Surrounded by flood waters, the people of Dadu wait for humanitarian assistance (photo: Dr. Zareef Khan, WHO)

**HIGHLIGHTS**

- The Chairman of Pakistan’s National Disaster Management Authority launched the revised Floods Relief and Early Recovery Response Plan on 5 November. Projects in 29 districts have been identified for priority interventions. The revised plan includes almost US$200 million for Health Cluster projects.

- Diarrhoea treatment centres are gradually closing as and when internally displaced people (IDPs) return to their places of origin.

- The Ministry of Health and WHO are launching a mass public health awareness campaign on Crimean-Congo Haemorrhagic Fever (CCHF) in preparation for Eid.

- Health Cluster partners are continuing to scale up activities in Sindh, where the humanitarian situation remains critical.

- The Health Cluster is deploying thousands of long-lasting insecticide-impregnated nets (LLINs) to malaria hot spots.
**Situation overview**

To date, the Health Cluster has provided enough medicines to cover the basic health needs of 6.7 million people. Over 235,000 people have been treated at the diarrhoea treatment centres (DTCs) set up in the aftermath of the floods. A total of 502 static and 58 mobile health outreach services are providing health care to around 8 million people.

In Baluchistan, a rapid assessment of needs among flood-affected populations is underway. Access has improved in most flood-affected areas, although water is still present in parts of Jaffarabad.

In Khyber Pakhtunkhwa (KP), most people have returned to their places of origin. Fewer than 5000 families remain in two camps and public buildings in Nowshera and Charsadda.

In Punjab, most people have returned to their places of origin; just over a thousand families remain in camps. Assessments are focusing on villages, where some returnees have begun rebuilding their homes.

Efforts are now focused on Sindh, where urgent humanitarian assistance is being provided to hundreds of thousands of displaced people in camps and public buildings, particularly in Dadu, Jacobabad and Jamshoro districts.

**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 29 October to 4 November)**

- 37 districts in four provinces provided surveillance to the DEWS during the above reporting period.
- 507 fixed health facilities and 58 mobile medical outreach centres provided surveillance data.
- 235,560 consultations were reported through DEWS, of which 16% were for acute respiratory infections, 16% were for skin disease, 13% were for acute diarrhoea and 5% were for suspected malaria.
- 17 alerts were received and responded to: 11 for viral haemorrhagic fever (VHF), three for acute watery diarrhoea, and one each for diphtheria, measles and acute flaccid paralysis. All alerts were responded to within 24 hours.

**Acute diarrhoea.** There are now 42 active Diarrhoea Treatment Centres (DTCs), compared to 58 last week. DTCs continue to be closed as and when rates of acute diarrhoea decrease and IDPs return home.

**Malaria.** In Punjab, areas including Layyah and Khushab are seeing high rates of falciparum malaria while DG Khan, Rajanpur and Muzaffargarh have hotspots for both falciparum and vivax. In Sindh, Larkana, Thatta, Sukkur and Khairpur are most affected by falciparum while Tharparkar, Jamshoro and Umerkot have mostly vivax cases. In Baluchistan, Zhob, Kohlu, and Naseerabad have many falciparum cases while Jhal Magsi, Sibi and Jafferabad are continuing to report a considerable number of vivax malaria cases. DEWS officers are collaborating with the Malaria Control Programme to investigate areas of increased malaria and provide rapid diagnostic tests and medicines. UNICEF is immediately deploying several thousand long-lasting insecticide-impregnated nets (LLINs) to North Baluchistan. WHO is following up with UNICEF to coordinate the distribution of LLINs on the ground and will enlist the assistance of its partners, including Merlin, to ensure health educators and Lady Health Visitors are on hand to demonstrate the
proper use of the nets. WHO is training health care providers in Zhob on malaria prevention and control measures.

**Crimean-Congo Haemorrhagic Fever (CCHF).** No new cases of CCHF have been reported since 17 October. To help prevent an outbreak of CCHF during Eid, WHO is distributing protective equipment to hospitals and, with the Ministry of Health, disseminating communication materials in local languages on the safe slaughter of animals.

