Waiting for Health Services at an IDP camp in Dadu. Photo by Dr Guido Sabatinelli

HIGHLIGHTS

- WHO’s epidemiological bulletin will now be published on a weekly bases presenting trends, while daily information will be distributed only to concerned staff.
- Ongoing malaria surveillance in collaboration with the Malaria Control Programme has identified the following districts with high incidence of Falciparum cases: Layyah, Rajanpur, DG Khan and Muzaffargarh in Punjab; Jacobabad, Larkana, Thatta and Khairpur in Sindh; Naseerabad, Sibi, Zhob and Jhal Magsi in Baluchistan.
- New cases of Dengue and Crimean-Congo haemorrhagic fever (CCHF) were reported last week. The MoH assisted by WHO is planning control measures.
- Over the past week, ten new poliomyelitis (polio) cases were reported, seven of which are from flood-affected districts.
- Plans for Early recovery for flood affected districts becoming a priority for the Health Cluster.
- Health cluster partners (key NGOs/UN agencies) have been identified to lead health cluster coordination activities in 5 most affected districts (Mianwali, Layyah, Muzaffargarh, DG Khan and Rajanpur).
Situation overview

While substantial areas in Sindh, in particular Dadu and Qamber Shahdkot, are still flooded, access to northern districts of Khyber Pakhtunkhwa (KP) continues to improve; the flood is visible only in the destruction it has left behind. As the weeks go by, the ways in which the flood has affected the different areas of the country are becoming more apparent. Partners are designing and implementing activities that respond to these diverse needs and situations.

According to OCHA, in KP and Punjab most internally displaced people (IDPs) have returned home. In Sindh and Baluchistan, where vast areas remain under water, some people have successfully returned home while others are moving to camps closer to their still inaccessible homes. The number of people affected stands at 20.2 million. Around 2.4 million hectares of agriculture have been damaged, and 1.9 million houses have been damaged or destroyed.

Health impact

Acute diarrhoea, acute respiratory infections (ARI), skin infections and suspected malaria remain the leading causes for seeking health care in the flood-affected areas.

Basic epidemiological update (reporting period 2-8 October)

- 48 of the 78 flood-affected districts provided surveillance data to the Disease Early Warning and Surveillance (DEWS) system. Of these 48 districts, 90% reported 6-7 days of the week.
- 655 fixed health facilities and 153 mobile medical outreach centres provided surveillance data for this week.
- 326,071 consultations were reported through DEWS, of which 20% were for acute respiratory infections (ARI), 12% were for acute diarrhoea, 13% were for skin disease, and 8% were for suspected malaria.
- A total of 42 alerts were received and responded to this week, of which 26 were for acute watery diarrhoea (AWD, suspected Cholera), nine were for viral haemorrhagic fever, four were for acute flaccid paralysis (AFP, suspected poliomyelitis), two were for measles and one was for bloody diarrhoea.

Upcoming issues

- In the last two weeks, ten cases of confirmed cholera have been reported in Kot Addu, with patients coming from a number of villages and camps in the area. Outbreaks of AWD are expected to continue until the end of October.
- The increase of anecdotal reports of cases of severe acute malnutrition (SAM) is a concern for all health partners. The clinical management of SAM is the responsibility of the Health Cluster. Health Cluster Partners are planning to open stabilization centres in priority locations, and are working with the Nutrition Cluster, which is focusing on community-based responses.
- In the north, severe cases of ARI-like pneumonia are increasing as winter approaches.
- Over the last week, Dengue and CCHF have featured prominently in the news in Pakistan. So far, the number of cases remains within the normal range for this time of the year. Dengue is endemic in some areas of Pakistan, Karachi (Sindh) and Haripur (KPK) in particular. CCFH is endemic to Baluchistan. Health authorities in partnership with WHO are studying the potential impact of the flood in the frequency of these fevers. Increased prevention measures will be implemented.
- During upcoming Eid ul Azha, when massive displacement and slaughtering of the cattle occurs, the risk of human-animal contact causing the Crimean Congo Hemorrhagic disease will be increased. WHO, MoH and FAO are jointly coordinating preventive measures in preparation for that festivity.
- WHO’s epidemiological bulletin will now be published on a weekly rather than daily basis.
• In KP, 20 alerts were received and investigated this week, of which 11 were for AWD, eight were for suspected dengue haemorrhagic fever, and one was for suspected measles.

