

## Draft Minutes of Health Cluster Meeting #19

20<sup>th</sup> April, 2012, Khyber Pakhtunkhwa

DGHS KPK Office Conference Room

(10:00 – 12:00, Duration: 2 hours)

### Participants:

UNFPA, SAVE THE CHILDREN, MERLIN, FLOWERS, JOHANNITER INTERNATIONAL, EPI CELL, WHO, KKT, HEALTH DEPARTMENT KPK, MDM-F, CAMP, EHSAR, POVERTY ERADICATION INITIATIVE( PEI) ,ICRC, MIHO,GIZ,IRC,UNICEF,SWWS, Custom Care, FOM, Malteser International, Helping Hand HHRD, IMC,UNHCR, NATPOW,UNOCHA, FLOWERS

### Agenda:

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- Introduction
- Action Points
- DoH perspectives, comments and observations – Khyber influx in KP
- Situation in Jalozai camp, off camp
  - Figures; priority target population; health gaps; coordination and assessments
- Communicable Disease Control Update
  - Epidemiological/DEWS update by WHO (Dr Sardar)
- MCH / RH
  - Update by UNICEF
  - Update by UNFPA
- Updates (last two weeks performance) by health partners
- A.O.B.
- Action Points

### Introduction

Meeting started the recitation and introduction. DDPH welcomed all the participants to meeting and stressed upon partners to give more coordinated, transparent and well structured response to the new and old IDPs so they can be maximum benefited.

WHO thanked health cluster partners and DoH for their efforts and sharing of information on daily basis.

### Action Points from Last Health Cluster Meeting

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- WHO requested DG Health to share the levels of province lead efforts and activities to IDP influx by involved technical departments.
- EDOH Nowshera requested partners to provide umbrella canapé for transit vaccination points.

- Follow Up: MIHO agreed to provide the support of Umbrella canapé to EDO-H Nowshera for the transit vaccination points.
- ADPH directed partners to provide support in terms of social mobilization regarding dengue prevention.
- Update: WHO congratulate DoH for approving the PC1 for the Dengue prevention and acknowledged the efforts for finalizing this official document
- Micro plan for mass polio (plus measles) campaign was submitted. All partners were requested to ensure quality campaign in these 3 UCs and Jalozai IDP camp.
- Follow Up: Campaign was held successfully in three UCs and Jalozai IDP camp with coverage population of 93%.
- Immunization points are be established near Jalozai camp.
- Follow Up: WHO informed that a lot of discussion is going on with line departments for opening off camp immunization registration point near Jalozai IDP camp but the decision is not yet finalized. Once any decision taken partners will be informed accordingly
- Lady health workers - involved in identification of IDPs living in off camps/ host communities.
- Follow Up: LHW Program will be called to next health cluster meeting to address this point.
- **DoH perspectives, comments and observations – Khyber influx in KP:** DDPH informed that the situation is more or less the same. They had held meetings with PDMA and other stake holders how to cope with situation of IDPs living in and around the camp. DDPH said that they are working on it and has assigned task to Dr. Wali and Dr. Sardar Hayat to find ways how to respond and to reach these IDPs for provision of quality services. Round about 87% of the IDPs are residing in the off camps. The district in which IDPs are residing in the host communities are Peshawar and Nowshera.

### **Situation in Jalozai camp**

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- WHO updated health cluster on latest situation in Jalozai IDP Camp. A total of 147,753 families (686,665 individuals) as IDP population in KP and FATA, 46,755 families (203,303 individuals) registered in Jalozai IDP camp. 12,094 families are currently residing in the camp. More IDP families opt to for off camp residence.
- WHO informed that our priority target population is Jalozai camp population, off camp IDP population, Returnees to FATA.
- **HEALTH GAPS TO ADDRESS:** WHO shared that health services need to be strengthened (treatment of most common diseases as diarrhea, acute respiratory infections, scabies, skin infections, eye and ear infections, hypertension, diabetes, fever, bronchial asthma and anemia)
- Improve implementation and practice of integrated **MNCH, reproductive health and family planning components**, including IMNCI, antenatal, delivery, newborn and, post partum care, detection and management of STIs, etc.
- To ensure regular functioning of expanded program on **immunization** to provide routine EPI services, cover pregnant women, measles and to eradicate polio cases.