**Dengue fever.** A total of 11 020 suspected cases have been reported, of which 6350 have been confirmed positive, with 32 deaths. A WHO vector control specialist is currently assessing vector control operations as well as insecticide, spraying, and fogging strategies and their implementation in major outbreak areas of Karachi and Lahore. WHO is helping the NIH test samples and collect data from other testing centres. While dengue patients usually recover without treatment, about 1 3% present as dengue haemorrhagic fever (DFH), which requires hospitalization. WHO is deploying a team of consultants for three weeks to train hospital staff on the case management of patients with DFH.

**Diphtheria.** DEWS has reported 19 cases of probable diphtheria, including six deaths, over the past three weeks. Laboratory confirmation is awaited, although a clinical diagnosis based on symptoms is generally reliable. Treatment of these cases is underway.

**Polio.** The total number of polio cases for 2010 now stands at 111, compared to 89 for the whole of 2009.

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**Government response**

The Chairman of the National Disaster Management Authority Pakistan launched the revised Floods Relief and Early Recovery Response Plan on 5 November. Projects in 29 districts have been identified for priority interventions. The Health Cluster has appealed for almost US$ 200 million in the revised plan.

**Partners’ response**

**UNICEF:**

**Mobile MNCH services:** UNICEF has been supporting mobile MNCH services in flood affected districts of Nowshera, Charsadda, DI Khan and Kohistan through MNCH program, DoH, CERD, MNCH program, SOGP, FPHC, SAHARA and NGOs. Around 60,315 clients including 17140 women and 26727 children have benefited from these services. ANC has been provided to 2428 PLs through these clinics.

**Specialized Pediatric Services:** Through UNICEF support Pakistan Pediatric Association (PPA) is providing specialized services in DI Khan, Tank, Nowshera and Charsadda. So far OPD services have been provided to 21169 children and another 1317 children provided inpatient care.

**Mother and Child Days:** Under this initiative around 33291 families in 11 affected UCs of Swat have been reached for ANC, vaccination, deworming, provision of clean delivery kits and health education. Around 5503 women were provided ANC, 6470 under 2 year defaulters children vaccinated with relevant antigen, 33291 families provided ORS and Aqua tabs, 17,004 children (6 to 59 months) provided Multi micronutrient sachets, so far.

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1 **Punjab:** Bhakkar, D.G. Khan, Layyah, Mianwali, Muzzafargarh, Rajanpur, R.Y. Khan. **Sindh:** Dadu, Jaccobabad, Jamshoro, Kashmore, Larkala, Shahdad Kot, Shikarpur, Sukkur, Thatta. **KP:** Charsadda, D.I. Khan, Dir Lower, Dir Upper, Kohistan, Nowshera, Peshawar, Shangla, Swat, Tank. **Baluchistan:** Jaffarabad, Naseerabad. **AJ&K:** Neelum.
**Mother and Child Week:** Through Mother and Child week in 171 UCs of flood affected districts of Charsadda, Nowshera, DI Khan, Peshawar, Swat and Malakand through around 2000 LHWs. Around 385866 families were reached during the week. 44906 defaulter children vaccinated, 276425 provided deworming tablets, 21145 PLs vaccinated against tetanus, 495654 families provided ORS, 14264 PLs provided clean delivery kits, 193884 6 to 59 months children provided MM sachets, 80232 families provided soap and 29109 PLs provided blankets.

**Mass vaccination campaign:** UNICEF in collaboration with the DoH and WHO has conducted Mass vaccination campaign in 15 flood affected districts including Peshawar, Mardan, Swabi, Swat, Dir upper, Dir lower, Nowshera, Charsadda, Kohat, Hangu, Tank, Buner, DI Khan Shangla and Kohistan. According to the details received so far, a total of 2,486,599 children have been vaccinated for measles, 2,527,532 children against polio, and 94,222 children given pentavalent vaccine, 30,912 children given BCG vaccine and 80,852 women vaccinated against Tetanus.

**Measles campaign (immunization plus campaign):** Measles campaign (immunization plus campaign) completed through 526 teams deployed in flood affected areas of Swat Charsadda, Peshawar and D.I.Khan benefited 296,983 under five children against Polio, 263,911 children (6-59 months) received Measles vaccine and 257,561 children of 6-59 months age, got Vit A supplementation.

**Routine immunization activities:** Routine immunization activities in collaboration with Department of Health being conducted in flood affected areas in schools and camps including district Peshawar, Charsadda, Nowshera, Swat and D.I.Khan have so far vaccinated 24,301 children against measles, 17,335 against Polio, 449 children received Vit A supplementation, 512 children received BCG, 2,477 Penta while 25,290 women were vaccinated with TT.

