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<th>1. Lead Organization:</th>
<th>World Health Organization (WHO)</th>
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<td>2. Cluster Website:</td>
<td><a href="http://www.whopak.org">www.whopak.org</a></td>
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</table>
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**B. Reporting Period**

<table>
<thead>
<tr>
<th>1. Report Number:</th>
<th>HC-001</th>
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<tr>
<td>2. Report Date:</td>
<td>13.09.2011</td>
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<td>3. Time Period Covered:</td>
<td>07.09 – 13.09.11</td>
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C. Humanitarian Needs

To date, according to provincial authorities, sustained heavy rains have reportedly affected roughly estimated 4,996,966 people in Sindh, over a quarter being women, killing 199 persons and affecting 20,670 villages. The floods damaged 984,333 homes and thus displaced some 1,178,809 people in 817 UCs of 96 taluks of 22 districts of Sindh including worse affected districts Badin, Mirpur Khas, Thatta, Tando Muhammad Khan, Khairpur, N.Feroze and Tharparkar. In total 2,243 camps have been established sheltering more than 222,941 affected populations, 67% being women and children, who are in need of support by humanitarian community. Flood and heavy rains have also affected roughly estimated more than one hundred health facilities in affected areas. In response, local authorities have arranged more than 195 fixed camps and 118 mobile camps to provide medical care to FAPs and affected people in the affected areas.

Expected rains in many parts of Sindh specially in Lower Sindh, will exacerbate the emergency situation. The common threats of communicable diseases following floods are:

- Water-borne disease: Diarrheal disease, typhoid fever, Hepatitis A and E, and parasitic diseases
- Vector-borne diseases: Malaria, Dengue and Dengue Hemorrhagic Fever
- Air-borne diseases: Measles, Acute respiratory infection
- Zoonotic diseases: Crimean Congo Hemorrhagic Fever (CCHF)

Acute Watery Diarrhoea (AWD) with other water-borne and vector-borne diseases is represents a major health risk in flood affected areas. The common causes of morbidity and mortality are diarrhoeal diseases including cholera, normally confirmed through NIH; tuberculosis; malaria; which affects many of pregnant women and children under five; and measles.

The United Nations Population Fund (UNFPA) estimates that of the five million Pakistanis affected by the floods, 1 million are women of reproductive age. More than 100,000 of these women are pregnant. Every day close to 350 women will go in labour; while 50 of them will have life threatening pregnancy-related complications that will need urgent medical assistance.
• **Nutrition**

There is an immediate need to address the problems of reduction of the morbidity and mortality amongst the highly nutritionally vulnerable groups in the local and displaced population. There will be a need to consider establishing and supporting the opening of stabilization centers and the provision of equipment and medicines.

• **Environmental health**

There is a need to ensure a safe environment at the health facilities by adopting all occupational safety health measures and water, sanitation and hygiene promotion. Ensuring and facilitating access to safe water and sanitation in healthcare facilities and distribution of equipment and supplies for the delivery of safe drinking water will remain one of key priority interventions throughout the province.

• **DEWS**

There is a strong need to focus on the prevention and control of outbreaks through scaling up the geographic coverage of disease early warning system (DEWS) for prompt detection of outbreaks, monitoring disease trends, and facilitating timely detection and response to outbreaks. Regular reports by local health authorities provide the situation with the increasing number AWD, acute diarrhea, and dysentery and ARI cases. There is a state concern to prevent Malaria epidemic in the region. There is a need to control and respond to reported cases of skin diseases, eye infections, snake bites, etc. There is a lack of essential medicines and supplies in health facilities. There is a need to further strengthen capacity building training and training of trainers, case management, DEWS reporting. There are many areas in districts which lack direct response and technical assistance for reported outbreaks and alerts. All organizations need to facilitate and coordinate integration of DEWS with district health system.

Flooding impact 2011 in Badin Sindh. © WHO
D. Health Cluster Response

WHO Response:

- WHO developed and distributed the Health Cluster Response Strategy. The overall objective of the response is to improve access to essential health care services to affected population and to reduce, mitigate and respond to the public health risks from floods to vulnerable population and hence to prevent avoidable morbidity and mortality. The response strategy has been to address the immediate needs on the ground with focus on control of communicable diseases including water borne as well as vector borne diseases such Acute Watery Diarrhea, hepatitis and malaria. The response included intensive surveillance in the affected villages and the FAP camps, environmental health interventions and provision of Essential Medicines and diagnostic supplies to health facilities run by EDO-H and other health care providers and partners. In addition, nutrition team is assessing the needs and exploring the plans for establishment of Nutrition Stabilization Centers at the tertiary care level to treat Severely Acute Malnutrition children.

