

Health Cluster Response 31 Jan. 2012

Health Cluster Bulletin No. 01 Health Cluster Response in Pakistan



Figure 1HHRD's Sindh flood relief response

Highlight:

- The second phase of SFD's handing over ceremony took place in Peshawar, where WHO handed over \$1.47m worth of medical equipment to Department of Health (DoH) Khyber Pakhtunkhwa (KP).
- In the month of January, Merlin has conducted a total of 180,520 consultations in KP and Sindh
- WHO launches Electronic Disease Early Warning System (eDEWS), first time in Pakistan
- In January, more than 1500 patients were treated by CAMP in Jalojai IDP camp
- Pakistan has already reported five confirmed cases of Poliomyelitis since the beginning of 2012
- Muslim Aid UK, has provisioned its recent focus on emergency health services at districts Sanghar and Mirpur Khas of Sindh province
- Save the Children foundation have been carrying out their health interventions mainly in Talukas and UC' of Badin & Mirpur Khas

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Funding from SFD for the IDP's of KP and FATA



Pakistan's insufficient healthcare system is always struggling hard to cater the basic health care needs of its populations and then the ongoing crises of FATA and Khyber Pakhtunkhwa since 2009 which has led more than 3.2 million population on camps or with host families, has brought indeed an added burden on the poor and inadequate health care system of KP and FATA.

Some of these IDP's are still living in camps or with host families, while others have returned in government cleared conflicted areas.

The Saudi Fund for Development (SFD) to initiate health care support in its relief activities for the internally displaced people of KP and FATA gave the aid of US\$ 9.558 million to WHO for provision of comprehensive primary health care interventions including Maternal Neonatal and child Health care, EPI, provision of medicines, strengthening of referral linkages and systems, specialized hospital equipment, reconstruction and rehabilitation of health facilities and construction of seven warehouses along with establishment of 10 stabilization centers to facilitate the IDP in Khyber Pakhtunkhwa and FATA.

The World Health Organization handed over essential and specialized medical equipment along with Environmental health supplies worth US \$ 1.47 million to the Department of Health of KP in a handing over ceremony on 12 Jan 2012.

It was the second handing over ceremony of the project with the delivery of specialized medical equipment that will allow about 5 million IDPs to have better access to the quality healthcare. WHO has already provided essential medicines, ambulances, 4x4 vehicles and IT equipment in the 1st handing over ceremony worth US\$ 3.05 million in June 2011

It is one of the continuous assistance which Saudi Government is providing in support of the people of Pakistan on several occasions whether it is direct or through an organization.

The handing over ceremony was attended by Mr Zahir Ali Shah the Minister for Health KP, Dr Muhammad Sharif, DG Health Services KP, Mr Saleh Almughiri, Director Information, Embassy of Saudi Arabia and Dr Guido Sabatinelli, Representative WHO in Pakistan.

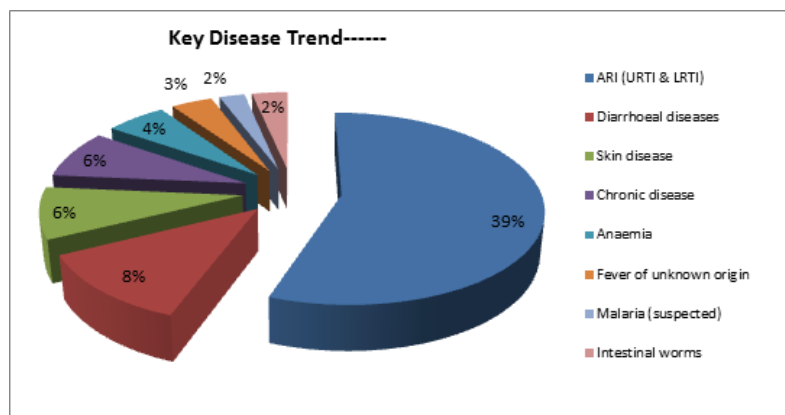
Merlin's Update

Merlin is currently supporting Static public health facilities and Mobile Health Units for provision of Primary Health Care services in Swat, Buner, Nowshera (KP), Dadu, Thatta and Badin (Sindh). Merlin is also supporting 12 labor rooms for Emergency Obstetric Care (EmOC) services and five ARI Units established in District and Tehsil Headquarter Hospitals in Swat, Buner and Mardan.

