Highlights

- As of 6th May, 2010, 341,768 people (approximately 48,824 families) from Orakzai and Kurram Agency, of Khyber Pakhtunkhwa have become IDPs and are living in host communities. Of the total IDPs, 111,482 people (approx. 15,926 families) are living in Hungu, 27,013 people (approx. 3,859 families) in Peshawar and 203,273 people (approx. 29,039 families) in Kohat.

- There are another 1,513,713 IDP’s (approx207,358 families) residing in host communities of Mardan, Peshawar, Swabi, Charsadda, Nowshera, Kohat, Hangu, Tank, DI-Khan, Abbotabad, Haripur, Mansehra and Battagram districts of Khyber Pakhtunkhwa. Besides the IDPs living in host communities, 124,169 IDPs (approx 24,626 families) are living in camps. Jalozai is the largest camp with a population of 111,798 people (22,532 families).

- Health Directorate, FATA, WHO and UNICEF have conducted assessment of Health facilities in Mohmand agency in preparation for the expected return of IDPs from Jalozai camp.

- 517 DEWS health facilities reported a total of 317,084 consultations carried out from 17th April, 2010 to 30th April, 2010. 184,374 (58 %) of the total consultations were reported for female patients while 132,710 (42%) consultations were carried out for male patients. Children aged under 5 years represented 78,742 (25%) of all consultations. 72 health facilities reported 2,675 visits for antenatal care.

- For the period 17 April to 30 April, Twenty four alerts – one alert for acute flaccid paralysis (AFP), fifteen alerts of suspected measles, and two alerts of Acute Watery Diarrhoea (AWD), were received from Tank, D.I Khan, Lower Dir, Mardan, Nowshera, Peshawar, Swabi and Swat. All reported alerts were responded to accordingly. According to data from reporting health facilities, acute upper respiratory tract infection, with 71,092 patient consultations, remain the leading cause of morbidity; followed by acute diarrhoea.

- UNICEF conducted Measles campaign in 2 union council of district Nowshera. Out of the total target population of 23,737 children, aged between 9 months to 13 years, 23500 children (99%), were successfully vaccinated. In 2010, 777,837 children of same age group were successfully vaccinated. 2650 children, aged less than 5 years, were provided polio vaccines by 8 teams in Bajour agency, while 928 children of returning IDPs were provided polio vaccine by 4 teams at Eka Ghund (Mohmand Agency).

- From 13 April to 5 May, 2010, WHO moved life saving medicines, including emergency, cholera and maternal health essential drugs alongside 53 mini emergency Kits and 1 Inter Emergency Health Kit to Swat, Buner, Kohat and Abbotabad districts. These medicines are sufficient for the population of 319 000 for two months.

- Cluster members are prioritizing reproductive health care services in Lower Dir, Swat, DI Khan and Tank districts. During the last week of March, UNFPA supported 9 health facilities (District Head Quarters Hospital Tank, Rural Health centre Gomal Bazar, Parroha, Paharrpur, Basic Health Unit Dabarrha, Mufti Mehmood Memorial hospital, Tehsil Headquarters Hospital Matta and Samarbagh) in these districts. From 1st April, 2010 to 12th April, 2010, a total of 4,921 patients consulted for health services in these districts.
This includes 397 antenatal consultations, 127 postnatal consultations, 124 deliveries, 17 post abortion care cases, 6 referrals for C-section, 21 syndromic case management of sexually transmitted infections, 193 family planning consultations, 326 ARI, 968 gastroenteritis, 765 fever, 151 scabies and 1,773 consultations for other minor general outpatient services. During the above mentioned period, 123 newborn and 370 hygiene kits were distributed for improving menstrual and personal hygiene of the concerned women. Distribution of these kits would provide psycho-social support to the affected women at reproductive age group to overcome/transform socio-cultural taboos in women accessing reproductive health care.

HEALTH ASSESSMENT

Mohmand Agency Health Assessment

Health Directorate, Federally Administered Tribal Areas (FATA), WHO and UNICEF conducted assessment of health facilities in Mohmand agency to find gaps in service delivery in the areas of essential medicine, primary health care services, human resources, etc. Out of the targeted 27 health facilities, only 22 health facilities were assessed in the agency. On 19th April, 2010, Training of medical staff from the Health Directorate, Federally Administered Tribal Areas on the assessment tools was conducted in WHO Office, Peshawar.