**Supplies:** Around 220,000 LLINs provided to Health Department KP through RBM for distribution in the affected districts during the week. Over 2.million ORS sachets provided to LHW Program KP.

**CARE INTERNATIONAL PAKISTAN**
(Reporting period: 16 to 29 October)

CARE is supporting primary, maternal and child health care through mobile and static health clinics in KP and Sindh provinces. With the arrival of winter, CARE is also focusing on providing winterized NFI kits and shelter support.

In KP, CARE is supporting 92 mobile clinics that treated 13 490 people in Nowshera, Charsadda and Swat during the reporting period, complemented by health and hygiene sessions. With its partners, CARE held an eight-training course for 46 traditional birth attendants (TBAs) in Swat, with a view to enhancing links between modern health care services and the community and increasing the number of births attended by TBAs.

CARE’s activities in KP are supported by IDEA in Nowshera and Swat and CRDO in Charsadda.

In Sindh, CARE reached 11 541 beneficiaries in Kandhkot, Sukkur, Shikarpur and Kambar Shahdadkot through 83 mobile clinics. In Sindh, health activities are mainly supported by CARE’s implementing partners Takhleeq Foundation and HANDS.

**Health activities in Dadu District**
In Dadu, CARE is planning to provide support to two taluka/tehsil hospitals (THQ in K.N. Shah and THQ in sub-district Mehr) as well as seven basic health units (BHUs)/government dispensaries. It is teaming up with Merlin to support mobile health care services in different Union Councils, and will provide staff, medicines and medical supplies to complement Merlin's work. Together, CARE and Merlin are targeting 454 000 indirect beneficiaries in a district where UNOCHA estimates that around 980 000 people are affected.
In KP, CWS P/A mobile health units are working in Mansehra, Kohistan and Swat districts, particularly in remote areas. To date, CWS/PA teams have conducted 22,897 consultations and 850 health education sessions. CWS/PA is planning to expand its mobile health services in Kohistan and launch new services in Shangla district.

CORDAID

In KP, CORDAID is working in BHUs Shalizara, Amnovi and Kuzkana and running medical camps in DHQs Alpuri, Shahpur, Damorai and Malak Khel. Last week it treated a total of 1470 patients (777 males, 693 females and 346 children under five). CORDAID also conducted health awareness sessions in UC Damorai, vaccinated children and pregnant women, and provided ante- and postnatal care and family planning services.

HAMDAM DEVELOPMENT ORGANIZATION (HDO)

In KP, HDO has established six health centres in D.I. Dkhah and Tank districts with financial and technical assistance from UNFPA. As of 31 October, the teams had treated a cumulative total of 45,726 patients.

HELPING HAND FOR RELIEF AND DEVELOPMENT (HHRD)

Over the last three months, HHRD has established over 550 free medical camps across the flood-affected areas, including some of the worst affected districts (Charsadda, Nowshera, Dir, Swat and Buner in KP; Mianwali, Muzaffargarh, Layyah and D.G. Khan in Punjab; Nawabshah, Sukkur, Karachi and Larkana in Sindh). HHRD’s teams of doctors and volunteers have treated over 100,000 people, distributed food packs to more than 370,000 people, and provided tents and other emergency supplies. HHRD has launched a long-term relief programme in eight Union Councils.

INTERNATIONAL MEDICAL CORPS (IMC)

(Reporting period: 3 to 9 November)

In KP, IMC teams deployed in 47 health facilities provided emergency health care services to a total of 10,991 patients in districts Peshawar, Charsadda, Nowshera, Buner, Swat, DI Khan, Kohat and Hangu. The three DTCs managed by IMC in Nowshera and Mardan districts treated 131 patients this week, 33 of whom were severely dehydrated. IMC’s psychosocial team provided support to 776 individuals. IMC is planning to launch a nutrition programme in 31 Union Councils.

In Punjab, IMC teams working in 13 health facilities in four districts (Layyah, Muzaffargarh, Multan and Rajanpur) treated a total of 5717 patients during the reporting period, mostly for ARI, skin infections and acute diarrhoea. Of a total of 5900 patients treated through IMC’s nutrition programme, 310 were found to be suffering from severe acute malnutrition.