Moreover Merlin through its established Outpatient Therapeutic Points (OTP) and Supplementary Feeding Program (SFP) centers manages moderate and severe malnourished children, pregnant & lactating women (PLW) according to the standard Community based Management of Acute Malnutrition (CMAM) protocols. Merlin is also implementing its malarial control programs, in coordination with the Ministry of Health and the Directorate of Malaria Control (DMC), to reach 14 million people in 20 districts in KPK, Punjab, Baluchistan provinces and FATA.

Merlin services are available to more than 2.2 million target beneficiaries across the country.

In KPK and Sindh, during one month, Merlin conducted a total of 180,520 (Male 77,322, Female 103,198) consultations. Moreover, a total of 555 referrals, 1,652 deliveries and 15,050 AN consultations were also conducted. In addition, a total of 5,900 health and hygiene sessions were conducted for 66,408 beneficiaries.



In Sindh Merlin has conducted detailed needs assessment for repair and rehabilitation under its current project in 19 supported Static Health Facilities of Dadu and Thatta districts.

Merlin teams also conducted the following activities during January:

- Distributed first AID Kits in Swat, Buner and Jalozai.
- Merlin actively Participated in the national Polio Campaign in all supported districts.
- 11 day IMNCI training was conducted in Hyderabad (Sindh) for MoH & Merlin staff.
- Merlin sent a second batch of 12 doctors and LHV's for the Reproductive Health training to Kenya where MSI is conducting the training.
- In addition, 80 LHV's and other related health staff was trained at RTI Lahore on Short term and long term family planning methods.

CAMP Updates (KP)

In the month of January 2012 more than 1500 patients were treated in CAMP BHU in Jalozai IDP Camp for different diseases, with URTIs, Diarrhoea and skin diseases having the highest proportional morbidity. URTI remained the leading cause of morbidity that included 1200 consultation. More cases are observed among the new influx from Khyber agency who were facing major problems in terms of shelter and proper clothing.

Psycho-social activities continued during January. Terje Lillehaug, head of the Friends of the MIND (mentally ill and narcotic dependent) Norway, a senior supervisor sociologist in Norway, and freelance photographer visited the Health facility on 7th of January 2012. Since he is conducting a research study on "Mental Health of IDPs", he also interviewed the affected population living in the camp Jalozai.



Figure 2 Diagnostic Center of CAMP in Jalozai

The ARI Centre at THQ hospital Timergara, funded by WHO is very active in this winter. 1651 consultations were conducted till date. 35 babies under 2 months, 659 children 2 Months - 5year, 957 greater than 5 Year of age received medical treatment for the Respiratory Tract Infections.

WHO launches Electronic Disease Early Warning System (eDEWS)

Electronic DEWS (Edews), the use of electronic devices for collection, compilation and analysis response measures to prevent or limit its occurrence, has now also launched in Pakistan.

With eDEWS it is easier to identify national health threats more promptly, accurately and in a timely manner.

District Shaheed Bainazirabad of Sindh and Jaffarabad of Balochistan has been selected for the pilot projects of eDEWS reporting system.

By the end of second week of Jan, 87% (20/23) districts of Sindh have accepted and adopted the modified eDEWS reporting system and have submitted data using the new eDEWS format. Trainings in remaining districts are planned for end of January, 2012.

In Balochistan, eDEWS orientation session was completed in 12 districts; Quetta, Mastung, Jaffarabad, Jhalmagsi, Naseerabad, Chagai, Lasbela, Khuzdar, Killa Saif Ullah, Panjgur, Sibi and Bolan.

WHO Health Response Update Sindh



Figure 3 DEWS response in Badin

DEWS data has reported ARI, Diarrhea, Skin disease and Malaria as diseases with the highest proportional morbidity since Dec 2011.

