Health Cluster

Situation Report No. 03

Displacement from Khyber Agency-IDPs Crisis

A. Cluster Details

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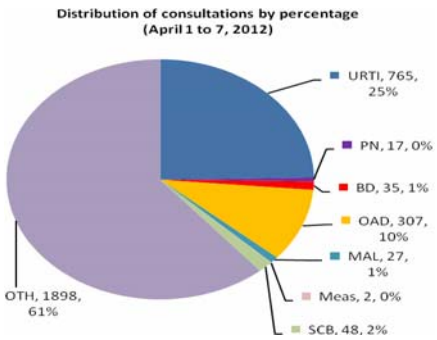
B. Reporting Period

1. Report Number:	**HC-003**
2. Report Date:	**09.04.2012**
3. Time Period Covered:	**02.04.12 – 08.04.12**

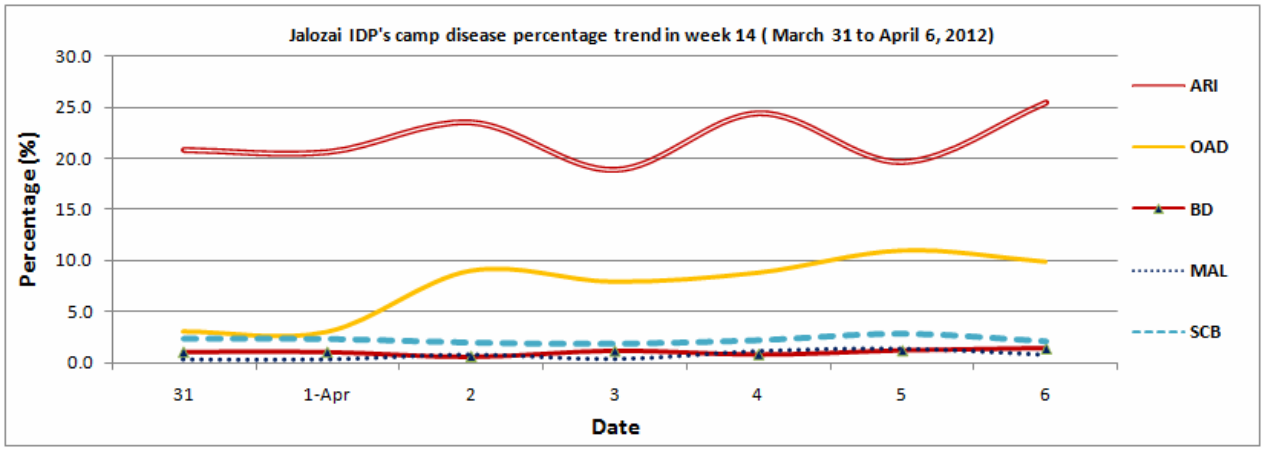
C. Humanitarian Needs

WHO along with health cluster partners, UNICEF and provincial health authorities lead the emergency health response for the newly displaced IDPs in Jalozai camp and living in host communities in the district Nowshera. UNHCR updates (April 7, 2012) on a total of 132,672 families (542,395 individuals) as IDP population in KP and FATA, including 40,283 families (206,568 individuals) registered in Jalozai IDP camp. More IDP families opt to for off camp residence, 11,629 families are currently residing in the camp. In addition, out of 2,269 families (11,841 individuals) registered only 92 families (3,4%) decided to be accommodated in the camp.



WHO reports the disease trend for Acute Respiratory tract Infections (ARI) accounted for 25% or 782 cases of the total patients (3,099 consultations) in all age groups. Other Acute Diarrhea (OAD) accounted for 10% or 307 cases. Bloody Diarrhea (BD) shared 1.1% or 35 cases of all visits. Skin Infections (SCB) reported as 1.5% or 48 cases. A total of 2 measles alerts were reported and followed up by WHO.

A total of 3,099 consultations were reported through WHO supported DEWS (April 1-7, 2012) from 5 health posts in Jalozai camp. The most leading disease consultations include other diseases (group of miscellaneous non communicable diseases) (1,898), upper respiratory tract infections (765), other acute diarrhea (307), scabies (48), etc. 2,003 consultations are registered via MERLIN run health posts and 1,096– by CAMP NGO.



There are 1,236 consultations (40%) provided to male IDP population and 1,863 (60%) to female IDPs.

WHO together with UNICEF coordinated with UNHCR the general requirements for improved immunization and MCH services to be provided and made available at the newly identified off camp registration point near by Jalozai IDP camp. WHO will lead health cluster partners to ensure health coverage and access to health care services at the new off camp registration site.

WHO was reported on the increasing trend of newly registered cases of Leishminiasis in Nowshera district. PPHI shared the line list of 142 patients from 7 BHUs.