In Sindh, IMC teams are working at 29 health facilities in five districts (Larkana, Shikarpur, Thatta, Jaccoabad and Qambar) and are recruiting additional health staff. A total of 12,570 people received medical care during the reporting period, mostly for ARI, acute diarrhoea and scabies. Of a total of 5862 patients treated through IMC’s nutrition programme, 603 were found to be suffering from severe acute malnutrition.

INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

IOM emergency health clinics and outreach medical teams are continuing to treat patients in Punjab (Muzaffargarh and Rajanpur districts) and Sindh (Thatta and Dadu districts). To date, IOM has treated a total of 16,654 patients in Punjab and 10,395 patients in Sindh, 314 of whom have been referred for secondary or tertiary level treatment. IOM is also distributing personal hygiene kits and bednets, and has hired community mobilizers to explain how to use the nets.
Health activities in Dadu District
On 5 November, IOM opened a health clinic in Talluqa Juhi, one of the worst affected areas in Dadu. So far IOM staff there have treated 108 cases and referred two severely ill patients.

ISLAMIC HELP UK (IH UK)
In Punjab, IH UK is working in Kot Addu (district Muzaffargarh) and Jampur (district Rajanpur Kot). It has treated 90 920 patients to date. In collaboration with the Punjab government, ARY, Al-Khair UK and Muslim Charity, IH UK is managing a 100-bed field hospital in Kot Addu that sees around 1100 patients a day. IH UK plans to expand the hospital's current surgical facilities (for ophthalmology, gynaecology and pathology) to include major general surgery. IH UK has donated 2 million analgesics to the provincial health department.

In KP, IH UK has distributed 2.6 million analgesics through local implementing partners in districts Nowshera, Charsadda and Swat.

In southern Sindh, IH UK’s 40-bed inflatable unit is providing extra capacity at THQ Hospital Jati in District Thatta. A total of 848 patients have been treated so far. IH UK has also distributed 5 million aqua tabs and 55 200 sachets of oral rehydration salts, and donated a water purification unit to the hospital.

MALTESER INTERNATIONAL
Malteser’s eight medical teams, supplemented by two teams managed by its implementing partner NIDA-Pakistan, have treated more than 30 000 people to date.

In KP, Malteser medical teams are working in Swat and Kohistan districts. In Swat, the teams have treated 19 130 patients since 2 August, conducted more than 100 medical camps and hygiene awareness sessions, distributed sanitation and hygiene materials, and provided clean water in some areas. In Kohistan, Malteser has treated just over 4000 patients since 6 September. It dispenses health awareness advice to all patients.

In Punjab, Malteser is working in Rahim Yar Khan district, where it has treated over 7000 patients since 4 October. Over 1000 families have enrolled in Malteser’s medical camps and hygiene awareness sessions.

MUSLIM AID PAKISTAN
Muslim Aid is working in KP (Charsadda), Punjab (Rajanpur) and Sindh (Thatta and Shadadkot). It is now beginning to focus on early recovery, and will soon launch mother, newborn and child health (MNCH) and nutritional services.

In KP, Muslim Aid is providing primary health care services at the government BHUs in Gulabad, Agra and Charsadda, with a catchment population of 20 000. All medicines are provided by Muslim Aid. To date, the team has examined over 10 000 patients and conducted more than 100 health education sessions.

In Punjab, Muslim Aid is working in the field hospital at Kotla Mughlan, Jampur, Rajanpur, where it sees around 240 patients per day. To date, it has treated more than 15 000 patients and conducted more than 87 health sessions have been conducted. Muslim Aid plans to open three to five MCH and nutrition centres in THQ Isakhail, THQ Kalabagh and RHC Village Bhel next month.

In Sindh, Muslim Aid is running two mobile health units, with referral services, at Thatta, and Shadadkot. To date, the units have treated more than 14 000 patients and conducted more than 80 health sessions.

Health activities in Dadu District
Muslim Aid has completed a baseline situation analysis in Dadu District, and is planning to target BHUs Shahpanju and Khanjogoth in Tehsil Mehr, mainly for MNCH and nutrition services (both out- and inpatient).