From 21st to 24th April, 2010 medical officers and medical technicians of Mohmand Agency conducted an assessment of public health facilities in Mohmand Agency, with WHO and UNICEF’s technical and financial support. It was determined that all assessed health facilities lacked facilities for nutrition screening, dental services and detection and management of Sexually Transmitted Infections. Only 2 health facilities provide minor surgical procedures and Tuberculosis detection while only 3 health facilities offer Integrated Management of Neonatal and Childhood Illnesses (IMNCI). Essential new born care is provided at 4 assessed health facilities; growth monitoring is carried out at 5 facilities while 6 facilities assessed offer post abortion care and family planning services.

The detailed assessment will be shared soon.

(Photo 1; An IDP child visiting at health post (run by Health Cluster partner) with her mother in Jalozai Camp – Photo 2; Jalozai camp Nowshera district Photographs by Syed Haider Ali-WHO/EHA)
Disease Surveillance

The disease early warning system (DEWS) network has been established in the 10 districts hosting IDPs affected by conflict in KPK. Expansion of the DEWS network in all Hangu districts hosting IDPs from Orakzai and Kurram agencies is in process.

Districts in the DEWS network coverage in NWFP crises

<table>
<thead>
<tr>
<th>Nature of involvement</th>
<th>Number</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosting IDPs of Malakand Division and Bajour Agency</td>
<td>5</td>
<td>Peshawar, Mardan,Charsadda, Swabi, Nowshera</td>
</tr>
<tr>
<td>IDP Return Districts in Malakand Division</td>
<td>3</td>
<td>Buner, Swat, Lower Dir</td>
</tr>
<tr>
<td>Hosting IDPs of South Waziristan Agency</td>
<td>2</td>
<td>Tank, DI Khan</td>
</tr>
<tr>
<td>Hosting IDPs of Orakzai Agency</td>
<td>1</td>
<td>Kohat</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

Alert and outbreak investigations and response:

Between 17 April to 30 April, 2010, Twenty four alerts—one alert for Acute flaccid Paralysis (AFP), fifteen alerts of suspected measles and two alerts of Acute Watery Diarrhea (AWD) were received from seven districts (Tank, D.I Khan, Lower Dir, Mardan, Nowshera, Peshawar, Swabi and Swat) and were responded to accordingly. All the alerts were investigated and 21 samples (19 blood samples and 2 stool samples) were collected for laboratory confirmation. Measles outbreaks in two locations in district Peshawar were identified and mop up vaccination in both the localities was conducted. Both AWD samples were reported negative while laboratory results for all 19 blood samples are still awaited. Result of the stool sample for AFP is awaited.

Acute Flaccid Paralysis:
An alert for a case of Acute Flaccid Paralysis was reported at DHQ hospital, Swabi. The patient is a less than 5 year old female child, from union council Thana, district Buner. The Polio Eradication Initiative team conducted a detailed investigation and sent stool samples for laboratory confirmation. The results are awaited.

Suspected Acute Watery Diarrhea (AWD):
Two AWD alerts were reported from Mardan and Swat districts.
• One alert for a suspected case of AWD (a female patient above five year age) was reported from BHU Machi, district Mardan. Field investigation was conducted and a tool sample was collected and sent to National Institute of Health (NIH), Islamabad for laboratory confirmation. The laboratory result reported negative. No other suspected cases or clustering was found in the locality.
• Another alert of a suspected case of AWD (male patient above five year age) was reported from Kuza Banda district Swat. Field investigation was conducted and a stool sample was sent to NIH for laboratory confirmation of diagnosis. Laboratory results reported negative for AWD pathogen. No other suspected cases or clustering was found in the locality.

Suspected Measles:
Twenty one measles alerts were reported from Peshawar, Nowshera, Lower Dir, Mardan, Swat, Swabi, D.I Khan and Tank districts. All cases were scattered and no clustering was identified on field investigation.
• In Peshawar district, an alert for suspected case of measles was received from Rural Health Center (RHC), Badaber. A joint team conducted field investigation and active surveillance in the region. Clustering of cases was found in two locations - Mohala Badsha Khel (union council Badber Hureezai) and Mohala Bin Khazee
(union council Badber Merazai). The team declared measles outbreak in both the localities on clinical basis and a mop up vaccination was carried out at both locations in which a total of 1140 children were vaccinated. Blood samples from 4 patients were sent to National Institute of Health (NIH), Islamabad for Laboratory confirmation of diagnosis and results are awaited.

