Highlights

- Coordination among Health Cluster partners is paramount to ensure an efficient and timely response. This week has witnessed a number of initiatives to fine-tune coordination between and within organizations.

- Health Cluster partners have recently established a Reproductive Health Task Force to address the needs of around 500,000 pregnant women in the affected areas.

- Cluster partners are scaling up their response and increasing health services and surveillance coverage.

- According to Merlin, the number of malaria cases is expected to rise to 2 million over the next four months.
Situation overview and current scale of disaster

As the water in the northern areas of Pakistan recedes, people are moving back to their places of origin. However, the southern lowland areas of Sindh province are increasingly affected by the rising floodwaters. Manchar lake is in a dangerous state of overflow, and Jhangara town has been flooded.

The number of people believed to be affected has now almost reached 21 million. A total of 1752 people have lost their lives; the overall scale of the disaster continues to grow.

Assessments in the four provinces in early September show that 436 of the 2957 health facilities were either severely damaged or destroyed.

Health impact

- Out of 5.3 million consultations conducted up to 10 September, 708 891 (13%) were for acute diarrhoea, 802 670 (15%) were for acute respiratory infections (ARI), 986 843 (18%) were for skin disease and 182 762 (3%) were for suspected malaria.
- The number of suspected malaria cases is rising in Baluchistan and Sindh provinces compared to Khyber Pukhtoonkhwa (KPK) and Punjab. A total of 40 415 cases of suspected malaria were reported from 4 to 10 September.
- The Health Cluster plans to establish 81 diarrhoea treatment centres (DTCs) in the 41 most affected districts. More than 40 centres have already been opened.
- There are around 500,000 pregnant women among the affected population. This means that many deliveries each month will be in an unsafe environment, without access to skilled birth attendants.
- A total of 165 Static Health Units and almost 1200 Mobile Health Units are operating in the four flood-affected provinces.
- Acute respiratory tract infections (ARI) are the leading cause of morbidity. The number of cases of suspected malaria is rising faster in Baluchistan and Sindh provinces: over the last 24 hours, the number of cases reported accounted for 17% of consultations in Baluchistan province and 13% in Sindh province.
- Paediatric malnutrition is increasingly a concern: 30 to 50% of children arriving at health facilities show symptoms of acute malnutrition. This has brought to light the pre-existence of widespread child malnutrition in some rural areas.
- HIV/AIDS is also a significant problem. Pakistan has a concentrated epidemic among injecting drug users, with a prevalence over 20% that reaches 50% in Sargodha.
- According to OCHA, 50% of the $56.2 million requested by the Health Cluster has been received as of 5 September.

WHO's weekly disease surveillance document is at:  
http://www.whopak.org/idps/diseases_situation.asp#ds

Government Response

A Polio Surveillance Officer identified urgent health needs in the area of Tehsil Bareeja, District Jhal Magsi. In response, the Federal Ministry of Health dispatched a mobile team of physicians and paramedics from Karachi. The team is working in a remote area of Baluchistan where large numbers of internally displaced people (IDPs) from Sindh are sheltering. Most of these IDPs - accessible only by boat - were found to have
major health issues. The team has seen over 1400 patients in the past five days. Between 25 and 30 of these are being taken by ambulance to Sibi/Quetta each day. Keeping medical supply lines open is a challenge; the cooperation of the EDO has been most helpful. The Ministry of Health has assumed operational control of the Railway Hospital in Sukkur, where its team of medical and nursing staff from the National Institute of Child Health is admitting pediatric patients. Health services are being conducted in collaboration with Aga Khan University Hospital, WHO and MSF. Plans to open a comprehensive DTC in the hospital are well advanced.

**Health Cluster Response**

**Church World Service - CWS**

CWS-P/A mobile health units are operating in the districts of Mansehra, Kohistan and Swat. CWS conducted 6733 consultations. Lady health visitors (LHVs) examined 142 ante- and 21 postnatal patients. The CWS team examined 1111 children under five years of age.

CWS-P/A teams also conducted 145 health education sessions on common health issues such as personal hygiene, skin infections, safe drinking water, sanitation, and locally endemic diseases. These sessions reached a total of 1885 community members (870 males and 1015 females).