During the month of January, a total of 26 alerts and outbreaks were received and responded to timely manner; of these 04 were for water borne diseases, 1 for vector borne, 20 for vaccine preventable disease (VPD)-and 1 alert for scabies.

In total 86 cases were reported for all diseases, and 53% of cases were aged < 5 years.

A total of 186 health care facilities and 53 EPI Centers were visited by Surveillance Officers with 551 health staff receiving training on case management, case definitions and alert outbreak threshold.

This week all diarrheal diseases comprised 7.2% compared to 8.0% for last week, of which other acute diarrhea (6.6%) had the highest proportionate morbidity followed by bloody diarrhea (0.6%) and acute watery diarrhea (<0.1%). Overall burden for URTI is 20.2% this week, compared to 21.1% last week, Disease burden for URTI was higher in FADs compared to overall Sindh, but was lower for skin diseases, Malaria and diarrheal diseases.

The relief camps of Districts Mirpur Khas, Badin, Matiari, Sanghar and Thatta have reported an increased number of ARI cases. In order to respond to the situation, WHO continued its support to its previously established ARI centers which are functional and continue to support the existing health system by delivering required services. In addition to supporting ARI centers, WHO also supports 12 nutrition stabilization centers in districts Jamshoro, Hyderabad, Matiari, Thatta, Umerkot, Dadu, T.M.Khan, T.Allahyar, Mirpur Khas, Sanghar, Larkana, Ghotki, Sukkur, Khairpur, Jacobabad, Shikarpur.

In north Sindh the Essential Medicine team visited ARI center at DHQ Tando Muhammad Khan and DHQ Tando Allahyar. Most of prescriptions lacking some use full information like frequency, age, and weight. Dispensing skills were lacking; poor understanding of

correct dosages and lack of usage of gloves was observed. There is a need for improved patient counseling. The dispenser has no good dispensing skills. The Dispensing tools like scissor, syringe cutter, permanent markers for the labeling of medicines were not observed.

Response:

WHO responded by supporting NGOs, such as IMC, NRDP Agha Khan Health Services (AKHS) with assorted medicines. WHO also continued its support to Shifa Foundation and Hands organization with assorted medicines for ARI centers. WHO has also provided District Health Officer (DHO) district Jamshoro with 1500 dextrose water 5% 1000ml.

WHO provided Leishmaniasis response to SO DEWS Naushehro Feroze and Shikarpur with injections of Glucantime for 3 patient's treatments.

WHO dispatched 3440 Ampicillin injections to WHO hubs (720 WHO MULTAN, 720 WHO QUETTA and 2000 Ampicillin injection to WHO HYDERABAD) for ARI packages and 5 EHPs to WHO Hyderabad for rain/flood effectives of southern Sindh.

WHO environmental health team tested 1123 water sources , where >80% of these being found contaminated therefore, necessitating remedial actions, including protection of water sources and treatment of water supplies systems. WHO provided 3.6 million Aqua tabs, 2.7 million per Sachets, 15477 Jerry-cans, 5611 Hygiene Kits, 10715 mosquito nets, 2354 household water filters, 4775 rapid water testing kits, 17 Wagtech water testing portable lab-kits to PCRWR,TMAs/PHED, National and International NGOs and DOH.

673 health, WASH partners, PHED/TMAs and DOH staff were trained on water quality monitoring, treatment and sanitary surveys in emergencies.

410 Healthcare workers were trained on infection control measures, including safe collection, transport and disposal of hazardous healthcare waste. Standard package of infection control equipment/hand-tools and supplies were provided to these facilities with on job training

WHO provided 17 portable water testing lab kits for microbiological and physio-chemical analysis and 315 kits for residual chlorine monitoring to WASH cluster partners, TMAs, PHED supplying drinking water to all IDP camps in flood affected areas.

DEWS highlights from all provinces

From 1st to 21st Jan, 2012, 75 districts including 2 agencies providing surveillance data to the DEWS on weekly basis from 1,554 health facilities. Data from mobile teams is also reported weekly through sponsoring BHU or RHC.

