

## **Draft Minutes of Health Cluster Meeting #23**

*04<sup>th</sup> October, 2012, Khyber Pakhtunkhwa*

*DGHS KPK Office Conference Room*

*(10:00 – 12:00, Duration: 2 hours)*

### **Participants:**

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**UNFPA, SAVE THE CHILDREN, MERLIN, JOHANNITER INTERNATIONAL, ,EPI CELL, WHO, HEALTH DEPARTMENT KPK, MDM-F, EHSAR, Islamic Relief, MIHO, IRC, NATPOW, IVAP, CHEF International, IMC, Malteser International, UNOCHA, CWS, Friends Foundation, CDO Pakistan, PHP, KWH, CERD, Muslim Hand, Youth Empowerment,**

### **Agenda:**

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#### **1. Introduction**

#### **2. Coordination**

- **Monsoon 2012 – update (NDMA presentation and MIRA)**
- **4W for KP and FATA – update**
- **Return to Kurram Agency – UN inter-cluster mission to Kurram, September 19-22, 2012**
- **IDP figures – camp and off-camp population (Jalozai, New Durrani and Togh Sarai), UNHCR/PDMA**
- **Vetting project proposal process for NOC, PDMA reminder**
- **Limited funding impact on health cluster performance**
- **Issue of rational use of medicines by mobile teams and health posts, WHO observations**
- **Status of Pabbi satellite hospital in Nowshera district (closure of DTC and change of management)**
- **Concern Worldwide (RAPID Fund) “Call for Proposal”**
- **Preparation of PC1 for Integrated Disease Surveillance**
- **ERF project proposals (observations, conclusions, recommendations)**

#### **3. MCH / RH**

- **MCH week, November 5-10, 2012**
- **Update by UNICEF, UNFPA**

#### **4. Updates (last two-three weeks performance) by health partners**

## Introduction

Meeting started the recitation and introduction. DDPH welcomed all the participants to meeting. WHO thanked partners for sharing their information.

## Coordination

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- **Monsoon 2012 – update (NDMA presentation and MIRA)**
- WHO shared useful documents of NDMA presentation on monsoon 2012 and MIRA (Multi-Cluster/Sector Initial Rapid Assessment) with health cluster partners. **Both documents attached.**
- **4W for KP and FATA – update:**
- WHO shared the updated 4W of KP and FATA with health cluster partners and requested to go through it and update it with their latest information and send it back on [rahmank@pak.emro.who.int](mailto:rahmank@pak.emro.who.int) . **4W attached.**
- **Return to Kurram Agency – UN inter-cluster mission to Kurram, September 19-22, 2012.**
- WHO informed cluster that UN inter cluster mission to Kurram agency took place on 19-22 September, 2012. WHO was part of the mission did health sector analysis, shared the gaps, challenges and recommendation. It was observed that in the IDPs returning areas there are no health facilities available. There are no MNCH services. The letter from FATA health directorate and Secretariat was received to WHO requested health sector organizations to provide support in this regard. WHO, UNICEF and FATA health directorate will sit discuss and prioritize the areas for service provision. **Minutes of the RTF meeting held on 14 September, 2012 is attached. SECURITY/ INTER CLUSTER ASSESSMENT MISSION TO KURRAM CONFLICT/SECTARIAN IDPS 19-22 Sep 2012 attached.**
- **IDP figures – camp and off-camp population (Jalozai, New Durrani and Togh Sarai), UNHCR/PDMA**
- WHO updated health cluster on population figure of IDPs shared by UNHCR. **Population figure attached.**
- **Vetting project proposal process for NOC, PDMA reminder:**
- WHO showed the letter shared by PDMA in which it was mentioned that partners are not following the proper procedures for proposal process of NOC as a result the basic objective of vetting fails to achieve its purpose resulting in lack of effective ownership of the line department for sustainability, low quality of technical evaluation of projects and avoidance of duplication. WHO requested partners to follow the proper project vetting procedure for applying NOCs. The project should be discussed with line department with their signatures before submitting for granting of NOC. For health project DoH and WHO are the main line departments. DDPH stressed partners to share their project information with department of health HEPR cell ([heprkp@yahoo.com](mailto:heprkp@yahoo.com)). **Letter attached.**
- **Limited funding impact on health cluster performance:**
- WHO updated the forum on limited funding and its impact on health cluster performance with health cluster. WHO requested partners to share their funding situation with them.