- An alert for a suspected case of Measles was reported from IDP Camp Walekandawa in districts Lower Dir. Blood sample was sent to NIH for laboratory confirmation and result awaited. No more cases were found in the camp.
- Six suspected cases of measles were reported from District Headquarters Hospital (DHQ) Mardan. The suspects came from different localities - Fazal Haq Munda, Mohala Khattak Mandoorain and Bericham Muhala Ganjganag. One alert was received from Nawakalay. All the alerts were responded to accordingly and no other cases were found in the localities. Blood samples from all the patients were sent to NIH for laboratory confirmation. Laboratory results are still awaited.

- Three alerts for measles were received in district Mardan and were responded to accordingly. RHC Toru reported a suspected case of measles. The patient, resident of Nawa Kallay, was a male child less than five years of age. The child was having clinical symptoms of measles. No other case of child suffering from measles was found in the locality. Blood sample has been sent for laboratory confirmation and result is awaited. Two cases of measles (a male and a female child above five years age) were reported from Basic Health Unit (BHU) Char Banda, Mardan. Field investigation was conducted and blood samples were collected for laboratory confirmation. The test results are awaited. The third alert for a suspected Measles was received from RHC Shergarh. The patient was a male child, less than five years of age. The child was having signs of measles. Blood sample was collected for laboratory confirmation. No more cases found in the area.

- Seven alerts for suspected cases of measles were reported from different locations of Swat district. All alerts were investigated and no clustering found. Blood samples were sent to NIH for laboratory confirmation of diagnosis and results are still awaited.

- One alert with two suspected cases of measles were reported from D.I Khan City. Both patients are IDPs (children under five years of age) from Waziristan Agency. Blood samples have been collected and sent to NIH for laboratory confirmation and results are awaited. No more cases were found in the locality of the reported case.

- Alert for a suspected case of measles reported from Tank city. Blood sample was collected and sent to NIH for laboratory confirmation and result is awaited.

- Two alerts for measles were received from DHQ Swabi. One suspected Measles case was received from Tariq Khan Banda, union council (UC) Anbar Kunda. During field investigation, four suspected measles cases were found in the area. Blood samples were collected for laboratory confirmation and situation in the area is being monitored. Another case was reported from UC Bamkhel, Mohalla Mirza Khan Banda. Field investigation was conducted by the EDO Health and diseases early warning system team. Blood sample was collected and sent for laboratory verifications. Laboratory test result is still pending. No other case was found. An alert for malaria was reported from the Jalozai IDP camp, district Nowshera. The cases were reported mainly from two locations in the camp. District health authorities were informed and plans for intervention and vector control activities in the camp are under process.

Morbidity and mortality (17 to 30 April, 2010)

519 DEWS health facilities reported 317,084 patient consultations in the 11 districts hosting IDPs and affected by the NWFP crisis. 72 DEWS reporting sites also reported 2,675 visits for antenatal care.

The table below shows the overall distribution of patients by gender and the number of consultations and the percentage for the priority communicable diseases under surveillance recorded 17 to 30 April, 2010.

Male/Female consultations and percentages

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of consultations</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>184,374</td>
<td>(58%)</td>
</tr>
<tr>
<td>Male</td>
<td>132,710</td>
<td>(42%)</td>
</tr>
</tbody>
</table>

(Source: DEWS, 2010)

Of the total number of consultations, 78,742 (25%) were made by children aged under five years. Detailed data of these diseases is available from the Weekly Morbidity and Mortality Bulletin 16, 17 available at [www.whopak.org](http://www.whopak.org)
COORDINATION

Islamabad

The 55th Health Cluster meeting was conducted on 5 May, 2010 in WHO country office, Islamabad. The action points drawn in the meeting are as follows:

- **HRP extensions should be evolved while keeping the Government of Pakistan's (GoP) plan for the IDPs return under consideration** as it is the key player in the whole process. The scenarios will be discussed in the operations coordination meeting to be held in Peshawar on 12th May, 2010.

