



An acute diarrhoea patient is being treated in a health facility in Muzzafargarh in the province of Punjab.

Photo by Syed Haider Ali/WHO.

Highlights

- There is an urgent need to restore health facilities damaged or destroyed by the floods. The results of initial rapid assessments in four flood-affected provinces show that out of 1167 health facilities assessed, more than 200 are damaged, including several hospitals.
- The Pakistan Initial Floods Emergency Response Plan 2010 launched on 9 August and requesting more than 56 million for health interventions remains poorly funded.
- The Health Cluster response strategy includes communicable disease control, provision of essential medicines, environmental health measures and support of medical teams for life-saving services.
- The Cluster function has been rolled out in Khyber Pakhtunkhwa, Punjab and Sindh provinces. According to the WASH Cluster, less than 8% of the 15 million affected people have access to safe water supplies.
- In flood-affected communities, the leading causes of illness are skin infections, acute watery diarrhoea and acute respiratory infections. Between the onset of the floods and 12 August, medical consultations in fixed and outreach medical centres reported 143 870 cases of skin infections, 115 922 cases of acute diarrhoea and 113 981 cases of respiratory tract infections.
- Essential drugs and medicines were distributed to Ministry of Health (MoH) and Health Cluster partners to cover the health needs of 1.8 million people. They include 179 emergency health kits, 152 cholera kits, 700 vials of anti-snake venom and 1.8 million water purification tablets.



Situation overview and current scope of disaster

- According to the National Disaster Management Authority (NDMA), the number of people affected by heavy rains and floods has reached over 14 million population. So far, 1463 deaths and 2024 injuries have been reported. Around 900 000 houses were damaged by the disaster.
- On 15 August, United Nations Secretary-General Ban Ki-Moon visited affected areas in Punjab to highlight the United Nations' support to this crisis.
- In Sindh and Baluchistan, floodwaters continue to rise.

Health impact

- In Sukkur, a WHO/UNICEF joint team conducted a field assessment in 2 relief camps in Pano Aqil on 13 August. At the Government Secondary School, there were 606 internally displaced people (IDPs), including 193 women and only 1 toilet is available for women. A similar situation was observed in the Government Girls Secondary School where five toilets are available for 304 individuals.
- Insufficient sanitation facilities, unsafe drinking water and compromised personal hygiene are some of the major challenges faced by the Health Cluster.
- Keeping in view the increasing trends of suspected malaria cases – accounting for 4 to 35% of all consultations (35% in Kambar) vector control activities and mosquito nets are required.
- At Sukkur's City Hospital, the main referral hospital of the District, inpatient wards are overloaded with IDPs, most of whom are suffering from diarrheal diseases. The hospital is also running out of medical staff as many are working in the camps. So far, there is no surveillance records for IDPs. Based on the records of the hospital, there are more than 1000 outpatient consultations per day.

Health situation/alerts and outbreak

- As of 15 August, 96 mobile and 250 static health posts are providing services in 16 districts of Sindh.
- The Executive Director's Office for Health in Swat has directed all Department of Health (DoH) staff to establish oral rehydration therapy (ORT) corners in their health facilities. WHO requested organizations working in Swat District to establish similar areas in all their assigned health facilities and mobile medical camps.
- In Charsadda in Khyber Pakhtunkhwa Districts, 13 static teams were set up and 19 mobile teams deployed to provide health services to affected communities.
- The leading causes of illness are skin diseases, acute watery diarrhoea and acute respiratory infections. Between the onset of the floods and 12 August, medical consultations recorded 113 045 cases of skin diseases, 86 671 cases of acute watery diarrhoea, and 83 050 cases of respiratory tract infection.
- In Khyber Pakhtunkhwa (KPK), 124 health teams and static health facilities from 9 flood-affected districts share daily reports. On 12 August, 14 482 patient consultations were reported. Acute diarrhoea was the leading cause of illness and accounted for 2519 (17%) of these, while acute respiratory tract infections (both upper and lower) accounted for 1898 (13%) visits and skin infections for 3021 (21%).

Daily patient visits by priority diseases in flood-affected districts of KPK

Diseases	31-Jul	2-Aug	3-Aug	4-Aug	5-Aug	6-Aug	7-Aug	8-Aug	9-Aug	10-Aug	11-Aug	12-Aug	Total
AD	337	2221	2277	897	4671	3900	4263	1939	4027	3515	3807	2519	34373
AJS	0	9	0	1	5	1	15	0	9	3	2	3	48
BD	59	49	70	54	113	119	90	95	116	293	123	98	1279
MS	0	0	0	0	0	0	0	0	0	14	2	1	17
MG	0	0	0	0	0	0	0	0	0	0	0	3	3
S. Mal	0	28	75	222	54	162	85	46	198	250	119	101	1340
LRTI	34	179	109	221	403	248	210	200	424	335	303	109	2775
URTI	276	901	1528	944	3548	3146	3827	1604	3643	2735	2952	1789	26893
Skin Inf.	150	2647	4270	710	7325	4723	5083	2015	3076	2958	4122	3021	40100
UF	125	945	1122	167	1842	179	420	402	362	586	465	280	6895
Inj.	0	0	0	71	111	477	298	38	201	141	173	94	1604
Others	1056	7956	8660	3157	14122	12552	12767	6645	10742	7750	9745	6464	101616
Total	2037	14935	18111	6444	32194	25507	27058	12984	22798	18580	21813	14482	216943

- In Punjab, 32 flood-affected districts share daily disease reports. In the affected districts, 532 health facilities, including 365 mobile teams and 167 static facilities, reported 264 894 patient visits on 12 August. Skin diseases were the leading cause of illness, accounting for 11% of and the visits, while acute diarrhoea accounted for 8% of patient visits.