- A first Health Cluster meeting was held in Islamabad on 8 September as the Health Cluster was officially rolled out along with three other clusters (WASH, Shelter, and Protection) as consequence to that the provincial health cluster meeting was held on 9 September in Karachi.

- The Initial Rapid Assessment is completed in all districts of Sindh province, using the assessment tool approved by the National Health Emergency preparedness & Response Network (NHEPRN), the coordinating body for health during emergencies, together with WHO. The collected data is compiled and analyzed and the initial results will be made available by September 13, 2011.

- WHO initiated identifying the mapping of all health partners in most districts of Sindh. The first draft was prepared reflecting the distribution and categorization of health and nutrition services provided by organizations in Sindh (per district) and per each health facility. Feedback and updates are expected by all involved stakeholders. Merlin and Mercy Corps updated their operational presence by September 12.

- Provincial MNCH meeting on Emergency Health Response to Sindh Floods was conducted on September 11 in Karachi.

- Total consultations reported from fixed and mobile medical camps OPD is 249,965. All alerts and outbreaks reported from FAPs camps, were investigated and responded by WHO DEWS teams within 24 hours.

Essential medicines:

A total of 58 kits were distributed (including 18 Emergency Health Kits (EKH), each covering 6,000 people for a month, and 40 DDK for diarrhea treatment, each for 1,000 people for a month). WHO have also provided other assorted drugs, including skin medications, anti-malarials and anti-snake venom.

WHO has also provided a variety of NFI and water and sanitation supplies to affected populations in the camps. At present, WHO has pre-positioned stock of medical supplies adequate for to cover for 1.2 million population in Hyderabad and Sukkur warehouses.

Health Cluster Partners Response:

Many health and nutrition organizations are in internal negotiations with respective headquarters to plan their interventions in affected areas of Sindh.
UNFPA has dispatched supplies to cover the reproductive health needs of 600,000 people for one month to Sindh. A total of 22 Mobile Service Units is being moved to five most severely affected districts in Sindh. These mobile vans will provide primary health care and basic obstetric services as a first response. This will then be up-scaled to provide comprehensive obstetric services through health facilities in a second phase. UNFPA is working to ensure that the protection needs of women and adolescent girls are also met as camps are being set up for the affected communities.

SHIFA Foundation and sister organizations have deployed their teams to provide assistance to local government in extending emergency relief in 4 of the most affected districts of Sindh namely S. Benazirabad, Badin Khairpur, Mirpur Khas, and Tando Muhammad Khan. Need Assessments for shelter, food, and health care & nutrition are being carried out, non food items, dewatering services, fumigation, provision of clean drinking water, health education are also being provided.

SHIFA plans to deploy integrated emergency relief to reach a total of 906,602 persons including 135,990 children under 5 and 72,528 pregnant and lactating women, with the support of national and international donor agencies. Systems for registration of volunteers, procurement of emergency supplies, safe and continuous logistics and staff movement are being set in place.

IMC has deployed 20 medical teams in Shikarpur, Jacobabad, Qamabar-Shahdatkot and Larkana Districts and 18 teams in Thatta and Dadu districts, providing comprehensive primary healthcare services to the flood affected population.

Merlin is operating in Dadu (18 locations) and Thatta (20 locations) districts. Merlin immediately responded to the current flood situation in Dadu through 13 static health facilities and 04 mobile health units. The organization is currently undertaking assessment in Badin district. The preliminary results will be available on September 12.

Global Peace Pioneers, a local NGO, is present in Badin district. The organization completed and shared the results of assessments conducted in August-September 2011.

World Vision reports of ongoing assessment in Khairpur district and plan to extend the operation of mobile medical teams. The organization has sufficient stock of medicines to operate without WHO assistance.

PUAMI will conduct a rapid assessment in Khairpur district in the areas of WASH, medical needs and nutrition. Similar work will be done in Dadu district.

Save the Children reports of ongoing assessment in Badin district.

UNICEF is conducting a meetings in Karachi on September 12 with all nutrition implementing partners in to brief on the current situation in Sindh province; to update 3W and discuss details of further CMAM implementation and ensure immediate CMAM activities in all affected districts.