- **Health Cluster Working Group** will be formed to develop Health Cluster Response Plan for a five month period (August – December, 2010). The working group will also review projects in PHRP. The Health Cluster Coordinator, MDM-F, UNFPA, WHO, UNICEF, and 3 volunteering NGOs will form the Health Cluster Working Group.

- As it is impossible to discriminate between people while providing the health services, miscalculation of host population is causing shortages in resources to provide adequate health facilities to all. Hence, it is decided to **take the whole population of the Union Council (UC) as host population** and to balance it with the current number of IPDs in the district.

- UNHCR has maintained a data of IDPs per UC alongside the host population of the concerned UC for all five Tehsils officially declared as Host Communities. UNHCR has amicably agreed to share these figures with health cluster partners.

- Suggest OCHA to include social welfare department in calculation of targeted beneficiaries for PHRP extension.

- All Health Cluster Partners will review and update their activities and proposals for PHRP 2010 extension. Partners who were not included in the initial PHRP will also be asked to submit their proposals. Some of the areas initially ignored will also be incorporated this time.

- Partners can submit their proposal based on Health Facilities Assessment Report and are invited to provide their own assessment reports. Partners can use MaCRAM as a basis. The new proposals can include previously ignored areas such as FATA agencies – South Waziristan, Kohat, Hangu, Khyber, Kurram, Mohmand and Bajour Agency.

- **All proposals will be presented to respective EDOs for consent before submitting them to OCHA.**

- All partners requested to update and **submit data on gaps in their targets and unmet needs** in their respective target areas.

Lower Dir:

- **Meeting was conducted at World Vision Office Timergarah on 5th May, 2010** to update on the increasing trend of diarrheal cases reported from camp health facilities. It also recommended establishing Oral Rehydrate Treatment (ORT) corner for all AWD cases. World Vision project coordinator ensured that they will soon arrange for ORT corners at camp health facilities and requested WHO to supply extra Oral Rehydrate Salts (ORS) during summer season.

Buner:

- Three days training, from 3rd May 2010 – 5th May, 2010, on Hospital based management of Severely Malnourished Children was carried out at DHQ, Daggar. The purpose was to train the health staff of Buner. A total 13 participants were trained including pediatricians, Nurses & paramedical staff of Stabilization centre.

Nowshera:

- **Health working group Meeting, District Nowshera, was held on 5th May, 2010 at Jalozai IDP camp. WHO provided technical guidance to partners on formulation & finalization of summer Contingency plan for Jalozai IDP camp.**
Swabi:

• Coordination meeting was conducted with Provincial Expanded programme of immunization for conducting Measles Week in District Swabi.
• Executive District Officer (EDO-H) Health, District Swabi, has requested for WHO’s assistance in spraying localities with high number of positive Malaria cases.

Charsadda:

• In view of the prevailing summers, a meeting was held in the EDO’s office on 5th May, 2010 for contingency planning regarding Acute Watery Diarrhea. During the meeting, a comprehensive preparedness and response plan was developed.
  On 7th May, 2010, a coordination meeting of partner Organizations was held in EDO- Health Office Charsadda. WHO Provided technical Assistance to the forum for finalization of diarrhea preparedness & response plan for Charsadda District. The successful decommissioning of WASH facilities in Palosa IDP camp by Tehsil Municipal Authority & Khushal Development & Awareness organization was also discussed.

Swat:

• Three days Nutrition Training for the staff of stabilization centre in Saidu Group of Teaching Hospital, Swat was organized by WHO, Swat. The training was attended by Department of Health, staff of Stabilization Centre and representatives of Humanitarian Organizations working in Nutrition sector.
• A meeting was held with Deputy Director (Public Health). Matters related to working of Health working group and problems of the district in the field of health were discussed in detail.
• Health Working Group (HWG) meeting of district Swat was held on 5th May 2010. UNOCHA was requested to organize cluster coordination training for HWG, Swat in collaboration with WHO. EDO (Health) will also place an official request. The Organizations were asked to share their one page reports about their response to Acute Diarrhea in their assigned areas on urgent basis.