WHO lead the process to ensure availability of essential hygiene supplies such as soap and IEC materials at health facilities for further provision to patients with diarrhea, bloody diarrhea, scabies, etc. with proper counseling and sensitization. WHO shared with UNICEF WASH the request to ensure availability of minimum stocks of soap at health facilities level (4 Merlin Health facilities (500 each); CAMP Health facility (500 units).

WHO identified requests from Merlin, CERD and CAMP bed nets for use in their health posts. In addition, there are serious concerns about increasing electricity cut offs of the camp and need to request authorities to improve provision of regular electrical supply to the camp area.

D. Humanitarian Response

Coordination:

WHO as a health cluster lead chairs daily basis coordination activities in Jalozai Camp together with other health partners, 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. Coordination meetings are held on a daily basis in the camp and provincial health cluster meeting is being in place on fortnightly basis. WHO shares all the updates and the minutes of camp health cluster meetings with EDO Health Nowshera as requested.

WHO conducted the regular provincial health cluster meeting on April 6 in DG Health in Peshawar with participation of health organizations, including UNFPA, CERD, SAVE THE CHILDREN, MERLIN, FLOWERS, JOHANNITER INTERNATIONAL, HHRD, HRDO, KKT, KPK, MDM-F, CAMP, EHSAR, POVERTY ERADICATION INITIATIVE (PEI), ICRC, MIHO, GIZ, IRC, UNICEF, SWWS, and FOM. Detailed update of Jalozai camp situation was shared and discussed with participants.

Health cluster partners with support of WHO and UNICEF in the camp continue establishment of additional health posts in new phases of the camp to ensure provision of PHC; MCH; CMAM (SFP, SFP PLW, IYCF and OTP); pharmacy; immunization; community outreach & health awareness and referral services to IDP population.

Save the Children launched emergency response appeal to IDP displacement in Khyber Agency for the amount of 9 million USD, including 2 million USD for health and nutrition to ensure timely access to health services and early detection and response to disease outbreaks in the most affected areas. Health needs identified included strong shortage of medicines, supplies and medicines in BHUs of 13 UC in Peshawar district where the IDP population was most concentrated.

A mobile health team of FATA is working in the camp. The representatives of FATA health team were requested to attend camp' health cluster meetings. In addition, FATA TB health team has launched its activities in the camp on the premises of health post of CAMP NGO. Similar request was put forward to the team to ensure outreach to off camp IDP population. Besides, FATA Health Team directed by ACS FATA to provide health services in FATA was contacted and coordinated. It was suggested to the FATA team to kindly coordinate with the DG Health and EDOH Nowshera office for better planning and utilization of resources.

WHO as a health cluster lead coordinate and facilitate provision of required updates for 4Ws collected by OCHA on a bi-weekly basis for partners responding to Jalozai IDP crisis.

WHO provided a variety of IEC and visibility materials to all health posts in the camp. WHO provided partners with 70 books on emergency water treatment, 70 chlorine disinfection Urdu & English posters, 70 disinfection water using posters, 70 food hygiene Urdu & English posters, 70 house hold water storage English & Urdu posters, 70 public hygiene Urdu & English posters, 70 safe drinking water Urdu & English posters, 70 use of dustbin Urdu posters, 70 water hygiene English and Urdu posters, 70 hand hygiene English & Urdu posters, 70 IEC materials on dengue, 70 copies of malaria & dengue booklet, 70 posters on preparation & use of % chlorine, 70 posters on preparation & use of disinfections, 350 WHO logo stickers.

Assessments:

WHO rapid response team (two DEWS surveillance officers, two environmental health engineers and one essential medicines' expert), is permanently based and active in and around the camp.

WHO conducted the assessment of rational drug use by health cluster partners in the camp. 66% of patients (Merlin) have knowledge about the use of medicines (CAMP – 60%). Merlin health posts use 20% of antibiotics; CAMP – 50%. Merlin health posts use 30% of analgesics and CAMP – 90%. Merlin put in place 100% prescription as per WHO guidelines and CAMP – 80%. Merlin updates all of processed bin cards (100%) where CAMP – 80%. Continuous monitoring and on job training is ensured by WHO to improve the capacity of the partners on the recommended WHO guidelines on rational drug use.

