

WHO Emergency Humanitarian Program Situation Report

Khyber Pakhtunkhwa and FATA

Week 8

Date: February 19-25, 2012

1. Situation around IDP hosting districts

A. “New Durrani” IDP camp, Kurram Agency

WHO shared with health partners the results of the latest assessment conducted in “New Durrani” IDP camp in Kurram Agency. Interested organizations can request the report from WHO office in Peshawar.

B. “Togh Sarai” IDP camp, Hangu district

WHO shared with health partners the results of the latest assessment conducted in “Togh Sarai” IDP camp in district of Hangu. Interested organizations can request the report from WHO office in Peshawar. In addition, WHO DEWS report that acute respiratory infections are still the highest cause of morbidity (34% or 168 cases) of total of 493 consultations (2% increase); other acute diarrhea (6% or 28 cases); skin infection (2% or 8 cases).

C. Overview of health facility situation in Tank district

There are 33 functional health facilities in district Tank which serve a population of 360,000, with DHQ as the leading health institution. Three RHCs are located in UC Gomal, Amakhel and Gullmam. 18 BHUs and 8 CDs are located in various district locations. There are additional two SHCs in village Mulazai and Darakki. There is also one MCH center located in the UC city. The DHQ hospital is a relatively new facility which is supervised in various aspects by the present Armed Forces.

MBBS health staff is available only in two facilities out of 32 health facilities (BHU Ranwal and Sheikh Sultan with remaining managed by dispensers or medical technicians. There are serious reservations about staff presence and quality performance though the physical building infrastructure is present.

The district health facilities experience a shortage of human resources and basic diagnostic and laboratory equipment.

The district health facilities have been part of DEWS (Disease Early Warning System) since 2009. As of today, eDEWS was introduced and two training sessions conducted for 75 staff of all 33 health facilities. A total of 14 health facilities reported in the last week. A total of 1330 outpatient consultations were provided. Major cause of morbidity remained ARI (30% of all consultations). Trend of diarrheal diseases is on the rise (7%) with scabies with less than 6% and suspected malaria as less than 1%. WHO responded to 2 alerts of measles and one of cutaneous leishmaniasis.

As shared by FDMA and NADRA there were 34,983 IDP families. 6,580 families returned and 12,000 IDP families still reside in Tank, remaining families shifted to district DI Khan.

BHUs in Gara Baloch, Ranwal, Kot Musa, Dabarra, Kot Hakim and RHC Gomal report the increased levels of services to IDP population. bear the major load. WHO assessed lately RHC Ama Khel and BHU Kirri Haider with results of existing overburden and challenges linked to the provision of basic PHC services to IDP and host population in the area.

WHO took part in a coordination meeting chaired by OCHA. There are UNFPA and ICRC providing MCH and PHC services through RHC Gomal, AmaKhel, DHQ Tank and BHUs Dabarra and Kot Hakim. There are plans by MDM to cover BHU Ranwal and Gara Baloch in the nearest future. WHO conducted regular surveillance and monitoring visits for BHU Shah Alam, Ranwal, Gara Baloch, Dabarra, Kot Hakim, CD Toran, Naurang and Shadi Khel (Maghzai) and RHC Amakhel. In addition, WHO assessed BHU Zafar Abad,

CD Din Pur and isolation ward of pediatric unit while responding to the alerts of measles, leishmeniasis and neonatal tetanus. All EPI centers get visited. It is shared that vaccines have been made available by now.

WHO DEWS report that acute respiratory infection (upper and lower) account for 31% (415 cases) of total 1,330 consultations showing 2% decrease if compared last week. Other acute diarrhoea was at 7% (87 cases) of total consultations showing no change; skin infection (5% or 72 cases); suspected malaria (1% or 8 cases).