Mardan

Capacity Building Session was conducted by WHO on 3rd May in Peoples Primary Health Programme

• Capacity building session for the health staff of Basic Health Units in the district was conducted by WHO. The trend of AWD was another focus of capacity building. The health staff was given instructions to be vigilant for any trend of large number of diarrhea cases being reported from any area. They were also trained about the case definitions of diseases, especially cholera. They were also informed about the flood threats being issued from Deputy Commissioner Office’s office.

Acute Watery Diarrhea (AWD) and Flood preparedness Plan on 4th May, 2010 in Executive District Office-Health

• Plan for preparedness of AWD outbreaks and for floods was thoroughly discussed. Responsibilities were shared and assigned to the different partners. EDO-H was also informed about the overall Measles situation in District Mardan. WHO official asked him for the measles mop up vaccination in the whole district. EDO Health was informed about the Diarrhea situation in district Mardan.

DI Khan:

• Weekly Coordination Meeting was held on 5 May, 2010 in the District Response Unit of EDO Health office. It was decided that in future, meetings will be held fortnightly.
• A Meeting was held with Coordinators of INGOs for development of preparedness plan for the management of AWD. The minutes will be shared with all partners soon. According to the plan, one central Diarrheal Treatment Centre (DTC) will be located at DHQ Hospitals of D.I.Khan & Tank. These will be supported by peripheral DTCs located at Rural Health Centers (RHC) and Tehsil Municipal headquarters (THQ) hospitals of both districts. Oral Rehydration Therapy centers will be established at each health facility level by the relevant NGOs holding that health facilities.
• WHO & UNICEF will provide logistic and technical support to the partners and will supervise their activities. Department of Health will relocate the human resource wherever & whenever needed.

• A workshop / Seminar about Awareness of AWD Management will be organized by Merlin, Save the Children and IMC with the support of WHO and DoH. Media will be involved to create awareness amongst the masses.

• Merlin has included four more Mobile Units & two more health facilities from the last week of April 2010, taking the total to 24 static health facilities and six mobile units for district D.I.Khan.

Tank:

• Coordination meeting was done with different stake holders at Merlin Office regarding AWD preparedness plan. Different stake holders are working in different health facilities. WHO updated each stakeholder about AWD. WHO directed that each stake holder will form an ORT centre at relevant facility and will be responsible for logistics too. WHO will also provide its technical support in terms of assessments and gap filling in terms of Essential drugs.

• At Civil Hospital or at RHC, the relevant stake holder will form the DTCs and at DHQ the referred centre will be made for the severe cases.

FILLING GAPS

(12 April-5 May)

Care International continued providing health services through two mobile and three static clinics in Ellai, Koga, Makhrani, Nawagai, Karapa union councils of Buner district. During the period of 13th April to 5th May, 2010, 3,954 patients were provided primary health care (including MCH & referral services) by CARE teams. During the same period, 1,706 patients (including 535 females and 865 children) were provided health services through CARE operated static clinics. 18 additional mobile camps were also arranged in the same union councils of Buner where 2,258 patients (827 females and 914 children) were treated. 37 health and hygiene Awareness sessions were also conducted which were attended by 625 people. The organization has started providing primary health care services through 4 mobile medical teams and 2 static clinics in sub-districts in Mingora & Matta of Swat district. The four mobile medical teams arranged 52 mobile camps where 5,429 patients were provided health care services, including 1,903 women and 2,225 children. The two static clinics of Matta sub-district provided 1,581 patients consultations, including 628 females and 644 children.

Cordaid's medical teams are offering their services in 3 rural union councils of Shangla, supporting 3 remote Basic Health Units with a catchment of more than 60,000 conflict-affected population which does not have access to any other basic health care. CORDAID supports the District's Head Quarters hospital (DHQ) Alpurai (the central health facility of Shangla district). CORDAID is providing incentives to MoH officials at 2 BHUs to ensure maximum presence of MoH Staff members at the concerned health facilities. Cordaid Medical teams also monitor distribution of free medicines, attendance of MoH staff and provision of technical assistance to MoH officials to enhance their capacities. This week, our teams consulted 511 patients, including 246 females, 154 males and 111 children. The three priority diseases are ARTs, Diarrhea and scabies. The medical team has observed that poor and needy people are getting access to PHC facilities leading to an increase in general health condition & hygiene and decrease in mortality and morbidity through proper filtration.