A total of 1,244,437 consultations were reported through DEWS f which 26% were ARI; 5% were Skin disease; 6% were acute diarrhoea; and 4% were suspected malaria.

A total of 326 alerts with 29 outbreaks were reported; Altogether 136 alerts for Measles; 49 for Neonatal tetanus and tetanus; 52 for Leishmaniasis; 26 for Pertussis; 16 for AWD; 10 for Acute Jaundice Syndrome; 4 for Bloody diarrhoea; 3 for suspected malaria; 2 for Dengue fever; while 28 for other communicable diseases.

Health Cluster Response- Balochistan

Since Dec 08- Jan 18, 2012 the flow of patients was at peak in all established ARI centers of 14 districts.

Currently ARI centers are functional in 14 districts of Balochistan established mainly in DHQ hospital and RHC centers. A total of 15875 cases were reported in ARI centers of 14 Districts. Uptill now 6 deaths have been reported from all districts of Sibi. Out of the cumulative total consultations, measles (19), Pertussis (10), Wheeze

(124) and other than this (2726) cases were reported. So far 12,316 cases were treated and 748 patients were admitted in ARI centers.

Essential Medicines:

- ARI Kits were provided to implementing partners with complete items.
- Short shelf life medicines were separated from the additional stock of essential medicines and sent to BMCH and SPH Quetta for proper dispensing and rational use.
- Prepared ARI kits were dispatched to district Panjgur and district Gawadar
- 2 Nubulizer kits handed over to the focal person from IP (Mashal for Sibi)
- 6000 bottles of Benadryl syrups, 100- pieces of Permethrin lotion, along with other EM sent to District health officer Jhal Magsi

UNICEF's Health Response- Sindh



100% of UNICEF's target for polio vaccinations and Vitamin A supplementation has been met and 84% of the target for measles vaccination has been met in UNICEF's eight priority districts in Sindh.

To date, 1,170,000 women have been reached with key health messages covering treatment of malnutrition and common yet killer illnesses including diarrhoea, malaria and pneumonia through 6,709 UNICEF-supported Lady Health Workers. This is an addition of 42,000 women reached over the past month.

Delivery of maternal, new born and child health services continued through health facilities providing around the clock services in seven priority districts in Sindh where: 40,538 women have been provided with antenatal care; 3,325 women have been provided with postnatal care; 2,707 deliveries have been assisted by skilled birth attendants; and 128,459 women have been vaccinated against tetanus.

Polio Eradication Initiative (PEI) Pakistan

Year 2011: In the past week one new polio case was confirmed by the laboratory from Federally Administered Tribal Areas (Khyber Agency). The total number of polio cases in 2011 is 198 (196 type-1 cases and 2 type-3 cases) from 60 districts/towns/tribal agencies & areas.

Year 2012: The laboratory has confirmed four new type-1 polio cases from Khyber Pakhtunkhwa province (one each from Peshawar, Kohat, Dera Ismail Khan and Lakki Marwat districts). As of 30th January, the total number of polio cases in 2012 is seven; from six infected districts.

First round of the National Immunization Days (NIDs) is starting from 30 Jan 2012, targeting about 33.4 million children aged less than 5 years across the country with bOPV. The NIDs have been staggered in Balochistan province and will be conducted a week later in Quetta, Pishin and Killa Abdullah districts with an objective

Comparison of polio cases by province/region 2011 & 2012*

Region/ Province/Country	No. of polio cases		No. of infected districts [^]	
	2011 ^z	2012	2011	2012
Khyber Pakhtunkhwa	1	4	1	4
FATA / FR Areas	2	0	2	0
Sindh	0	1	1	1
Balochistan	0	2	1	1
Gilgit-Baltistan	0	0	0	0
Punjab	0	0	2	1
Pakistan	3	7	7	7