- **Nutrition** gaps are still existing and requiring comprehensive approach and partnership with provincial nutrition program.
  - **Malaria and TB** cases should be regularly screened, referred and treated as per available guidelines and protocols.
  - **Mental health** and psychosocial support to IDP families.
  - **Functioning health posts** must properly be equipped to provide emergency health assistance linked to minor surgical assistance, including snake and poisoning cases.
  - **Laboratory and x-ray services** are of limited accessibility for IDPs in the camp.
  - **Social mobilization efforts.**
  - In the context of above mentioned health gaps cluster partners suggested WHO to share the identified specific gaps so a comprehensive response can be adopted and those gaps can be address accordingly.
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- **Coordination:** Regular coordination mechanisms are in place in the camp. Importance of provincial health cluster meetings (**attendance graph**).
  - WHO shared the attendance graph of organizations participating in the health cluster meeting and stressed partners to regularly attend health cluster meetings as these meetings are important in a sense that monitoring and evaluation department asks WHO that what these organizations are doing. In a better position to response to their queries participation of organization in health cluster is very important to know each and everything about them.
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- **WHO updated the draft of 4W matrix for Jalojai camp and KP/FATA.**
  - WHO informed participants that they have updated the 4W matrix on Jalojai IDP camp and have shared it with OCHA. Partners were requested to regularly update and go through the 4w matrix for their inputs. WHO highlighted that 4W is very important sheet as on this basis OCHA develop maps which reflect every organization activities.
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- Coordination meetings were called by EDOH Nowshera; DG PDMA; Secretary of Social Services, FATA (Minutes shared with health cluster); DG Health KP (pending with DoH).
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- **Assessments:** WHO team (two DEWS surveillance officers, two environmental health engineers and one essential medicines' expert), is permanently based and active in and around the camp.
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- WHO shared that they assessed (Health Resources Availability Mapping System) health facilities of 3 union councils hosting most of IDP population, including Dag Ismail Khel, Dag Behsood and Jalojai. Results shared with health partners.
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- **Preliminary results of Save the Children assessment:**
  - **Access to Health Care Services:**
  - Only 4.4% of respondents shared that people are receiving sufficient medical care.
  - 30% of respondents travel more than 16 kilometers to access the nearest health facility.

- 96% of respondents accessing health facilities are not receiving subsidized or free medicines.
- 48.8 percent communities reported diarrhea as a common disease in children.
- Save the Children were requested to share the list of identified potential IDPs residing health facilities with health cluster partners for response.
- **Update by DG office on Jalozai IDP Camp:**
- EDO-H Nowshera representative informed that mass measles, vitamin A and polio plus campaign were successfully conducted in the three UCs and Jalozai IDP camp. The coverage was 90%. Regarding off camp population EDO-H office has clearly disseminated message to area in-charges to cover all the population in coming NIDS. UNICEF was thanked for their 10 EPI vaccinators, 2 Female vaccinators and 4 social mobilizers support. In the light of sue motto action by Peshawar high court regarding unsatisfactory services to the IDPs EDO-H representative informed that they have prepared the report and the report will be submitted to DG Health office on 24<sup>th</sup> April. DDPH directed representative of EDO-H Nowshera to sit with ADPH to prepare a joint final consolidated report.

#### **Key Points Discussed**

- Meeting was informed that FATA volunteer health staff is providing support and services to the IDPs in Jalozai camp in phase 6 the place was identified by PDMA.
- To address the MNCH issues in the IDP camp UNICEF informed that they have put the purchase orders for the ultrasound machine and soon it will be provide to CERD organization with the support of sonologist.
- WHO was requested to ask PDMA to share the study findings which they have conducted for the IDPs living in the off camps, so partners can start their planning accordingly. WHO will discuss with PDMA.
- Save the Children were requested to share the list of identified potential IDPs residing health facilities with health cluster partners for response.
- Regarding health gaps cluster partners suggested WHO to share the identified specific gaps so a comprehensive response can be and adopted and those gaps can be address accordingly.

#### **Communicable Disease Control Update:**

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- Epidemiological/DEWS update by WHO: WHO shared the Epidemiological updates with health cluster and Informed that diarrhea season has started so partners can start focusing on establishing ORT corners health education sessions to combat the diarrhea. **Presentation attached.**
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#### **Reproductive Health Updates**

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- UNFPA shared partners and their data of RH services with health cluster partners. **Presentation attached.** UNFPA thanked partners for regularly sharing their RH data.