• In Punjab, 18 alerts were received and investigated this week, of which 12 were for AWD, one was for BD, one was for suspected measles, and four were for AFP. The four districts with highest levels of malaria in Punjab are Layyah, Rajanpur, DG Khan, and Muzaffargarh.

• In Sindh, four alerts were received and investigated this week, of which three were for AWD and one was for VHF. Jacobabad, Larkana, Thatta, and Khairpur districts are experiencing a peak malaria season.

• In Baluchistan, no alerts were received, but malaria-endemic districts were reporting higher than usual peaks of falciparum malaria in Naseerabad and Sibi, while Jhal Magsi had high levels of both vivax and falciparum malaria. Zhob is experiencing an unusually high slide positivity rate of 52% with mostly falciparum.

• Nine new polio cases have been reported over the past week. Apart from one type-3 case, all of them are type-1. They include three cases from the conflict-affected Federally Administered Tribal Areas (FATA) and two from KP. There are three cases from north Sindh and one case from north Punjab. As of 11 October 2010, Pakistan has reported a total of 78 polio cases including 58 type-1 and 20 type-3 cases. There are four new infected districts including Kohat in KP, neighbouring district Mianwali in Punjab, and two districts in north Sindh (Sukkur and Khairpur). The total number of infected districts/towns/tribal agencies is now 27. There are wild polio virus type-1 isolates from environmental samples from Karachi, Rawalpindi and Peshawar.

For a more detailed Epidemiologic report kindly go to http://www.whopak.org

Brief Focus on Malaria

Every year Pakistan records about 4.5 million suspected cases of malaria, of which around 1.6 million are confirmed. September and October are the months for high transmission of Falciparum Malaria. To date, however, only nine of the 47 flood-affected districts that are endemic for malaria have experienced unusually high numbers of confirmed falciparum malaria cases. These districts are Layyah and Rajanpur in Punjab; Jacobabad, Larkana, Thatta, and Khairpur in Sindh; and Naseerabad, Sibi, and Zhob in Baluchistan. At the same time, DG Khan, Muzaffarghar and Jhal Magsi are reporting a considerable number of vivax malaria cases.

DEWS teams are collaborating with Pakistan’s Malaria Control Department and other partners to identify malaria “hot spots” and respond rapidly with medicines and vector control measures. Preparations for the malaria season started with the inclusion of anti-malarial medicines in each of the emergency health kits distributed in flood-affected districts. Provincial malaria control programmes have carried out indoor residual spraying in flood-affected districts. WHO sent rapid diagnostic tests (RDTs) to the provinces, and donated supplies of primaquine tablets to areas with high vivax transmission and additional tabs of ACT-SP to areas with high numbers of falciparum cases. WHO, UNICEF, and UNHCR have distributed bednets to the hotspots to increase coverage and protection of the population.

Government Response

The Prime Minister was fully apprised of the health situation in the flood-affected areas at a special briefing session. The Federal Secretary for Health presented a detailed overview of current health initiatives and future plans and interventions.

The Federal Secretary for Health chaired the 5th National Steering Committee on Health Emergencies in Islamabad on 7 October 2010. Different provinces gave a district-by-district update on damages to health facilities. The representative from Sindh Province provided an estimate of the cost of rehabilitating the health facilities.
A three-phase mass immunization campaign has been launched in the 77 most affected districts. The first phase, which has been completed, covered 35 districts. The other districts will be covered in the remaining phases.

The Ministry of Health (MoH) conducted two trainings-of-trainers courses in psychosocial support, in collaboration with Kings College London and the British Council in Islamabad. A total of 55 psychiatrists from the most affected districts were trained; their names have been provided to provincial governments, who will enlist their help in developing and implementing strategies for providing psychosocial support to those affected by the floods.

The MoH held a special meeting with UN agencies to discuss recent alerts for Crimean-Congo haemorrhagic fever and dengue fever. The National Institute of Health will organize a meeting with all stakeholders in this regard.