Mercy Corps is currently deployed an assessment team in Khairpur district. The organization plans to deploy at least two mobile health units between Badin and Khairpur districts. Mercy Corps plans to set up water filtration plants in 2-4 selected areas. Mercy Corps will do the distribution of non-food items and water trucking. UNICEF may be approached for assistance to receive more jerry cans and water trucking. Mercy Corps shares a strong need for mosquito nets which are not sufficient in the area. Organizations are requested to address this gap.

IOM deployed its Humanitarian Communications team through district information officers to work and address the health promotion issues in the affected community in all districts of Sindh. IOM has health teams stationed in Dadu district who are assisting flood affectees in southern Sindh, at Tehsil Headquarter Hospital Johi and Dispensary Faiz Muhammad Leghari. Teams provided health services to 3,493 patients in the month of August 2011. IOM is scaling up its operations to meet the needs of those newly affected by floods in Sindh and has recently completed a health needs assessment in Tando Muhammad Khan district.

Helping Hand for Relief & Development (HHRD) shared a detailed report of the HHRD’s activities in 5 districts (BeNazirAbad, Badin, Tando AllahYar, Tando Mohammad Khan & Mirpur Khas). There are three mobile medical units, one static unit, distribution of cooked food (on daily basis for 300 families), 300 tents, 300 hygiene kits, 18 water tanks and 300 mosquito nets.
Organisation plans to expand its activities in the nearest future. Details will be shared later.

The DG Health Sindh shares the regular updated consolidated report reflecting the situation update in the following flood affected districts of Southern Sindh (Badin, Mirpurkhas, Tharparkar, Tando M. Khan, Thatta, Umerkot, Dadu, Nawabshah, Jamshoro, Sanghar, Tando Allahyar Matiari) and Northern Sindh (Khairpur, Naushahro Feroze, Ghotki).

Provincial MNCH will immediately deploy 22 mobile & 12 static teams in five worst affected districts: Badin, Tando Mohammed Khan, Mirpur Khas, Shaheed Benazirabad and Khairpur in the first phase. Simultaneously preparing deployment plan for of MNCH emergency teams in rest of the districts will take place until rapid assessment and HeRAM of affected districts are shared by partners. The MNCH emergency teams shall be comprising of following staff of MNCH/EPI/NP for FP & PHC including WMO 1, LHVs-2, CMWs-3, LHW/LHS-1, vaccinator -1, driver -1 and malaria supervisor -1 (optional). The provincial MNCH staff members are nominated as focal points in affected districts.

Health assistance being provided to flood affected population in Thatta district, Sindh © WHO

E. Gaps & Constraints

• Accessibility:

There is still a need for a more comprehensive assessment and continuous monitoring of the situation in all areas of Sindh. Many stakeholders are still conducting detailed assessments of infrastructural and agricultural damage, but public health issues should continue to be monitored. A large number of health facilities remain to be surrounded by stagnant water with health personnel managing to provide health services.

• Capacity:

The state response was rapid and in place in most of districts of Sindh. There is a need for a more effective and collaborative approach in terms of disaster’ response as flooding as a natural occurrence and should be expected. Emergency plans for different hazards exist at the provincial level but must be implemented. Reported increase in water borne diseases indicates that health authorities’ need to ensure appropriate and timely actions. The threat of outbreaks and the increased number of cases of communicable diseases at the moment highlight the potential threat of an epidemic, therefore close monitoring of the public health situation of the affected areas should continue. The main public health measures such as epidemiological surveillance of communicable diseases, (giving priority to those with a short incubation period), water analyses and treatment as well as daily analyses of water samples, with priority given to schools and health institutions, health education and informing the general public etc. must be taken to prevent serious health consequences.

• Partner presence:

One of the main weaknesses remains the fact of larger concentration of functioning humanitarian organizations in the Northern Sindh districts rare responding to the consequences of the 2010 floods in the region. There are quite a handful number of organizations present in the worst affected districts in the Southern Sindh. Health and nutrition organizations deployed assessment teams.
• **Health facility status:**

One of the main problems that contributed to exacerbating the flooding was the absence of drainage system in and around not only health facilities but all over the area. This caused an incapacity of coping with the overflow. The present lack of sewage system will continue having an increased risk of public health issues. Provision of basic health care, including vaccination activities, has not been undertaken to cover the needs of all affected displaced and affected population. Health promotion and education of the population in the affected areas will be required. There is a definite need to improve the shift emphasis from disaster response to disaster preparedness activities and risk management; to improve flood forecasting; to establish early warning systems, and to include health actors in the communication flow.