

Health Situation Report # 10

Pakistan: North Waziristan Displacements

July 22, 2014



993,166 Internally Displaced
from North Waziristan Agency

Needs and gaps:

Medicines & supplies

- ⇒ **46 EHKs** provided to cover 414,000 population worth US\$ 253,000 till 30 July 2014
- ⇒ **05 DDKs** provided to cover 500 severe diarrhoeal cases
- ⇒ **65 staff members and 11 vehicles** including two ambulances provided by PIMS
- ⇒ **50000 ORS** distributed

Alerts & outbreaks:

- ⇒ **CCHF: one alert & one outbreak**
- ⇒ **Measles: eight alerts and ten cases reported**

- Health Cluster has conducted Rapid Health Need Assessment in District Bannu which reveals that the highest percentage of disease prevalence reported is Diarrhea 52% whereas the lowest been recoded as measles 5%. Similarly cough/cold/fever and malaria comprised of 47% and 43% of the reported diseases while skin diseases and other diseases such as hepatitis, hypertension, TB, Diabetes were documented at 19% and 7% respectively
- Ten days Multi Antigen/measles campaign with enhanced package (including Vitamin A Supplementation, deworming of children, provision of ORS) has been planned from 4 August to 13 August 2014 in entire district Bannu.
- More support is required to strengthen reproductive health interventions in terms of RH kits, female doctors and nurses, LHVs, laboratory staff etc.
- There is a need to establish Stabilization Center for facility based life-saving treatment of severe acute malnutrition with complications.
- Need to strengthen over-burdened health facilities in terms of provision of medicines; medical supplies; trained human resource; and capacity building of the healthcare staff. More NGO presences is needed for more health coverage.
- Reproductive health services in the existing health facilities in Bannu district are insufficient and there is a lack of gynecologists, anesthetists and female medical officers. Essential reproductive health medicines are also needed.

Health Cluster



US\$ 6.8 Million requested (US\$ **680,000** pledged from CERF which is 10% to jump start)

Over-burdened Health Facilities:



- ⇒ **01** District Headquarters Hospital
- ⇒ **02** Tehsil Headquarters Hospital
- ⇒ **03** Rural Health Centers
- ⇒ **34** Basic Health Units
- ⇒ **02** Mother and Child Health Centers
- ⇒ **46** Civil Dispensaries

Polio: vaccination:

425,780 individuals were vaccinated on the permanent transit posts (PTPs) in south Khyber Pakhtunkhwa and FATA from 21st May to 16th July.



Disease situation:

A total of nine alerts and one outbreak has been reported and investigated by the DEWS team from Bannu district. Where eight alerts and ten cases have been reported for Measles and one confirmed outbreak has been reported for CCHF.

| DEWS Reported Alerts and Outbreaks From Bannu District | | | | |
|--|--------|-----------|-------|--------|
| For the period ended 29 Jun—19 Jul (Wk 27-29) | | | | |
| Suspected Disease | Alerts | Outbreaks | Cases | Deaths |
| CCHF | 1 | 1 | 1 | 1 |
| Measles | 8 | 0 | 10 | 0 |
| Grand Total | 9 | 1 | 11 | 1 |

Partners Response:**WHO Polio updates:**

As per available reports, a total of 425,780 individuals were vaccinated on the permanent transit posts (PTPs) in south Khyber Pakhtunkhwa and FATA from 21st May to 16th July. Among these 280,401 were vaccinated at key PTPs in FR Bannu, Bannu, Hangu and Kurram vaccinating by and large the IDPs from North Waziristan. Likewise in FATA, a special round of SIAs was conducted in FR Bannu and Kurram Agency vaccinating about 112,769 (42,602 in FR Bannu and 70,167 in Kurram Agency) children aged less than 5 years; few areas of FR Bannu not reached for over a year, are still to be reached due to insecurity

UNICEF updates:

- **Polio vaccination:** The last Polio vaccination, one day campaign held on 12th July in south KP districts except Bannu and FR Bannu where 3 days campaign was held on 12-14th July 2014.
- **Strengthening Routine EPI services in District Bannu:** District Health Officer (DHO), Bannu has completed the hiring of 20 UNICEF supported EPI Technicians and has been deployed for UCs with high concentration of IDPs. For strengthening of EPI services, DHO Bannu has requested for 20 Ice Lined Refrigerators (ILR's) from UNICEF, for which sales order has been processed.
- **Strengthening MNCH Services in Women and Children Hospital Bannu:** UNICEF has signed LoU with MS Women and Children Hospital Bannu for strengthening of Maternal Newborn and Child Health services in the hospital. UNICEF will fill gaps in HR (5 WMO's, 5 MO's, 5 Nurses, 1 Data Entry Operator) Newborn and Obstetric Care equipment and will support renovation of newborn and obstetric care units.
- **Enhanced package of Mother and Child Week along with Multi antigen campaign**
Mother and Child Week with an enhanced package of multi antigen including measles vaccination, Vitamin A supplementation, deworming, iron folate supplementation for PLs and Provision of ORS along with social mobilization and health and hygiene education sessions is planned from August 11, 2014 in FR Bannu and tentatively planned in District Bannu. Micro-planning for Bannu and FR Bannu is complete and supplies are being prepositioned. Federal EPI cell has pledged for provision of ORS and Micronutrient Initiative (MI) will provide Vitamin A. The same package is also planned for selected UCs with high concentration of IDPs in Tanks, DI Khan, Lakki and Karak.
- **Supplies:** clean Delivery Kits, Newborn kits, LLINs, Midwifery kits, Community and facility based MNCH services have already been prepositioned with partners. Sales orders for supplies MNCH strengthening in Women and Children Hospital, public Sector Health facilities and EPI are under process.

Pakistan Islamic Medical Association (PIMA)

A team of doctors, belonging to Pakistan Islamic Medical Association (PIMA-Karachi), has left for Bannu to supplement ongoing relief work at the camps established for IDPs. The team comprising general physicians as well as specialists will remain in different camps for around a month and would then be replaced by another team, in accordance to the needs of the people.

UNFPA updates:

UNFPA in collaboration with NHEPRN has supported Women and Children Hospital, Bannu (Zanana hospital) through the provision of clean delivery kits and new born baby kits. Total 600 kits (CDK, NBBK & HK 200 each) have been dispatched to NHSD i.e. NHEPRN's partner on the ground. To date, 3 CDKs and 5 NBBK have been provided. NHSD is in the process of distributing the kits, as and when required. UNFPA has also received request from NHEPRN to provide Reproductive Health (RH) kits to the same hospital along with RHC Kakki, MCH and RHC Mamashkhel.

Health assessment

UNFPA; Contd

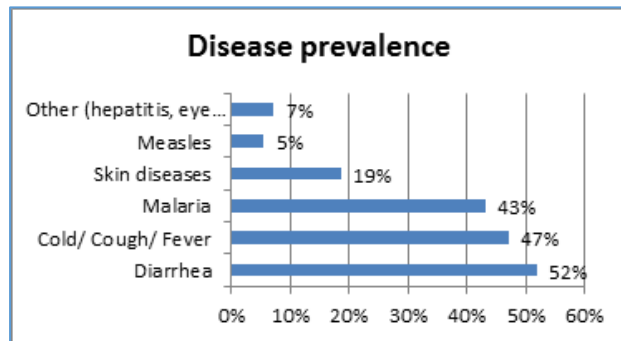
UNFPA in collaboration with NHEPRN has supported Women and Children Hospital, Bannu (Zanana hospital) through the provision of clean delivery kits and new born baby kits. Total 600 kits (CDK, NBBK & HK 200 each) have been dispatched to NHSD i.e. NHEPRN's partner on the ground. To date, 3 CDKs and 5 NBBK have been provided.

NHSD is in the process of distributing the kits, as and when required. UNFPA has also received request from NHEPRN to provide Reproductive Health (RH) kits to the same hospital along with RHC Kakki, MCH and RHC Mamashkhel.

IDEA- CARE International IP:

IDEA is in partnership with CARE International supporting health department in district Bannu and RHC Domail has been allocated to IDEA from Health Department for providing PHC and MNCH services.

