

## Health Assessment IDP Camp Kurram Agency

### **Background:**

Military operation was launched in central Kurram towards the end of June 2011 and as a result approximately 15000-20000 families were displaced. FDMA with the help of UNHCR established an IDP camp in lower Kurram called New Durrani camp. Political administration & FDMA have started registration of families living in camp & host communities. The camp is situated about 6 KM from Sadda and till date (20th February 2012), 3677 families have been registered in the camp, whereas, 13072 displaced families have been living within the host community in lower Kurram.. Shelter, cooked food, NFI, Education, WASH facilities & health facilities are provided to families in camp.

WHO team visited New Durrani camp on 22<sup>nd</sup> of February 2012 to assess overall health situation in camp & monitor health services of BARAN,WHO team included SO DEWS, EH and EM pharmacist.



## Camp supporting Organizations:

Organization	Activities
FDMA	Camp Administration
BARAN	Health
SSD	WASH
CERD	Community services, site planning, NFIs
A-EDUCATION	Education
PVDP	Child protection
BFO	NFIs
PAK-ENTERPRISES	Water supply



**Health W3 IDP Camp New Durrani:**

<b>Disst</b>	<b>Name of IDP Camp</b>	<b>Essential PHC Services</b>	<b>Preventive services</b>	<b>Nutrition</b>	<b>EPI Coverage</b>	<b>Referral</b>	<b>Remark / Observations</b>
Kurram Agency	New Durrani Camp No of Families 3677	<b>BARAN</b> Static clinic Coverage: 9:00AM-4:00PM MO-2 FMO-0 LHV-1 MTs-2 Mid wife-0 Pharmacist-1 Driver-1 Support staff-2	No designated staff MTs doing health & Hygiene Promotion	No Services	Polio, BCG, Penta, Measles TT	One Ambulance, THQ Sadda is at a distance of 2 KM main referral center	strengthening of MCH services, all deliveries are referred to THQ Sadda, poor medicine stock, main diseases are ARI, Scabies, Anxiety, Generalised bodyaches average daily OPD is 200



## **Health Services at the IDPs camp**

### **1. General OPD**

General OPD Services are being provided by BARAN (WHO IP) working from 0900 am to 0400 pm and serving approximately 200 patients per day. Main diseases include URTI, LRTI, Scabies, Anxiety, generalized body aches. However, neither beds were available for short hospitalization nor basic laboratory services.

### **2. Referral services**

One ambulance for referral services (24/7) was found at the camp which has been provided by BARAN. The main referral facility is THQ Sadda which is about 2 KM away from camp. However, no records for the referrals have been maintained.

### **3. EPI Services**

Two technicians are responsible for the EPI services on the behalf of Agency Surgeon at the camp. The vaccinations include Polio, Measles, Penta, TT and BCG. One transit and one mobile polio teams responsible for vaccinating children against polio observed in the camp. TT vaccination for pregnant ladies has been observed tent to tent. No measles vaccination at registration point has been observed.

### **4. MNCH**

There have been no MNCH services available in the camp which should include Family planning, antenatal care, safe and clean normal deliveries, BEmOC, post partum care, comprehensive abortion care and post natal care. All types of deliveries are being referred to THQ Sadda by BARAN. No family planning services and antenatal care services are provided by BARAN LHV.

### **5. Communicable diseases**

BARAN produces DEWS reports on daily basis which is then distributed to agency surgeon, FDMA and WHO on weekly basis. No diagnostic and treatment facilities for malaria and TB found. LLINS were distributed in NFIs kits by CERD

## 6. Non Communicable diseases and mental health

Minor injuries as well as hypertension, diabetes and mental health care is managed well by BARAN

## 7. Nutrition

Nutrition services like screening of mal nourished (MUAC) and outpatient therapeutic feeding program were not available in camp. Only energy five biscuits have been distributed by SSD

## 8. Essential Medicines

WHO has been continuously providing the essential medicines and logistics support to camp through BARAN and agency surgeon. However, due to sudden bomb blast in the surrounding area thereby resulting in the curfew and blockage of road, the essential medicines supply has been delayed. Therefore essential medicines availability in the camp was below standard and only few essential medicines were available. Stock and daily expense registers have been maintained with inconsistencies, whereas, no cards bin found. Pharmacist hired by BARAN was not a qualified pharmacist but an ordinary dispenser. He lacked the basic knowledge such as stock register, expense register and prescription. Gaps have been observed in the prescriptions such as wrong doses and polypharmacy.



## 9. Environmental Health situation:

Main source for drinking and domestic water collection is a deep and protected bore well opposite to the camp premises, total 05 water tankers trucks are provided by Pak-Enterprises (Unicef-IP) for tankering to 300 water storage tanks of 500 Gallons capacity, provided by SSD (Unicef-IP). For water collection and storage at households each family have been provided with 20 Ltr Jerry can by CERD (UNHCR-IP) as a part of NFIs kit. Total 06 water samples were collected for bacteriological testing, 02 from bore well and 04 from scattered households in the camp, results are awaited.

SSD (Unicef-IP) is providing overall WASH services to camp, no: of WASH facilities are within emergency sphere for the current population in the camp. Regards the

proper HCWM, WHO EHA team has suggested the health staff of Baran organization to adopt proper procedure for HCW handling and open burning in a pit or drum incinerator.



**Recommendation:**

- The health services should be available in the camp as the camp has been extended till June which confirmed by FDMA. BARAN is sole health services provider at the moment in the camp and soon they will withdraw their services towards the end of this month as their contract is already expired. This will result in huge gape of unavailability of PHC services, therefore, BARAN should continue their services.
- Measles vaccination should be done at registration point
- Proper MNCH services should be made available
- Training should be conducted on capacity building of health staff on DEWS, Alert/Outbreak Control, Family planning, Antenatal care, storage practices, dispensing practices, rational use of medicines, health and hygiene promotion activities
- Proper healthcare waste disposal methods should be adopted.

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