HEALTH CLUSTER PAKISTAN
WEEKLY BULLETIN No. 13

Crisis in NWFP
29 September 2009

Highlights

- While the IDP return process is in progress, a total of 236 097 families have returned to their respective districts to date.

- WHO's Emergency Humanitarian Action team conducted an assessment of public health facilities on 28 August 2009 with the assistance of five Health Cluster partners (Merlin, International Medical Corps, Johanniter, PAIMAN and CRDO) of the functionality of 48 (89% of the total) health facilities (four or five maternal and child health (MCH) centres, 35 of 39 basic health units (BHU), all four rural health centres (RHC), and five of eight hospitals). They also assessed staffing, services and supplies to identify issues pertaining to quality health service in the Dera Ismail Khan district.

A 6-year-old child recovers from acute watery diarrhea in a static health facility in the DHQ Daggar district. The child was initially given supportive therapy at a health faciity provided by a Health Cluster partner in Buner district.

- From 29 August-4 September, 70 950 consultations were reported from 234 disease surveillance sentinel sites of in NWFP. There was an increase of 1058 consultations or 1% as compared to the number of consultations registered during the week of 21-28 August.

- 19 disease early warning system (DEWS) sites reported 574 antenatal visits between 29 August-4 September, while UNFPA's 7 maternal neo-natal and child health facilities reported 1640 female consultations during the week of 29 August-4 September.

- During the epidemiological week of 29 August-4 September, five alerts were received from different locations investigated by DEWS teams, which were responded to in collaboration with the Health and WASH Cluster partners. The Health Cluster took action on 4221 cases of acute watery diarrhea reported from the Saidu group of hospitals between 23 August-10 September. Of these, 2598 cases were kept under observation/admitted.

IDPs/Returnees Profile

- To date, 236 097 families have returned to their respective districts (Source: PDMA/PaRRSA). While the IDP return process is in progress, the Health Cluster partners are firming up health interventions in the districts of Swat, Buner, Lower Dir and Upper Dir. Health Cluster members have moved their activities from closed IDP camps to districts of return. They are to start their work after conducting assessments in line with the 'No objection Certificate' (NoC) awarded by the Executive Distrct Officer-Health of the concerned district. The distribution of health care responsibilities is done in a manner to avoid duplication of services. To date, Merlin, International Medical Corps, Malteser International, and Save the Children have started their activities in the return districts. Meanwhile, in Swat and Buner, support to IDPs still sheltered in camps continues.

- According to the National Database Registration Authority (NADRA), there has been an influx of returnees in Waziristan. A total of 17 375 families have been registered, including 8281 families in Dera Ismail Khan district and 2756 families in Tank district.

Assessment

WHO's Emergency Preparedness and Humanitarian Action (EHA) team conducted an assessment of public health facilities with the assistance of five health partners, namely Merlin International, International Medical Corps, Johanniter International, PAIMAN and CRDO. The mission assessed the functionality of 48 (89%) health facilities (four of five maternal and child health centers, 35 of 39 basic health units, all four rural health centres, and five of eight hospitals.) They also assessed staffing, services and supplies to identify issues pertaining to quality health service in Dera Ismail Khan district.

In the five assessed hospitals (three civil hospitals, one district headquarters hospital and one secondary care hospital), outpatient department (OPD) services are provided in all; antenatal care/post natal care, tuberculosis DOTS, laboratory services and x-ray facilities are being provided by four (80% of all); inpatient department (IPD), normal deliveries, access to ambulance and dental services are provided in three (60%) of them.

Essential newborn care, post-abortion care, family planning, nutrition counselling and breast feeding promotion, vacuum extraction/forceps delivery, ultra-sonography, surgical obstetrics, anaesthesia and blood transfusion services are provided in only two (40%) hospitals. Growth monitoring, IMNCI, voluntary sterilization, nutrition supplementation, and services for gender-based and sexual violence are not being provided in any of the assessed hospitals.

A total of 39 primary health care facilities, four RHCs and 35 BHUs were assessed. OPD is being provided in 34 (87%) health facilities, monthly Health Management Information Systems (HMIS) is reporting in 31 (79%) facilities, routine Extended Programme of Immunization (EPI) services is provided in 23 (62%), ANC/PNC and health education is available in 21 (54%). Family planning services are available in 18 (47%), nutrition counselling and breast feeding promotion in 13 (34%), post-abortion care in 10 (26%), essential newborn care in 9 (24%), detection/management of STIs/growth monitoring in 4 (11%), access to ambulance, dental services and TB DOTS is available in 3 (8%) health facilities. That being said, none of the primary health care facilities offer IMNCI, minor surgical procedures and gender-based and sexual violence services.

