

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

Background:

Jalozai IDP's Camp was established in November 2008. Internally Displaced people (IDP's) from different areas of Khyber Pakhtunkhwa and FATA at different times stayed in the biggest IDP's Camp. Due to ongoing armed forces operation in Bara Tehsil of Khyber Agency, the recent influx of Shalobar tribe from 20th January 2012 till 29th February 2012 shows that 28394 individuals (6791 families) have been registered. Majority of the families has moved to local areas of Nowshera/Peshawar/other adjoining districts due to harsh weather conditions. The population has been settled in vacant places of the existing six phases of the camp by giving them tents. The registration is under process and about 10,000 families of some more tribes (Malak din Khel, Aka Khel, Kamar khel and stori khel) are expected to arrive in Jalozai Camp in the coming days. A new phase is being established for the newly displaced IDP's by PDMA. A total of 61548 IDP's are living in Jalozai IDP's Camp. They include the population from Bajaur and Mohmand Agencies as well.

WHO team visited Jalozai IDP's camp on 7th March 2012 to assess overall health situation in camp & monitor health services of Merlin, CAMP and CERD. The first Referral Health Facility for Jalozai IDP's Camp i.e Pabbi Satellite Hospital (PSH) was also visited. WHO team included DEWS Public Health Officer, Environmental Health Engineer and Essential Medicines pharmacist.

Organizations Supporting Jalozai IDP's Camp

Sector	Organization
Camp Administration/Management/Coordination	UNHCR/PDMA
Site Maintenance/development/Planning	PDMA
Health	WHO/Merlin/CAMP/CERD
WASH & Education	UNICEF
Food & Logistics	WFP
Protection, NFI, Registration, Shelter	UNHCR

WHO assists in health care provision through support to Merlin and CAMP. CERD provide MCH services with the support of UNICEF. Nutrition services are provided by Merlin with support of UNICEF. WASH services are provided by HRDS and SSD (UNICEF partners).

Health W3 IDP's Camp Jalozai, Nowshera:

Name of Health Facility	Supporting Organization	Essential PHC Services	Nutrition	EPI Coverage	Referral	Remark/ Observations

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

J-1/ J-2/J-3	Merlin	Static clinic Coverage: 8:00AM- 2:00PM (J-1 & J-2) 24/7 (J-3) MO-7 WMO-4 Dispensar-6 Dental Technician-2 Lab Tech- 1 X-Ray Tech- 1 LHV-10 MTs-1 Mid wife-o Pharmacist-1 Driver-1 Support staff-5 Health Promoters-10 Vaccinator-4 (Plus 01 from DoH) Others-20	Services available	Polio, BCG, Penta, Measles TT	One Ambulan ce for each HF, Referral center is Satellite Hospital Pabbi	No of Health Promotion staff reduced after movement of Bajaour IDP's to their areas. MCH Centre doesn't have Ultrasound, incubators, Vitamin K. Facilities for neonates insufficient. Family Planning services are provided on demand only.
Health Facility-4	CAMP Organization	Static clinic Coverage: 24 hours MO-3 WMO-1 LHVs-1 Dispensar-2 Support staff-1 Vaccinator-1 Lab technician- 1 Others-6	Services Not available.	Polio, BCG, Penta, Measles TT	One Ambulan ce, Referral center is Satellite Hospital Pabbi	No Health Promotion staff. No provision for vector control activities. No electricity in HF. Deficient drugs (Peads/analgesics/cert ain antibiotics) provided by WHO. No Family Planning services.
MCHC	CERD	Static clinic Coverage: 24 hours MO-01 WMO-3 LHVs-4 MTs-4 Mid wife-1 Health Promotor-5	Services Not available.	Polio, BCG, Penta, Measles TT	One Ambulan ce, Referral center is MSF Hospital, Universit y Town, Peshawar	Insufficient essential drugs. MCH Centre doesn't have Ultrasound, incubators, Vitamin K. Facilities for neonates insufficient. No Female doctor at night. No Family Planning services.