Seven field hospitals donated by the Republic of Italy have been deployed: three in Punjab (Muzzaffargarh (2) and Layyah), two in KP (Dasu and Madyan) one in Gilgit-Baltistan (Ganchee) and one in Baluchistan (Dera Allah yar).

**Health Cluster Response**

**ARC INTERNATIONAL**

**BALUCHISTAN**

ARC is working in five health facilities in Sibi (Rural Health Centre (RHC) Talli, BHUs Sultan Kot, Bakhtiarabad, Chandia and Gishkori). A total of 2776 patients were treated over the last week. ARC is also running four diarrhoea treatment centres (DTCs) in Sibi DHQ, Dahdar DHQ, Bolan Medical Complex Quetta and Eastern Bypass DTC, as well as a medical camp. A total of 1392 patients were treated at the DTCs. ARC is also providing health education and psychosocial support.

**KP**

ARC is working in seven health facilities in Swat (Civil Hospital Barikot, Civil Dispensary (CD) Ghalagay, Telligram, Basic Health Units (BHUs) Taghma, BaraSamai, Koza Samai, Bishband). Last week a total of 3160 patients (2080 women and 1080 men) were treated. ARC conducted 43 health education sessions, delivered seven babies, referred four patients, and provided psychosocial counseling to 13 patients. ARC is donating long-lasting insecticide-treated bednets (LLINs) to pregnant women and children under five.

**AUSAID/AUSTRALIAN DEFENCE FORCE**

The joint AusAID/Australian Defense Force static health clinic at Kot Addu continues to see over 250 outpatients daily. Malaria continues to present in over 25% of cases. Malarial rapid detection tests allow the clinic to differentiate Vivax, Falciparum and mixed infections. The positivity rates of rapid diagnostic tests are over 50% daily, and Falciparum cases total 15-25 daily (10%). The clinic has wormed 1445 patients (85%) presenting this week; regrettably, the new DEWS system does not capture numbers wormed. Several cases of AWD were reported last week, although numbers have fallen to one or less daily (down from five per day four weeks ago). Clinic staff report they are seeing a return to more chronic issues and general health care, apart from the obvious ongoing burden of high malaria rates. The clinic plans to close in the next ten days (19 October).
CARE INTERNATIONAL PAKISTAN
(Reporting period: 24 September to 1 October 2010)

KP
CARE provided health care through mobile and static facilities to 11,194 people (3,523 women, 4,269 children and 3,402 men), and held 201 health and hygiene sessions for 5,424 people.

In Upper Swat, where CARE is working through its implementing partner IDEA, 899 patients (216 women, 116 men and 517 children) received health care through BHUs. In other parts of District Swat, 1,509 patients (including 424 women and 797 children) received health care through seven mobile clinics. CARE also held 20 health and hygiene awareness-raising sessions for 1,420 people. In District Charsadda, where CARE is working through its implementing partner, CRDO, 2,933 patients (including 994 women and 1095) were treated through 18 mobile clinics. A total 45 health and hygiene sessions were conducted for 735 people.

PUNJAB
In South Punjab, CARE, in collaboration with AWAZ and CARITAS, provided health care through mobile health clinics to 2,073 people in District Rajanpur (including 695 women and 941 children).

SINDH
CARE provided health care services to 2,374 people in Sindh Province and another 216 people in District Kandhkot. In District Sukkur, a total of 170 patients received health care through five mobile health camps. In Shikarpur District, 788 patients (including 291 women and 364 children) received health care through seven health camps. CARE’s activities were supported in these three districts by HANDS, a local implementing partner. In Shahdadkot, 1,542 patients were treated at 11 mobile health clinics conducted by CARE and its partner Takhleeq Foundation.

CHURCH WORLD SERVICE (CWS P/A)
KP
CWS/PA mobile health units in Districts Balakot, Kohistan, Swat and Swabi have treated and provided free medicines to 14,856 patients to date, 82% of whom are women and children. Common complaints include upper respiratory tract infections, watery diarrhoea, skin infections and chronic diseases such as tuberculosis and diabetes. CWS teams have conducted 458 health and hygiene education sessions for 4,225 people. CWS/PA is planning to launch additional mobile health units in Kohistan and Shangla Districts.