The assessment found that no hospital offers growth monitoring services, while only 11% in primary care facilities and 25% in MCH centres provide the service.

There is a lack of qualified and skilled health workers, in particular skilled female health workers. There are only two female medical officers posted in primary health care facilities, while 15 are in secondary level health facilities. There are 78 male medical doctors in the district, 47 of which are working in the DHQ hospital, underlining the unequal distribution of medical staff.

Building the capacity of health care providers is required not only in case-management and rational use of drugs but also in essential health delivery managerial skills. In addition, most deliveries are being carried out at home by unskilled attendants.

Maternal, neonatal and child health, reproductive health, and family planning

Nineteen DEWS sites reported 574 antenatal visits and seven pregnancy and delivery-related referrals between 29 August-4 September. UNFPA's seven maternal neonatal and child health care service delivery points in Lower Dir, Noshehra, Charsadda and Mardan districts reported 1640 female consultations, including three in camp facilities and four existing static facilities. Health care services that were provided included 232 antenatal cases, 38 deliveries, six referrals for caesarean section, and 1240 'other' cases.

Disease Surveillance

During the epidemiological week, 234 sites shared the weekly DEWS reports in due time. A total of **70 950** patient consultations were reported during this week, reflecting an increase of consultations by **1058** (**1%)** as compared to the previous week. Nineteen DEWS sites reported 574 visits for antenatal care, 7 pregnancy and delivery-related referrals, 617 consultations for chronic non-communicable diseases and 181 injuries. With the return of IDPs from Swat and Buner to their home areas, weekly patient consultations at health facilities in IDP camps have dropped significantly.

The table below shows the type of patient, number of consultations and percentage recorded between 22-28 August:

Type of patient	Number of consultations	Percentage
Female	40 484	57%
Male	30 466	43%
Children under 5	15 481	22%

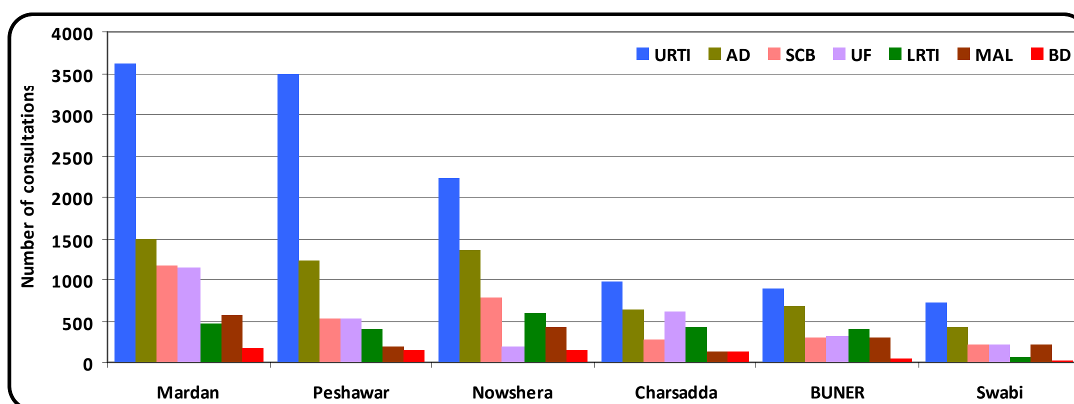
The table below shows the leading causes of morbidity among **IDPs inside and outside camps.** Health facilities in IDP camps reported upper respiratory tract infections as the most common and acute diarrhea as the second-most common issue.

Disease Surveillance

Most common conditions	Percentage
Acute Respiratory Tract Infection (ARI)	
• Acute Upper Respiratory Tract Infection (URTI)	17%
• Acute Lower Respiratory Infection (LRTI)	3%
Acute Diarrhoea (AD)	8%%
Unexplained fever (UF)	4%
Scabies (SCB)	5%
Bloody diarrhoea (BD)	1%

Upper Respiratory Tract Infection (URTI) has been the leading concern throughout the period in **IDP camps**. Overall, both upper and lower respiratory tract infections remained stable during recent weeks except a slight increase in URTI during the last two weeks where an upward trend was noticed. Apart from slight fluctuations, the overall number of cases for Acute Diarrhoea (AD) remained steady during recent weeks. The rest of the commonly-reported communicable diseases (unexplained fever and scabies) are also showing a steady trend with slight fluctuation. Surveillance officers are closely monitoring reports from health facilities and necessary medical supplies have been prepositioned.