**WHO**

WHO has just completed the first phase of a three-phase mass vaccination campaign targeting around 25 million children aged between six and 59 months. A total of 7.2 million children were vaccinated in this first phase. The second phase will be carried out at the end of November, and the third phase in January 2011, subject to the availability of funds (there is a funding gap of US$4.5 million for measles vaccine alone).

WHO held two two-day training courses on DEWS for district surveillance officers and data assistants from 1 to 4 November in Islamabad. A total of 62 people were trained.

A WHO consultant is focusing on the preparation of the early recovery plan for the health system in affected areas. He will work with WHO and UN agencies, Health Cluster partners and the Ministry of Health to design an operational framework to reactivate the health system in areas of return.

Last week, 35 children with severe acute malnutrition with complications were admitted to nutrition stabilization centres in Jamshoro, Mitiari and Hyderabad (Sindh). Last week WHO trained health staff on nutritional surveillance in district Charsadda (KP), and is planning to conduct a second training course in Kohat shortly.

**CLUSTER COORDINATION**

Health Cluster partners are continuing to meet each week in Islamabad to share epidemiological data and review health response operations. Twenty five partners attended the latest meeting in Islamabad on 11 November. They reviewed the malaria situation and agreed that LLINs would be distributed by zone in malaria outbreak areas, complemented by training of households on the use the nets. UNFPA briefed participants on reproductive health activities including recent training courses on the Minimum Initial Service Package (held in Multan, Peshawar and Sukkur) and on gender-based violence (held in Multan, Hyderabad and Sukkur). The main issues and challenges identified during the meeting included the need to improve coordination of reproductive health activities at hub level, the shortage of female health care workers (compounded by the security constraints they face); and the unavailability of transportation to support referral services. Partners also discussed contingency plans for the harsh winter ahead, when many areas (e.g. upper Swat, Kohistan, Upper Dir, Shangla, Buner, Lower Dir) are likely to become inaccessible. Main health risks include acute respiratory infections (ARI) and acute pneumonia, shortages of medicines, and delayed referrals. The Health Cluster plans to train health care workers on the management of acute respiratory infections, provide heating facilities to health centres, pre-position medical stocks and supplies, and provide ambulances to strengthen referral services.

In addition to the Health Cluster meetings, OCHA convenes a general coordination meeting every two weeks to review the overall humanitarian situation and examine critical issues by Cluster. The last meeting, held in Islamabad on 12 November, reviewed camp coordination and management.

22 Health Cluster partners attended the 27 October Health Cluster meeting in Sukkur, co-chaired by WHO and the DGoH. Meeting participants discussed the IDP return process, the status of DEWS and the DTCs, and the high rates of malnutrition among the flood-affected population.

In southern Sindh, the Health Cluster is providing health care services in close collaboration with health authorities. WHO has donated medical supplies for 202,500 patients to the health department and Health Cluster partners. It has also trained 500 health workers on DEWS, health resources availability and mapping, and the proper use of long-lasting insecticide-impregnated nets (LLINs) and aqua tabs. Four
DTCs, 12 oral rehydration/nutrition screening points and three nutrition stabilization centres have been established. DEWS is working well and makes the most of available human resources within WHO and the MoH. Health Cluster mobile clinics and field hospitals serving IDPs in camps and local populations are supported with medical supplies and equipment donated by WHO. A rapid assessment of 573 health facilities in southern Sindh found that 75 were severely damaged.

The Health Cluster is providing water, sanitation and hygiene services throughout southern Sindh. It has trained health workers on disinfection control, distributed aqua tabs, collapsible water containers and hygiene kits, and is testing and monitoring the quality of water in health facilities. It is also conducting public health awareness campaigns for malaria and acute respiratory infections, and distributing LLINs. The Health Cluster is working closely with other clusters to ensure the needs of the affected population are met.

**Health activities in Dadu District**

Health services are provided through 72 health facilities with a catchment population of over 2.2 million. A rapid assessment of damaged health facilities in Dadu found that 12 were severely damaged and in need of urgent rehabilitation. Following two more aerial assessments of isolated areas surrounding Suprio Bund, FP Bund and MNV drains, the Health Cluster deployed mobile health teams from IMC and HANDS, with medicines, medical supplies, 10 000 LLINs, 250 000 aqua tabs, and health education materials donated by WHO. WHO has opened a sub-office in Dadu to monitor health activities with local health authorities, Health Cluster partners, and other clusters.
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