Save the Children. 28,029 patients were treated by Save the Children medical staff deployed at 24 Save the Children supported health facilities in Swat, Buner, and DI Khan districts. Of the total patients treated, 15,065 patients were women and 7,745 patients were children under the age of 5 years and rest were men. Health & Awareness sessions continued in all 3 districts and a total of 2,369 individuals benefited from them. 2,600 pregnant women were provided with Antenatal Care, Postnatal Care as well as health education messages. Distribution of clean delivery kits amongst pregnant women continued in all 3 districts and 271 pregnant women received these kits during the reporting period. Screening and enrollment of acutely malnourished children and pregnant & lactating women continued in four districts - Buner, Swabi, Mardan and Swat.

International Medical Corps continued providing 24/7 comprehensive primary healthcare services in Palosa camp in Charsadda including Mother and Child Health, health education and referral services. There were 1,193 consultations conducted in Palosa camp in the last week of March. Healthcare services were also made available to IDPs living with host families in Shubqadar, Charsadda District by coordinating with National commission of Human Development through provision of medicines. In Buner District, IMC is providing
UNICEF continued its health care services to the IDPs in host communities of Khyber Pakhtunkhwa (KPK). During the reporting period, 883 patients were provided with health care services including Mother and Child Health services at UNICEF supported facilities in IDP camps (Jalozai and Mohammad Khawaja). Antenatal care (ANC) was provided to 284 pregnant women (PL) and 22 deliveries were supported. In 2010, a total of 9877 patients have been provided health services in UNICEF supported health facilities in IDP camps. Through UNICEF supported eight public sector health facilities of DI Khan, 1902 patients were provided Health and MCH Services. ANC was provided to 285 PLs and 19 deliveries were supported during the reporting period. In 2010, a total of 15948 patients have been provided health services through these eight UNICEF supported public sector health facilities. UNICEF’s partner, Pakistan Pediatric Association is providing specialized pediatric services in DHQ hospital DI Khan. During the reporting period, 119 children were provided indoor services (Total 1147 since Jan 2010). 171 children less than 2 years of age in IDP camps (Total 4320 Since January 2010), and 542 in host families (Total 2707 since January 2010) were provided Expanded Programme Immunization services. About 52 PLs in IDP camps (Total 2348 since January, 2010) and 481 PLs in host families (Total 3287 since January, 2010) were vaccinated against tetanus. Measles campaign was conducted in two union councils of district Nowshera. A total of 23500 children, aged between 9 months to 13 years, were vaccinated against the target of 23737 (99%). 777,837 children of same age group were vaccinated in 2010. 2650 children, aged less than 5 years, were provided polio vaccines by eight teams at Bajaur agency while 928 IDPs returnees’ children were provided polio vaccine by four teams at Eka Ghund (the entry point of Mohmand Agency). During the reporting period, 123 health education sessions were conducted on different MCH topics in IDP camps where 811 people participated (Total: 13909 people benefited). A total of 62 health education sessions were conducted benefitting 718 individuals in DI Khan.

**MEDECINS DU MONDE-FRANCE (MDM-F)** provided Primary Health Care services, Expanded Programme of Immunization, Nutritional screening and Reproductive Health through two teams working in Swabi district, in 6 different villages (Naranji, Palodand, Goati, Amankot, Qamar Dand and Zumra) and running Out Patient Department for IDPs in Swabi in District Head Quarters Hospital. In Buner district, one medical mobile team is working in three different villages - Dargalai, Mangaltana and Dakara, of Sarwai Union Council. Another team is working in Kawga and Shal Bandi Union Councils (Ambella and Amnawar). Outpatient Department is supported by a medical team in Liaqit memorial Hospital Kohat district whereas two other teams are supporting Jarma and Zaramela union councils. A total of 10,596 curative consultations have been performed in the above mentioned locations. 54.48 % of the total consultations were for female patients while 22.18% of the total consultations were carried out for children aged less than 5 years. Acute upper respiratory infection with was the leading cause of morbidity followed by Skin diseases in all age groups.624 children, aged between 6 to 59 months are currently in the active file of weekly nutritional program. 1199 children have been vaccinated under expanded Programme of immunization.