Distribution of daily consultations by disease in flood affected districts of Punjab

	3-Aug	5-Aug	6-Aug	9-Aug	10-Aug	11-Aug	12-Aug	Total
ARI	2774	1266	4103	5844	5538	6352	21833	47710
AD	2031	875	2729	4024	6167	9040	20404	45270
Skin Inf.	3531	963	7122	9194	7139	9146	29720	66815
Injuries	2595	0	335	446	545	963	4619	9503
UF	1317	73	1638	9697	2502	9826	30035	55088
ENT Cases	0	0	638	579	992	2202	2718	7129
Dog Bite	4	24	12	26	53	61	110	290
Snake Bite	1	3	41	0	18	61	75	199
Others	9576	9245	11601	17521	11711	106332	155380	321366
Total	21829	12449	28219	47331	34665	143983	264894	553370

- In Baluchistan, 40 health facilities in 4 flood-affected districts share daily reports. Between 29 July and 12 August, 14 404 patient visits were reported with diarrhoea accounting for 3523 (24%) cases; malaria for 3380 (23%) cases and scabies for 2377 (16%).

Daily number of patients by disease in the 4 flood-affected districts of Baluchistan

Diseases	29-Jul	30-Jul	1-Aug	2	3	4	5	6	7	8	9	10	11	12	Total
AD	56	52	81	42	113	32	84	104	235	66	435	572	514	1137	3523
BD	32	11	36	14	53	15	32	26	29	16	33	112	72	73	554
S. MAL	46	55	130	55	124	28	61	78	228	51	315	462	554	1193	3380
URTI	0	23	43	73	119	34	51	59	208	54	233	350	285	733	2265
LRTI	0	0	0	0	11	0	2	7	6	0	14	22	22	20	104
UF	2	10	42	15	43	10	6	19	57	5	51	22	6	3	291
Scabies	45	28	72	57	31	36	53	56	284	65	440	494	409	307	2377
Sun Stroke	0	10	0	0	0	0	0	0	0	0	0	0	0	0	10
Snake Bite	5	1	4	5	1	2	2	9	6	3	2	1	20	27	88
E.N.T	27	16	27	23	32	30	42	25	54	33	16	0	0	0	325
Eye Inf.	0	22	10	7	27	21	28	25	62	11	2	91	31	0	337
Dog Bite	0	0	0	0	0	0	6	2	6	4	1	0	0	0	19
Others	0	0	0	0	24	0	45	79	40		102	234	325	282	1131
Total	213	228	445	291	578	208	412	489	1215	308	1644	2360	2238	3775	14404

- In Sindh, acute respiratory infection was the leading cause of consultations followed by skin infection and acute diarrhoea. The number of suspected cases of malaria is rising in this province as more areas with stagnant waters are appearing. Daily disease surveillance reports were received from 344 health facilities (96 mobile teams and 248 fixed facilities) in 15 flood-affected districts in Sindh.

Distribution of patient visits in flood-affected districts by disease in Sindh

District	AD	BD	ARI	Malaria	Skin diseases	Snake bite	Others	Total
Shikarpur	391	32	462	51	465	1	197	1599
Sukkur	503	58	498	470	903	0	2131	4563
Larkana	193	22	105	141	352	0	1168	1981
Khairpur	311	140	256	324	201	2	460	1694
Kashmore	775	0	382	0	538	0	410	2105
Ghotki	125	4	23	221	142	0	21	536
N. feroze	200	43	139	147	298	2	546	1375
Dadu	230	35	301	39	89	1	251	946
Jamshoro	139	37	187	58	63	2	99	585
Benazeerabad	196	36	129	200	208	0	265	1034
Matairi	41	10	55	21	54	3	90	274
Hyderabad	37	0	16	7	51	0	145	256
Thatta	133	0	225	214	270	0	201	1043
Badin	198	30	298	65	98	7	1123	1819
Kamber	33	14	227	18	21	0	37	350
Total	3505	461	3303	1976	3753	18	7144	20160

Health cluster response

Care International is supporting 4 basic health units in Upper Swat (Bahrain, Tirat, Miadem & Chail) with 2 mobile clinics in Upper Swat (Bahrain Union Council, Bishigram UC, Tirat UC, Miadem UC). Since the onset of floods, 5424 patients have been treated, of

which 1682 were women and 2495 children. Care International provided hygiene kits to 500 families in Nowshera & 250 families in Charsadda.