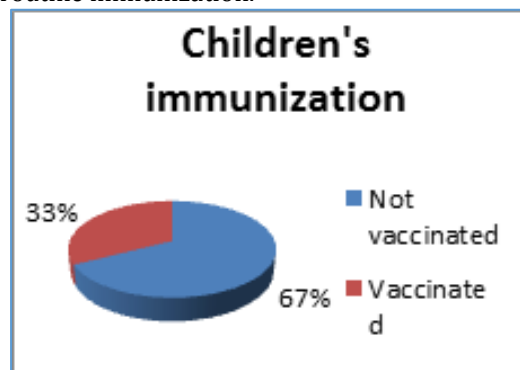
Key findings of the Health Cluster Rapid Need Assessment in Bannu:



The graph above represents the information concerning disease prevalence in Bannu District of KPK. Here the prevalence is reported by North Waziristan agency's IDP's. The highest percentage of disease prevalence reported is Diarrhea 52% whereas the lowest been recorded as measles 5%. Similarly cough/cold/fever and malaria comprised of 47% and 43% of the reported diseases while skin diseases and other diseases such as hepatitis, hypertension, TB, Diabetes were documented at 19% and 7% respectively.

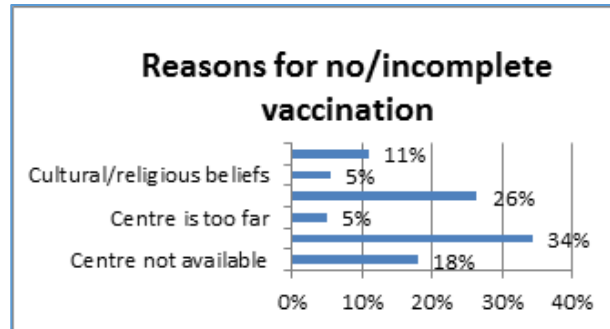
Children Immunization

Routine Immunization was one of a big issue in NWA and a number of factors contribute to it. The most important thing apart from its geopolitical situation, it's their cultural and religious beliefs which have been exaggerated by illiteracy in the region. A third (33%) of the respondents reported that their children had been vaccinated under routine immunization.



Reasons for no vaccination

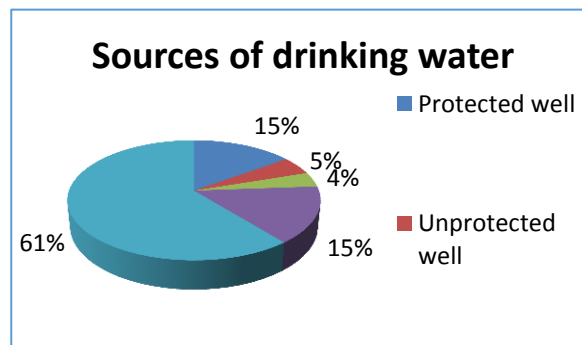
The main reason for no vaccination is being observed that centers are not functional, 34% of the respondents believed that this is the prime reason whereas 5% believe that cultural, religious beliefs and distance to the vaccination center are the jeopardizing the vaccination. 26% respondents believed that the teams did not visit whereas 18 % believe that centers are not available.



Sources of drinking water

Understanding sources of drinking water is important for its adequate provision, identifying unsafe sources and prevention of water borne diseases. As majority of displaced people are currently residing in host communities, 61% identified hand pump as a primary sources of drinking water. Out of the rest of respondents, 15% identified public water supply schemes and tankering as source of drinking water, 15% identified protected wells, 5% reported unprotected wells and 4% as canal/river as their source of water.

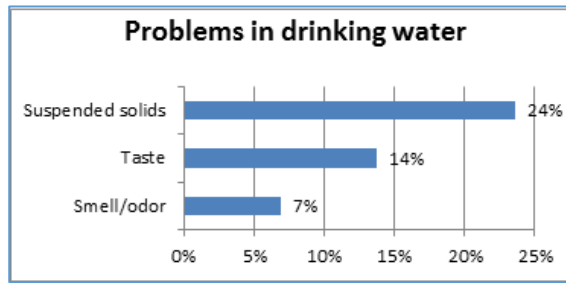
Hand pumps may be a protected source of water, the location and depth of the well determines the cleanliness of water given the septic tanks and poor condition of sewerage lines in densely populated areas. Another 9% respondents having unprotected well and river/canal as water sources may be at risk of consuming contaminated water.



