



### Overview of situation:

No significant rain has been reported in districts of Sindh province during last week. According to NDMA reports (as of 26 September), sustained heavy rains have reportedly affected roughly estimated 8,835,688 people, including about 2,662,574 adult male and 2,821,947 adult female and killing 389 in the province. 23 districts, 88 talukas, 674 Union Councils (UC) and 38,459 villages (PDMA) have been affected by flood. Heavy rain floods damaged 1,524,841 houses and as a result displaced thousands of people from their homes and villages who are in need of immediate assistance for food, shelter, drinking water and health care services. In total 3,292 camps have been established sheltering more than 695,996 displaced people. Please see below selected districts updates.

- **Tharparkar**

17 cases of AWD have been reported last week in Jetrar village, UC Tar Ahmed, Taluka Chachro in Tharparkar of which 7 deaths due to severe dehydration. A total population of 5,000 is residing in this village. The main sources of water are dug wells and water ponds in which rain water is mixed and no measure has been taken for safe drinking water so far. Accessibility to affected areas is only possible using 4x4 vehicles. The nearest health facility to this village is BHU Khario Fazal which is about 4kms away. Almost no patient from the village visited the BHU to receive medical treatment and AWD cases are treated locally by other villagers. Conducting health education sessions regarding hygiene promotion (boiling water, washing hands, cooking food and personal hygiene) for community, distributing IEC material, ORS, aqua tabs and informing health authorities regarding the situation were among WHO immediate response. WHO also performed Malaria rapid diagnostic testing, 3 out of 21 suspected cases have been reported positive.

- **Mirpur Khas**

EDO-H increased the number of established medical camps to 8 fix and 23 mobile medical teams. The number of medical camps/teams by PPHI was also increased; 7 fixed and 4 mobile medical teams to cover the population living in road sides. A coordination meeting took place with HANDS NGO regarding the establishment of DTC in DHQ Hospital Umerkot and Mirpurkhas.

- **Naushero Feroze**

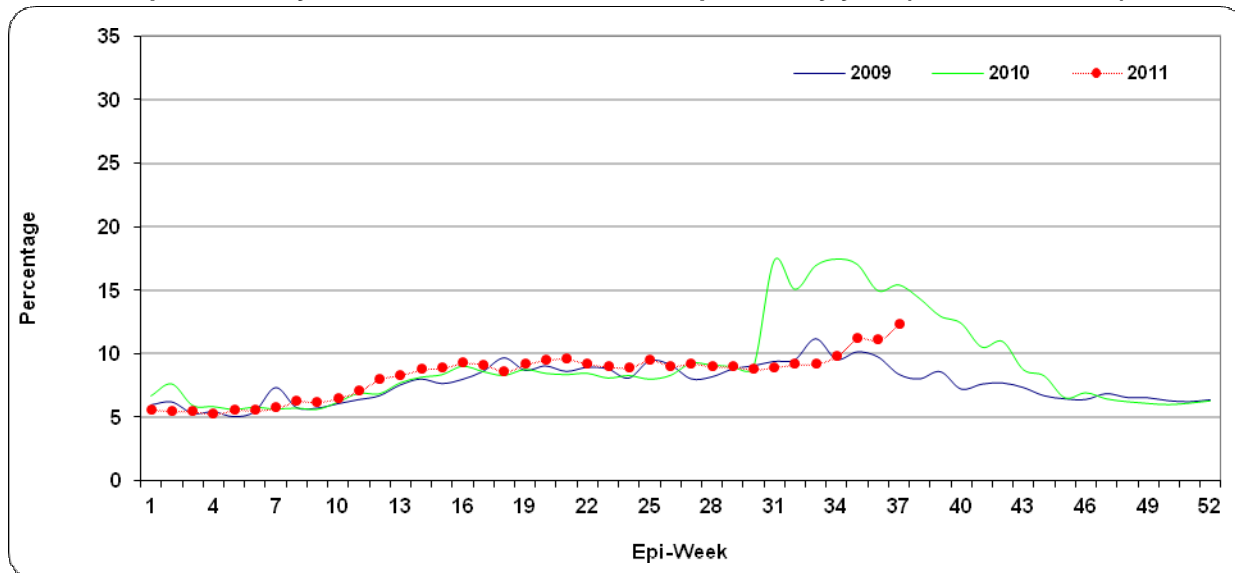
As of today total number of 82 cases line listed and one death confirmed due to *Vibro cholera* in Darbello city, Taluka Kandiaro and during WHO follow up visit a health & hygiene sessions were conducted in the affected communities. DHQ Hospital has heavy burden of AD/AWD cases. District government has released financial support for purchasing of medicines direct to MS as well as EDOH. Regarding opening of DTC at N Feroze, there is no implementing partner available for running of DTC. The result of water testing in Government School Jumo Wassan relief camp shows water is 100% fecal contaminated.

