

Health Situation Report # 5

Pakistan: North Waziristan Displacements

30th June, 2014

A. Cluster Details

1. Lead Organization:	WHO
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B. Reporting Period

1. Report Number:	5
2. Report Date:	30-06-2014
3. Time Period Covered:	17-30 June 2014

C. Humanitarian Needs

- There is an increased trend of Diarrhea & skin infections including scabies & Leishmaniasis reported. Diarrhoeal kits and medicines for primary health are needed like skin diseases e.g. Meglumin antismintate are high in demand as well as dire need of TIG, Anti diphtheria serum and trauma kits for IDPs populations.
- MNCH services are provided by Women & Children Hospital Bannu and there is a need to strengthen this facility in terms of provision of supplies to ensure that MCH services are fully attended without any hindrance. Detailed assessment is required to identify urgent gaps in MNCH service delivery.
- The basic infrastructure of health facilities is poor which need immediate attention in terms of water and sanitation facilities, electricity, medicines, basic tools and equipment.
- Sanitation condition in the primary and middle schools (Schools and colleges are allocated for IDPs) are poor, Bathrooms/washrooms facilities are inadequate.
- Reproductive Health services need strengthening in terms of provision of medicines, medical supplies and trained human resources as well as training for the existing staff including LHV, LHWs and midwife.
- Low EPI coverage is one of the serious issues which need immediate attention for undertaking vaccination along with awareness campaign in IDPs hosting areas.
- Mental and psycho social assistance as well as provision of LLINs, Permethrine and Tamiflu also required
- NGO partners need to expand and strengthen their capacity to address urgent needs in emergency health service delivery.
- Partners should start nutrition projects with a prime focus on IDP children in Bannu.

D. Humanitarian Response

- WHO Emergency Response Teams are doing disease surveillance with timely response to mitigate risk of communicable diseases along with water quality monitoring to control spread of water born and vector diseases.
- All the health facilities' in-charges are trained on Disease Early Warning Systems (DEWS) and health care providers are able to diagnose, investigate and manage alerts of communicable diseases. DEWS allows for timely action before a disease spreads. DEWS is functional in Dera Ismail Khan and Tank. WHO has also trained district rapid emergency response teams.
- WHO Environmental Health Teams has trained Public Health Engineering Department (PHED) staff on water quality testing and conducted joint water quality monitoring visits to 56 sites for test of quality of drinking water in the IDPs hosting areas of DI Khan and Bannu. Some of the water sources were found contaminated where chlorination was done to purify water sources. WHO teams have started community health and hygiene sessions and ToT was conducted for the staff of Public Health Engineering Department on health and hygiene awareness along with operation of wagtac machine which has already been provided to the district.
- Oral Rehydration points are established in major all major health facilities/hospitals and their number will be increased for further population coverage living in the catchment areas of the health facilities.
- Women and Children hospital, District Head Quarters Teaching hospital and Khalifa Gul Nawaz Teaching hospital in Bannu are providing health services to patients all day long while other IDP patients benefit from the relevant health facilities of the UCs where they reside.
- DHO Bannu has deployed free mobile medical team at the camp site with doctors, paramedical staff and ambulance services.
- Dera Ismail Khan health department has arranged free medical camps at three health facilities which have also been declared as IDPs health centers. IDPs can receive health services from any other health facility in general.

WHO's Essential Medicines Response:

Since 25th June Essential Medicine has provided 2 Diarrheal disease Kits and 5 Emergency healths kits to DHO Bannu. This provision is expected to provide diarrheal interventions to approx. 1000 population while 5 EHK would cover primary health care needs of target populations including medicines for communicable & non communicable diseases, , essential medicines related to priority health needs of mother & children like Clean delivery kits, Misoprostol, magnesium sulphate, pediatric formulations of antibiotics and supplies for minor surgeries & trauma. While WHO has also prepositioned medicines kits at Peshawar warehouse to cater emergency needs.

Essential Medicine supplies to Khyber Pakhtunkhwa (June 2014)

Sr#	Stocks Location/ WHO warehouse	Covering Districts	DDK	EHK	Estimated Population Coverage
1	Bannu	DHO Bannu	2	5	46,000
2	Peshawar	Peshawar warehouse	15	38	92,000

Polio updates: WHO

- Curfew lifted in NWA on 28th June, vaccination has been resumed at Syedgi transit post
- As per available information, 3,624 doses of polio vaccine have been administered in FR Bannu, 1,666 in Bannu and 3,778 in Hangu to the population on the move, from 27th to 29th June, 2014.

Vaccination updates: UNICEF

OPV 3 days campaign for all <5 years children conducted in district Bannu, DIKhan, Lakki Marwat, Tank, Karak and Hangu in all High Risk Union Councils. Total Target children were 581463 and vaccinated including the catch-up 543854 (94%). Total Missed Children Recorded 67205 (Not Available children 44761 and Refusal 22444). Till yesterday evening Total Remaining Missed Children : 26438 (NA 8051 and Refusals: 17583).

NWA IDPS 214 families have been traced in district Kohat and Peshawar by COMNet Staff and vaccinated 303 with OPV. In Hassan Ghari 102, Mehal terae 2 47, Sufaid Dheri, 22 and Khalisa-II 82 families are residing. At PTPs total population NWA population vaccinated 183352 all age group.

E. Gaps & Constraints

- NGO partners presence is very low which need to be supported from donors to provide emergency health services to the displaced population.
- Health facilities are overburdened and low capacity to take care of extra burden of IDPs in the catchment area.
- Serious gaps exist in Reproductive Health and basic obstetric care in the health facilities.
- Bed nets and mosquito repellents are needed on urgent basis along with Diarrheal Disease Kit (DDK).
- EPI Technicians/Vaccinators need to be supported in terms of logistics and a comprehensive plan for IDPs vaccination should be devised.