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

		Vaccinator-1 Dai/TBA-5 Others-17				Only Indian seats (kamode) installed in wash rooms of Labour room.
Pabbi Satellite Hospital	DoH/No supporting Organization	Paediatrician-1 Anaesthetist-1 Surgeon-1 Orthopaedic Surgeon-1 Physician-1 Male M.O's-14 WMO-2 MT/FMT-2 LHV's-5 Dental Tech-2 Lab Tech-5 X-ray Tech-5 EPI Vaccinator-3 Dai/TBA-9 LHW's-16 Support Staff-44 Others-26	Services not available. Stabilization centre stopped working after Merlin left.	Polio, BCG, Penta, Measles TT	Three ambulances, Referral Health Facility is Lady Reading Hospital, Peshawar	WMO is working as Gynaecologist. Poor data maintenance. An average of 9500 consultations per month, no time for Health promotion activities with doctors. No vector control measures. Small generators for different Units without fuel. Meager amount allocated for emergency medicines/all drugs. Anaesthesia equipment/Respirators not present. Labour room having deficient equipment/HR. Facilities for neonates insufficient. No Nursery/Newborn Unit. Laboratory and Operation theatre having insufficient equipments.

Health Services at the IDPs camp & Referral Health Facility

1. General OPD

General OPD Services are being provided by Merlin in three Health Facilities and in one Health facility by CAMP Organization. In One Health facility of Merlin and CAMP each the OPD services are provided 24/7. In the remaining two health facilities of Merlin OPD services are provided from 0800 am to 0200 pm. Each Health Facility is serving more than 2000 patients per month. Main diseases include Other Acute Diarrhea, Acute Respiratory Tract Infections, Malaria, Scabies. For observation of patients for a short duration a few beds have been kept in a tent of each Health facility. The patients are referred to Pabbi Satellite hospital at a distance

of 07 kilometers from Jalozai Camp. Basic laboratory services established in J-3 Health Facility of Merlin and in CAMP Health Post. Data management in first Referral HF is very poor. No record of diagnosis being kept. Lack of equipments in laboratory of PSH. Dental Services are lacking in the health facilities of Jalozai.

2. Referral services

Five ambulances are available in Health facilities of the camp (3 are provided by Merlin, 1 by Camp Organization and 1 by CERD Organization). The main referral facility is Pabbi Satellite Hospital, which is about 7 KM away from camp. CERD Refers high risk pregnancy cases to MSF Hospital in University town, Peshawar.

3. EPI Services

Eight vaccinators including 1 vaccinator from DoH are responsible for the EPI services at the camp. The vaccinations include BCG, Polio, Penta, Measles and TT. Mobile teams are covering the whole camp during Polio Campaigns. Routine Vaccination observed at Registration point of new influx IDP's. Due to no electricity in Health post of CAMP, EPI Vaccines are managed from CERD Health Post.

4. MCH

MCH services are available at J-3 Merlin and at health facility of CERD. Antenatal care, safe and clean normal deliveries, Basic EmOC, post partum care, comprehensive abortion care and post natal care services are also available. The complicated pregnancies are referred to tertiary care hospitals in Peshawar by Merlin and to MSF Hospital by CERD. No Family Planning services in Health facilities of CAMP and CERD. Merlin provide Family planning services on demand only. There are no proper arrangements for neonates in the camp and in First Referral Health Facility. Lack of Equipment in the Operation theatre of Pabbi Satellite Hospital (PSH). No female doctor in MCH centres at night time due to security and cultural reasons.