Comparison of Polio Cases & infected district By Province/Region 2010 & 2011*

Region/ Province	No. of polio cases		No. of infected districts/ towns/ tribal agencies/ areas [^]	
	2010	2011	2010	2011
Khyber Pakhtoonkhwa	24	23	9	11
FATA	74	59	9	10
Sindh	27	33	13	17
Balochistan	12	73	6	14
Gilgit-Baltistan	0	1	0	1
Punjab	7	9	6	11
Pakistan	144	198	43	64

of enhancing the supervision and monitoring. It is important to mention that the NIDs have been deferred due to inadequate preparations in the entire district Kashmore, five union council (UCs) of North Karachi and one UC each in Gulshan-e- Iqbal Karachi and Jacobabad in Sindh province. Moreover, the NIDs have been delayed in 7 districts of Azad Jammu & Kashmir (Muzaffarabad, Haveli, Poonch, Neelam, Bagh, Hattian, Sudhnuti) and some parts of Khyber Pakhtunkhwa (12 UCs each of Mansehra & Dir-upper districts and eleven, seven, four and one UCs of Abbottabad, Kohistan, Swat and Dir lower districts respectively) due to heavy snow fall.

Ms. Aseefa Bhutto, the Ambassador for polio eradication inaugurated the NIDs in Karachi on 23rd January and called for stepped up efforts to completely eradicate the crippling disease of Polio from the country. Mr. Rehman Malik (Federal Minister for Interior) and Mr. Khursheed Ahmad Shah (Federal Minister for Religious Affairs) launched the campaign on 30th January in Islamabad and Lahore respectively. Dr. Sagheer Ahmed, the provincial Minister for Health Sindh, launched the campaign in Sukkur on 26th January. The Chief Minister of Punjab, Mr. Shahbaz Sharif kicked off the NIDs in Lahore on 28th January. In Khyber Pakhtunkhwa, the campaign was launched by the Chief Minister Mr. Amir Haider Khan Hoti in Mardan on 28th January. Mr. Haji Gulbar Khan, the Provincial Health Minister Gilgit Baltistan inaugurated the campaign in Gilgit on 27th January.

Field Progress Report- Baran (New Durrani Camp)



Security operations continue in central Kurram resulting in displacement to lower Kurram area, mainly in host communities in and around Sadda town. UN Agencies have scaled up lifesaving humanitarian response to this new wave of displacement after a Joint Inter-Agency assessment mission earlier in the month.

Based on FDMA listings of 10,000 IDPs families living in host communities, UNHCR Data Centre has processed data relating to 9,169 families, verifying data of 7,394 families. UNHCR is supporting FDMA in data entry and quality control. According to FDMA, camp population in the New Durrani camp has increased to 2,500 families by 31 July. The UNHCR Data Centre has registered 1,807 families of which data of 1,734 families has been verified.

There is a need in intervention to Prevent and treat waterborne and communicable diseases such as cholera, diarrhea, acute respiratory illnesses and skin infections.

The project focuses on provision of emergency comprehensive PHC services, including MNCH, health & hygiene education, disease surveillance, referral services, strengthening of health facilities, mental health/psycho social counseling and renovation/rehabilitation of basic services in health facilities.

Muslim Aid UK, Field Office Pakistan



Muslim Aid has been providing health services mainly at KP, Punjab and Sindh for the last one and a half year now. Recent focus has been on provision of emergency health services at district Sanghar and Mirpur Khas, Sindh comprising of comprehensive static and mobile primary health care (PHC) services. Around 11471 patients at inflatable field hospital and 6200 patients through mobile health services were managed till end of Dec 2011. Mobile health activities have been stopped and static health services are being focused now. Support in medicines has been provided from WHO, GSK, AmeriCares and UMT Lahore.

Muslim Aid has continued provision of services at THQ Hospital Mehar (Dadu, Sindh) and THQ Hospital Esakheil (Mianwali, Punjab) through its own funding despite completion of ERF projects. Similarly services at three BHUs of Jampur (Rajanpur, Sindh), two BHUs of Mianwali, one RHC of Qubo Saeed Khan (Shahdadkot, Sindh) are being provided efficiently. Major focus is on early recovery activities including strengthening of PHC and MNCH services. Social mobilization and health education activities are also carried out for awareness about prevention of various seasonal diseases.