D. Situation in D I Khan district

There are 12,854 IDP families in the district. All IDPs reside with host community. There are no tent camps. The local health facilities reporting increased provision of health care services to IDP population include BHU Zafar Abad, CD Din Pur, BHU Shor Kot, CD Yarik, BHU Saggi, BHU Wanda Madat, BHU Awan, BHU Budhani, BHU Larr, RHC Pahar Pur, RHC Kot Jai, BHU Maddi Khel & BHU Kotla Lodhian, BHU Muryali, BHU Daraban Khurd, CD Nai Wela, BHU Moharra, RHC Paroa and BHU Ramak, BHU Malana, BHU Gomal University, BHU Fateh, BHU Shero Kona and CD Hathala.

30 health facilities are registered with WHO DEWS with 24-26 reporting on a regular basis. A total of 7,349 consultations were provided. ARI remained major cause of morbidity (23.83%), diarrhea (7.63%), scabies (3.36%) and malaria (2.15%). A total of 11 alerts were received and responded, including measles, neonatal tetanus and leishmeniasis,

WHO DEWS was established in 2009 with a total of 55 health facilities. 24 health facilities represent UCs with highest presence of IDP population. WHO conducted a series of eDEWS training for 90 participants.

WHO took part in the district coordination meeting chaired by OCHA. At present, MDM-France, PRCS provide health care services in UC Muryali, Daraban Khurd and Nai Wela. (there were more than 10 organizations present in 2009-2010). There is an expressed need for further coverage and expansion of health services by interested health cluster organizations.

WHO monitors the situation of the nutrition stabilization center at DHQ D I Khan. In addition, WHO plans to finalize reconstruction of 5 health facilities.

WHO conducted assessment of civil WASH infrastructure improvement work of 5 identified health facilities in D.I.Khan including Type-D Hospital Pahar Pur, CD Yarik, BHU Jandi Babar, Police Hospital, and CD Muslim Bazar.

E. Situation in “Jalozai” IDP camp, Nowshera district

There are 60,313 people living in the camp. The recent influx of Shalobar tribe (20th January - 20th February 2012) resulted in the additional registration of 27,159 individuals (or 6358 families) as reported by PDMA. At present, Merlin, CERD and Camp NGO provide health care services. WASH services are provided by HRDS and SSD (UNICEF IPs). The camp is regularly visited by WHO. Two cases of leishmaniasis were reported from the camp, investigated and responded by WHO. There is a need for regular assessment to reflect the changing situation and increased impact on local health care service providers.

WHO DEWS training was provided to 88 health workers of Nowshera district. 7 cases of measles were reported and responded by WHO at BHU Tarru Jabba, Rashakai, Bahram Kalay, RHC Khweshgi, Akbarpura. WHO visited and assessed the health care performance of BHU Tarru Jabba, BHU Rashakai, RHC Khweshgi, BHU Bahram Kalay, RHC Akbar Pura, Merlin and Camp' health posts in Jalozai camp.

There were 1,437 consultations provided through camp' based health care providers, including acute respiratory infection (41% or 595 cases), acute diarrhoea (6% or 92), skin infection (5% or 78) and suspected malaria (1% or 9 cases).

A total of 4 monitoring visits performed to the health facilities at Jalojai Camp. Bin cards, stock registers are updated; overall condition of storage practices, rational use of medicines, patient counselling and dispensing practices found satisfactory. Two on job training sessions provided on good storage practices and rational use of medicines. Request of medicines including ASVs, TIGs, Paracetamol syrups and Tablets, Zinc sulphate tablets, Salbutamol syrups, Ibuprofen syrups, Mefenamic Acid syrups, Citrizine Tablets, I/V sets and Syringes for Merlin at Jalojai camp were approved. As two alerts of leishmaniasis reported 10 meglumine injections are to be provided immediately.

