Health Cluster (DRAFT)

Situation Report No. 02

Displacement from Khyber Agency-IDPs Crisis

A. Cluster Details

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B. Reporting Period

1. Report Number:	**HC-002**
2. Report Date:	**02.04.2012**
3. Time Period Covered:	**26.03 – 01.04.12**

C. Humanitarian Needs

WHO along with health cluster partners, UNICEF and provincial health authorities lead the emergency health response for the newly displaced IDPs in Jalozai camp and living in host communities in the district Nowshera. UNHCR updates (March 31, 2012) on a total of 121,220 families (593,204 individuals) as IDP population in KP and FATA, including 28,831 families (157,377 individuals) registered in Jalozai IDP camp. More IDP families opt to for off camp residence, 11,192 families are currently residing in the camp. In addition, out of 1,309 families (5,371 individuals) registered only 50 families (4%) decided to be accommodated in the camp.

The disease trend for Acute Respiratory tract infections (ARI) accounted for 20% or 74 cases of the total patients (372 consultations) in all age groups and show 6% decrease of ARI patient visits as compared to 22nd, March 2012. Other Acute Diarrhea (OAD) account for 7.3% or 27 cases of total patient consultations in all age groups by showing 1.5% increase as compared to OAD patient visits on 22nd, March 2012. Bloody Diarrhea (BD) shared 1.6% or 6 cases of all patient visits on 23rd, March, 2012. Skin Infections (SCB) reported as 2% or 7 cases of the total patient consultations by showing 1% decrease as compared to 22nd, March 2012 .

Health cluster addressed the existing complications linked to vaccination and surveillance activities. Since September 2009 there was no vaccination campaign conducted in Bara tehsil of Khyber Agency remaining the area with evidence of persistent circulation of WPV (wild polio virus) P1 and P3 for more than a decade. There have been an alarming number of P3 cases and mixture of P1 and P3 cases from Khyber Agency. Health cluster must focus on containing the spread of WPVs and, take the opportunity of the influx of IDPs from Bara, to vaccinate the children who have remained unvaccinated for several years due to lack of access.

Following up plans to open off camp registration and distribution points health cluster put together general requirements to be in place (new improved immunization services and "Women & Children friendly area") and properly coordinated and facilitated by district authorities with assigned health personnel to ensure provision of measles, polio immunization for children under 15 years old; provision of nutrition screening; provision of clean delivery kits to pregnant women; sharing information on designated place for referral for deliveries and sick children; set up of safe drinking, water and sanitation measures for the point; provision of hygiene education sessions to newly registered families as well ensuring training on ENC, EMOC, IMNCI, DTC response at near by health facilities identified as referrals and orientation sessions of DEWS to any health care providers in the area.

D. Humanitarian Response

Coordination:

Health cluster meetings take place on daily basis in Jalozai Camp attended by partners from Health (UNICEF, Merlin, CAMP, CERD), WASH, Nutrition, Food and CCM clusters working in the camp where issues are discussed and decisions are taken on the spot to address any loop holes in the health response for containment and control of disease outbreaks in the camp.

CERF project on "Emergency Rapid Primary Health Care Response including disease control and outbreak response for increasing IDP population of "Jalozai" camp (Nowshera district, Khyber Pakhtunkhwa province, Pakistan) focusing on filling the gaps/unmet life-saving needs in the health response" was approved for the amount of US$1,177,058. Health cluster partner will ensure provision of DEWS specific life-saving medicines (6 kits) against diphtheria, pertussis, tetanus, CCHF, Malaria and other epidemic-prone diseases; 20 Cholera Kits; 75 Emergency Health Kits (EHKs); 2,000 buckets for water disinfection for health care facilities and in response to outbreaks of water-borne diseases; 5,000 hygiene kits; 200,000 aqua tabs; 1,000,000 pure sachets; 100,000 hand washing soaps; Nutrition Stabilization center medicines supplies. Health cluster will conduct 2 orientations on DEWS and Rapid Response for 25 Health Care Providers for one day on immediate reporting of alerts and outbreak response. Three introduction sessions on EmOC, ENC and IMNCI in Pabbi Satellite Hospital (located at 7 km from Jalozai camp) will be provided together with 5 Rapid Training Sessions on facility based management of SAM for local Health Care Providers. In addition to establishment of new health posts (3) and strengthening the existing (4) health posts health cluster will establish and support Diarrheal Treatment Centre (DTC) in Pabbi Satellite Hospital and make operationalization of Nutrition Stabilization Centre (NSC) in the same hospital.

Coordination meetings are held on a daily basis in the camp and provincial health cluster meeting is being in place on fortnightly basis.