- Impact of limited funding on identified populations in need pursuant to the Humanitarian Operational Plan (KP/FATA) **sheet is attached.**
- **Issue of rational use of medicines by mobile teams and health posts, WHO observations:**
- WHO informed that they support partners in terms of medicines provision but during WHO monitoring visit they observed some gaps regarding irrational use of medicines , Poor storage Practices (Identification, Pallets, Thermometer, Hygrometer, Temperature log sheet not found), Poor counseling Practices (No patient had complete knowledge about correct use of medicines), Poor record keeping (Bin Cards not found and Stock Register was not updated), Irrational use of Antibiotics (90% of prescriptions had Antibiotics), Irrational use of Analgesics (100% of Prescriptions had Analgesics), Poor diagnosis (No proper diagnosis from LHV side as "Stomach problem" was written on some prescriptions), Lack of proper room for storage of medicines and supplies . WHO stated that in future they will stop providing medicines to partners if such practice is noticed.
- **Status of Pabbi satellite hospital in Nowshera district (closure of DTC and change of management):**
- Cluster was informed that EHSAR foundation has completed their project of DTC in Pabbi Satellite hospital. Merlin informed that they have not shifted its support of Labor room in Pabbi, but are in the process as waiting for its Donor ECHO final approval.
- **Concern Worldwide (RAPID Fund) “Call for Proposal”**
- WHO shared CONCERN worldwide call for proposal with health cluster partners. The purpose of this Call for Proposals is to fund national and international humanitarian organizations working in Pakistan to implement short-term emergency and early recovery projects in FATA and Sindh. Interested organizations active in the humanitarian sector are invited to submit applications for projects through this Call for Proposals, in accordance with the procedures and instructions available on <http://www.concern.net/where-we-work/asia/pakistan/rapid-fund>.
- **Some of the basic parameters of the RAPID Fund stipulate that:**
- Interventions supported by the RAPID Fund must be completed within 3 months of approval;
- Grants must range between PKR.425,000 and PKR.25,500,000;
- Pakistani and international non-profit, non-governmental organizations interested to apply to RAPID must be registered and legally permitted to provide humanitarian aid in Pakistan by respective authorities.
- **ERF project proposals (observations, conclusions, recommendations)**
- WHO informed cluster that The ERF Health Cluster Technical Review Committee (composed of representatives of WHO, UNICEF, UNFPA, Merlin, CERD, Departments of Health KP and FATA) met on 01 September 2012, at WHO premises. 26 project proposals (a total of 3,914,042 USD) were reviewed. One project proposal by “Johannitter International” was not considered as submitted late (August 31, 23:50) of the established deadline. The following organizations submitted project proposals: AMAN, ARC, Bright Future Foundation, CAMP, CERD, CDO, CAP, EHSAR, Friends Foundation, Frontier Primary Health Care, HHRD, HelpAge International, IHP, Islamic Relief, Kamore Development Welfare, Kurram Welfare Home, Merlin, MIHO, NATPOW, Save and Serve, SHID, Shifa Foundation, TRDO, VDP and WEO. The ERF Technical Review Committee selected and recommended the following 4 proposals: CAMP, CERD, Save and Serve

and MIHO. Three proposals by CAMP, CERD and Save and Serve were approved by the ERF Secretariat.

- WHO thanked all partners for providing and submitting project proposals and suggested partners to refine and pay attention to their proposals before submitting.