WHO conducted one day training workshop for 35 participants of WASH partners in Jalojai camp Nowshera 20th Feb-2012 on vector born disease prevention and control. WHO conducted WASH rapid assessment. Chlorinated water has been provided by camp WASH partners along with waste excreta disposal facilities for the new families. A coordination meeting was held on 21st Feb-2012 with WASH partners regarding WASH arrangements for the new influx. WASH partners are mandated to accommodate the new load of 6358 families in the camp through provision of additional WASH services. Currently 1770 new tents have been pitched within the existing camp settlement with no separate arrangements. WHO conducted meetings with WASH partners (SSD & HRDS). SSD provides non food items including hygiene kits, buckets, etc. No new WASH hardware is being constructed for additional families. SSD will start construction of new structures (latrines, wash rooms etc) if new phase is established in the camp.

WHO visited all health facilities in the camp including J-1, J-2, J-3 of Merlin and CAMP organization. Few recommendations were made to improve the health care waste management system.

F. Situation in Kohat district

There are 43 health facilities of which 34 report DEWS on a regular basis. WHO monitored polio activities. WHO completed the construction of the warehouse in LMH hospital. WHO conducted assessment of civil WASH infrastructure improvement work of 5 identified health facilities serving IDPs in district Kohat i.e. BHU Darsamand, BHU Sarozai, BHU Mohammad Khwaja, BHU Togh Saray and BHU Darband in District Hangu were completed. Detail BOQs for each health facility is in progress and will be submitted soon.

eDEWS:

KPK DEWS:

327 reports were received reporting 82,423 patient consultations in 15 districts of Khyber Pakhtunkhwa Province. Acute respiratory infections are the highest cause of morbidity (30% or 24,591 cases) showing 1% decrease; acute diarrhoea (5% or 4,459 cases); skin infection (3% or 2,209 cases); suspected malaria (1% or 628 cases).

FATA DEWS:

32 reports were received reporting 6,354 patient consultations in 2 agencies of FATA. Acute respiratory infections are the highest cause of morbidity (39% or 2,449 cases) showing 6% increase; acute diarrhoea (7% or 419 cases); skin infection (4% or 230 cases); suspected malaria (3% or 185 cases).

Alerts:

WHO received a total of 72 alerts. In which 53 were suspected measles, 3 - NNT, 8 - leishmaniasis, 1 - BD, 5 - AWD and 2 – Pertusis cases. Proper investigations and timely interventions were taken in response to all reported cases together with WASH interventions.

ARI Centers:

A total of 14 ARI Centers are functional in KPK. 1 Battagram (Save the Children), 1 Abbottabad (WMC), 1 Lower Dir (CAMP), 2 Kohistan (WMC), 2 Bunir (MERLIN), 1 Mardan (MERLIN), 2 Swat (MERLIN), 2 Shangla (EHSAR) and 2 in Manshera (CDO Pakistan).

HEPR / ARI / DENGUE:

- WHO is in preparation of the annual work plan for Health Emergency Preparedness and Response Cell.
- WHO received required approval of SFD distribution from DG Health and Secretary Health.
- WHO visited ARI centers in Kohistan to monitor their performance and treatment protocols and validity of reporting. WHO conducted coordination meetings with CWS and Malteser in Kohistan.
- WHO continuous ongoing preparation including agenda and drafting sending invitation letters for Health Department and Secretary Health of upcoming workshop on PC 1 for dengue control and prevention program.
- WHO participated in group discussions on impact evaluation of MNCH Program in KPK organized by TRF.

Essential Medicines:

- A total of 10 coordination meetings held with different stake holders including EDOHs, MS, DMS, Chief pharmacists, DSM PPHI and heads incharge at Bannu, D.I. Khan, Mardan, Swabi, Swat and Peshawar in which availability, distribution and request of essential medicines, use of STGs and safe disposal of expired syringes were discussed respectively.
- A total of 15 monitoring and 2 follow up visits were performed for Kohat, Bannu, D.I. Khan, Lower Dir, Swat, Charsadda and Nowshera. Gaps regarding stacking, irrational use, storage of essential medicines, inventory control, record keeping and stock outs identified generally. Required essential medicines provided as per needs at visited health facilities
- A total of 9 training sessions were conducted in district Bannu, Nowshera, Charsadda, DI Khan and Dir Lower in which total of 34 participants trained on rational use of medicines, good pharmaceutical storage practices, good dispensing practices, record keeping and treatment of leishmaniasis.
- WHO responded to 5 leishmaniasis, 21 measles, neonatal tetanus and pertussis cases at Bannu, Kohat, D.I. Khan, Charsadda and Nowshera by providing EM support and health sessions.
- In response to leishmaniasis outbreak at BHU Torkham supported by PPHI WHO had a follow up visit to conduct awareness and training sessions on treatment methods, schedule, dosage and administration of meglumine antimoniate injections. A total of 450 meglumine antimoniate injections provided to PPHI so far, thus, taking care for 117 cases.
- Follow up visits made to OPD, Laboratory and AS warehouse at CH Jamrud Khyber agency for inspection of inventory record, utilization and distribution WHO EM supplies.
- One ARI kit, anti allergic and nasal decongestant syrups provided to RHC Ekkaghund Mohmand Agency.

WASH:

- Two new health facilities have been added upon the request of EDO-Health DI Khan for assessment of civil WASH infrastructure improvement work proposed by WHO in district DI Khan.
- Construction of Agency warehouses under SFD in Civil Hospital Jamrud (Khyber Agency) and AHQ Ghalanai (Mehmand Agency) is near completion.
- WHO regularly monitors the civil WASH infrastructure improvement work under Saudi & ECHO funded project. Most of the civil works in AHQ Bajour, Mehmand, Malakand, Nowshera, DI Khan, Shangla and Hangu are completed.
- Health facilities WASH assessment of the identified health facilities in DI Khan, Bunir, Kohat, Khyber and Mehmand agency is in progress.
- WHO responded in collaboration with DEWS team to AWD, BD, leishmaniasis, measles, and tetanus alerts reported from District Lower Dir, Upper Dir, Kohat, Tank and DI Khan.

- WHO conducted a coordination meeting with Malteser International Swat on 20th Feb-2012 on hygiene improvement of the health facilities and establishment of regular health education corner for patients. WHO will provide IEC material for proposed health education activities in the targeted BHUs in district Swat
- WHO conducted a coordination meeting with Agency Surgeon Mohmand to streamline the proposed civil renovation work in the selected HFs.
- WHO conducted coordination meetings with EDO-H, EPI coordinator and National program of LHWs district Dir lower, hospital management BHU Tabu Sherkhanai UC Haya Serai, BHU Khal and villages Munjai and Bhandra Bala Khal district Dir Lower to respond to measles, lieshmaniasis and scabies alerts,
- WHO participated in a coordination meeting with Hepatitis prevention and control Program and PCRWR for UNHCR funded capacity building workshops in Afghan refugees hosting districts KPK. Both parties agreed to jointly conduct these trainings.
- WHO visited RHC Lal Qala, RHC Och, RHC Asbhand , BHU Beshi Gram, DHQ Timargara , BHU Haya Serai for routine monitoring and alerts response.
- WHO monitored Saidu Group of Teaching Hospital; BHU Qambar (health care waste management system); city hospital and Lady Reading Hospital in Peshawar (ongoing progress of maintenance works); AHQ Ghalanai (Mehmand Agency) and CH Jamrud (to monitor the construction of Agency warehouse).
- WHO conducted assessment of civil WASH infrastructure improvement work of 6 identified health facilities including CD Thakar maira, CD Tanda, CD sunj, CD Batsnagar, CD Neel batla and CD Chamial of district Mansehra.
- WHO responded to 6 lieshmaniasis, 6 measles and 1 tetanus alerts reported from district DI Khan, Tank, village Baroon UC Munjaiyee, village Tabu UC Haya Serai, village Ashogay UC Beshigram, Sangwalai (Dir lower), village Gardia and Hayatay Tehsil Utman Khail Bajaur and Darora Bazzar (Dir Upper).
- WHO responded and investigated 3 AWD and 1 BD false alerts reported from UC Bilitang, CD Mir Ahmed khel, Village Khaderkhel Mandoori and Shakerdara (District Kohat). Water quality samples tested in the investigation of AWD & BD were found safe for drinking. WHO conducted health promotion sessions on patient isolation, vaccination and health hygiene practices with affected families and provided hygiene kits to the patient household.
- WHO tested a total of 9 water samples, collected from Village Bilitang, Village Mir Ahmed khel, Khadarkheil Mandoori and Shakerdara. 100% of the samples were found safe for human consumption. WHO provided solid HTH (70%) for regular disinfection at the source, 1000 units aqua tabs and conducted health promotion campaign in the affected areas through LHWs and health care staff.
- 25 hygiene kits distributed during hygiene session as response to measles alerts in DI Khan.
- 72 soaps were provided to BHU Lal Qala, 144 soaps to Beshi Gram, 144 soaps to RHC Asbhand for scabies cases and general hygiene. 10000 aqua tabs, water bucket, sharp disposal container, general cleaning tools were provided to district Dir lower for alert/outbreak response.
- WHO organized on job training session for health care staff of BHU Haya Serai and BHU Beshi Gram (District Dir Lower) on lieshmaniasis prevention and control, waste disposal and infection control.
- WHO organized a series of on job sessions with health care workers about health care waste management, proper hospital hygiene and maintaining proper sanitary and sewerage system of the health facilities in order to overcome the potential risks & threats to human health and environment. A total of 15 health care staff participated in this activity.