## WHO Flood Response:

- Communicable Disease Control

WHO DEWS is continuing to monitor the diseases trend and control health risk diseases in Sindh province in close collaboration with department of health and other partners. ARI, diarrheal diseases (see below graph), skin diseases, and malaria have the highest proportionate morbidity in affected areas (Table 1).

**Graph 1: Weekly trend of Acute diarrhoea, comparison by year (2009, 2010, 2011) Sindh**



Regarding **Dengue fever**, Up to 26 September, 445 total number of CUMULATIVE Dengue cases reported of which 371 are positive and 74 are suspected (389 from Karachi, 2 Larkana, 1 Dadu, 8 Ghotki, 14 Hyderabad, 1 Jamshoro, 1 Khairpur, 2 N. Feroz, 2 Benazirabad, 2 Sanghar, 2 Sukkur, 2 Tando Alahiyar, 1 Umerkot, and 18 in Tando Mohammad Khan).

A per **Malaria** surveillance, the highest *P. falciparum* ratio has been reported in Thatta, Jacobabad and Badin; while flood affected districts N. Feroz, Gotki, Mirpurkhas and Hyderabad have to be closely monitored. Sindh Health Department has issued clear instructions to all 23 Districts in Sindh to start vigorous vector control strategies with help of EDOH and District government. According the latest report received on 26 September 2011, from the total number of 65,203 malaria slides collected from beginning of September, 6,029 were positive (4,387 *P. vivax*, 13,68 *P. falciparum* and 285 Mix) with 8% Slide Positivity Rate and 23% *falciparum/vivax* ratio reported.

WHO epidemiologist participated and contributed in Dengue case management symposium held in Civic Center in Karachi, as WHO guidelines on standard case management of Dengue was shared with the participants. Also the plan was developed and arrangements were made for training of clinical staff from all districts to be trained on standard case management of Dengue as 2 master trainers were already trained by WHO.

**Table1: Province Sindh: Weekly number of consultations by disease (Week 31 to 37, 2011)**

Diseases	week 31	week 32	week 33	week 34	week 35	week 36	week 37	Total
AWD	37	7	23	4	3	106	149	329
AD	44293	39894	39567	40510	14507	42384	47396	268551
AJS	191	171	215	137	53	169	69	1005
BD	3606	3341	3025	2916	662	4105	3198	20853
ARI	95345	81474	79967	78224	24032	72115	71866	503023
S. Mal	45394	38063	40191	41879	13372	39368	41705	259972
Skin Inf.	87130	80538	79200	73035	18289	65569	67608	471369
AFP	3	3	3	1	0	2	3	15
MS	1	3		5			1	10
MG	55	3	8	3				69
HF		5	1	1	0	1	5	13
Eye Ds.	13791	13216	11719	11849	3918	11548	11485	77526
Snake bite	252	300	202	153	58	113	95	1173
UF	10765	10993	10780	10327	2726	8742	8910	63243
Others	193345	167076	164061	152328	51780	137485	130998	997073
<b>Total</b>	<b>494208</b>	<b>435087</b>	<b>428962</b>	<b>411372</b>	<b>129400</b>	<b>381707</b>	<b>383488</b>	<b>2664224</b>