HELPING HAND FOR RELIEF AND DEVELOPMENT (HHRD)
HHRD has conducted 400 medical camps so far and treated 72,492 patients all over Pakistan.

KP
HHRD has established two medical centres in District Nowshera that provide free 24/7 consultations and medicines. Services include ante- and postnatal care, safe delivery services and immunization for children and pregnant women. HHRD is conducting health education sessions and providing outpatient services in BHU batara and Pandair, District Bunair. It has also established a field hospital in Agra Union Council (UC), District Charsadda.

PUNJAB
HHRD is running an maternal and child health centre in Utrakalan, District Mianwali that provides ante- and postnatal care, safe delivery services and referral services for complicated cases. The centre has ultrasound facilities. HHRD's
mobile medical and surgical unit is providing ambulatory medical services in southern Punjab. Lastly, HHRD has established two field hospitals (one in Jampur, District Rajanpur and another in Kotaddu, District Muzaffargarh).

SINDH
HHRD’s medical camp in Larkana provides safe delivery services and general outpatient care. HHRD is establishing three field hospitals in districts Jacobabad, Kashmor and Shikarpur.

IDEA/CARE INTERNATIONAL

KP
IDEA/CARE International is working in Districts Nowshera and Swat. It has installed five water tanks and 15 latrines in Khema Basti (another 20 are under construction), and has distributed 5760 water purification sachets to 480 families in District Nowshera and 7689 families in Upper Swat (30 sachets per family).

In District Peshawar, IDEA/Care International conducted 20 mobile medical camps in various Union Councils (UCs) of District Nowshera, treating a total of 6455 people (2945 female, 1855 male, 1665 children), and held 301 health and hygiene sessions for 3570 people (1530 women, 1389 men and 651 children). It has installed a water purification plant (funded by CARE International) in UC Kheshkai payan, and another 13 small water purification plants (donated by GEO TV Network and the Peshawar Rotary Club) in various UCs.

INTERNATIONAL MEDICAL CORPS (IMC)
(Reporting period: 1 to 8 October)

KP
IMC treated a total of 9888 patients in Districts Peshawar, Charsadda and Nowshera. Its psychosocial team treated 700 individuals.

PUNJAB
IMC teams are working in nine health facilities in four districts (Layyah, Muzaffargarh, Multan and Rajanpur). A total of 2411 patients were treated during the reporting period, mostly for ARI, skin infections, diarrhoea & malaria.

SINDH
IMC has deployed ten medical teams in four districts (Larkana, Shikarpur, Thatta and Kambar) and is recruiting additional staff. A total of 1965 people received medical care during the reporting period, mostly for ARI, malaria, skin diseases and gastroenteritis. New DTCs will be opened next week.

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

PUNJAB
Following health needs assessments in Muzaffargarh and Rajanpur, IOM has deployed health care workers in both districts and has donated vehicles and ambulances for mobile outreach and health referrals. To date IOM has provided health care to more than 5000 patients, 2000 of whom were treated through mobile outreach services.

SINDH
Following health needs assessments in Thatta, IOM has deployed ten health care workers to IOM fixed clinics at RHCs Gharo and Chohar Jamali. To date almost 2000 patients have received medical care through these clinics.
ISLAMIC HELP PAKISTAN

PUNJAB
Islamic Help is working in District Muzaffargarh (RHC in Daira Din Pannah and mobile health clinic in Kot Addu) and in Jampur, District Rajan (mobile health clinic). To date it has treated a total of 16 773 patients.

SINDH
Islamic Help is running a DTC in Civil Hospital Sukkur, where it has treated 7014 patients to date. It has helped restore the hospital, with support from army lady doctors.

NEEDS AND CHALLENGES
Islamic Help reports that damaged medical equipment, poor hospital hygiene and a shortage of ambulances are hampering the delivery of health care services. Damaged roads mean it is difficult to access RHUs and BHUs; however many of these health centres are not operational anyway, as government staff (doctors, cleaners) are reporting for duty only intermittently. These problems are compounded by the lack of female doctors. IDPs living in rural areas do not have access to health facilities.

