IDPS SITUATION AND EMERGENCY RESPONSE IN NWFP CAMPS

Brief Summary and Background:
IDP camps have been operating in 2 district of NWFP Province since the start of floods in August 2008 and were expanded when the military operations drove many people away from their homes towards the end of the same month. Almost three months later, the relief interventions for the affected and displaced communities now relocated to IDP camps in Nowshera, Charsadda, Peshawar, Mardan and Lower Dir. Health interventions targeted internally displaced populations both in camps as well as in host communities. At this stage the information captured through the cluster partners focuses on the camps, however, this will expand since UNHCR has started the registration of IDPs living with host communities. The IDP camps are to remain operational for at least another 9 to 12 months, while the winter contingency planning that is based on further influx of IDPs is near completion, with the FATA Directorate staff and doctors and NWFP Relief Commissioners Office also coordinating for the necessary preparations. Whereas, the IDPs in the camps as well as those living with the relatives and friends need to be covered for food, shelter and health response and active surveillance to detect, prevent and control any outbreaks of communicable disease and to monitor the health situation and needs as well as the provision of health care services have been pursued by the health partners led by health authorities and WHO as the co-chairs of the health cluster.

Health Cluster activities

Health cluster partners are jointly implementing the health component of the Humanitarian response plan and are thus delivering the following interventions:

- Health service provision in IDP camps and in selected health facilities: twenty –four seven days a week health services provision with Outpatient essential PHC services including EPI vaccination, maternal and child health, management of chronic diseases for the elderly, control and management of acute diarrhea, ARI and referral services.
- Provision of medicines and essential supplies for IDP camp clinics, for health facilities serving IDP hosting communities and for hospitals.
- Facilitation of referral mechanism with support to ambulances
- Monitoring, detection, control and prevention of outbreaks of communicable diseases especially acute watery diarrhea (AWD) and Acute Respiratory Infections (ARI).
- Support to district health system coordination of interventions as well as monitoring, tracking, storage and distribution of donated essential medicines.
- Monitoring the quality of water distributed in the camps and addressing urgent environmental health concerns such as water purification, testing and chlorination, safe water supply and hygiene promotion.
- Providing health education in all camps in support of the control of AWD and other health conditions.
- Identifying from the health perspective the vulnerable persons in each camp.
- Monitoring the nutrition conditions and establishing the health and nutrition surveillance system
- Provision of mental health services and referral to specialists.
The activation of DEWS and rapid water sampling, testing and chlorination have helped in reducing the level of AWD especially amongst women and children while ARI is on the rise due to seasonal changes. E.g. reported AWD cases at Kacha Garhi IDP Camp were 20% on Oct 31st while ARI shows increase 34% due to approaching winter with 37 consultations. As per plan, essential medicines for both AWD and ARI are being provided. Health education and hygiene promotion campaigns are also being pursued on safe drinking water, appropriate nutrition, vaccinations against targeted diseases, solid waste management, safe cooking practices and discouraging open defecation (proper use of latrines). In the Sheikh Yasin Camp, Mardan alone, 18 Solid waste Disposal points have been newly constructed. Promoters from EDO (Health) are using insecticidal spray in tents in the camp, to minimize vector problem.

**Recommendations**

WHO and partners are preparing the winter contingency plans for the IDPs in Mardan, Charsadda, Peshawar and Nowshera districts. The plan targets arrangements for safe drinking water, construction of more latrines, tube wells, water supply lines & arrangement of hot water in order to avoid the spread of seasonal diseases. The plan must also be complimented with capacity building of the local health staff and proactive surveillance mechanism. Water storage provision needs to be addressed at the Charsadda IDP camp. Moreover, health and hygiene education must be strengthened in the camps. It is now essential that epidemiological and nutritional surveillance and preparedness activities are carried out comprehensively along with essential medicines management during emergencies, guidance in health education, reproductive health, water and sanitation and communicable disease control for achieving the targeted objectives during the coming winter.