**Citizens' Commission for Human Development (CCHD)**

CCHD has eight mobile camps in the district of Muzaffargarh. CCHD has provided medical care and treatment for 5500 people, and given medicines and mineral water to 5500 children suffering from diarrhoea. It also provide five safe delivery kits to pregnant women, food items to 150 families, and 20 tents to widows. It formed two village health committees and conducted health and hygiene sessions for 5500 people.

**Chinese Mobile Hospital**

Since 28 August, the CISAR Chinese mobile hospital based in Thatta Police Headquarter has been treating 600-800 patients each day. The hospital has a team of 55 staff, including 36 doctors. The numbers of patients have overwhelmed the capacity of the hospital, despite efforts to control the flow of patients since 1 September. Almost half of patients are women (49.2%). Children, some of whom are less than one year old, account for another 31.5%. Skin diseases, with 21% of consultations, are the main cause of consultation, followed by acute respiratory infections (16.4%) and acute diarrhoea (7.3%). Isolated cases of communicable diseases such as dysentery and suspected malaria have been detected. CISAR aims to strengthen joint working mechanisms among relief teams and local doctors. It is welcoming local pediatricians to work with its staff.

**IDEA**

IDEA is providing medical relief in the form of mobile medical units (MMUs) and static units in Districts Buner and Swat, with funding from CARE International. IDEA has provided 15 latrines in schools, particularly female primary schools, as well as safe drinking water (22 schemes) for schools and communities in Tehsil Matta, Swat.

IDEA has four MMUs in Nowshehra district with a male and female medical officer, LHV, a nurse and a helper providing services in UCs Nowshehra-Kalan, Kabul River, Nawi Kali, Kheshgi Bala and Kheshgi Payan, Nowshera. A water purification plant will be installed in the coming week, with as second one the week thereafter. IDA is distributing 200000 water purification sachets in Nowshehra and another 100 000 in Swat, packaged with education sessions.
ICDI PESHAWAR

Last week ICDI Peshawar organized one medical camp for women and children in UC Agra district Charsadda. A total of 179 patients were treated, including 35 pregnant and 57 lactating women, and 39 children under five years old. Most of the pregnant and lactating mothers were anaemic. Nine children under five were suffering from diarrhoea and ten women and girls had conjunctivitis. One 24-year-old pregnant mother was suffering from tuberculosis. ICDI has also distributed 100 aid packages (2 kg rice, 2kg oil, 2 kg sugar, one packet of vermicelli, 20 kg flour) to pregnant and lactating women in District Charsadda.

INTERNATIONAL MEDICAL CORPS (IMC)

IMC medical teams provided medical treatment to 1283 patients, including 155 cases of acute diarrhoea, 268 cases of ARI and 58 cases of scabies. The teams also conducted health education/hygiene promotion sessions for 904 people. Six members of IMC’s psychosocial support team (one in District Peshawar, two in District Nowshehra and three in Charsadda) are serving the flood-affected population. Psychosocial support sessions were conducted with 91 persons. The team identified seven cases of depression, five cases of stomach upsets, 17 cases of anxiety, two cases of insomnia, one case of anorexia and three cases of post-traumatic stress disorder.

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

In southern Punjab, IOM has established two fixed health centres with mobile outreach capacity in rural health centres (RHCs) in Districts of Muzaffargarh and Rajanpur. IOM also established a fixed clinic with mobile outreach capacity at RHC Kot Mitthan. Since 6 September, IOM clinics have provided services for more than 550 patients in two centres. IOM is recruiting female medical officers to strengthen its teams. IOM doctors have mainly given treatment for diarrhoeal and skin diseases.

IOM conducted a health field assessment for Thatha District in Southern Sindh in early September. It visited district health authorities and health facilities. Approximately 89 50,000 patients had been assessed by EDO health teams, which treated around 10 000 cases of diarrhoea. Skin infections and snake bites were also reported. IOM requested EDO health to provide any available information on the patient caseload, including disaggregated data for acute watery diarrhoea (including suspect cholera), dysentery, malaria, TB and other diseases.

In addition to supporting district health authorities, IOM will support the health response in southern Sindh through the establishment of fixed clinics with outreach capacity in RHC Jharrack and RHC Gharo. These clinics will become operational this week.