5. Communicable diseases

Situation of all communicable diseases is monitored through Weekly DEWS reporting and immediate reporting of Alerts of notifiable diseases by Medical Officers in Health Facilities of Jalozai IDP's Camp to WHO-EHA. Until now a number of outbreaks of different communicable diseases have been averted due to quick and immediate response to alerts by WHO in coordination with Merlin, CAMP and DoH. 08 cases of falciparum malaria, 06 cases of measles, 06 cases of leishmaniasis, 02 Acute Watery Diarrhea, 03 AFP cases, One dog bite case, One death due to NNT and Cardiac cause have been reported and investigated from September 2011 till date. Vector control activities in the camp are deficient in the presence of Malaria and Leishmaniasis cases. TB DOTS facilities are lacking in Camp. No isolation ward facility in Pabbi Satellite Hospital. Detection and management of STI's is lacking in PSH.

6. Non Communicable diseases and mental health

Minor injuries as well as hypertension, diabetes and mental health care is managed well by Merlin and CAMP. Services for gender and sexual based violence are lacking in the camp Health facilities.

7. Nutrition

Nutrition services like screening of children and PLW's are provided to the IDP's living in Jalozai IDP's Camp by Merlin with the support of UNICEF. CAMP Organization and CERD MCH Centre are not providing Nutrition services. The stabilization centre in Pabbi satellite has stopped working after Merlin phased out. No nutrition services in the first referral health facility.

8. Essential Medicines

WHO has been providing essential medicines, logistics and technical support to Jalozai IDP's camp through Camp Organization and by filling the gaps in inventory of Merlin. Due to the sudden increase in population of Jalozai IDP's camp to 62,000 IDP's, inventory gaps of essential medicines have been identified in all of the health facilities in the assessment of Jalozai IDP's camp done on 7/3/2012. The main cause of these gaps is that the essential medicine which WHO is providing is for a population of 30,000 which are insufficient for the anticipated increase in population to 96,000 IDP's (Source: UNHCR/PDMA). 16,000 new families are expected to reach at IDPs camp from Khyber Agency (Source: UNHCR/PDMA). ASVs for snake bite and ARVs for dog bite cases were not available at the facilities. Family planning supplies lacking in CAMP and CERD Health posts. Good pharmaceutical storage practices, record keeping and patient counseling also needs to be improved. The situation of medicines in the first referral HF was very poor. No drugs available in Casualty Department. IMNCI and other essential drugs were lacking in PSH. Anaesthesia equipment lacking in Operation theatre of Pabbi Satellite Hospital (PSH). Lack of instruments in Labour room. No proper Temperature and storage methods used in store of PSH.

9. Environmental Health situation:

Water Quality and Quantity: Ground Water Source (Camp owned and private Tube wells with Net working system and storage tanks used for Drinking and all other purposes). Available tube wells in the camp are 9 currently 5 Tub wells are providing water to the camp. UNICEF Implementing partners SSD and HRDS are currently responsible for providing Non food items including storage containers, hygiene kits and soaps to the IDPs population. WHO is currently supplying all the supplies and equipments to the WASH partners in the camp. WHO has provided two wegtech kits and Digital colorimeter for residuals chlorine monitoring to SSD and HRDS. WHO is also providing chlorine supplies in the form of HTH 70% to each tube well for proper chlorination. 84 % of the samples tested were found microbiologically fit during last six months. 65 % of the samples tested at distribution level for residual chlorine Contained residual chlorine within WHO limits. WHO provided proper training to the staff for preparation of stock solution for chlorination, Dose adjustment of chlorinator and residual chlorine monitoring in order to ensure Disease (Water Born) risk reduction in the Camp. The Diseases early warning system facts and figures show the success of the water quality improvement system inplaced. 5 more Auto chlorinators and other Water quality monitoring and improvement supplies will be required to maintain and improve the existing system for the new IDPs influx arriving in the camp.

Sr. No	Partner Organization	Details of items	Numbers
1	HRDS	Digital colorimeter	1
2	SSD	Digital colorimeter	1
3	HRDS	Wegtech Kits	1
4	SSD	Wegtech Kits	1
5	HRDS	HTH 70%	30 Kg
6	SSD	HTH 70%	30 Kg
7	Merlin	Auto clave(Small)	1

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

Sanitation System: Ventilation improved pit Latrines are have been constructed in the camp for existing six phases. Solid waste Collection points have been established for the collection of solid waste. Total 2753 VIP latrines,1323 Bath rooms ,689 water tanks,699 WASH Pads,92 Solid waste collection points and 172 Laundries are available and more WASH Infrastructure is required as the population is increasing on daily basis.