Muslim Aid is providing health services under its Model Village projects at Mianwali, Rajanpur and Dadu. Muslim Aid is also planning to provide advanced laboratory services in remote areas of these districts as lots of problems have been seen for local communities in this aspect. Muslim Aid is in process of starting nutrition project (CMAM) at 10 UCs of district Khoshab, Punjab with support of UNICEF. Initially the project will be of six months till July 2012 and a very strong coordination has been built between district government and Muslim Aid team after successful implementation of ERF funded health project at Khoshab. Muslim Aid has efficiently and effectively renovated three government health facilities at Khoshab which were damaged during 2010 floods.

Save the Children

The onset of cold weather and the prevailing overall poor health situation of the flood-affected people pose multiple health hazards. With receding floodwaters having enabled over 1.2 million initially displaced people to return to their villages or areas of origin support for early recovery is critical in assisting people to rebuild their communities and restore their lives.

The activities are being carried out by Save the Children Foundation in the Tallukas and UCs of Badin & Mirpur khas for intervention by the district Health authorities and cluster system. Health teams are providing health services to the affected communities in the following main components;

General Outpatient Consultations; consultation and essential medicines are provided to the community members who come to the static health facilities and mobile health sites to seek assistance for treatment of the ailments.

Health awareness sessions on the existing health problems are conducted by the health teams at the static health facilities and mobile health sites. In addition to this, community mobilization and awareness activities are also carried out in the community to ensure maximum and effective utilization of the available services by the community.

The Health treated NFIs being distributed among the community which consists of;

- Clean Delivery Kits; for pregnant women;
- Long Lasting Insecticide Treated Nets (LLINs);
- Water purification tablets (Aqua tabs);
- Save the Children carries out the minor repair works at the allocated health facilities which were damaged due to the heavy rains and adverse effects of the stagnant waters in the health facilities.

In Badin a total of 7 static teams remained operational in District Badin in 6 UCs.

The activities carried out during the reporting period are as under:

General Consultations in OPD: 21,917, out of which;

Women patients: 13,636

Children < 5: 9,357

MNCH consultations: 2,744

Health Awareness sessions: 409

In Mirpur Khas five health teams continued in 5 allocated static health facilities;

General Consultations: 14,509

Women Patients: 10,202

Children < 5: 7,025

MNCH: 1,528

Essential equipment and furniture will be delivered to Mirpur Khas in the next reporting period to be handed over to DoH at the allocated health facilities. Provision of the essential equipment and furniture to the health facilities is expected to fill the gaps and improve the variety and quality of health services being provided at the health facilities.

Different issues and challenges which are being faced in implementation of project were discussed in detail and the inputs from DoH will be incorporated in the implementation plan to bring tangible improvements in the service delivery.

Health working group meeting at Mirpur Khas and Provincial cluster coordination meeting at Karachi were attended by the Health Coordinator Mirpur Khas. In the meetings, progress, issues and future plans were shared and discussed with the participants of the meetings.



Shifa Foundation's Health Response:

Shifa Foundation recognized that there is an urgent need for Acute Respiratory Infection Treatment Centers. The objective of Shifa Foundation is to provide emergency medical care to the community suffering from Acute Respiratory Infections by establishing ARI treatment centers in District Badin, District Tando Allah Yar and District Matiari, Sindh.

Shifa Foundation has established one ARI Centre at DHQ of District Tando Allah Yar and one THQ each at Tehsil Hala, District Matiari and Tehsil Matli, District Badin. Shifa ensured that the necessary human resources are available to deliver the treatment of patients in the ARI Centers. These centers are providing 24/7 medical care to the patients with 3 teams in each center to handle the huge patient influx. In-emergency training and on the job coaching is also being provided side by side to ensure that the available hospital/center medical staff have the knowledge and practical skills to provide effective treatment of ARI cases.

Shifa Foundation in close collaboration with WHO is ensuring that emergency medicines and supplies necessary for the treatment of ARI patients are available at the ARI centers. Shifa is also maintaining and strengthening the emergency disease surveillance and DEWS on a daily basis and implementing outbreak control strategies at community level and conducting health education sessions for communities identified at risk. Shifa regularly interacts and shares information with EDO-H and WHO for active monitoring of the emergency health situation and response.