ISLAMIC RELIEF PAKISTAN

Islamic Relief's three mobile health clinics each in districts Nowsheara, Charsaddah and Muzaffargarh are up and running. During the last three weeks a total of 7056 consultations have taken place for patients of different age groups. Children make up 60% of all consultations. Four doctors from Islamic Relief Canada are also working in the mobile health clinic in Muzaffargarh. Skin and acute respiratory infections and eye diseases are the top three causes of consultation. Islamic Relief is setting up two more mobile health clinics in Muzaffargarh.
**JAPAN DISASTER RELIEF MEDICAL TEAM**

A team from the government of Japan arrived on 4 September. Its resources consist of a 23-strong medical team including four doctors, seven nurses and two pharmacists, and three tons of equipment and supplies. The team is operating in the Punjab province in the Multan area, in collaboration with a rural health establishment. So far the team treated 1511 patients including 690 females and 809 children. Major diseases include digestive disorders (31%), respiratory infections (14%), skin infections (13%) and fever (9%).

**KHYBER AID**

Khyber Aid is working in Civil Dispensary Amankot District Swat and running two mobile medical camps, one in Tehsil Babuzai and the other in Tehsil Behran District Swat, KPK. Khyber Aid staff have treated 1500 patients since 10 August. Most consultations were for diarrhoea, urinary tract infections, scabies and other skin diseases. Khyber Aid's medical team includes a doctor, LHV, dispenser, ambulance and medicines.

**MERCY Malaysia**

MERCY Malaysia is currently operating one static and one mobile clinic each in Charsada and Pabbi, Nowshera, in partnership with PIMA. MERCY Malaysia has conducted hygiene education sessions and distributed hygiene kits to 200 families in Pabbi Government High School. It is planning similar sessions in other locations. It also conducted an assessment in South Punjab to plan for an expansion of health services to the affected areas in that region. On 4 September, in partnership with PATTAN, MERCY Malaysia conducted hygiene education sessions and distributed 199 hygiene kits in Swat Valley to displaced families from Lower Dir and Malakand.

**MERLIN**

To address the expected surge of plasmodium falciparum outbreaks (projected to reach 2 million in the next four months), Merlin is expanding and integrating its malaria programme into existing health programmes in the emergency flood response, Merlin's medical and health teams are treating approximately 6500 patients a day through 17 mobile health units (by car, by foot or both), 28 static health facilities, and six DTUs. The top three disease priorities are acute watery diarrhoea (AWD), malnutrition and malaria. Nine of 17 mobile health units are operating in Upper Swat Valley, trekking to villages that remain inaccessible with backpacks filled medicines. One 24/7 DTC has been fully functional at DHQ Muzafargarh since 3 September 2010. To date, 1718 consultations have taken place (male 876, female 842). Over 75 000 sachets of oral rehydration salts and 28 000 hygiene kits have been distributed. As of 14 September Merlin will expand its existing programmes considerably: an office will be established in Multan and three new mobile health teams and five static clinics will be made operational in Muzaffargarh district. Ten new static clinics are to be set up in Upper Swat, and five new mobile teams and five new static clinics will be launched in Charsadda District.

**MDM France**

Medecins du Monde (France) is providing primary health care (PHC), nutrition, immunization services, and ante- and postnatal care in Swabi, Buner and Kohat. MdM medical teams are also providing primary health care services in district Nowshera and Charsadda. Two DTC shave been established in Liaqat Memorial Hospital and Divisional Headquarter Hospital Kohat.
MSS

MSS is participating in the Health Cluster’s recently-established Reproductive Health Task Force. MSS health teams are providing services in KPK, Punjab, and Sindh. Services include counselling for trauma, PHC, treatment for gastrointestinal and waterborne infections, first aid for acute injuries, treatment for acute respiratory infections, contraceptives, ante- and postnatal care, clean delivery kits, referrals to MSS centres for post-abortion care, provision of clean drinking water, dry food rations and other support. MSS has conducted 28 camps and has treated 5683 men, women and children. In the affected provinces, MSS teams first branched into Khyber Pakhtunkhwa (KPK), where they conducted 1-2 medical camps in the initial days. MSS recently received a donation of medical supplies from Direct Relief International to help assist with relief efforts. The flooding has devastated MSS facilities and the communities in which they work. MSS is in the process of identifying more resources to help deal with the crisis.

PAIMAN – USAID

PAIMAN-USAID delivered 40 314 jerry cans and 4654 water tanks to DCO offices for distribution to affected families and communities. It also donated 569 water tanks to Thatta district at the request of Secretary Health, Sindh. It contracted 19 district-based NGOs to organize emergency mobile health camps and hold health promotion sessions. A total of three mobile health camps and five health education sessions were held: 701 persons received health care and 468 people (225 men, 295 women and 148 children) participated in health education sessions.