CORDAID's community and household assessment and registration of flood-affected districts continues despite the logistics limitations.

International Medical Corps medical teams are providing medical treatment to in Charssada, Nowshera and Peshwar Districts. The teams' psychologist and counsellors conducted group session on counselling, psychosocial support and phobia management. They identified 16 persons suffering from depression, aggression, psychological distress and anxiety.

Johanniter International provided 270 consultations through mobile clinic in Charssada district in KPK on 15 August.

Malteser International is working in Swat District and is providing health services through basic health units in Islampur and Meragai and the civil dispensary in Chetewar. In 2 weeks, 3674 persons have received health services. Malteser also organized 4 medical camps in 2 remote UCs as well as in Islampur UC transitional camps and Mingora Town Tahirabad quarter. So far, 1451 patients receive care and 330 children were vaccinated (EPI protocol + influenza) by the EDO Health Office Vaccination Team. Malteser also distributed 2000 jerry-cans, 500 kg of soap, and hundreds of thousands of aqua-tabs, donated by WHO, UNICEF and Oxfam. DEWS Reports has been regularly submitted to EDO Health and WHO for further analysis.

Medical Emergency Relief International (MERLIN) continues to provide of health services in Swat, Buner and Nowshera Districts through 24 static clinics (11 in Swat, 7 in Buner, and 6 in Jalozai) and 16 mobile teams (8 in Swat, 3 in Buner and 5 in Nowshera). Merlin has 7 mobile teams operational in Upper Swat at the moment. On 15 August 3689 consultations were conducted through static health facilities and mobile health units.

Médecins du Monde-France (MDM-F) has agreed to support Kohat District by establishing a diarrhoea treatment centre (DTC) in Liaquat Memorial Hospital (LMH). The DTC will have an initial capacity of up to 20 beds for severe dehydration cases that need IV fluids. Coordination with EDO-Health and Deputy of Medical Superintendent (DMS) of LMH has been made accordingly.

Besides supporting Swabi, Buner and Kohat Districts, MDM-F is supporting civil dispensaries in Misri Banda (Misri Banda UC) and Mian Essa (Mughalki UC) in Nowshera District as well as Agra Payan civil dispensary and Gul Abad basic health unit in Charsadda District.

The Pakistan Red Crescent Society (PRCS) is providing health care through 20 mobile health units in Nowshera District and one in Peshawar. On 16 August, consultations were 780 of which 375 were female and 405 male. Skin infection was the leading cause of illness.

Pakistan Peoples Primary Initiatives (PPHI) mobile teams have given 55 024 outpatient consultations between 29 July and 12 August and provided free treatment and medicines to 3462 people in Nowshera, Charsadda, Peshawar, Swabi and Mardan Districts.

PAIMAN has offered 25 water tankers to Department of Health and Public Health Engineering Department (PHED) for the provision of safe drinking water. They will also deliver hygiene kits in Dadu, Khair Pur & Sukkur Districts.

Save the Children has reach the basic health unit in Chuprial which was totally damaged by the floods. The team made it to the area by foot and stayed there with the medical officer who is a local resident of Chuprial. Two mobile medical teams are already functional under the recommendations of EDO (H) for providing primary healthcare services. Meanwhile, 5 medical teams are still working in static health facilities in Qamber basic health unit, Rangmohalla civil dispensary, Barikot civil hospital, Talang basic health unit and Dewlai rural health centre. Save the Children has provided 2 ambulances to DoH. SC is providing health services in DI Khn through 5 mobile health units. The mobile units were deployed based on the recommendations of EDO-Health.

SC-UK, MSF Holland and GOAL have started mobile health services in Sukkur District.

UNICEF is working with the Federal MoH and WHO on diarrhoea prevention and awareness and care messages and is assisting the Provincial DoH in sending these messages through the lady health workers, the Inter-religious Council network as well as radio, television and print media. UNICEF is assisting the Provincial EPI directorates to carry out measles immunization and vitamin A supplementation to flood-displaced children. In Sukkur, UNICEF has provided 600 000 ORS to the lady health workers through the National Programme.

WHO distributed essential drugs and medicines to the MoH and Health Cluster partners to cover the health needs of 1.8 million people. These include 179 emergency health kits, 152 cholera kits, 700 vials of anti-snake venom and 1.8 million water purification tablets.

WHO as the cluster lead has rolled out the cluster at central and field levels and emergency hubs in Peshawar, Multan and Sukkur.

For further information contact

Alfred Dube

Health Cluster Coordinator
e-mail: dubeal@pak.emro.who.int

Syed Haider Ali

Communications Officer
mobile: 0092 3004005944 e-mail: alisy@pak.emro.who.int;
focus_ali@yahoo.com

Christina Banluta

Communications and Advocacy Officer
mobile: 0092 3085559639
e-mail: christinabanluta@gmail.com
banlutac@pak.emro.who.int