The graph below presents the weekly morbidity pattern of the seven most common communicable diseases reported in IDP-hosting districts in NWFP between 29 August- 4 September.



Acute Diarrhoea (AD) and Lower Respiratory Tract Infections (LRTI) are the leading known causes of morbidity and death among children under five. During week 36, a total of **15,481** consultations with children under five were reported, out of which **2,465 (16%)** consultations were for acute diarrhea and **659 (4%)** for LRTI.
When the weekly trends of both diseases were analyzed among children under five, as per 1000 consultations within this age group in IDP-hosting districts of NWFP, consultations for AD showed a weekly fluctuation trend, while LRTI reflected a more steady trend in recent weeks.

Alerts and outbreaks

During the epidemiological week of 29 August-4 September, five alerts were received from different locations, investigated by the DEWS teams and responded to in collaboration with the Health and WASH cluster partners. Four alerts were received for suspected acute watery diarrhea and two of the alerts identified as outbreaks after investigation and control measures initiated. One alert for suspected Pertusis received from the Khyber Teaching Hospital in Peshawar was declared negative after laboratory investigations. WHO Enviroment Health team responded to Acute Watery Diarrhea outbreak alerts in the villages of Cheena and BarKaley in Buner district. A detailed WATSAN investigation was carried out, including water quality testing from sources and households.

There was another diarrhea outbreak in Swat district, to which WHO investigated through a team comprising a surveillance officer and an environmental health engineer to investigate the situation and to support the DoH in Swat. The patients came mainly from Manglawar, Mingora, Shagai, Sharif, Slamapur and Spalbandai. The unclean storage reservoir of the Tehsil Muncipal Authority (TMA) water supply was causing people to use water

from unprotected water sources in the area. WHO collected 7 water samples (4 household and 3 unprotected spring sources) for quality test.
Supplies for diarrhea treatment have been provided at the hospital and to EDO-Health Swat. The situation is being monitored vigilantly.

Please see the attached map for alerts and outbreaks of Acute Watery Diarrhea in NWFP between August 2008 and September 2009.

Water and sanitation

In all remaining IDP camps, regular water and sanitation monitoring and evaluation activities are being undertaken. The Health Cluster took action on 12 out of 22 water samples, which tested positive for faecal coliform contamination, and the 7 out of 8 samples, which tested positive for residual chlorine. The water samples were taken from IDP-hosting districts of Swabi, Mardan, Peshawar and Nowshera and in return district of Swat.

Actions taken to address the issue of water:

- Responding to AWD in Buner district, WHO provided 1400 aqua tabs to BHU Cheena for distribution in affected communities for household water treatment.
- In Swat, WHO collected 7 water samples (4 household and 3 unprotected spring sources) for quality test after the AWD outbreak. WHO initially distributed 2000 aqua tabs and 500 leaflets on clean drinking water.
- The WHO Environment Health and MERLIN team conducted a joint hygiene session in Kacha Ghari IDP camp. 50 female participants and 20 children attended the session.
- In Jalozai IDP camp, a joint hygiene promotion training was conducted by WHO and Merlin. 18 hygiene promoters and 4 hygiene supervisors were briefed on diarrhea prevention and management and IEC material was provided to hygiene promoters for their reference and use at the community health education and awareness session.