According to Islamic Help, the Health Cluster should focus more closely on District Thatta, particularly Jati tehsil and rural areas in Sujawal Tehsil, where IDPs are returning home and settling close to their villages, despite the fact the waters have not yet receded.

KHYBER AID
Khyber Aid has conducted various medical and hygiene mobile camps at UCs Madain, Takhtaband, Kokarai and Jambil, with a total catchment population of around 48 000. Khyber Aid's medical team is composed of a doctor, a dispenser, two health promoters, a lady health visitor and a driver.

MARIE STOPES SOCIETY (MSS)
MSS is an active member of the Health Cluster’s Reproductive Health Task. MSS teams have mobilized organizational and personal resources to respond to the crisis.

KP
Many patients visiting the MSS camps are complaining of severe flu and cold symptoms. The shortage of blankets, jackets and beds means that patients are at the mercy of the changing weather. The MSS teams have requested medication to treat flu and colds; these medications are in very short supply. The medical teams have also referred patients to secondary/tertiary levels and have dealt with two abortion cases.

PUNJAB
In Lower Punjab (Layyah, Muzzafargarh, Rajanpur), MSS camps have faced difficulties due to a shortage of medicines, ambulatory services and health staff. In spite of this, the camps have provided quality services, particularly family planning services. MSS teams have provided medicines, treated cases of sexually transmitted infections and infertility, and given psychological counseling. MSS is striving to accommodate all patients, in spite of staffing shortages.

SINDH
MSS staff has treated a number of respiratory infections, and have distributed health kits to patients. Most consultations are for respiratory problems and skin diseases. MSS medical staff offer one-to-one consultation for female patients, and provide female health workers to assist them. MSS teams' efforts to promote contraceptives have met with resistance,
since the men in the area are against contraceptives and forbid women in their households to use them. Health is not a priority for IDPs, whose first needs are basic necessities such as food and water.

MEDECINS DU MONDE FRANCE (MDM-FRANCE)

KP
MDM-France is providing primary health care (PHC) and immunization services in two health facilities (one in district Charsadda and one in district Nowshera). MdM is planning to cease operations by the end of October and make minor repairs to these facilities. It has already closed the DTCs in LMH and DHQ Kohat. A total of 2100 diarrhoea patients have been treated, of whom 300 were severely dehydrated. The district health structure is now able to cope with the normal situation. MdM is providing PHC, ante- and postnatal care, immunization and nutrition services in Kohat, Buner and Swabi.

MERLIN

KP
Merlin is working in Districts Nowshera, Charsadda, Buner and Swat through 33 static clinics, 23 mobile teams and five DTCs. Merlin is providing integrated primary and secondary health care, including referral services, CMAM interventions, family planning and outpatient services, treatment of diarrhoea (mild, moderate and severe dehydration), and malaria diagnosis, management and prevention. Some facilities in Swat and in Buner are hard to access due to the difficult terrain, and security in Shabqader remains a concern.

PUNJAB
Merlin is working in District Muzaffargarh through two static clinics, two mobile teams and a DTC. Services include integrated primary and secondary healthcare, including referral services, CMAM interventions, family planning and outpatient services, and treatment of diarrhoea (mild, moderate and severe dehydration). Constraints include the need for a NOC for expatriate staff, and a shortage of qualified medical personnel.

SAVE THE CHILDREN

Save the Children’s health initiatives focus primarily on maternal, newborn and child health. Its activities range from operating mobile health camps at varying localities to revitalizing damaged health facilities, while at the same time providing support through ambulances for emergency referrals to secondary/tertiary health facilities.

Save the Children supports 1300 Lady Health Workers (LHWS) in Sindh and Punjab, who are given a one-time cash incentive of Rs. 5000 as well as kits, medicines, supplies and information materials worth Rs. 15000. The LHW network will be used to distribute newborn, health and hygiene and clean delivery kits, LLINs, and information material. Save the Children also supports DEWS and HMIS in district health departments.