Existing WASH Infrastructure:

Sr. No	WASH Hardware	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Total
1	Latrine	435	362	507	486	491	472	2753
2	WASH Rooms	208	184	250	236	226	219	1323
3	Water Tanks	96	113	125	120	120	115	689
4	WASH Pads	96	113	125	124	121	120	699
5	Solid Waste Collection Points	29	29	34				92
6	Laundries	29	34	41	18	26	24	172

Gaps & Recommendations

Gaps	Recommendations
Population in the camp has increased from 31000 to about 62000 (presently) and a load of more 10,000 families is expected. Health facilities are catering to the needs of off camp population as well.	There is a need to increase the Health facilities and Human resource in the camp. Off camp population needs to be considered during planning and resource allocation to health facilities.
In Jalozai Camp, CAMP Organization is not supported for health promotion staff and Merlin has reduced the number of health promoters due to movement of IDP's of Bajour to their areas.	The number of health promotion staff in Jalozai Camp needs to be increased as the population has increased.
Due to security concerns in Bara Tehsil of Khyber Agency, no routine immunization activities conducted for the past more than three years, hence poor routine immunization in new IDPs.	Routine Immunization activities inside camp and in the adjoining areas (Districts) needs to be strengthened.
CAMP Organization in Jalozai is not supported in Vector control measures.	Leishmaniasis cases are regularly reported from Jalozai Camp and the impending danger of dengue is there. CAMP Organization needs support in Vector Control activities. Vector control activities including fumigation, fogging, Bed nets, awareness walks and printing of IEC materials will be required for the camp.
CAMP Organization Health Post is having no electricity for 12 hours in a day.	24 hours electricity need to be ensured in the HF through alternate sources.
Nutrition services are not provided by CERD and CAMP in Jalozai camp.	The Organizations needs to be supported to start nutrition services for the IDP's children and PLW's.

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

The essential medicines with CERD organization were not sufficient/stock out. The medicines provided by WHO to organizations is having deficiency of some antibiotics, Peads patients requirements.	Essential medicines may kindly be provided to CERD. The Kits should include the medicines for peadiatric population and certain antibiotics as per seasonal variations.
The MCH services centres were reduced due to decrease in population of jalozai. The MCH centres in Jalozai Camp doesn't have ultrasound facility, incubators and vitamin K.	MCH centres in Jalozai need to be made in proportion to the population.
Facilities for Neonates doesn't exist in Jalozai camp and the First Referral Health facility.	Neonates should be given priority regarding their health needs. Nursery services are needed in MCH centres and Pabbi Satellite Hospital.
Family Planning services are not provided in the camp due to cultural reasons and non availability of family planning supplies.	A proper mechanism need to be evolved to offer Family Planning services in the Camp.
Female Doctor not available during night shift in MCH centre of CERD in Jalozai.	Availability of Female doctor in Camp at night shift need to be ensured in the presence of good security measures.
Separate latrines are required for the persons with disabilities as the camp lack this facility. Separate Latrines are also required in MCH centres for the patients.	The disabled people of the camp needs to be given proper latrines for their use in their areas. English Seat (Kamode) needs to be installed for the pregnant ladies use.
EPI activities in CAMP Health post are controlled from CERD MCH post.	24 hours electricity in the HF of CAMP can solve the issue. The vaccines etc are kept in nearby HF of CERD.
Training needs of Health and Promotion staff in Jalozai and Pabbi Satellite Hospital were felt by Assessors.	The staff of health facilities in jalozai needs to be trained about new health issues/diseases, good pharmaceutical storage practices, inventory management (LSS), patient counseling, good dispensing practices, rational use of drugs through proper trainings. Support will be required for the training of WASH and Health promotion staff in the camp on the prevention of Diseases including Diarrhea, Leishmaniasis, Dengue, Scabies and Malaria etc.
Health facilities in Jalozai don't have diagnostic facilities for Hepatitis B and C.	HBS and HCV diagnostic strips needs to be provided in health facilities of the camp.
For diseases prevention and morbidity reduction it is important to continue the supply of chlorinated drinking water to the existing and incoming new influx in the IDPs camp.	Four more Auto chlorinators, Liquid chlorine, water quality monitoring supplies(Sampling bags, Filter, absorption pads, DPD 1,Phenol red), Digital Chlorinators will be required for water quality monitoring and improvement in the camp.
Water quality monitoring of Jalozai Camp is being done by WHO. Capacity building of the partners is done.	Capacity building of the WASH on water quality monitoring and improvement need to be continued.
Health Care waste management guidelines needs to be	Health care waste Management equipments included