Example of daily performance of WHO team in Jalozai camp

"… Planned daily activities

- *First round of Polio Campaign starting from Monday, 26th March 2012 till 29th March 2012.*
- *Camp Coordination Meeting on 27th March 2012 at 11:00 AM in Camp Coordination Office.*
- *DEWS Orientation session for staff of CERD on 27th March 2012 at 01:00 PM.*

- *Health Cluster Meeting at 02:00 PM in J-3 Health Post.*
- *Polio Feedback meeting at 03:30 PM in CAMP Organization Health Post…"*

UNICEF shifted the MCH point of CERD to female registration area in the camp. Similar shift followed for nutrition activities (CMAM centre) by Merlin for the registration are.

Health cluster partners in the camp started establishment of additional health posts in new phases of the camp to ensure provision of PHC; MCH; CMAM (SFP, SFP PLW, IYCF and OTP); pharmacy; immunization; community outreach & health awareness and referral services to IDP population.

FATA mobile medical team have been brought into Jalozai camp following the decision of the government authorities.

CERD NGO with support of UNICEF continues regular assignment of new health cards to newly arrived IDPs. Identification and further vaccination is in place of missed and un-registered children. CERD regularly refers and provide ambulance services to the most complicated cases in need of immediate hospitalization, including pregnant women. OPD services are provided on a daily basis with close follow up on antenatal and postnatal patients and delivery in MCH centre.

UN Humanitarian Coordinator together with WHO visited one of functioning health posts in Jalozai camp where observed provision of emergency health care services to IDP population.

Assessments:

WHO earlier deployed additional technical human resources to strengthen the rapid response team (two DEWS surveillance officers, two environmental health engineers and one essential medicines' expert), is permanently based and active in and around the camp.

WHO completed the HeRAMS (Health Resources Availability Mapping System) for all 58 health facilities in the district of Nowshera. The data results will be available after processing and distributed among health cluster partners.

Health cluster initiated production of electronic maps to illustrate availability, types and services of health care provision available in and around the camp.

Health cluster partners (Save the Children, Malteser International) continue assessing the needs in and around the camp.

***Communicable disease control and prevention*:**

Health cluster monitors and updates partners on daily disease consultations provided to IDPs, disease trends, including upper respiratory infections, pneumonia, bloody diarrhea, other acute diarrhea, malaria, scabies and other diseases. WHO shares on a daily basis compiled updates linked to specific diseases and general health situation in the camp on district, provincial and national levels.

Routine vaccination is in progress by polio teams. A total of 15133 IDP children and women were provided BCG, Polio, Penta, Measles and TT vaccination. MERLIN provides polio and routine immunization to children at two registration points and vaccination desks in all 3 health facilities (all children under 5 years get vaccinated). District EPI authorities arrange required measures for measles campaign in the camp. Necessary laboratory services are available in the camp (with average of 107-120 tests per day).

WHO provided training on eDEWS to 31 health workers of CERD and MERLIN.

The following recommendations have been considered in order to reach and vaccinate as many children as possible: three passages of SIAD have been planned, incorporating Measles and Vitamin A in one passage (the first passage was conducted on March 26, 2012); surrounding 3 UCs also included in SIAD, i.e. Dag Behsud, Dag Ismail Khel , Jalozai and 48 UCs of Peshawar; target age limit was inflated to include all children under 15 years in the camp and all under 5 years for routine EPI antigens. Transit vaccination teams were deployed at all possible areas, including registration points and bus stations. A structured social mobilization conducted by all partners to maximize acceptance for SIAD included meetings with camp elders, training of all health staff, posters, banners, mega phones and mobilization of mass media. The partners included UNICEF, Merlin, CAMP and CERD. 46 mobile teams were mobilized.

Areas	Target Population <5 Years Old	Target Population 6-15 Years Old	Vaccinated Children		Missed Children Compare to previous Round	Coverage % <5 years old	Coverage % 6-15 years old
			<5 years old	6-15 years old			
IDPs Camp	6856	13712	7995	8199	-1139	117%	60%
UC Jalozai	6946	0	5439	0	1507	78%	
UC Dag Behsud	6831	0	5713	0	1118	84%	
UC Dag Ismail Khel	3084	0	2499	0	585	81%	
Total:	**23717**	**13712**	**21646**	**8199**	**3210**	**91%**	**60%**

The SIAD campaign identified that the co-ordination of polio vaccination and surveillance activities between the partners was remarkable (UNICEF, Merlin, WHO). Good social mobilization for the under-5 year olds. There was good coverage obtained for under 5 years old (94%). Many of missed children during the tent team' visits were covered by the transit teams. The vaccinations teams are composed entirely of female vaccinators who are trained well enough, dedicated, and are recruited from the area.

UNICEF continuously work on increase of vaccination points and efficiency of existing teams. At present there are 7 vaccinators being involved in the camp.

