Health Cluster Updates | Pakistan
Emergency Health Response - Floods 2012

December, 2012

HIGHLIGHTS

- Due to the damaged health infrastructure many health facilities are unable to provide health services out of which some are covered by temporary health posts and mobile health units/camps. The damaged health facilities need to be re activated for provision of health services to the affected communities. (291 (49%) health facilities out of 600 have been partially/fully damaged in the three provinces).
- WHO and Health Cluster Partners need funds for maintenance and strengthening of surveillance of communicable diseases and outbreaks, and provide the minimum initial services package for reproductive health in the flood-affected areas. Funds are also needed for essential package of PHC services implementation which will cater the needs in terms of HR capacity, damages to health infrastructure, overloaded HFs and low medicines stock.
- More funding is required to replenish the medical supplies and rehabilitate 291 of 600 health facilities (49 percent) that have been damaged in 12 flood-affected districts.
- Most of the safe water sources are damaged and population is turning towards unsafe sources to meet its needs that may result in rise in the water borne diseases during coming weeks. Water quality monitoring and control need to be enhanced as most of the water sources are contaminated.

Health Cluster priorities:

Restoration of the functionality of damaged/destroyed health facilities and strengthening of referral mechanisms: This include basic emergency rehabilitation of health facilities including water supply and storage, facilities and/or setting up of ad-hoc temporary health facilities to allow immediate re-launching of essential primary health care services including activities comprised within the Minimum Initial Service Package (MISP) for reproductive health including provision of RH kits.

Maintenance and strengthening of Disease Early Warning, Surveillance and Epidemic Response Systems: This component undertakes disease surveillance and response for alert and outbreak detection and timely and effective response to mitigate morbidity and mortality through communicable diseases, with special emphasis on Malaria and Dengue. Early warning, Prevention, control and provision of a public health response to communicable disease outbreaks - priority health interventions need to be directed towards diseases that are endemic and particularly those which can potentially cause excess numbers of mortality and morbidity within a short span of time.
Accessibility to essential PHC services including MNCH/RH and immunization coverage:

This component support health facilities in the flood affected areas to make them operational through provision of essential medical equipment and provision of necessary medical male and female staff through health cluster partners and support to health department. Continuation of provision of essential primary health care (PHC) services including activities comprised within the Minimum Initial Service Package (MISP) for reproductive health (skilled birth attendants and new born care) and GBV prevention and response will be supported. Support will be provided to mass vaccinations/immunization campaigns, specifically against Polio, Measles and Vitamin A supplements for all children aged 6–24 months and pregnant and lactating women. Mass communication and social mobilization activities are important components for mass awareness on health practices and protection from diseases. Measles vaccination, vitamin A supplementation, deworming; Tetanus Toxoid vaccination receive tetanus Toxoid vaccination will be provided under the essential comprehensive PHC coverage.

Improving access and availability of essential life-saving medicines, supplies and equipment: Uninterrupted and sustained provision of essential medicines, medical supplies, and equipment has been critical to health delivery at all levels of health service delivery for the early recovery phase. The Essential Medicine package provided during the relief phase, covers the treatment for communicable diseases, non-communicable diseases, MNCH related medicines, Pediatric medicines, Minor Surgery and Diphtheria Anti-toxins. These lifesaving interventions played a vital role in reducing the incidence of morbidity and mortality.

Coordination of Relief and Early Recovery responses and information management support for prioritization of response, streamlining decision making and monitoring; World Health Organization as the Health Cluster lead, along with cluster partners, is ensuring that a coordinated response is put in place to ensure delivery of health services to the most vulnerable population both in relief and early recovery phases. Information management activities will also be strengthened at all levels to guide decision making, identify needs and critical gaps, and monitor impact of interventions. Additional expertise for GIS/geo-spatial analyses will also be commissioned to produce maps including mapping of health partners working in the affected districts to avoid overlapping and duplication of activities. Information management capacities including those for geo-spatial analyses will be made available at Islamabad office and field hubs.