PUNJAB
Save the Children’s mobile teams in Multan, Muzaffargarh, Rajanpur and Dera Ghazi Khan have been working round the clock since August, and have provided free medicines and medical consultations to 30 696 people. A total of 1525 patients, mostly women and young children, have been treated at two DTCs in Multan. Skin diseases are on the rise while diarrhoea, albeit still a problem, is no longer a major concern. Save the Children is also conducting health and hygiene sessions alongside individual counseling sessions, and has broadened its activities by starting nutrition-related interventions and providing tangible support to static health facilities.
**SINDH**
Save the Children's mobile teams are working in Sukkur, Jacobabad and Shikarpur. On average, each team conducts over 80 consultations per day. Save the Children is also running DTCs at DHQ Shikarpur and Taluka Hospital Thul. As the weather cools down and stagnant water continues to be a problem, cases of malaria appear to be on the rise. Similarly, ARI and skin diseases are increasing, while diarrhea is less of a concern. Save the Children’s teams have begun to incorporate nutrition in their health programme, focusing mainly on treating malnutrition. In Sukkur and Shikarpur, Save the Children has screened 3936 children under five, as well as pregnant women and lactating mothers. Strong emphasis is placed on health education sessions. As far as perceived needs in the province are concerned, the introduction of EPI services and rehabilitation of static health facilities are two pressing requirements, as expressed by the district health departments. With regard to the latter, Save the Children is in the process of acquiring health facilities for support in the future.

**KP**
Save the Children is working in Swat, Shangla, Lower Dir and Dera Ismail Khan Districts through mobile teams and static facilities. Around 59,000 medical consultations have been held to date. As Save the Children was working in KP before the floods, its emergency response there has been easier to implement than in Punjab and Sindh, since it had already established outpatient and mother and child health services, together with an efficient referral system. However, it remains difficult to access certain areas, and the need to introduce EPI still exists. Additionally, cases of pneumonia are on the rise with the fast-approaching winter season.

**USAID/PAIMAN**

**BALUCHISTAN**
USAID/PAIMAN is working in Sibi, Jaffarabad. Over the past five weeks 6416 people have been treated through 30 health camps, and 1014 people have attended health and hygiene sessions. The health camps have attracted many IDPs, many of whom have received medical treatment for the first time ever (including one mother who is pregnant with her 16th child). USAID/PAIMAN donated 766 water tanks, 8500 jerry cans and 1800 ITNs.

**KP**
USAID/PAIMAN is working in Swat, Charsadda and DI Khan. A total of 10,073 people (mainly IDPs) received medical care through 46 health camps conducted in remote, hilly areas. A total of 4188 people attended health and hygiene sessions. USAID/PAIMAN donated 2395 water tanks, 24,274 jerry cans and 2600 ITNs.

**PUNJAB**
USAID/PAIMAN is working in DG Khan, where 11,238 people have been treated via 29 health camps, and 2362 people have attended health and hygiene sessions. The team has also transported people needing referral to the nearest health facilities. USAID/PAIMAN has donated 1574 water tanks, 16,227 jerry cans and 1300 ITNs.

**SINDH**
USAID/PAIMAN is working in Dadu, Sukkur and Khairpur. Over the past five weeks, a total of 13,249 people have been treated via 70 health camps, and 5279 people have attended health and hygiene sessions. USAID/PAIMAN’s NGO implementing partners are working in remote areas to provide emergency health care. USAID/PAIMAN has donated 3403 water tanks, 39,702 jerry cans and 3300 insecticide-treated bedbets. Field assessments conducted by USAID/PAIMAN in Sukkur and Khairpur found that while the district administration has been able to accommodate almost all internally displaced people (IDPs) in camps and tents, some camps are unstaffed, meaning that the IDPs have
no-one to turn to for relief assistance or in the event of an emergency. The authorities in Khairpur have requested warm clothes and blankets to see the IDPs through the hard winter ahead.

**WORLD VISION (WV)**

**KP**

WV is supporting nine static health facilities and nine mobile teams in Amankot, Muhib Banda and Taru Jabba in Nowshera and Majuki UC MC–2, UC MC–4 and UC Meraprang in Charsadda, and Koto, Kandaro, Munjai in Lower Dir. During the reporting period, 3299 people were seen at health facilities supported by WV. The DTC at THQ Chakdara treated 266 cases of acute diarrhoea, and 777 men and 1242 women participated in community health education sessions. A total of 17,508 individuals have consulted the health teams to date. Four Women and Infant Friendly Spaces (WAIFS) are being established in Nowshera and Charsadda.