.Since the beginning of the program in 2006, HHRD has delivered 87,000 physical rehabilitation consultations to 17000 individuals, which is a significant contribution in the field of physical rehabilitation.

A state of the art Rehabilitation Complex in Mansehra (KP) is also under construction. This multi-story building will be completed by the end of this year and it will have a mother and child care center, rehabilitation center and Rehab medical college in its vicinity.

Under this program six free medical camps were held in six union councils of District Mansehra. In these camps consultations and medications were provided to more than 500 physically challenged people.

CARE Activities updates of Mirpur Khas

During current month, Care International Pakistan continued to provide health services in two flood affected districts of Sind which are Mirpur Khas and Dadu. CARE is supporting one MNCH center in Mirpur Khas and two BHU (Buledai & Bali shah) taluka Mehar in Dadu with HR, supplies, equipment's and minor repair .In Sindh, during last 03 weeks, Care International Pakistan conducted a total of 1546 consultations and 23 deliveries till date.

24 Health & hygiene sessions for 484 individuals and 36 Nutrition awareness sessions were conducted for 526 individuals in Dadu. Moreover, 414 children were provided Multimicro nutrient sprinkles in Dadu. In addition, regular stake holder meetings with district Health office, District government is ongoing for support and continuation.

Helping Hand for Relief & Development- HHRD's interventions in flood affected districts



Figure 4 HHRD's relief work in Beinazirabad Sindh

From September till December last year, HHRD organized 309 one day free medical camps in six flood affected districts of Sindh. These

mobile medical camps were active in Badin, Benazirabad, Mirpur Khas, Tando Allahyar, Tando M. Khan and Sanghar, where they provided free consultations and medications to more than 22,000 flood affectees.

HHRD's eleven Mother & Child Health Centers (MCHs) located in Jacobabad, Kashmor, Shikarpur of Sindh province, Jafferabad, Pakgali of Balochistan, Nowshera, Charsadda of KP, Mianwali, Kot-Adu, Rajanpur of Punjab and Kachral Bugley (AJK) have treated 212,593 patients of flood victims of 2010 & 11, with a focus on mother and children health care. The health assistance included free consultation, medication, antenatal/ postnatal care, neonatal care, safe deliveries, growth monitoring and vaccination.

In total, HHRD has completed 28 projects so far which includes hygiene awareness sessions (50,956 beneficiaries), referral services through provision of ambulances (15,906) and prevention of blindness (965) patients.

In total HHRD provided health assistance to more than 377,624 flood victims.

Early Recovery Response Framework- WHO

Early recovery continues during the prolonged periods of protracted emergencies and the long transition that follow both the aftermath of natural disasters and the post conflict situations.

The major health threat is still widely prevalent with a high risk of communicable diseases and it is a big challenge to respond to alerts in a timely manner and prevent initial few cases from turning into mass epidemics. This health threat looms equally for areas with stagnant water as well as for those with waters receding, only difference being the type of communicable disease as the most likely threat. The most common life threatening diseases seen during the emergency phase are acute diarrhoea, respiratory tract infections, pneumonia, measles, Dengue, CCHF, and malaria. In parallel focus on provision of safe drinking water and sanitation services to affected population across the affected districts still continues to be a key priority to stave off the risk of outbreaks and to protect population from water and vector borne diseases.

The following are the major health issues:

- Burden on the health system
- High cases of ARI, AWD and skin infections
- Rise in suspected malaria in Balochistan and Sindh provinces
- Rise in Severe Acute Malnutrition at health facilities (implies MAM is a problem)

The overall objective of the health recovery framework is to support the reactivation of the health care system in areas affected by the floods with special emphasis on maximizing access for the returning and resident population to a basic package of quality essential health services.