SAVE THE CHILDREN

SC is operating three mobile teams and three ambulances in Multan and Muzaffargarh. SC has established and is working in two DTCs (Children’s Hospital Complex Multan and Fatima Jinnah Hospital Multan). SC’s hygiene consultants are in the field promoting positive hygiene behaviours and practices. Since the start of the Punjab’s programme on 6 August, a total of 1316 beneficiaries have been reached. SC has 21 mobile teams in Sindh and has established three DTCs there. Operations in this Province began on 12 August. Since then and until 9 September SC has treated 2165 patients. In KPK, SC’s emergency relief programme is working in D I Khan, Swat and Shangla. SC has five static and two mobile teams in Khan, along with four ambulances. Between 29 July and 9 September, the teams treated 19 150 patients. SC has seven static and two mobile health units (CIDA ) in Swat and another three mobile units (CIDA FR) in Shangla. It also has four ambulances, three under CIDA FR and one under WHO BPRM. Hiring for CIDA is complete.

UNFPA

UNFPA has served a total of 1.1 million people in Sindh, KPK and Punjab provinces through 23 mobile service units for outreach services, and 16 governamental health facilities for emergency reproductive health care services.

As of 5 September, UNFPA has distributed inter agency clean delivery kits for 80 000 pregnant women. UNFPA has also handed over interagency reproductive health (RH) kits containing various medical instruments, equipment, drugs and supplies to Punjab’s Provincial Department of Health Punjab. The kits contain enough supplies to cover the needs of 1.2 million people in five districts of Punjab in the next three months. UNFPA is conducting a RH task force meeting on 8 September 2010 to ensure better implementation of sexual and reproductive health services to the flood-affected population.

The recruitment of female health care providers (especially gynecologists) in flood-affected districts remains a challenge. Other challenges include the road blocks that impede the transport of RH supplies to some flood-
affected districts, and the limited funds available to scale up UNFPA services.

UNICEF

In KPK, UNICEF supported medical teams providing services through six static health facilities. The teams include a female doctor, LHV, community health worker and community mobilizers. A total of 4235 patients, including 751 ante- and postnatal women and 113 children, have been treated for various ailments at these facilities. Health and hygiene messages have been communicated to 2,988 beneficiaries. High-energy biscuits were distributed to 7411 people (5989 children, 649 pregnant and 773 lactating women) in Charsadda, Nowshera, Peshawar, lower Dir and Swat. A total of 889 children and 4952 women in Charsadda, Nowshera, lower Dir, Peshawar and Shangla were given micronutrient sachets and tablets.

In Balochistan UNICEF provided 50 Community Midwifery Kits (CMWs) and 10 000 Clean Delivery Kits (CDKs) for distribution in flood-affected districts. A total of 1,829 children in four districts (Sibi, Jaffarabad Naseerabad & Jhal Magsi) were given high-protein therapeutic feeding. Another 1,599 PLWs were given high-energy biscuits and micronutrient supplements, and 1313 children were treated with amoxicillin.

In Sindh almost 108 000 patients in IDP camps have been treated. The target population of these camps is 24,188 which is increasing due to the situation in Thatta.

In Punjab UNICEF supplied safe delivery kits to districts for distribution to end users. UNICEF also donated 1050 cartons of high-energy biscuits. The biscuits will benefit 21 000 pregnant or lactating women and children aged between six months and three years.

SWWS

From 6 August to 9 September, SWWS treated a total of 9039 patients (4711 male and 4328 female) in KPK, of whom 5010 were children under the age of 18. Scabies and acute respiratory problems were the most frequent diseases reported.

WHO

WHO has provided essential medicines for 4 million people., including supplies to treat 187 500 cases of diarrhoea. It has distributed a total of 375 diarrhoeal disease kits (21 in Balochistan, 2 in Gilgit Bistan, 154 in KPK, 67 in Punjab, 130 in Sindh and 1 in AJK). It is continuing to set up DTCs across the affected areas, with an initial target of 81 DTCs.

Two cases of confirmed paediatric cholera were found in a IDP camp in Sukkur. WHO disinfected the taps that were being used to gather water for multiple purposes in the camp. WASH cluster partners including WHO conducted a training session for local partners.

