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MINUTES OF 16th Health Working Group MEETING # 16	
Health Sector Working Group Meeting Peshawar Chair: Dr. Wali Muhammad..... Assistant Director Public Health Co-Chair Dr. Sardar Hayat ----- Provincial DEWS Coordinator KPK	MEETING HELD ON 02nd February 2012, 10: 15 AM Conference Room, Director General Health Services Office, KPK

Agenda

<ul style="list-style-type: none">○ Recitation/Introduction○ Last Meeting Action Points○ Updates:<ul style="list-style-type: none">○ DEWS Alerts/Outbreak response○ ARI Centres○ EPI updates (UNICEF/EPI)○ MNCH Updates (UNFPA)○ AOB:<ul style="list-style-type: none">○ New Displacement- Jalozai IDP Camp○ Rapid Assessment in South

Agenda Item	Comments/Discussions	Actions
○ Introduction & Welcome Remarks	<ul style="list-style-type: none">● Meeting started with recitation and introduction. Chair welcomed all the participants.	<ul style="list-style-type: none">● ADPH thanked CDO Pakistan representatives for coming to meeting and emphasized on sending CDO Pakistan project head to health cluster meeting.

<ul style="list-style-type: none"> ○ 	<ul style="list-style-type: none"> • Participation of Health Cluster Partners. • ADPH requested WHO to share total number of measles and Diphtheria cases reported last year 2011. • Johannitor International will share their data. • UNFPA to share the complete MNCH data of 2011. • DDPH informed that from now on in every cluster meeting one partner will come up with presentation of their project they are running or they have completed in 2011. 	<ul style="list-style-type: none"> • Good Number of Partners attended the meeting. Save the Children was absent from the meeting WHO was requested to officially communicate the message to them. • WHO shared the Measles and Diphtheria Cases reported last year. • Johannitor International shared their Nowshera project data. • UNFPA shared the complete RH data of 2011. • Johanniter International shared this time and in next meeting Merlin will share their project. Partners were requested to share their project concise 5 slide presentation. Partners requested to share the format on which presentation can be prepared. Dr. Wali will share the format of Presentation with Partners.
<ul style="list-style-type: none"> ○ ARI Centres 2011 	<ul style="list-style-type: none"> • A total of 14 ARI centres are functional in KP. • 2 in Kohistan, 2 in swat, 1 in Mardan, 2 in Shangla, 2 in Buner, 1 in Abbottabad, 2 in Manshera, 1 in Battagram and 1 in Lower dir. 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> ○ DEWS Alerts/Outbreak response 	<ul style="list-style-type: none"> • In Epidemiological week 4 a total of 310 e-DEWS reports were received, reporting 81,194 patient consultations in 13 districts of Khyber Pakhtunkhwa Province. • Acute Respiratory Infection (Upper and Lower) is still the highest cause of morbidity by representing 29% (23,865) of total (81,194) consultations showing 2% decrease in percentage as compared to week no.3. • Other Acute Diarrhoea shared 5% (4,206) of the total consultations showing no change in percentage as compared to week no.3. • Skin Infection (Skin Inf.) reported was 2.3% (1,890) out of total consultations showing 0.1% 	<ul style="list-style-type: none"> • UNICEF requested WHO to orient cluster partners on eDEWS. WHO will present a brief presentation on eDEWS in next health cluster meeting

	<p>increase in percentage as compared to week no.3.</p> <ul style="list-style-type: none"> • Suspected Malaria comprised only 1% (574) of the total consultations. • Out of total 28 alerts 18 were suspected measles, 4 were suspected H1N1 while 3 were Neonatal Tetanus. 	
○ EPI Updates	<ul style="list-style-type: none"> • WHO shared the NIH data of suspected measles and diphtheria cases of 2011 and informed that they will share the complete measles cases data within two or three days with DoH. 	
○ MNCH	<ul style="list-style-type: none"> • UNFPA presented their RH data and partner's data. (Presentation Attached) • UNFPA is working on strengthening the PNC services. In this regard they have conducted trainings of their staff to enhance their capacity and have conducted community awareness sessions. • UNFPA providing RH 24/7 Basic EmONC services in district Tank health facility Ama Khail. They are short of medicines for common ailments and requested WHO to provide support in this regard. 	<ul style="list-style-type: none"> • ADPH directed all the partners to kindly provide/Share their complete RH data to UNFPA on fmalik@unfpa.org. • UNFPA was requested to register and keep TT record with them in their health services providing health facilities. • WHO will look into the medicines request.
○ Partners Updates	<ul style="list-style-type: none"> • Johanniter International presented their project which they are currently running in district Nowshera. (Presentation Attached) • Johanniter International informed that they have submitted their new project information to DGHS office for reviewing and green signal. This project is new project Johanniter International will be starting in district Peshawar. 	<ul style="list-style-type: none"> • ADPH will do follow up.
○ New Displacement from Bara to Jalozai IDP Camp	<ul style="list-style-type: none"> • New Displacement from Bara Khyber Agency. • Listing, Verification and subsequent Registration of Shalober Qambarkhel Tribe, Bara Tehsil, Khyber Agency. 	

	Listing		Verified		Registered		
	Date	Fam	Ind	Fam	Ind	Fam	Ind
	20-01-12	138	723	75	297	0	0
	21-01-12	405	1049	297	1114	11	49
	22-01-12	432	1791	442	1645	17	80
	23-01-12	590	2200	366	1287	114	549
	24-01-12	466	1846	409	1302	159	758
	25-01-12	430	1441	323	984	119	591
	26-01-12	418	1731	399	1374	211	1036
	27-01-12	326	1486	342	1194	208	1050
	28-01-12	364	1523	366	1345	230	1127
	29-01-12	0	0	0	0	91	434
	G. TOTAL	3569	13790	3019	10542	1160	5674

<ul style="list-style-type: none"> ○ Rapid Assessment in South 	<ul style="list-style-type: none"> • WHO informed that they along with ADPH visited Jalojai IDP camp to analyze the situation and it was observed that the situation was quite well in Jalojai IDP camp and all the families are accommodated and has been provided the basic facilities. • PDMA is forecasting for more families. If need arise for a new sector in the camp to accommodate the new IDPs, then with the consultation of partners a new sector will be erected. So far there is no need of new sector. • WHO informed that their team has conducted a rapid response assessment in four districts of south. These districts are Kohat, Hangu, DI Khan and Tank. A total of 75 health facilities were assist to identify the gaps in these health facilities. Findings of this assessment will be share with all partners. 	<ul style="list-style-type: none"> • Cluster suggested WHO that instead of their own single assessment WHO should have consulted other partners and then a one joint cluster assessment would carry out. ADPH also requested WHO that in future keeps DoH in loop about such assessments
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<ul style="list-style-type: none"> ○ Closing 	<ul style="list-style-type: none"> • ADPH asked partners to their problems with them which they are facing in districts. DoH will try to facilitate them. • ADPH directed all partners to share information on regular basis with DoH(Heprkp@yahoo.com). • Chair thanked all the participants for attending the meeting. 	<p>.</p>
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<ul style="list-style-type: none"> ○ Date of next meeting 	<p>Next Health WG/Cluster Meeting will be held on 07th March; 2012 at 10:00 am.</p>
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Participants:

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