

## Pakistan Floods

### Donor Alert

28 September 2011



### Summary

The recent heavy flooding caused by the monsoon in Pakistan, has affected the lives of over five million people and caused the most devastation in Sindh. As flood waters drain they leave behind massive damage and large areas of standing water.

The risk of disease outbreaks has increased, hundreds of health facilities have been damaged and the health system is overstretched. An immediate humanitarian health response has been called for and needs to be maintained over the coming months, especially as winter is approaching. In the framework of the Pakistan Rapid Response Plan for the Floods, issued on 18 September, the Health and Nutrition Cluster is appealing for US\$45.9 million. WHO requires US\$14.8 million for Health, Nutrition and Water and Sanitation interventions.

### Current health situation

The spread of communicable diseases is the main health concern. Health threats for the flood victims include diarrhoea, cholera, malaria, acute respiratory infections and skin diseases due to the poor hygienic conditions, lack of clean drinking water, scarcity of food and shelter and lack of access to essential medicines. These factors are also likely to have serious implications on the nutritional

status of the children under five years and pregnant and lactating women

According to the findings of a *Health Initial Rapid Needs Assessment* conducted in 22 flood-affected districts<sup>1</sup>, the supply of potable water has been badly disrupted in almost all flood-affected districts. Due to inaccessibility or damage to the infrastructure, 33% of basic health units (BHU) are unserviceable while 11% of the rural health centres (RHC) are unable to provide health services to the flood-affected population.

Essential medicines, vaccines and other supplies were reported to be inadequate in 68% of the flood-affected health facilities.

Essential Emergency Obstetric Services (EmOc) services have been disrupted. They are available in only 40% of the health facilities and need to be restored immediately.

The Disease Early Warning System (DEWS), strengthened during the 2010 floods, has detected 227 alerts and confirmed 46 outbreaks. Rapid Response Teams responded to and contained the outbreaks within 48 hours.

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<sup>1</sup> The Health Initial Rapid Needs Assessment has been conducted by the Provincial Health Department in collaboration with the National Health Emergency Preparedness and Response Network (NHEPRN), the Cabinet Division and the World Health Organization

## Health Cluster priorities

Health Cluster partners have agreed to the following priority interventions for the health sector:

### 1. Preserve and restore access to basic health care including mental health as well as sexual and reproductive health services

- Procure essential medicines, vaccines and supplies for accessible health facilities.
- Provide immediate support to re-launch essential primary health care (PHC) services including activities comprised in the Minimum Initial Service Package (MISP) for reproductive health (skilled birth attendants and newborn care) as well as gender-based violence (GBV) prevention support and response.
- Support integrated services for GBV survivors including health, psycho-social and legal assistance referrals when needed.
- Establish static and mobile children's and women's safe spaces within or next to health facilities or embed services in mobile health clinics.
- Provide psycho-social and mental health support with the support of the Protection Cluster.

### 2. Prevent, control and provide public health response to communicable disease outbreaks

- Provide epidemiological surveillance and disease control through DEWS and establish diarrhoea treatment units, malaria prevention and vector control measures.
- Support emergency mass vaccination/immunization campaigns, specifically against polio/measles. Provide vitamin A supplements for all children aged 6-24 months as well as for pregnant and lactating women.
- Provide support for the public health response in cases of communicable disease outbreaks.

### 3. Ensure water quality control, water-borne and vector-borne disease control:

- Monitor and restore water quality.
- Promote sanitation and hygiene, including messages for proper health seeking behavior during consultations.

### 4. Support management of malnutrition

- Support nutritional surveillance and assessments.
- Establish outpatient therapeutic feeding programmes (OTP) and stabilization centres (SCs) for the treatment of children aged 6-59 months suffering from severe acute malnutrition (SAM).
- Establish supplementary feeding programmes (SFP) for moderately malnourished children, pregnant and lactating women.
- Protect and promote appropriate infant feeding practices by strengthening skills and knowledge of health workers, by creating breastfeeding corners/safe spaces in the affected areas and by conducting regular nutrition and hygiene education sessions for mothers and other caregivers of children under five.

### 5. Coordinate humanitarian health actors through the Health Cluster mechanisms at national and sub-national level

- WHO is working with the following partners to ensure an appropriate response to the flooding: Community Development Organization, Church World Service, Helping Hand for Relief & Development, International Labour Organization, International Medical Corps, MERLIN, Muslim Aid, National Health Emergency Preparedness and Response, SHIFA Foundation, UNICEF, UNAIDS, World Vision International, Save the Children, UNFPA, IOM, Action Contre la Faim International, Global Peace Pioneers, Relief Pakistan, UNESCO and WFP.

## WHO's response to date

### Restoration of access to basic health care

WHO has distributed, through NGOs and health authorities, a total of 97 health kits, including 43 emergency health kits (EHK), and 54 diarrhoeal disease kits (DDK) for diarrhoea treatment.

WHO has also provided 1040 clean delivery kits in the affected areas of Sindh along with 1550 anti-snake venom kits and 1000 hygiene kits.

In the first weeks of the response, close to 300 000 people benefited from medicines and supplies provided by WHO.

## **Prevention, control and public health response to communicable disease outbreaks**

WHO has ensured active disease surveillance in flood-affected villages and camps through the DEWS. Acute watery diarrhoea accounts for the main health problems. WHO provides training to health staff on case definitions, identification of alerts and reporting.

## **Water quality control, water-borne and vector disease control:**

WHO is working with the Pakistan Council of Research in Water Resources (PCRWR) during the emergency period to ensure that risks related to water quality are recognized and properly managed.

With the supply of drinking water disrupted, WHO has collected water samples and provided hygiene kits, jerry cans, filters and aqua tablets.

Gas cylinders and mosquito nets have been distributed to prevent malaria and dengue.

## **Support to the management of malnutrition**

Camps sheltering flood affected people in district T.M Khan were visited by the WHO Nutrition team to assess the nutritional status of children under five. A total of 16% of children were found to suffer from moderate acute malnutrition, and 5% from severe acute malnutrition without complications.

WHO is supporting nutrition stabilization centers in Jamshoro, Matiari, Ghotki, Larkana, K.Shadadkot and Hyderabad.

## **Coordination of humanitarian health actors at national and sub-national level**

Flood-related Health Cluster meetings have been regularly taking place since early September.

Consultations to discuss the response strategy were held with partner agencies. The Health Initial Rapid Needs Assessment was prepared and conducted with partners. Information on the current health situation and intervention plans were exchanged and necessary follow-up action initiated with the health authorities and partner organizations in Sindh province.

WHO is closely coordinating the planning, and establishment of diarrhoea treatment centres with partner NGOs.

## **Funding needs**

The Pakistan Floods Rapid Response Plan was launched on 18 September to cover financial humanitarian needs for the first months of the relief efforts. The Health and Nutrition Cluster seeks US\$ 45.9 million to fund 29 projects in flood-affected areas. WHO is requesting US\$ 14.8 million for both emergency health and nutrition as well as water and sanitation interventions.

Spain, the United Kingdom, the United States of America and the UN Central Emergency Response Fund have already pledged over US\$6 million to support WHO's emergency operations. The funding gap stands at US\$8.9 million. WHO, as the Health and Nutrition Cluster lead agency, strongly encourages donors to continue providing financial assistance to ensure that urgent life-saving activities can be carried out without any delay.

### **For more information**

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