**PUNJAB**

WV is providing health, nutrition and psychosocial support services in BHUs at UCs Kharak, Nohanwala, Kotaddu, Bet Mir Hazzar, Jatoi, Jagattpur, Belay Wala and Beit mulla wala. Two OTPs are functional at static and five at mobile health posts. Two WAIFS have been opened and another three are being established, linked to health facilities. A total of 250 women and infants have participated in WAIF activities.

WHO is currently supporting the MoH Essential Medicines and NGO partners including NAGE Pakistan, IR, CCHD, Merlin, AMTF, ADRA, Al-Shifa, Save the Children, World Vision, IOM, Muslim Aid and EMED. Furthermore trainings on LSS (Inventory Management Software) / Drug Demand Quantification Methods for DOH & Implementing Partners has been conducted in Multan for the EDO H technical staff as well as WHO essential medicines supported partners. The training on Inventory Management (Logistic Support System) which helps in managing the drugs inventory and also help in reporting like consumptions was given as well as Drug Demand Quantification Methods (Which helps in preparing the internal and external medicines requests)

**SINDH**

WV has established three static and four mobile teams, together with two WAIFS to provide, health nutrition and psychosocial support services at Nooraja, Khairpur, Kot Diji, UC Saddar Ji, Bhatyoon, Saddar G Bhatti and UC Layari (catchment population: 165 263). A total of 2470 individuals sought treatment during the reporting period, and 993 women and 904 men attended health education sessions.

**UNHCR**

Union Aid for Afghan Refugees (UAAR) an IP of UNHCR, is providing emergency health services to the Afghan refugees population affected by the floods in the KP districts of Peshawar, Nowshera & Charsadda through its health facilities and mobile health teams. Around 6,479 patients have been treated so far. All refugee camps in the affected districts of KP and Punjab, participated in the ongoing immunization campaigns organized by the department of health. UAAR assisted immunization campaign in three districts of KP where 2,928 refugee children received immunization against measles and 3,269 for polio.

**WHO**

- WHO is organizing social mobilization training courses which will take place in Multan hub on 13 October as part of the early recovery strategy.
- There are 62 DTCs currently set up and operated by partners. A focal point in each hub is monitoring the DTCs. Clusters of cases arriving at DTCs from the same area are promptly investigated.
• To date, WHO has distributed medicines, including 236,000 diarrhoea treatments, for a total population coverage of 5.2 million.

• In collaboration with Sindh University of Jamshoro, WHO conducted a brief health education training course for 100 university students (volunteers) who will be working with IDPs in Sehwas and Shahbaz Colony camps of Jamshoro. Key health messages in Sindhi were made available. This type of training is an easy way to ensure that simple hygiene messages are conveyed that have the potential to reduce morbidity and mortality.

• WHO, the MoH, Ministry of Agriculture and FAO are meeting on 11 October 2010 to discuss the new outbreaks of fever and design a preventive campaign for the forthcoming EID day, on which one million animals are expected to be slaughtered.

• Rapid water and sanitation assessments at DHQ hospital Nowshera, Civil Hospital Akora Khattak and the Children’s hospital Peshawar showed these hospitals were facing serious water and sanitation problems. WHO rehabilitated the water supply system in DHQ Hospital Nowshera (repairing the main water source and the distribution network and cleaning the water storage facilities serving a catchment population of 3.4 million).

• In Peshawar hub, WHO is helping WASH and Health partners build their capacity to undertake critical water quality improvement measures, prevent and control waterborne diseases, investigate and respond to disease alerts, comply with WASH SPHERE standards and undertake emergency water disinfection techniques. A total of 216 persons from TMA, PHED and DoH have been trained on emergency environmental health issues.

• Four new DTCs are being established in the Sukkur Hub, one in Nowsheroferoz at THQ Moro, Second at RHC Khan Pur district Shikar Pur, third at THQ Dokri in Larkana and fourth at THQ Shahdad Kot in district Kambar.