Problems in Drinking Water

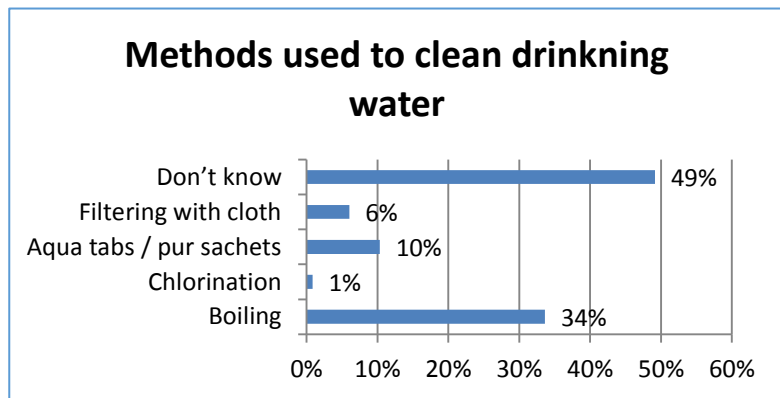
The graph adjacent depicts the information concerning problems in drinking water in the targeted areas. We already know that majority of the population relies upon the hand pump which is a protected source of drinking water but yet the issues could not be ruled out. It was observed that 24% of the respondents reported suspended solids in the drinking water whereas only 7% reported smell or odour. 14% of the populations reported taste in the drinking water.

There are various sources of drinking water and different practices being entertained by the community. There are significant issues with the drinking water and the suspended solids are alarming especially in the case where most of the population prefer broken and needs repair otherwise in this hot summer the water borne diseases will further compound the numerous issues related to IDP.



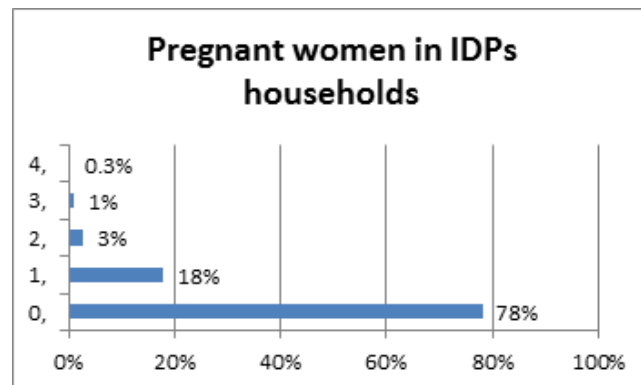
Clean Drinking

Another alarming issue was observed during the survey relating to clean drinking water is about the purification and methods applied to it. Ironically it was detected that 49% of the population didn't know any method used for cleaning the drinking water which increases the chances of water borne diseases. The situation is pretty dangerous for the infants and children who could easily get infected. 34% of the respondents reported of boiling the water where as 10% uses aquatabs. Filtering with the cloth and chlorination comprises of 6% and 1% respectively.

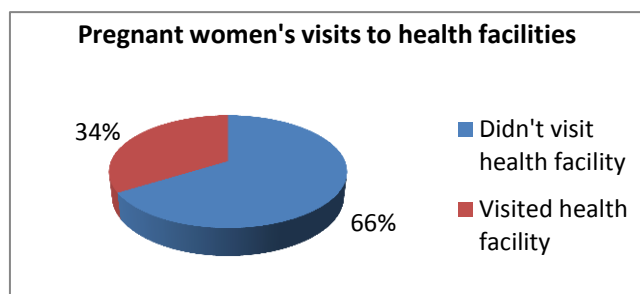


Mother and Child Health

The graph represents the pregnant women in IDPS households. It has been observed that 78% of the respondents interviewed informed that they had no pregnant women in the households, 18% informed that they had one woman pregnant in the household where as 0.3% stated that four pregnant women were in the households. The ratio of single pregnant women in the household was by far large than any other which was 18%. Generalizing these findings and the sampling parameters of the study, the number of pregnant women in 80,000 households may be estimated between 14,400.