WHO completed the HeRAMS (Health Resources Availability Mapping System) for all 59 health facilities in the district of Nowshera. There are a total of 59 health facilities out of which 35 are BHU, 8 CD, 7 RHC, 3 MCHC, 2 CH, 1 SHC, 1 cant hospital, 1THQ and 1 DHQ. It was identified that 27% of health facilities were reported as damaged and requiring further reconstruction and rehabilitation. 62% of employed staff operates directly within community and 38% on health facility basis. 518 people are health facility based and 842 as community staff. 68% (919) of staff are female and 32% (441) - male. 71% of heath facilities have no electricity, 17% have generator and 5% have private electricity when load shedding takes place. 22% of health facilities use hand pumps, 19% use tap water, and 17% protected dug wells, 10% storage tanks, 3% each uses surface water and unprotected dug wells while 25% use other sources for water access. On the **level of provision of health at community level** 51% of health facilities report and collect vital statistics such as "deaths and births". 71% of health facilities register data on population movement, registry of pregnant and newborn children. In **child health** 22% of health facilities are introduced and aware of IMCI community component. 66% of health facilities report home based treatment of fever/malaria, ARI/Pneumonia, dehydration due to AD. 73% of health facilities take part in community mobilization in support of mass vaccination. In **nutrition** 14% of health facilities report screening of acute malnutrition (MUAC). 7% of health facilities provide supplementary feeding of moderate acute malnutrition (SFP). 5% of health facilities report community therapy care of severe acute malnutrition. In **communicable disease** 19% of health facilities report vector control (IEC, bed nets, insecticide spraying). 64% of health facilities take part in community mobilization in support of mass vaccination. 41% of health facilities report the use of IEC materials on locally priority diseases. In **MCH** 36% of health facilities report clean home delivery and use of IEC and other means of communication. In **non-communicable diseases** 44% of health facilities promote self-care, provide basic health care and psychosocial support, identify and refer severe cases for treatment. In **environmental health** 36% of health facilities report availability and use of IEC on hygiene promotion and water and sanitation. On the **level of provision of PHC services** 97% of health facilities provide outpatient services; 51% of health facilities have access to basic laboratory services; 22% of health facilities have short hospitalization capacity (2-10 beds); 36% of health facilities report referral capacity. In **child health** 81% of health facilities report EPI as routine immunization on all national target diseases and adequate cold chain. 17% of health facilities screen for under nutrition/malnutrition. In **nutrition** 19% of health facilities screen for malnutrition for PLW; 8% of health facilities have organized OTP. In **communicable diseases** 44% of health facilities have capacity to diagnose malaria; 85% of health facilities have capacity to treat malaria; 19% of health facilities have capacity to diagnose TB. In **MCH** 78% of health facilities report family planning; 83% of health facilities provide antenatal care; 58% of health facilities provide skilled care during childbirth; 32% of health facilities provide for essential newborn care and basic emergency essential obstetric care; 56% of health facilities involve in post partum care (up to 6 weeks); 27% of health facilities report comprehensive abortion care. In **sexual violence** 7% of health facilities aware of clinical management of rape survivors, emergency contraception and post exposure prophylaxis for STI infections. In **environmental health** 73% of health facilities provide safe waste disposal and management.

WHO continues similar assessment of health care situation in 3 union councils hosting most of IDP population (Dag Ismail Khel, Dag Behsood and Jalozai) including 9 health facilities (RHC Dag Ismail Khel, BHU Dag Behsood, BHU Wazirgari, BHU Jalozai, Jalozai-1, Jalozai-2, Jalozai-3, BHU CAMP and MCHC). Out of these 9 health facilities 4 are permanent (RHC Dag Ismail Keel, BHU Dag Behold, BHU Wazirgari and BHU Jalozai) and the rest are temporary.

***Communicable disease control and prevention*:**

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

WHO collected and shared the information on routine vaccination provided to 27,328 children and women, including BCG, Polio, Penta, Measles and TT vaccination. Laboratory services are available in the camp (with a total of 551 tests conducted on a weekly basis or 1,671 lab tests since onset of influx.

Following the increasing trend of newly registered cases (142 patients from 7 BHUs) of Leishminiasis in Nowshera district WHO is in coordination with responsible officials and in response provided 500 meglumine injections for required treatment in Kahi and Dag Ismail Khel UC.

WHO continued preparations and arrangements in support to MERLIN to open three months Diarrhea Treatment Center in Pabbi Satellite Hospital in Nowshera district.

WHO and UNICEF coordinated provision of the second passage of vaccination campaign (OPV) targeting the new IDPs from Khyber agency (Bara Tehsil) started on April 2nd. It was intended to be Polio Plus campaign but due to some logistical problems only OPV was provided and the third passage (April 9th) would include five days of Polio Plus (Polio + Measles + Vit A) with deployment of 43 teams.

DG Health in support of UNICEF provided additional manpower of required EPI technicians for the camp.