Nutrition:

- Two refresher trainings on nutrition surveillance system (NSS) were conducted in two health facilities (RHC Parova and RHC Paharpur) of district DI Khan. Two medical doctors, three LHS's, one Assistant District Coordinator and 18 LHWs have participated in the trainings.
- Monitoring and evaluation visit was made to stabilization center in District headquarter hospital DI.Khan. Three severely acute malnourished children were referred from different sentinel sites and admitted for treatment.
- Coordination meeting held with MSs and paediatricians of 3 hospitals (D I Khan, Kohat and Nowshera) for the supply of nutrition materials for NSCs.

- Coordination meeting held with UNHCR focal person to discuss the participants for seven days ToT on facility based management of severely acute malnutrition and one day ToT on Nutrition surveillance system at provincial level.
- Meeting held with Assistant Provincial Coordinator National Program for Family Planning & PHC regarding ToT on NSS. Nominations will be discussed and provided this week. Similarly meeting with Deputy Director Nutrition regarding nominations for ToT regarding Facility based management of SAM.

District level coordination & monitoring:

Swat: Coordination Meetings conducted with EDO Health & EPI Coordinator. Monitoring visit to BHUs Taghma, Sigram, Dheria & RHC Devlai.

Shangla: Visit conducted to 4 BHU's and one RHC to countercheck eDEWS data and on job training for improvements. Meeting with District Administration Shangla on the issue of warehouse provision on 23rd Feb 2012. Meeting with EDOH Shangla and MS DHQ Alpuri for OPD registration problems in various health facilities. Meeting for the creation of EPI task team and reforms on outreach activity headed by DCO Shangla and technical assistance by WHO on 25th Feb 2012. Training conducted to new DHIS staff on eDEWS 25th Feb 2012 in district Shangla.

Swabi: Coordination meeting with DCO regarding measles outbreak. A joint team made that is comprised of WHO EHA, DoH and PPHI for rapid investigation and response. WHO EHA and EPI coordinator shared the data with DCO. The routine EPI is very much affected. The EPI Coordinator shared the Micro plan. WHO agreed with DCO on mass measles campaign in 22 UCs. Coordination meetings with MS Bacha Khan Medical complex (BMC) & DHQ Hospital, regarding ARI package supply & stabilization centre functioning & errors identified in eDEWS reporting. 16 health facilities visited.