WHO is planning to scale up its intervention in the southern most affected areas of Pakistan. More international staff are being deployed to the most affected areas. Epidemiologists from the Centers for Disease Control (Atlanta) and the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) have also been deployed to support efforts to control potential disease outbreaks. WHO is working with partners to plan refurbishing of first-level health facilities in the affected areas.

Coordination

The scope of this disaster is unprecedented. The response requires the unprecedented involvement and close coordination of a significant number of players addressing a number of issues that are often cross cutting,
including health. This week has seen a number of initiatives to strengthen coordination at all levels:

GOVERNMENT COORDINATION

On 4 September, federal, provincial and district authorities, along with WHO, UNICEF and UNFPA representatives, met to discuss and plan malaria control and diarrhoeal disease treatment and reproductive health interventions. The needs of provinces in these three areas were identified with a view to understanding the resources needed to fill gaps. A follow-up meeting will be held on 13 September to measure progress.

INTER-CLUSTER COORDINATION: The Inter-Cluster Survival Plan

Realizing the importance of environmental factors, in particular water and sanitation, in controlling disease outbreaks and related mortalities, as well as the aggravating impact of malnutrition, the WASH, Health, Nutrition and Food clusters recognized that more systematic coordination and cooperation between them was needed. A concept note was developed to improve coordination across clusters and ensure a more effective, timely and coordinated strategic response in all the flood affected area.

The overall objective of the survival strategy is to reduce excess mortality. Water quality, sanitation and hygiene are critical factors for diarrhoea and ARI. The provision of safe drinking water, together with adequate sanitation and hygiene, are critical to the success of diarrhoea and IRA prevention and control efforts.

The principles governing the design and implementation of the joint survival strategy are: integrated outbreak response, continuum of care, focus on life saving, synergy between all players and real-time monitoring and evaluation:

HEALTH CLUSTER COORDINATION

The Health Cluster is preparing a revised Pakistan Initial Flood Response Plan (PIFERP) strategy that is awaiting review and approval by OCHA and other stakeholders. the plan is expected to be finalized and released this coming Friday. Members of the Health, Food, Nutrition and WASH clusters have developed a joint Inter-Cluster Survival Strategy to ensure a more integrated, effective and timely survival response in priority flood-affected districts. The strategy outlines cross-cutting essential life-saving activities that need to be implemented over coming months and identifies principles for coordination and joint planning.

The overall strategy is to achieve its objective through the following interventions:

- Monitoring health threats, risks and outbreaks - including CDC hazards - through surveillance and integration with existing routine health information systems/early warning surveillance and outbreak response systems;
- Ensuring access to quality health care services in the flood affected areas, assessing damage to health infrastructure and emerging needs of the health systems;
- Ensuring coordinated humanitarian relief activities in the health sector.

This will be achieved through the implementation, strengthening and/or scaling up of activities such as epidemiological surveillance and disease control, establishment of new mobile clinics and DTCs, malaria prevention, emergency vaccination campaigns, water quality monitoring, regular assessments of health needs and health services; and monitoring the implementation of the humanitarian health response.
THE TECHNICAL WORKING GROUP ON HIV AND HUMANITARIAN CONCERNS UNDER THE JOINT UN TEAM ON HIV AND AIDS

Although HIV is under the Health Cluster for the emergency response, the Joint UN Team on HIV and AIDS has convened a working group on HIV and humanitarian concerns. The group includes UNAIDS, UNICEF, WHO, UNFPA, UNDP, UNHCR and IOM. For the emergency flood response UNICEF, UNAIDS and WHO are supporting 1200 people living with HIV and their families in flood-affected areas with conditional cash transfers as well as food and non-food items to cover clinical consultation and transport costs. In Punjab, four Family Health Days have taken place where women attending health services are assessed for risks for HIV and receive HEB and micronutrients. Voluntary confidential counseling and testing is offered to women who answer positively to two risk questions during registration. Among more than 100 women tested so far, all are negative. UNICEF has integrated HIV messages into the counselling cards used by LHVs during health promotion sessions.

HEALTH CLUSTER’S REPRODUCTIVE HEALTH TASK FORCE

On 1 September, the second RH task force (RHTF) meeting was held under the leadership of the Health Cluster. The meeting was co-chaired by UNFPA and the National MNCH programme (MoH). Various RH partners from the Health Cluster including UN agencies, NGOs/INGOs along with government counterparts participated in the meeting.

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