District health officials organize four (4) mobile teams for phase 7 & 8 (comprised of 1 EPI technician and 2 Health promoters (1 male & 1 female). This 3 member team will cover all tents for routine vaccination and campaign OPV defaulters. The data will be shared on daily basis both with UNICEF and health cluster members.

Essential medicines:

WHO continues daily monitoring of rational use of medicines by all partners present in the camp. All additional requirements for essential medicines and other supplies by health cluster partners in the camp are being addressed and responded immediately by WHO (as such CERD NGO received 4200 Folic Acid 5 Mg Tabs, 1000 Aspirin Tabs 1000 Fefol Iron Capsule, 125 Tranexamic Acid 250 Mg, 1100 Diclofenac Sodium Tab, 40 Tranexamic Acid 250 Mg Inj, 53 Multi Vitamins Syrup, 500 Calcium Carbonate 500 Mg Tab, 1000 Choroquine Phosphate Tabs, 625 Bur fen Tab, 240 Iron & Vitamin C Tabs, 630 Pantoprazole 40Mg Tabs, 1000 Face Masks and 240 Cetrizine Tabs).

Environmental health:

WHO provides a daily water quality and quantity status daily surveillance report. WHO disseminated a number of technical guidelines on provision of proper environmental health services to all partners, including materials on "Emergency sanitation planning"; "Emergency treatment of water"; "Minimum water quantity required during emergencies"; "Cleaning and disinfection of water storage tanks"; WHO Technical note "Solid waste management in emergencies"; WHO Technical note "Prevention and Control of Cholera outbreaks'"; WHO Technical note "Critical steps for control of Diarrhea diseases"; "Essential Hygiene messages"; "How to measure Residual Chlorine". WHO tested 192 samples for residual chlorine which was found in 77% of samples. 11 samples were also tested for microbiological contamination and 2 samples at household levels were found with minor contamination. Three new chlorinators installed in the camp on main tube wells in phase 1, Phase 4 and Phase 5. All the chlorinators were tested after installation through residual chlorine monitoring for proper dose management at source and users end. WHO is building capacity of the partners on water quality testing, preparation of chlorine solution for chlorine dosage at the chlorinators and hygiene promotion in the camp (trained 2 water quality monitors, 10 tube well operators and 12 hygiene promoters in the camp). 2 Wegtech kits have been provided to SSD and WASH Partners in the camp for regular water quality monitoring. Digital chlorine comparators have been provided to the partners for residual chlorine monitoring. 120 liters of liquid chlorine has been provided by EHE WHO to the tube well operators for regular chlorination. 50 kg temephose organic granules provided to the health partners for larvicides control in the camp through Malaria control program.

MCH and Nutrition:

Health partners monitor the nutrition situation in the camp ensuring proper screening and required admissions of children between 6 to 59 months and pregnant women. Health cluster partners put efforts to provide necessary MCH services to all women in need on ante- and post-natal care. On a daily average there are 13 new cases registered, 50-60 consultations and 3-5 deliveries.

363 health education sessions were conducted at registration point attended by 1071 males and 2636 females in the camp.

E. Gaps & Constraints

The latest SIAD campaign identified certain weaknesses including poor social mobilization to target the 6-15 years children population. Many of those above 12 years do not live in the camp. Many families are often absent from the tents. There were discrepancies between the data from the registration points (30,000 families), the vaccination points (13,600 of under 5 years old) and the NIDs campaign (8,000 of under 5 years old). Not all the children are being vaccinated at the registration points as per agreement with the authorities and the partners. Measles vaccines and resources had not yet reached the district. One UCPW was not enough to cover the camp (40,000 people) and the villages outside the camp. Continuous strikes by LHW (lady health workers) disrupt the polio campaign' organization. There was a lack of enthusiasm and urgency for the conducted SIAD campaign. There must be plans to put in place to address the problem of vaccination remaining 65% of children population in Bara.

Health cluster put forward a list of recommendations for future SIAD campaigns including re-training of newly recruited vaccinators and emphasizing the importance of all under 15 years old vaccination and marking the tents; reiterating the need to vaccinate all children upon arrival at the registration point. Measles vaccination should start as soon as possible. The 2nd and 3rd SIAD campaigns are supposed to be conducted from 2nd to 4th April and 12th to 14th April, 2012 respectively.

WHO, UNICEF and DoH should put in place realistic micro plan for implementation of massive measles campaign for children population (6 months to 15 years) in the camp and 3 union councils of Nowshera district where most of off camp IDP population reside at present. According to the district EPI coordinator Measles and Vitamin A supplementation will be part of the 2nd passage.

Close inter cluster coordination is required between Health, WASH and Nutrition clusters to address issues related to water born diseases and malnutrition among the IDP population living in camp.