Lower Dir: Coordination meeting with EDOH, EPI coordinator, National program for Leishmaniasis, Pertusis, measles response. WHO visited RHC Lal Qala, RHC Och, RHC ASbhand, BHU Beshi Gram, DHQ Timargara, BHU Haya Serai for routine monitoring and alerts response.

Kohistan: Meeting on ARI centers. Meeting with Abaseen Foundation. Meeting with the newly appointed WMO and MO of Malteser International for RHC Ranolia. Meeting with the EDO-Health Kohistan. HWG-M time, Date and venue finalized. A joint meeting of DoH, UNICEF and WHO on the Nutrition Program in District Kohistan discussed. A Committee formed for the recruitment for the new project. HWG meeting conducted.

Logistic:

The following supplies have been provided from WHO warehouse in Peshawar:

- One nutrition medicine kit to Mardan Medical Complex for nutrition stabilization center.
- One nutrition medicine kit to BACHA Khan Medical Complex Swabi for nutrition stabilization center.
- One nutrition medicine kit to DHQ Charsada hospital for nutrition stabilization center.
- One nutrition medicine kit to Sat light Hospital Pubbi Nowshera for nutrition stabilization center.
- One Nutrition Medicine kit to DHQ Kohat for nutrition stabilization center.
- One ARI Package to DHQ SWABI.
- One EH Package to Camp organization to Jalozai Nowshera.
- One ARI Package to ID Children Hospital (Haji Camp Peshawar).
- 72 Pecs of Dettol soaps to KTH Hospital Peshawar.
- Two EH Package to CERD Tough Sarai Camp HANGU.
- One DEWS SO kit to WHO surveillance officer Mardan.
- 50 Meglumine Inj 5ml to WHO surveillance officer Mardan.
- One DDT Kit to WHO Kohat Warehouse.

- 3 Stethoscope, 1229 IV sets, 7 BP Apparatus, 2000 zinc sulphate 20mg Tab, 3 octoscope, One IEHK equipments, additional medicines & Zanamivir 5mg Powder, Metronidazole Infusion 500ml, Betamethasone 5 Gram, Povidne iodine Solution 10% 450ml, Cetrizine tabs, Folic Acid 400mg and 1990 IEC material, 1 long plastic rubber shoes, 20 washing brushes, 1 water filter steel, 20 wipers, 100000 Aqua Tabs 67 gm, one wooden table & two Wooden Chairs to the district Kohat.
- 3 Stethoscope, 1225 IV sets, 7 BP Apparatus, 2000 zinc sulphate 20mg Tab, 3 octoscope, 17000 gloves, additional medicines i-e & Zanamivir 5mg Powder, Metronidazole Infusion 500ml, Betamethasone 5 Gram, Povidne iodine Solution 10% 450ml, Cetrizine tabs, Folic Acid 400 mg, and 1880 IEC material, 4 gas cylinders 8 Kg, 5 dry mob, 5 wash cleaners, 2 long plastic rubber shoes, 20 washing brushes, 1 water filter steel, 10 wipers, 23500 Aqua Tabs 67 gm, one wooden table & two wooden chairs to District Swat.
- 3 Stethoscope, 1225 IV sets, 9 BP Apparatus, 2000 Zinc sulphate 20mg Tab, 3 octoscope, 17000 gloves, and 1827 IEC material, 30 motrin mats, 4 gas cylinders 8 Kg, 200 eye wear, 5 dry mob, 5 wash cleaners, 2 long plastic rubber shoes, 20 washing brushes, 5 brooms, 10 apron, 10 masks, 20 syringe cutter, 5 mob buckets, 1 water filter steel, 10 wipers, 20000 Aqua Tabs 67 gm, to district lower Dir.