**Malteser International** continued providing health services in Swat district and other parts of Khyber Pakhtunkhwa. From August 2009, Malteser International is supporting healthcare system of two union councils of Swat district by providing technical support and additional health staff (MSTs) to Islampur BHU, Chetewar Civil dispensary (Islampur UC) and Meragai BHU in Kokarai UC. During this period, Malteser has insured provision of PHC by rehabilitating all three health facilities, electrical supply and water, OPD, MCH, EPI and other services, supply of essential drugs, referral capacity, etc. From the beginning of the project period, more than 40,000 patients have been treated, with over 80% of the patients being children, women and elderly. During project implementation period, the area suffered from two serious epidemiological threats (outbreaks) - Cholera and Measles. EDO Health office, WHO and Malteser International collaborated to take required actions to bring the situation under control at the earliest. During the last two weeks, Malteser continued regular program activities, treating 2,303 patients in the above mentioned three health facilities. Beside these ongoing humanitarian operations in Malakand Division and FATA, Malteser International has regular reconstruction projects in AJK: 6 BHUs in MZD & Bagh Districts, and DRR/DIP Project in MZD.
American Refuge Committee International has been supporting seven government health facilities in Swat - Civil Hospital Barikot, Civil Dispensary Ghalegay, Basic Health Unit Bishband, BHU Telegram, BHU Bara Samai, BHU Koza Samai, BHU Taghma; and three in Swabi - Rural Health Center Yar Hussain, RHC Marghuz and BHU Zaida. ARC International has provided treatment to 17,042 patients in its concerned health facilities. Out of the total patients treated, 10,361 patients were females and 2678 were male patients. Reproductive health services are being provided through all the health facilities. Ante-natal care was provided to 726 pregnant women, Post natal care to 273 women and 65 deliveries were conducted. 67 referrals were also made. Ambulance service is functional in the Yar Hussain RHC. ARC continues to support one ambulance driver for MCH centre of the civil hospital Barikot. 270 Health education sessions took place in health facilities and in community. Psychosocial counseling was provided through 41 sessions in health facilities and 6 WFS (women friendly spaces). 480 delivery kits were distributed to women coming for ante natal care. 4701 individuals were vaccinated through Expanded Programme of Immunization services.

CAMP continued providing primary health care services including referrals, for the IDPs residing in phase six of Jalozai camp, Nowshera district. Total consultations were 2,916. Other activities included clinic based Health Hygiene Awareness session (two sessions) for female patients on daily basis. On an average, each session comprised of 15 to 20 participants. The Medical Officers regularly attended the weekly coordination meeting carried out at camp level and shared health related and other issues with the Implementing partners.

Association for Behavior & Knowledge Transformation continued providing Health support services in Basic Health Unit Tirat, Tootanu Bandai and Dhera Kanju in Malakand Division of NWFP. Number of consultations by medical officer at BHU Gabral were 140 (59 females; 47 males; 34 children) while in BHU Tirat, the number of consultations were 311 (98 females, 72 male, 132 children). At BHU Tootanu Bandai, the reported consultations were 362 (67 males; 164 females; 67 males 131 children). ABKT is also providing MNCH services at BHU Dherai Kanju through Lady Health Visitor, where 169 consultations.

Medical Emergency Relief International (MERLIN) continued its provision of health services during 13 April to 5 May, 2010 to IDPs in the districts of Swat, Buner, Mardan, Tank DI Khan districts and the IDP camps in Jalozai (Nowshera district). In Swat district, a total of 999 health promotion sessions were conducted where 10,357 (4,740 male and 5,617 females) participants attended. The total consultations during the above mentioned period were 39,376(16,154 male and 23,222 female). In Buner district, the total number of consultations conducted were 22,118 (8,900 males and 13,218 females) in 13 health facilities allocated to MERLIN. There were 1802 Health & Hygiene and nutrition education sessions where 25,075 people participated in these sessions. In Jalozai camp, six static health facilities provided 24/7 Health care services. The number of consultations was 37,974 (20,240 females and 17,734 males). In DI Khan the number of consultations during the above mentioned period was 29,696 (17,942 females and 11,754 male). In Tank District, the number of consultations during last week were 7,989 (3,511 males and 4, 478 females).