- Environmental Health**

The main source of water in many affected districts (such as Tharpur, Khairpur and Sanghar) is open rain water ponds while people in some other areas (Badin, Mirpurkhas and Sanghar) using water of irrigation canals suspected to have chemical and biological contamination. In some areas the fresh water is not allowed in the canals so people pump the water from their lands in the canals which also suspected contains pesticides; and same water is being supplied in towns and cities. In some affected areas of lower Sindh people did not move out of their villages after flood (especially small villages of 3-5 houses). The houses of mentioned population are surrounded by huge amount of stagnant water and no assistance has been provided to them due to living in outreach areas. An AWD alert was responded at Kashmir colony 1 Taluka and district Kashmir. 14 community members were educated on health and hygiene. WHO team educated community on house hold water disinfection method, water born diseases spread and control, use of aqua tabs and advantage of good personal hygiene. WHO also distributed hygiene kits, aqua tabs, life straws filter and IEC material in affected community.

[www.whopak.org](http://www.whopak.org)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

- [Essential medicine and supplies](#)

WHO provides the provision of essential medicines and supplies to health facilities and other health care providers and partners (Table 2). WHO EM team coordinates with EDOH and DCO in different districts on availability of EM, criteria for the implementing partners (INGOs and local NGOs) regarding the provision of medicines from WHO and requirement of NOC / approval letter from EDOH.

EM team in close collaboration with SOs and EH engineers response to alerts and outbreaks through provision of required medicine and supplies. The team also regularly visits EDOH and other partner's warehouses to address the issues of availability, inventory, storage, consumption, evidence based need and rational utilization of Essential Medicines.

**Table 2: Distribution of Essential Medicine in Sindh**

SUMMARY OF DISTRIBUTION IN HEAVY RAIN AFFECTED DISTRICTS OF SINDH (FROM 12 AUG TO 26 SEPTEMBER 2011)													SUMMARY OF DISTRIBUTION ANTI-MALARIALS				
DISTRICTS	EHK	DDK	Mobile Unit Kit	ASSORTED MEDICINES	HYGIENE KITS	JERRY CANS	FILTERS	ASV	AQUA TAB	GAS CYLINDERS	BASIC FAMILY KIT	Population Coverage	RDTS	TAB CHLOROQUIN N 250 MG	SYP CHLOROQUIN	ACT Treatment	MOSQUITO NETS
Thatta	13	2		34567	100	280	40	50	37000	50	0	79000	400	4500	450	333	160
Tharparkar	0	2		92823	0	0	0	400	32000	0	0	1000		500	50	37	
Badin	9	2		181282	290	1120	252	0	239500	75	0	55000		2500	250	185	
Tandoallahyar	2	4		96000	122	950	100	0	64000	73	0	14000		1000	100	74	360
Tando m khan	1	3		18235	75	530	117	0	96000	0	0	7500		500	50	37	200
Mirpurkhas	2	3		89788	90	510	100	0	210000	0	0	13500		1000	100	74	280
Jamshoro	0	2		0	0	240	0	0	20000	0	0	1000					
Dadu	4	1		5355	20	30	20	0	16000	0	0	24500		1500	150	111	80
Beenazeerabad	1	2		2070	90	60	20	0	26000	0	0	7000		500	50	37	80
Dept of community medicines LUMHS	0	1		10168	0	0	0	0	0	0	0	500					
Matiyari	0	3		22995	25	300	0	0	26000	0	0	1500	400				120
Umerkot	2	1		106134	20	210	0	100	88000	0	0	12500					40
Hyderabad	0	1	6	50	50	360	0	0	49000	0	0	500					5760
Sanghar	1	3		400	25	60			96000		0	7500					
DG health services sindh	0	0		0	0	0	0	500	0	0	0	0					
Director malaria sindh	0	0		0	0	0	0	0	0	0	0	0	56080				5600
Sukkur	0	3		101512	35	130	30	100	80000		2	1500	120				
Khairpur	3	7		296288	15	40	20	100	64000		1	21500	900	1000	100	74	
N-Feroze	1	3		31218	15	340	20	100	32000		4	7500	0	1000	100	74	
Larkana	3	6		11553	40	260	60	50	64000		5	21000	0	1500	150	111	125
Kambar	3	4		23602	30	110	40	100	64000		2	20000	330	1500	150	111	150
Kashmore	0	2		0	30	80	40	0	64000		2	1000	0				
Jacobabad	1	2		3461	30	80	40	0	64000		2	7000	150	500	50	37	
Shikarpur	3	1		21546		0	0	50			0	18500	120	1500	150	111	
Ghotki	0	2		4458	30	110	50	0	64000		2	1000	0				
<b>Total</b>	<b>49</b>	<b>60</b>	<b>6</b>	<b>1153505</b>	<b>1132</b>	<b>5800</b>	<b>949</b>	<b>1550</b>	<b>1495500</b>	<b>198</b>	<b>20</b>	<b>324000</b>	<b>58500</b>	<b>19000</b>	<b>1900</b>	<b>1406</b>	<b>12955</b>