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

followed in all HF of Jalozai.	color coded buckets, needle cutters, Safety boxes, Drum incinerators, Protective gears will be required to meet the needs of newly established Health care facilities in the Camp.
The existence health facilities lack protective gears for the cleaner staff.	They need to be trained and followed to observe personal protective measures.
Looking at the increasing number of IDP's in the Camp, a referral DTC (in summer season) may be required.	Environmental Health supplies will be required for infection control and total disinfection at Diarrhea treatment centre to be established at pabbi satellite hospital.
Very Poor Data management in Ist Referral Health Facility of Jalozai Camp (Pabbi Satellite Hospital).	The First Referral Health facility needs to be strengthened by providing Data management tools and Human Resource.
Health Promotion activities in the Ist Referral Health Facility of Jalozai Camp are not conducted properly due to heavy load of patients.	Health Promotion activities in First Referral Health Facility of Jalozai Camp needs to be supported. IEC Materials regarding common ailments, Mental health, Hygiene promotion and water and sanitation, HIV Counseling needs to be provided.
Vector Control activities in Ist Referral Health Facility of Jalozai Camp doesn't get the required attention of authorities.	The staff of Pabbi Satellite hospital needs to be trained about importance of Vector control activities and implementation of elimination of vector and animal reservoir.
In Pabbi Satellite hospital there are small generators available but there is no fuel for them.	A Big generator with fuel support is needed for the hospital. 24 hours electricity supply through alternate source needs to be supported.
No nutrition services are provided in the first referral hospital. Stabilization centre run by Merlin during IDP's crisis has stopped working.	The stabilization centre in the hospital needs to be supported.
No drugs are available for Casualty (Emergency Department) of Pabbi Satellite Hospital. A meager amount is given for medicines in yearly budget. Most of the essential medicines found out of stock since at least 6 months. Analgesic syrups, Amoxicillin Syrups and Tablets, Co-Trimoxazole Syrups and Tablets, Salbutamol Solution, Antiscabies medicines, antihypertensive, Antiemetic, Zinc Sulphate, Antimalarials and Injection Diazepam were not available. There is need of Pallets for safe storage of medicines. Bin Cards or stock cards didn't found in store.	Supply of essential drugs to the hospital in general and it's Casualty in special needs to be ensured. Medicines store needs to be supported for proper storage practices and making it according to WHO guidelines.
Aneasthesia equipment does not exist in the First Referral Health facility.	Aneasthesia and Operation theatre of Pabbi Satellite hospital needs to be supported in terms of equipments.

Health Assessment Report, Jalozai IDP Camp & Pabbi Satellite Hospital, District Nowshera

The labour room of the First Referral hospital is having equipments and Human resource deficiencies.	MCH services in the First referral Health Facility needs to be supported.
Health staff of Pabbi Satellite Hospital are not observing Health Care waste management guidelines.	Refresher training of the staff on Health care waste management is required.

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