Short Term:

Sustain functionality of essential health services, especially primary health care, in affected districts; expanding and strengthening surveillance and response to communicable disease outbreak;

Long Term:

Support to field operation and coordination of provision of essential equipment and refurbishment, reconstruction and rehabilitation of complimentary infrastructure and enhancement of institutional capacity at the different levels of health system (federal/ province/ district)

Following are the five strategic pillars which have been defined for Health Cluster Early Response framework:

1. Coordination of health actors, response, information management support for prioritization of response, streamlining decision making and monitoring
2. Improving access and availability of essential lifesaving medicines and supplies at the PHC level

3. Expanding and strengthening of disease early warning, surveillance and epidemic response systems (DEWS) to all priority districts
4. Accessibility to essential PHC services including MNCH/RH and immunization coverage
5. Restoration of the functionality of damaged/ destroyed health facilities and strengthening of referral mechanisms to secondary and tertiary care hospitals for critically ill patients

Health Cluster has established criteria for the assessment of partners' capacities in terms of human resources, financial management and internal controls, past experience in the health cluster especially in emergencies and post emergencies situation, familiarity with the community and national health authorities and active health Cluster participation. WHO has Surveillance Officers on ground and they are responsible along with technical support to the partners and for also doing monitoring of partners activities.

Health Cluster is using different data collection tools and methods for the assessment of health facilities like HeRAM (Health Resources Availability and Mapping) and IRA (Initial Rapid Assessment). Health Cluster Partners also participate in the Multi Cluster Rapid Assessment (McRAM) along with the UN partners. Health Cluster has established different Working Groups/Task Force for different areas like malaria, communicable diseases, Reproductive Health to look and monitor the response effectiveness and efficiency. The task force is established for specific period of time with specific objectives to monitor the implementation mechanism and rate for example the distribution of bed nets for malaria control in malaria prone districts in the flood affected areas.

Communication and information Management (C&IM) will provide continuous updates on health cluster interventions by developing Who, What, When and Where (4W), and health maps using GPS coordinates. Newsletters, Health Bulletins, Situational reports and

web sites will be produced to inform partners as well as the general public on health interventions and needs. Communications will be responding to, and lobbying for effective collaboration and sensitization of media as well as utilizing their resources to address the wider audience. Brochures, Information, education and communication messages (IEC material), pictorial coverage of health cluster initiatives, outbreaks, disaster reports, video interviews, documentaries as well as developing need / human interest, success stories and messages via channels of mass media communication will be used.

HeRAMS (Health Resources & Services Availability Mapping System) is a Standardized Approach supported by a software-based IT Platform that aims at strengthening the collection, collation and analysis of information on the availability of health resources and services in Humanitarian Emergencies. It supports WHO, Ministry of Health, and Health Partners better achieve the provision of equitable, relevant and efficient health services and better allocate resources towards fulfilling humanitarian needs and ensuring their sustainability beyond Humanitarian interventions. HeRAMS aims to support Evidence Based Decision Making and reinforce coordination & accountability within the Health cluster. By monitoring information about the availability of Health Resources and Services, mapping Health Partners activities and clearly identifying gaps, HeRAMS aims at an overall improved and more sustainable Humanitarian Response.

Questions and Answers

What kind of contribution is welcomed? We are seeking a 200-300 word article regarding current projects and new initiatives to be submitted by the 22nd of each month. Examples might include new activities, success stories and lessons learnt and current and upcoming events in your area. To properly represent the various perspectives contributions from the CO, RB and Headquarters are welcomed.

Where and to whom do I send my contribution, questions or comments? Please send all ideas and suggestions to shafiqm@pak.emro.who.int and afridig@pak.emro.who.int

Should I send accompanying photos? Yes feel free to include up to four photos with your story. Please include details of where and when it was taken and who and what features in the photo.

What happens after I submit a story? The editorial team will edit the content of the story and will make sure that the story is relevant. A final draft will be sent back to you for approval before uploading the material onto the website. You can access it online at the Health and Nutrition page of the WHO website www.whopak.org

How often will I receive the Bulletin and what is the deadline of submission? We aim to have a monthly report but it will depend on your contributions. As indicated in the first answer above, the submission deadline is on the 22nd of each month.

Editorial Team

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