutrition clusters to address issues related to water born diseases and malnutrition among the IDP population living in camp.

The current situation in and around Jalozi camp provides all recommendation to set up additional health posts in Jalozi camp, including two PHC centers and one MCH centre, in new phases of the camp. This will definitely strengthen health service delivery and reduce the burden on the existing health facilities. District level coordination team reconfirmed and proposed a strong recommendation to establish new facilities. A similar recommendation was also made by the latest provincial health cluster with joint consensus of present partners and health authorities.

The national health cluster was recommended for the immediate support and contracting of MERLIN and CAMP for expanding to another two PHC centres. UNICEF is requested to ensure support to CERD to cater life saving MCN services in the camp through opening of fixed MCH centre.