• In Hyderabad, six stabilization centres have been planned in response to acute malnutrition cases reported in that area. A meeting with main stakeholders, including WFP and the health authorities, was held to discuss an integrated multisectoral strategy for the area.

Health Cluster Coordination

Coordination at Provincial & Hub levels:

Health cluster meetings are regularly taking place in Peshawar, Multan, Sukker and Hyderabad to coordinate the health cluster response. A close coordination system is in place with PDMA, DoH, OCHA, NGOs and other UN agencies.

Multan

• The 8th cluster coordination meeting has been held.

• Over 60 agencies (UN, NGOs, etc) are working in the health sector and registered in the Who is Doing What and Where database.

• A health focal coordination cell has been established in five districts.

Peshawar

WHO is working in close collaboration with WASH Cluster partners and local WASH authorities at district and provincial levels, highlighting the health risks associated with contaminated water, poor sanitation and hygiene issues confronting the flood-affected communities. It has guided provincial and district WASH clusters in identifying feasible locations in which to install water filtration plants in Charsadda, Nowshera and Swat. WHO regularly monitors diarrhoea prevalence in the flood-affected districts and investigates and responds to AWD alerts. WHO’s environmental health team regularly chlorinates and disinfects drinking water supplies and mobilizes resources for the provision of water collection and storage facilities, hygiene kits, non-food items and health education and awareness-raising materials.
Sukkur

The district coordination cell has been activated in two districts Khair Pur & Larkana, WHO team participated in both meetings and nominated two Surveillance Officers as representatives for the respective districts for future participation.

Hyderabad

- The inter-cluster meeting focused on (1) the creation of District Coordination Cells, and (2) McRAM – where 15,000 settlements (including camps and schools) have been or will be mapped with GPS coordinates. An assessment of villages, including the status of health facilities, will be conducted and posted on a web site accessible to all.
- Each cluster present (Education, Food, Shelter, WASH, Nutrition, and Health) provided a brief update and identified their gaps, with the objective of identifying action points.

Key Principles for Operationalizing the Survival Strategy

The four clusters (Health, WASH, Nutrition and Food) have agreed on the following key principles governing the design and implementation of the joint survival strategy:

- Focus on evidence-based, high-impact interventions to ensure survival: these include water disinfection, mass measles immunization campaigns (associated with polio vaccination, vitamin A distribution and de-worming), communication and support for life-saving behavior changes (such as hand-washing with soap, exclusive breastfeeding for the first six months), and appropriate treatment interventions;
- Target the most vulnerable: in addition to prioritizing the most affected districts for those activities which will have general coverage (such as the provision of safe water supplies and sanitation facilities, and access to basic health services), specific life-saving interventions should target particularly vulnerable populations such as women, especially pregnant women, neonates, children under five, and to the extent possible, the elderly and disabled;
- Ensure an integrated outbreak response to strengthen the complementarity of interventions and ensure a continuum of care: from having a more sensitive DEWS for communicable diseases of epidemic potential, to ensuring that case management at the health care facility level is combined with large-scale preventive measures at community level, including proper early detection and referral of severe cases, provision of treated water, sanitation and shelter, as well as food and nutrition;
- Identify and maximize opportunities for synergies between all players, through enhanced coordination and joint planning at provincial/hub and particularly district levels. Strong commitment from all partners is essential to operationalize the strategy; opportunities to engage non-traditional partners from civil society, youth associations and women’s groups, as well as traditional and religious leaders should be sought;
- Work in coordination with and support of Government authorities at all levels, using existing systems to implement the response wherever possible, through the reinforcement or the establishment of effective local coordination mechanisms such as the District Coordination Cells;
- Ensure real-time monitoring and evaluation of the strategy’s implementation, to support district-level planning and adjustments as needed to ensure high coverage of the selected priority interventions in the target areas and to allow progress to be documented.
- “Hot spots” communities (with high incidence of acute diarrhea and/or malaria) have been identified in the most flood affected districts. WHO and the health cluster partners used the daily epidemiological data to identify these communities. In addition it was agreed with the WASH cluster partners should prioritize these communities as part as their criteria of intervention. As part of the unified response between Health, WASH and Nutrition clusters these communities will also be targeted for the health and hygiene promotion, health education and awareness raising on water related issues.
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