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

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- MDM-F is providing services in DI Khan, Hangu and Kohat districts. Their project will be ending in December, 2012. MDM-F invited Dr. Zia and WHO to their review meeting which will take place in November, 2012 in Islamabad.
- Malteser International informed that they are providing MNCH services in district Swat. They are providing services in BHUs which they have refurbished and also provided equipments. They have hired LHVs and Female medical officer. This project will be ending in December, 2012. In district Shangla Malteser International is providing services of PHC and MNCH. The project PHC component will be ending in October, 2012 while they will be providing MNCH services till December, 2012. They are providing capacity building trainings to the health staff of EDO-H office. In district Kohistan Malteser International will be conducting DRR trainings for the health staff of EDO-H office. They have signed MoU with WHO for stabilization center in RHC Pattan. This project will be ending in October, 2013.
- Deputy Director Public Health requested all organizations to provide health education and health awareness regarding Dengue Fever in communities through their social mobilizers in their service provision areas and districts. He also requested partners to install dengue fever prevention awareness banners in districts.
- Islamic Relief informed that they are running two health projects in district Nowshera. They are providing PHC, Basic MCH, WASH and Psychosocial support. They are providing services to the IDPs and local community in BHU Jalozai and BHU Misri Banda. They will be providing services till December, 2012 in both BHUs. Islamic Relief will be providing services in Mohmand agency FATA through IP FPHC. They will be soon starting project in district DI Khan as well.
- CWS providing services of PHC and MNCH in CD Tarnab, UC Lala, and CD Ghari Ata Mohammad, UC Hazar khani. They are providing community mobilization, health and hygiene services. They have mobile lab facility available with them for screening the patients. CWS has ambulance available with them for referring patients. The project will be ending in December, 2012.
- MIHO is supporting/supported DoH in routine and campaign vaccination in districts of Swat, Dir Upper and Lower, Tor Ghar and Chitral since June, 2008. MIHO has winded up its operations in Chitral from July 01, 2012 and in Dir Upper and Lower from 1st October, 2012 due to shortage of funds. MIHO has supported the DoH by providing 65 EPI technicians/vaccinators in the districts of Swat, Dir Upper & Lower, Tor Ghar and Chitral for outreach routine and campaign immunization. MIHO will continue to support the DoH IN Swat and Tor Ghar. MIHO needs Government/ Donor support for continuation of its outreach vaccination program in the hard to reach and need areas. In the month of September, 2012, MIHO EPI technicians conducted total 27,643 vaccinations. These include 2252 BCG, 1667 Birth Polio, 2488 Polio 1 and Penta 1, 2542

Polio 2 and Penta2, 2098 Polio 3 and Penta3, 2533 Measles1, 1632 Measles2, 2605 TT1, 2072 TT2, 523 TT3, 85 TT4 and 8TT5. DDPH and WHO appreciated the services of MIHO.

- IRC providing MNCH services in 41 health facilities of district Nowshera. They have built the capacity of LHWs, LHVs and district health management team by conducting trainings for them. IRC has also provided equipments in their service provision health facilities. IRC staff is providing 24/7 services in one DHQ and 6 RHCs of district Nowshera. This project will end in December, 2012 with further possible extension.
- Save the Children providing PHC services to Khyber displaced peoples through 6 mobile teams in 20 union councils of district Peshawar. They are providing general OPD services, MCH, referral services, IYCP, health and hygiene awareness sessions, IEC material, distributing NFIs, bed nets and hygiene kits among IDPs. Their project will be ending on 8<sup>th</sup> November, 2012. They are in talk with donors for further extension of this project. Cluster suggested Save the Children to share their reports with them on [heprkp@yahoo.com](mailto:heprkp@yahoo.com); [kalmykova@pak.emro.who.int](mailto:kalmykova@pak.emro.who.int).
- Friends Foundation providing PHC services to Khyber agency IDPs in three UCs (UC Palosai, Tehkal Bala and Tehkal Payan) of district Peshawar. The project started on 15<sup>th</sup> July, 2012 and will be ending on 15<sup>th</sup> October, 2012. Friends Foundation has so far conducted 180 free medical camps, distributed 750 hygiene kits among pregnant ladies. Friends Foundation contributed in the building construction of CD tehkal Payan which was collapsed in September, 2012. On the request of department of health Friends Foundation will make Dengue awareness banners and will display it in coming week.
- EHSAR foundation completed their DTC project in Pabbi Satellite hospital district Nowshera. This project was started in May, 2012 with the support of WHO. Complete report shared with all concerned. EHSAR foundation is in process of making banners regarding Dengue awareness which will be displayed in district Peshawar.
- Johannitter International is providing PHC, IYCP and nutrition services in 5 UCs of district Peshawar. They are identifying gaps in BHUs through their teams. They thanked WHO for providing DEWS training to their staff, now they are providing data on DEWS format. Johannitter International requested WHO for EH kit. Their project will be ending in December, 2012.
- Merlin providing services in district Swat, Nowshera and Bunir. They are providing services to the IDPs of off camp in district Nowshera in RHC Dhag Ismail Khail. In a month of October, 2012 Merlin will be providing three trainings on MNCH, Health Care Waste Management and CMAM training for FATA health facility staff. Merlin shared their project sites data. Services provided to direct beneficiaries of **Jalozai IDP's in Camp and off Camp**: Total consultations during last two weeks in Merlin Jalozai were: 13589 (Males: 5549; female: 8040). Among these less than 05 years of consultations were: 4038 (Male: 2056; Female: 1982). Total follow-ups during reporting period were: 1631. Total Antenatal consultations were: 1533. In which ANC 1 were (627); ANC2 were (312); ANC3 (239); ANC4 (186); and ANC5 and above were: (169). Total EPI: 3475 {BCG: 326; POLIO (1098); PENTAVELENT (898); MEASLES (378); T-T Pregnant (526); T-T Non Pregnant (249) and Fully Immunized were: (303). Health education sessions during last two weeks were: 923 (in clinic: 436; outreach: 487) and participants of health education session were: 7597(in clinic: 3640; outreach: 3957). Total deliveries in Merlin Nowshera Labour room were: 217,