- [Coordination](#)

The main action point from last health cluster coordination meetings held on 22 September 2011, are as follows:

- Activation of 5 working groups (communicable disease control, nutrition, MNCH-MCH, Communication, Social mobilization & HE, information management) and start functioning, in order to ensure effectiveness and efficiency of the health care services and improve coordination among the health cluster partners at the provincial as well as district levels.
- Focal persons from FIVE working groups and individual partners to present main progresses, needs and issues in next meetings (Thematic WGs and partners)
- All partners to submit 4Ws filled matrix before next meeting with requested information (partners)

[www.whopak.org](http://www.whopak.org)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

- All Project directors; MNCH, Nutrition, EPI, Malaria and National program to attend the HCC meeting (DoH)
- Establish information/ web-site and data bank in the HMIS cell in DG office at Hyderabad
- Establish working frame work strategies (IOM, WHO, UNDP, UNFP and any other national international donors/partners)
- National Program focal person (DR Feroz) to share list of LHWs affected by floods and identify un-covered areas to be filled with community social mobilization persons (NP)
- The next HCC meeting will be held on Thursday September 29th, at 10:00 am in the conference room of Secretariat Health, Karachi to iron out coordination mechanism at the district level in severely affected districts, and relevant SOPs and strategies.

WHO team, including the EHA Coordinator attended the briefing by secretary health to the focal person Health Emergency response in Karachi, where WHO team informed the focal person of the priority health issues and challenges. WHO and IOM staff in Hyderabad held meeting with health department focal persons to draft TORs for the five Thematic Working Groups to be finalized in the next cluster meeting. Also meetings were held in Hyderabad with representatives from CARE, and IMC on issues of mutual and multi-lateral partnerships, including SOPs on supply of EM to their teams in the affected districts and mapping the priority areas for the these partners to mobilize their resources, accordingly. Also discussions were held with IOM on ways to work on the two important Working groups with the health cluster structure, namely information management and communication/social mobilization and mutual partnership between WHO and IOM in the area of social mobilization as more discussions will be followed up with the WHO team from Islamabad on the subject.

On September 26<sup>th</sup>, the Health and WASH cluster meetings were held in S. Benazirabad co-chaired by WHO health and Environmental Health engineers' teams. WHO attended the General Coordination Meeting (GCM) held at DCO Office in Mithi to roll out Clusters in Tharparkar district. The focal persons were nominated for all clusters as WHO/SO were requested to roll out and coordinate the health cluster in the district. WHO participated in coordination meeting of DHMT presided by EDO-H Naushero Feroze in which threats of Dengue Fever and the importance of fumigation were discussed. The main action point of the meeting was to prioritize the areas/places for fumigation and top priority given to railway junctions #5 for fumigation on weekly basis. 2 medics from Naushero Feroze are nominated to participate in the Dengue Fever case management training in DMC Karachi.