Coordination

Health Cluster, Islamabad

The Health Cluster meeting was held on 9 September at the WHO office in Islamabad. Highlights of the meeting included:

- Projects should be submitted based on the most likely scenarios when setting priorities and developing strategies for 2010. In line with OCHA's requirements, the 2010 appeal document should be comprehensive and all humanitarian actors may claim its ownership.
- All organizations wishing to submit projects in the 2010 appeal have to register on the Online Project System (OPS) launched by OCHA by 14 September.
- OCHA organised the CAP 2010 workshop aimed at finalizing cluster needs, strategies, priorities and consensus on the overall strategy and priorities. The participants receiving this training will work as Master Trainers and will train the cluster members in due course.
- The two-page Cluster Response Plan draft should be ready by 30 September. Project proposals should be uploaded to OPS by 9 October.The final approved appeal will be ready by 26October.
- UNFPA team gave a detailed presentation on the health and reproductive health/MNCH situation in Swat and Buner. They highlighted needs/requirements and available facilities in both districts.
- During the discussion session of early recovery, the difficulty of differentiating between the Relief and Early Recovery phases due to volatile and changing situations in the areas of return, IDPs hosting areas, Federally Administered Tribal Areas (FATA) and southern districts was acknowledged.
- Each strategy will now be divided into two parts i.e. the Relief and Early Recovery phases.
- The Early Recovery Priority interventions agreed upon were:
    - Restoring health services delivery
    - Supporting health care providers
    - Initiating an epidemic watch
- Comments on the CERINA report are expected soon.
- All 13 points of the Health Cluster strategy were included in the ER plan in CERINA where US$36 million was proposed for the Health Cluster under Early Recovery.

Who does what, where?

The map "Who Does What and Where," updated 9 September, is attached.

Filling gaps

American Refuge Committee continued its activities in the Union Councils of RHC Yar Hussein and RHC Marghuzr. There were 1278 outpatient consultations during the week with 245 cases of acute watery diarrhea, 314 acute respiratory infections, 188 cases of malaria (five positive) and 25 cases of scabies. There were 46 deliveries, five injuries and 28 other cases.

Care International continued its mobile medical camps in three Union Councils of Buner (Makhranai, Koga and Elai). A total of 1098 patients were treated in Buner in six medical camps during the week. Its mobile medical camp in the Union Councils of Patbaba in Tehsil Taktbahi of Mardan had a total of 149 patients treated.

Cordiad continued its primary health care, referral and health education services with the help of two medical mobile units and four medical officers, one WMO, four medical technicians, two lady health volunteers and support staff. The teams conducted 10 medical clinics during the week of 7-11 September and conducted 874 consultations with 243 female patients and 267 children aged under five at BHU in Shewa, Dagai, Taraka, Adina, Chaknoda, Yaqoobi, Sadri Jaded, Ismaila and the civil dispensary of Sher Khan Kalay.

International Medical Corps (IMC) continued providing 24/7 comprehensive primary health care services in Palosa camp of Charsadda including MCH, health education and referral services. In host communities of these districts, health care services were provided through a mobile team. In both medical facilities, there were 729 consultations during the week. In Swabi district, IMC provided health care services to IDPs living with host families through four mobile medical units, operating out of government facilities, benefiting 547 patients during the last week. In Buner district, IMC provided comprehensive primary health care services including health education, MCH and referral services in BHU Ghagra and Cheena, RHC Deewanababa and DHQ Daggar. The total consultations in these health facilities amounted to 1869. IMC is providing services in the MCH centre of Mingora, in RHC Khazana and BHU Manyar in Swat. The consultations during the week totaled 1609 in these health care facilities.

Malteser International has recently started its health care services in Swat district, through its static clinics in BHU Islampura, BHU Mergay (Union Council of Kokaria), civil dispensaries of Chetewar and Chitor. There were 3500 patient consultations and 3500 family and hygiene kits were distributed in these health care facilities during the week.

Medicines Du Monde (MDM) France provided health services through three medical mobile teams working in six different locations (Naranji, Amankot, Qamar Dand, Palodand, Goati and Kotai of Swabi district) and the three villages of Dargalai, Mangaltana and Dakara of the Union Council Sawari in Buner district**.** There is a team running OPDs for IDPs at Swabi DHQ hospital. The total consultations during the week numbered 1094 including 59.2% females and 29.2% children under five, 17.9% cases of acute URTI, 15.8% cases of skin disease and 7.8% acute diarrhea cases. In these health facilities, weekly trends in patient consultations for IDPs was stable compared to the previous week. Nutritional screening was done for all children aged between 6-59 months coming for consultations to MDM mobile clinics. Medicines Du Monde-France also launched a program of Community-based Management of Acute Malnutrition last week for children with moderate and severe malnutrition in Buner and Swabi districts. To this effect, 118 children were screened.