Essential medicines:

WHO continues daily monitoring of rational use of medicines by all partners present in the camp. All additional requirements for essential medicines and other supplies by health cluster partners in the camp are being addressed and responded immediately by WHO. WHO supported health post by Merlin with 3000 Carbamazepine Tablet Oral 250 Mg, 1000 Paracetamol 60 ml syrup, 500 Syringe 5cc., 200 Gentian Violet solution, 115 meglumine Antimoiate inj, 1000 ORS, 80 clean delivery kits and one EHK (12,000 consultations) package. WHO supported health post by CAMP with one EHK package (12,000 consultations), 192 Multi Vitamin Syrup, 240 ORS and 50 Nedex lotion.

WHO and its partners will ensure that 100% of patients are aware and have required knowledge about the use of medicines. WHO will provide required strengthening of capacity building for health staff of CAMP NGO on prescription and registration of essential medicines use.

Environmental health:

WHO provides a daily water quality and quantity status daily surveillance report.

WHO tested 186 samples for residual chlorine, 160 samples were found within WHO guidelines values. Chlroine dose was adjusted for the remaining water samples for proper chlorination of the tankred water. 26 water samples were tested for microbiological contamination and 5 samples at household levels were found with minor contamination. In response community at household level were sensitized and proper hygiene sessions were conducted with the affected community. All the chlorinators are monitored for proper dose management at source and at users end.

WHO environmental health team from Islamabad visited the camp where assessed the current and planned activities for WASH services in new and new phases of the camp. Necessary meetings with WASH partners were conducted with focus on the community ownership of WASH services. WHO visited and inspected the use of newly installed biomedical waste 50 incinerator in Pabbi satellite hospital in the district of Nowhsera. WHO aims to strengthen the existing the health waste management system of the hospital with additional support of hygiene supplies, disinfectants, additional sanitary staff for specific period to maintain hospital hygiene, personal protective equipment and awareness material for health staff and patients.

MCH and Nutrition:

WHO and UNICEF facilitate coordination efforts on ensuring provision of required and sufficient nutrition services to camp and off camp IDP population.

WHO and UNICEF monitor the nutrition situation in the camp ensuring proper screening and required admissions of children between 6 to 59 months and pregnant women.

WHO and UNICEF put efforts to facilitate provision of necessary MCH services to all women in need on ante- and post-natal care via support of present health cluster organizations. During the reported week there were 30 new antenatal cases registered, 163 consultations and 65 post-natal provided and 20 deliveries. A total of 994 pregnant women were screened and serviced.

Health partners in the camp provided 702 health education sessions at the registration point attended by 1,389 males and 6,849 females.

WHO lead the process of coordinated response to identification of needs and gaps in provision of reproductive health care services in the district of Nowshera, especially at Pabbi Satellite Hospital identified as the key referral health facility for IDP population of Jalozai camp. WHO technical team (MNCH, Health Promotion and Nutrition) Islamabad visited the hospital where conducted meetings with key stakeholders and provided the necessary recommendations to improve the existing conditions, filling the gaps and further requirements (including human resource coverage, trainings for health staff and health promotion activities) which should be jointly addressed by health cluster partners, including UNICEF and UNFPA.

The IRC continues implementation of project on reproductive health access, information and services in emergencies (RAISE) in the district of Nowshera where working with provincial and district health authorities and local FP training institutions to build the capacity of health staff on reproductive health (community-level LHWs, LHVs and female doctors).

Johannitter International continues provision of health services through supported BHU Dhag Behsud, BHU Wazir Ghari and Banda Mullam Khan in the district of Nowshera. The project will end on 30th April, 2012.

CERD new health facility in phase 8 of Jalozai IDP camp is functional now and provides MCH services. CERD operates 2 MCH centers with 2 referral points and 2 registration points in Jalozai IDP camp.

E. Gaps & Constraints

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 and outside the camp.

There is a need to prepare, update and share disaggregated data, including age, sex.

WHO as health cluster lead should address the overall weakened capacity and increasing need of primary health care system in the districts of Nowshera and Peshawar where most of off camp IDP population reside. There is a weak referral established to ensure follow up on the most complicated medical cases. There must considerable efforts put together to improve the current MNCH and Reproductive Health activities, including shortage of human resources, absence of medical equipment and supplies, lack of training and outreach programs.

There are overall gaps in ensuring proper communicable disease control and prevention of outbreaks despite the efforts undertaken by health cluster. The existing weaknesses and gaps in vaccination should be overcome by regular supervision and monitoring with overall objective to ensure mandatory vaccination of all children in and off the camp.

WHO identified gaps related to regular repair maintenance of the existing camp WASH facilities (specifically water points, storage tanks, tap stands etc) and quality of new facilities installed or under installation; chlorine doze adjustment at tube well sources in the camp; community reservations on using chlorinated water; emergency WASH preparedness against water born outbreaks in the camp and water safety planning; standard solid waste management system in the camp; vector control activities. WHO proposed a list of concrete actions and recommendations to overcome the identified gaps in environmental health situation.