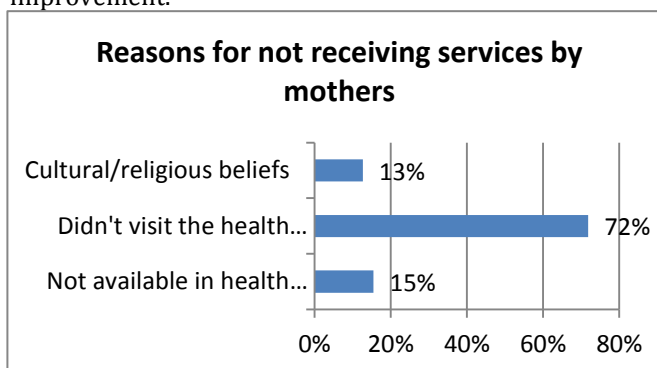
Since we have pregnant women in the community it is then mandatory to have antenatal and post natal visits. It was observed that 66% of the females didn't visit the health facility whereas 34% documented that they visited the health facility.



Reasons

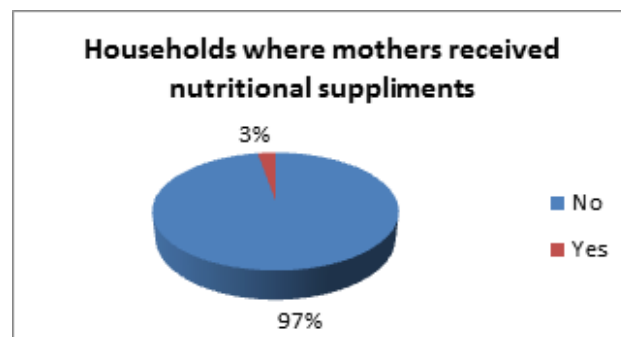
The adjacent graph depicts the information relating to reasons for not receiving services by mothers. It has been observed that 72% of the mothers didn't visit the health facility which is pretty alarming. It clearly indicates that it needs dire attention in the health promotion programs and LHW needs to be more active in their roles. The reason could be numerous may be the demand side of the displaced population. 13% recorded it is due to their cultural and religious belief and taboos. Whereas 15% documented that no facility is available to them.

MNCH needs attention as the trends shown here are encouraging and surely there is a lot of room for improvement.

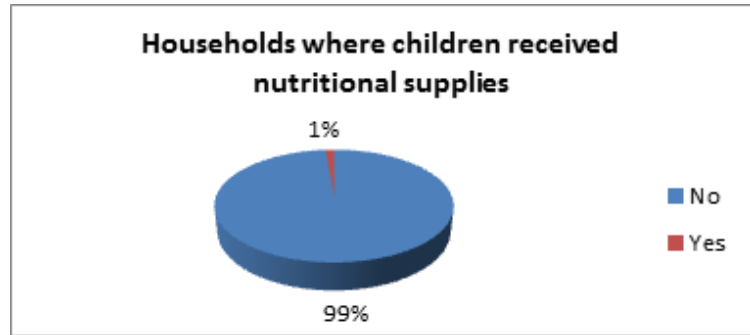


Nutritional supplies for mothers and children

Mothers and children are at risk of malnutrition in displacement. When asked about receiving any nutritional supplies by mothers, only 3% respondents replied in affirmative. This tiny percentage suggests that respondents may have taken other food items as nutritional supplies when enumerators explained types of nutritional supplies like high energy in biscuit and powder form.



The trend continues with children as well where 1% households reported that their children have received nutritional supplies. As nutritional interventions are implemented at community level, the 1% reported figure might be because of lack of awareness of respondents who might have confused the spontaneous distribution of ready to eat and dry food by philanthropists with nutrition intervention.



Health Cluster Contacts:

Dr. Fawad Khan, Health Cluster & Emergency Coordinator
Email: khanmu@pak.emro.who.int
Cell: 0300 5018530
Mohammad Shafiq, Technical Officer:
Health Cluster
Email: shafiqm@pak.emro.who.int
Cell: 0303 5552270