UNFPA continued providing mother, neonatal and child health care services to 1640 females in seven MNCH service delivery points in Lower Dir, Nowshera, Charsadda and Mardan districts, including three in camp facilities and four existing static facilities. Health care services provided included 232 antenatal and post-natal cases, 38 deliveries, six referrals for caesarean and 1240 ‘other’ cases. A total of 99 hygiene kits were distributed in these facilities.

National Commission for Human Development (NCHD) initiated health interventions in the two Union Councils of Ghurghusto and Elai of Buner district with close coordination with the Buner District Health Department. An Early Recovery Health Care Centre (ERHCC) is being established at Ghurghusto. At BHU Elai, required staff have been hired. Furniture and fixtures have been procured. The organization is targeting a population of 23 000.

The World Health Organisation provided 25 emergency mini-kits to Health Cluster partners in IDP camps of Jalozai, in Nowshera district, Kacha Garhi in Peshawar district and Jalala in Mardan district; plus mobile teams in Charsadda district. It also provided 2000 oral suspensions of essential drugs to the medical superintendent at the Saidu Shariff hospital in Swat district. In addition, educational and informational material for health hygiene promotion was provided to a MSF Hospital in Mardan district.

Urgent Needs

To date, there is still a gap of female health care providers at health facilities in return districts. Tough security conditions remain a challenge in providing health care services in return districts.

As the number of IDPs returning increases, so does the need for training material for conducting DEWS training for NGOs in Swat and Buner districts.

Funding situation

As of 29 September, the Health Cluster has received 37% of required funds as indicated in the UN Pakistan Humanitarian Response Plan (Revised) document. (Needs identified: US$ 42 065 870. Funds available: US$ 15 480 917.)
(Source: OCHA Pakistan, 29 September, http://www.reliefweb.int/rw/fts.nsf/doc105?openform&rc=3&cc=pak)

Communication and advocacy activities

Efforts are being made to raise the visibility of the health response to the crisis through:

- Distributing NWFP crisis intervention brochures
- Pakistan Health in Photos
- Production and distribution Health Cluster bulletins
- Packaging the disease surveillance film for distribution
- Updating the health cluster website
- Production of NWFP crisis slide show

Web Links

WHO headquarters: http://www.who.int/hac/crises/pak/en/index.html
Health Cluster Pakistan: http://www.whopak.org/idps
Provincial Relief Commissionerate: http://www.helpidp.org
Pakistan Ministry of Health: http://www.health.gov.pk
WHO/EMRO: http://www.emro.who.int/eha/pakistan
ReliefWeb Financial Tracking System: http://ocha.unog.ch/fts/pageloader.aspx

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Acronyms

AWD:	Acute Watery Diarrhoea
ACD:	Association for Community Development
BHU:	Basic Health Unit
CD:	Civil Dispensary
CERD:	Centre for Excellence for Rural Development
DART:	Disaster Assistance Response Team
DEWS:	Disease Early Warring System
DHQ:	District Headquarter
DTC:	Diarrhoea Treatment Centre
DSM:	District Support Manager
EDO:	Executive District Officer
EMRO:	Eastern Mediterranean Regional Office
ERU:	Emergency Response Unit
FP:	Family Planning
IEHK:	Inter-agency Emergency Health Kit
HRDS:	Human Resource Development Society
HTH:	High test Hypochlorite
INGOs:	International Nongovernmental Organizations
LHV:	Lady Health Visitor
LHW:	Lady Health Worker
LSS:	Logistic Support System
MCHC:	Maternal Child and Health Centre
MEHK:	Mini Emergency Health Kit
MMT:	Mobile Medical Team
NIH:	National Institute of Health
MNCH:	Maternal, Neonatal and Child Health
NWFP:	North West Frontier Province
MSU:	Mobile Service Unit
OFDA:	Office of Foreign Disaster Assistance
ORS:	Oral Rehydration Salts
ORT:	Oral Rehydration Treatment
PHRP:	Pakistan Humanitarian Response Plan
PIPOS:	Pakistan Institute of Orthotics and Prosthetics Sciences,
PPE:	Personal Protective Equipment
PPHI:	People's Primary Healthcare Initiative
PRC:	Provincial Relief Commissionerate
PRCS:	Pakistan Red Crescent Society
PWDs:	Persons with Disabilities
RH:	Reproductive Health
RHC:	Rural Health Centre
THQ:	Tehsil Headquarter
WMO:	Woman Medical Officer