### Updates (last two weeks performance) by health partners

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- UNICEF elaborated that Mother and Child week will be held from 30<sup>th</sup> April to 5<sup>th</sup> May, 2012 in the LHW covered areas and IDPs hosting camps. In the week long activity deworming of children from age 2 to 5, immunization of 0-2 years, TT, immunization of pregnant ladies will be done. 4 sachets of ORS will be given to every family and they will be educating how to prepare it. Health and hygiene sessions will be conducted with communities during MCDs week. UNICEF was requested to include district Peshawar in the MCDs week. UNICEF said that this time it's difficult as all the materials and paper work is finalized but in next round they will definitely include district Peshawar. UNICEF is also supporting DoH in communication material regarding dengue prevention. UNICEF informed that facing some problem in designing of posters regarding Dengue Prevention and requested DoH if a sample design from Government of Punjab can be taken it will be easily for them to print them.
- Johannitter International informed that they will be starting two years MCH project for the off camp IDPs from 30<sup>th</sup> May, 2012 in district Nowshera. Currently Johannitter International is providing services in three UCs of district Nowshera.
- MIHO informed that they are providing immunization outreach and fixed services in district Lower Dir, Upper Dir, Chitral and Swat. They are regularly sharing their data with provincial EPI department. MIHO shared the data from 1<sup>st</sup> April to 13<sup>th</sup> April, 2012. So far they have administrated total of 16618 Consultation. 56 EPI technicians are also participating in each NID in respective districts. MIHO will be starting vaccination project in district Toorghar from May 1<sup>st</sup>, 2012. In Toorghar there is no routine EPI structure.
- Merlin highlighted that 4 ORT corner are functional in their health facilities. They are in consultation with WASH IP for response to AWD alerts. They are planning to convert one of their health facility for 24/7 services. One health facility is already providing 24/7 services. MERLIN will establish one more lab in J-4 health post. They are increasing ambulances from 3 to 5 for referral cases. MERLIN has finalized the DTC proposal and will submit if WHO proposed to support DTCs. Total consultations during last two weeks in Merlin Jalozai were: 3732 (Males: 1562; female: 2170). Among these less than 05 years of consultations were: 1098 (Male: 572; Female: 526). Total follow-ups during last two weeks were: 755. Total Antenatal consultations were: 308. In which ANC 1 were (92); ANC2 were (54); ANC3 (51); ANC4 (40); and ANC5 and above were: (71). Total EPI: 1204 {BCG: 90; POLIO (329); PENTAVELENT (298); MEASLES (306); T-T Pregnant (112); T-T Non Pregnant (159) and Fully Immunized were: (58). Health education sessions during last two weeks were: 466 (in clinic: 162; outreach: 304) and participants of health education session were: 3430(in clinic: 1166; outreach: 2264). Total deliveries in last two

weeks in Labour room of Jalozai were: 25, Outpatient department visits to LR were: 2 and total referrals to other hospitals were: 15. Referrals services continued. Total of 58 Patients were given referral services; 15 referral for Gynaecological & obstetrics care; 13 surgical patients; Paediatrics; 25 patients were of internal medicine & 5 patients were other. These all referred patients benefitted from the service. Total CMAM Screening done was: 2235 in which children 6-59 months were (1425); PLWs (810). Out of which Total Admissions were 285; SFP U5 (189); SFP-PLW (64); OTP (32). Referrals to Stabilization Centre were: 03

- IRC running RH project in district Nowshera informed that in last week they provided and installed some instrument in health facilities. IRC thanked and appreciated the support of Dr. Shoaib and EDO-H Nowshera. IRC informed that they provided technical support to MERLIN staff on Leishmaniasis in Jalozai IDP camp.
- UNFPA informed that by mid of next week they will establish STI and Woman friendly health centers in Jalozai IDP camp. They informed that their services in district Tank health facility are still stopped due to security issues. ADPH informed that he had discussed this issue with EDO-H and he was of the opinion that UNFPA can shift their staff to nearby safe health facility.
- Save the Children informed that they have conducted the assessment of IDPs living in host community of district Peshawar. They have received NOC from PDMA. Two health mobile teams will be deployed to cater the IDPs population in district Peshawar.
- CAMP organization informed that their new health facility is functional from 16th April, 2012 in Jalozai IDP camp with all the diagnostics facilities. They are regularly sharing data with WHO.
- ICRC emphasized on strengthening of routine EPI and informed that if we strengthen our routine EPI in static BHUs then we can overcome the issue of Polio as well.
- In light of measles cases reported from Afghan Refugees hosting health facilities UNHCR requested cluster for provision of measles vaccines. Cluster requested UNICEF to provide support in this regard. UNICEF informed that if official request from UNHCR comes to their office they will look into the request for the provision of measles vaccines.
- As a part of strengthening the capacity of health care providers WHO shared the list of their conducted or to be conducted list of trainings with health cluster partners and requested partners to share their list of trainings which they will be conducting. (List Attached)

#### **Action Points:**

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- All organizations were requested to provide support and contribute in coming NIDs which will be starting from 23rd April, 2012.
- To address the MNCH issues in the IDP camp UNICEF informed that they have put the purchase orders for the ultrasound machine and soon it will be provide to CERD organization with the support of sonologist.

- Dr. Muqem Khilji the focal person from WHO to provincial EPI Cell will be called to next health cluster meeting to discuss EPI related issues.
- Representatives from PPHI, FATA Secretariat and LHW program will be called to health cluster meeting to discuss their programs related issues.

#### **Conclusion Remarks and Next Health Cluster Meeting**

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- ADPH thanked all the participants for coming to health cluster meeting and informed that although they are working on PC 1 for the integrated vector control but still partners are to provide support regarding Leishmaniasis control.
- Next Health Cluster meeting will be held on 4<sup>th</sup> May , 2012