UNFPA continued supporting 9 health facilities (District Head Quarters Hospital Tank, Rural Health centre Gomal Bazar, Parroha, Paharrpur, Basic Health Unit Dabarha, Mufti Mehmood Memorial hospital, Tehsil Headquarters Hospital Matta and Samarbagh) in its concerned districts. A total of 11,233 patients were consulted in district D I Khan, Tank, Swat and Lower Dir. This includes 1,306 antenatal consultations, 432 postnatal consultations, 124 deliveries, 17 post abortion care, six C-section referrals, 21 syndromic case management of sexually transmitted infections, 549 family planning consultations, 890 ARI, 1,979 gastroenteritis, 1,301 fever, 428 scabies and 3,129 consultations for other minor general outpatient services. During the above mentioned period, 389 newborn and 947 hygiene kits were distributed for improving menstrual and personal hygiene as well as psycho-social support of the affected women at reproductive age group to overcome and transform socio-cultural taboos in women accessing reproductive health care.

The World Health Organization (WHO) prepositioned life saving medicines form 12 April to 7 May including emergency, cholera, maternal health essential drugs (53 mini emergency Kits and 1 Inter Emergency Health Kit to Swat, Buner, Kohat and Abbotabad districts.) These medicines are sufficient for the population of 319,000 for two months.

Funding situation

As of 6 May 2010, the Health Cluster has only received US$ 6,977,127 (9%) out of the total US$ 73,470,100 requested in the UN Pakistan Humanitarian Response Plan (2010) document. Source: OCHA Pakistan, 12 April, 2010). The Health Cluster is currently reviewing all the 2010 PHRP projects for the period August – December 2010 and the final document will be submitted to OHCA on 30 May 2010.
Communication and advocacy activities

Efforts are being made to raise the visibility of the health response in Pakistan through:

- Production of South Waziristan situation reports
- Pakistan Health in Photos
- Production and distribution of Health Cluster bulletins
- Packaging of disease surveillance film for distribution
- Updating of Health Cluster website
- Production of NWFP crisis slide show

Web links:

WHO Pakistan: [http://www.emro.who.int/pakistan/](http://www.emro.who.int/pakistan/)


Health Cluster Pakistan: [http://www.whopak.org/idps](http://www.whopak.org/idps)

Provincial Relief Commissionerate: [http://www.helpidp.org](http://www.helpidp.org)


WHO EMRO: [http://www.emro.who.int/eha/Pakistan_more.htm](http://www.emro.who.int/eha/Pakistan_more.htm)

Relief Web FTS: [http://ocha.unog.ch/fts/pageloader.aspx](http://ocha.unog.ch/fts/pageloader.aspx)

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Acronyms

AWD: Acute Watery Diarrhea
ACD: Association for Community Development
BHU: Basic Health Unit
CD: Civil Dispensary
CERD: Centre for Excellence for Rural Development
DART: Disaster Assistance Response Team
DEWS: Disease Early Warning System
DHQ: District Headquarter
DTC: Diarrhea Treatment Centre
DSM: District Support Manager
EDO: Executive District Officer
EMRO: Eastern Mediterranean Regional Office
ERU: Emergency Response Unit
FP: Family Planning
IEHK: Inter-agency Emergency Health Kit
HRDS: Human Resource Development Society
HTH: High test Hypochlorite
INGOs: International Non governmental Organizations
LHV: Lady Health Visitor
LHW: Lady Health Worker
LSS: Logistic Support System
MCHC: Maternal Child and Health Centre
MEHK: Mini Emergency Health Kit
MMT: Mobile Medical Team
NIH: National Institute of Health
MNCH: Maternal, Neonatal and Child Health
NWFP: North West Frontier Province
MSU: Mobile Service Unit
OFDA: Office of Foreign Disaster Assistance
ORS: Oral Rehydration Salts
ORT: Oral Rehydration Treatment
PHRP: Pakistan Humanitarian Response Plan
PIPOS: Pakistan Institute of Orthotics and Prosthetics Sciences
PPE: Personal Protective Equipment
PHHI: People's Primary Healthcare Initiative
PRC: Provincial Relief Commissionerate
PRCS: Pakistan Red Crescent Society
PWDs: Persons with Disabilities
RH: Reproductive Health
RHC: Rural Health Centre
THQ: Tehsil Headquarter
WMO: Woman Medical Officer