Outpatient department visits to LR were: 122 and total referrals to other hospitals were: 16. Referrals services continued. Total of 88 Patients were given referral services; 34 referral for Gynaecological & obstetrics care; 23 surgical patients; 05 paediatrics; 22 patients were of internal medicine & 4 patients were other. These all referred patients benefitted from the service. Total CMAM Screening done was: 3257 in which children 6-59 months were (2283); PLWs (974). Out of which Total Admissions were 544; SFP U5 (276); SFP-PLW (172); OTP (76). Referrals to Stabilization Centre were: 06. **Services provided to direct beneficiaries at District Swat** .Total consultations during last two weeks in Merlin Swat were: 74274 (Males: 32870; females: 41404). Among these less than 05 years of consultations were: 21323 (Male: 10697; Female: 10626). Total follow-ups during last Month were: 334. Total Antenatal consultations were: 4088. In which ANC 1 were (1545); ANC2 were (906); ANC3 (762); ANC4 and above were: (875). Total EPI: 17635 {BCG: 1799; POLIO 0,I, II, III (5820); PENTAVELENT I, II, III (4649); MEASLES (1897); T-T Pregnant (2895); T-T Non Pregnant (575) and Fully Immunized were: (1486). Total FP New Acceptor (729) in which (440) is on short term method and (289) are long term. Total deliveries in last month in Merlin supported Labour rooms of District Swat were: 1200 and total referrals to other hospitals were: 0. Referrals services continued. Total of 150 Patients were given referral services; 17 referral for Gynaecological & obstetrics care; 31 surgical patients; 24 paediatrics; 73 patients were of internal medicine & 05 patients were other. These all referred patients benefitted from the service.

- IVAP can provide door to door profiles of IDPs in 10 host locations.
- DVO has completed a survey of IDP's in 15 Union Councils of district Peshawar and the remaining would be completed soon. As well as DVO is in planning to distribute some anti bacterial soaps and diapers in one of the village which is located in UC Achini Bala. DVO is in process of making proposal on totally need basis. DVO has submitted proposal in FATA in most preferred agencies Bajaur and Orakzai as they can work in these agencies.
- HelpAge International providing services to the elderly people of Jalozai IDP camp. HelpAge International shared the progress data of the eye camp So far they have conducted total OPD 2479, Surgeries. 115, medicine provided to 2004 patients, Vision glasses provided to 1466 patients, Dark glasses provided to 118 patients and 29 wheel chairs are provided. They further informed the forum that they are arranging training on Age friendly PHC on 3rd and 4th October 2012 and requested the health partners to nominate 30 participants, the participants should include doctors, LHVs and dispensers.
- UNFPA providing services in DI Khan and Swat. In district DI Khan they have handed over their center to PPHI. In a month of September, 2012 UNFPA conducted training on MISS and GBV. 3 days STI training is in process.
- CHEF International provided dengue awareness session in 26 schools of district Charsadda. In district Nowshera they distributed 23 wheel chairs among physical disability patients. Next month they will be distributing 25 more wheel chairs. CHEF international has DRMC center in Sheikh Kalay district Charsadda. CHEF international was requested to share their report with EDO-H Charsadda.

- WHO requested partners to share their contents on health education awareness and health promotion and hygiene with them. Also partners can share a health impact analysis upon completion of their project that what impact has been done after their interventions and what needs to be done in future. WHO offered their health promotion assistant assistance to partners, who can provide help in this regard.

### **Conclusion Remarks**

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- DDPH thanked all the participants for coming to health cluster meeting and emphasized upon sharing of information with DoH.