Cluster Response:

- **WHO Essential Medicines department** provided essential medicine assistance to save lives and tackling ill health in disaster hit areas. These medicines have reached 892,214 people in targeted districts of Baluchistan, Punjab and Sindh. WHO customized essential medicines packages as Emergency health kits (EHK) and Diarrhoeal disease treatment kits (DDK). So far 90 EHKs, 28 DDKs, 70,000 Antimalarial treatments (primaquine), RDTS 19770, ACTs 35060, 6,336 skin treatments; 455 Anti Snake Venom (ASV), 175,000 ORS, 134 TIGs and 135 Anti diphtheria serum were provided as part of alerts and outbreaks response. The WHO standard packages for PHC facilities include Diarrhoea, ARI kits and MNCH kit are being assembled by EM team in warehouses. Essential medicines teams are effectively maintaining supply chain of WHO medicines to the target districts in coordination with the health departments. They have stock pilled contingency medicines in WHO respective hubs for ready availability in target districts. In all alerts and outbreaks response they responded emerging needs e.g. provided antidiphtheria serum in Diphtheria outbreak in Lahore. EM team provided technical support to the Punjab government in Syrup contamination case which caused death of people.
• **WHO/DEWS** teams have detected and timely (indicator <24-48 hours) responded to 179 alerts including 37 confirmed outbreaks in flood affected districts since the beginning of floods. Of these, 97 Vaccine Preventable Disease alerts (77 Measles), 40 waterborne disease alerts (9 AWD), and 27 vector borne disease alerts (21 Leishmaniasis) were reported and responded by DEWS teams. All reported alerts and outbreaks were investigated and timely responded to in coordination with health department and other partners (NGOs/INGOs) in all affected districts. Measles, AD and Leishmaniasis remained the leading alerts reported from flood affected districts. Approximately 775,256 consultations have been reported to the DEWS surveillance system from health facilities in flood affected districts. Acute Respiratory Infections, Malaria and Acute Diarrhoea were the main health conditions affecting the population. DEWS team provided training 130 healthcare and WASH workers on various health topics.

• **Merlin** has a robust health education & health promotion strategy which is community driven & community based. In the month of December, Merlin health promotion teams across the all project sites have completed the targets of reaching out to all targeted population. Merlin used two pronged strategy to engage the community i.e. The LHWs network & the Community Health committees. The respective district BCC coordinators conduct & arrange weekly & monthly meetings with LHWs & CHCs to chalk out health education & health promotion activities. The facility staff is also advised to educate the facility visiting community on different topics such as personal Hygiene, prevention from communicable diseases, ARI, Pneumonia etc.

• **CDO Pakistan** has arranged Mobile Health Camps in UC Shadi Shaheed & UC Long Faqir. Apart from free medical checkups & medicines support; flood affected people were also provided with Health & Hygiene Awareness sessions focusing on preventive measures against communicable diseases. CDO mobile & static teams specifically catered for the needs of pregnant & lactating mothers, children under five, elderly & disable while generally focusing on the provision of PHC, Nutrition & Wash activities. The teams also distributed safe delivery kits & conducted awareness sessions on exclusive breast feeding, immunization/Polio vaccination, hygiene & health related issues & nutrition screening.

• **CARE International** is continuing its project of provision of emergency health services through two Mobile Health Teams which include mother and child healthcare, health education and referral services in district Rajanpur.

• **Helping Hand for Relief and Development (HHRD)** is working in 9 Union Councils of Punjab, Sindh and Baluchistan; providing relief to 28 villages through provision of basic and primary health care services. 22,000 individuals received free of cost consultations and medication through medical camps set up by HHRD in Badin, S. Benazirabad, Tando Allah yar, Mirpurkhas and Sanghar.

• **HelpAge International** is providing PHC services in Jacobabad to the flood affected population including the vulnerable groups through two months project interventions.

• **Save the Children** is providing PHC services through a 6 months health project including mobile health services, basic health care services and primary health care services.

• **UNFPA**, through its Mobile Service Units (MSUs) is providing Integrated RH/GBV services to the flood affected population ensuring 24/7 BEmOC covering 03 districts in Punjab and 05 districts in Sindh. The Geographical coverage is 50,000 per MSU where each MSU targets 3 Talukas.

**Gaps, constraints and challenges:**

- Medicine availability need to be ensured for life saving interventions in affected population as contingency stock need to be replenished and funds are needed for procurement of medicines.
- Essential package of PHC services to be strengthened which will cater the needs in terms of HR capacity, damages to health infrastructure, overloaded HFs and low medicines stock. Capacity
building of health care staff on standard treatment guidelines, rational use of medicines so that DOH can effectively utilized their limited resources.

- Need for strengthening of health cluster partners’ operational and response capacities at field level as the funding flow is very slow as more support is needed from donors to maintain and continue the gap filling in the affected areas.

- Maintenance and strengthening of disease early warning, surveillance and response need more financial resources for control of communicable disease outbreaks to avoid morbidity and mortality in the flood affected areas.

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