



Pakistan Floods, Conflict and IDPs 2008 Health Situation Report #6-F-IDPs-2008 (11 Sept – 04 Oct, 2008)

Saturday, 4th October, 2008

Highlights

- Outbreaks of Acute Watery Diarrhoea are being responded to in Mardan, Charsadda and Risalpur (Nowshera) IPD camps and in Mingora City in Swat district.
- WHO has deployed a team of surveillance officer and environmental health expert, one team per district.
- Phase 1 of the Mardan Medical Complex expansion to cope with IDP influx has been completed and phase 2 is near completion. The hospital has 130 in patient bed facility and additional 30 beds will be arranged in an emergency surge capacity.
- WHO agreements with NGOs partners are being finalized to support health services provision in the IDP camps and host communities.
- WHO, MERLIN along with EDO-H have developed a preparedness plan for strengthening the existing **Diarrhoea Treatment Centre - DTC** at DHQ Hospital, Mardan.
- Isolation wards in DHQ Hospital Mardan have been totally disinfected by WHO Environmental Health Engineers.

Balochistan

- Due to increase in water level in River Nari, the flood water entered into UCs Chandar and Ghazi of district Bolan on 8th September 2008. Village Muradani in UC Chandar was badly affected where 15 houses were collapsed rendering 300 people homeless.
- No casualty reported due to the floods. However, the number of scabies and AWD cases had increased after the floods.



Collapsed houses at village Muradani, district Bolan

- In June 2008, as part of monsoon contingency planning, WHO had already sent 2 Cholera Kits and 12 First Level Care Health Facility (FLCF) Kits (1 kit is enough for 2000 population for 3 months) to the EDO Health, Bolan. This resulted in the timely availability of medicines for the affected people. In view of the increased diarrhoea patients, following the floods WHO sent 1 more Cholera kit and chlorine tablets to the district health authorities.

North West Frontier Province (NWFP)

- The IDPs from Bajour Agency are increasing day by day which are living in the camps or with host families in different districts of NWFP. In view of the expected surge in the number of IDPs after the Eid (end of ceasefire deadline), Government has established a new IDP Camp at Kacha Garhi, Peshawar. On 29th September, 20 families were shifted to Kacha Gari Camp which increased to 444 families on 4th October 2008.

Summary of IDPs Camps

District	IDP Camp Name	Families	Persons
Lower Dir *	Samarbagh Stadium	647	5233
	Govt. Degree College Timergara	364	2844
	Kungi Camp	477	3648
	GDC Jandool (Sadbar Kalay)	95	713
Mardan **	Sheikh Yaseen Town	585	3683
Charsadda **	Govt. Teacher Training School, Palosa	602	4141
Nowshera **	Benazir Welfare Complex	401	2626
Peshawar **	Kacha Ghari	444	2636
Swat *	GPS Hatat Abad	08	60
	GGHS Tahir Abad	53	470
	GHS Balogaram	30	250
	GGPS Balogaram	8	35

Source: * Provincial Relief Commissionerate Peshawar – 29th September 2008

** WHO team collected directly from the camp managers – 3rd / 4th October 2008

Assessments

1. WHO has conducted an assessment of the health facilities in district Peshawar, Nowshera, Mardan, Charsadda and Lower Dir with the objective to implement/strengthen the Disease Early Warning System (DEWS) and to analyze district's coping capacity in view of the additional load of IDPs living in camps and with host families in these districts. The assessment data is being analyzed.
2. Most of the assessed health facilities reported poor supplies of essential drugs.
3. Disease data collected from health facilities for the period of June-August 2008 showed an increase in consultations of diarrhoea but no alarming situation or clustering of cases outside the camps was found.
4. WASH assessment has been conducted by WHO Environmental Health team in the IDP camps of district Mardan, Charsadda and Nowshera.

Health impact

Avian influenza

- One suspected case of Avian Influenza was reported on 14th September 2008, from Pulmonology Ward of Khyber Teaching Hospital (KTH) Peshawar. The patient is an Afghan poultry farmer who has been working in a farm in Akora Khattak, district Nowshera, for the last 4 years. Patient's throat and blood samples were collected and sent to NIH Islamabad for Laboratory investigation. The patient has been shifted to isolated ward and is being monitored regularly.

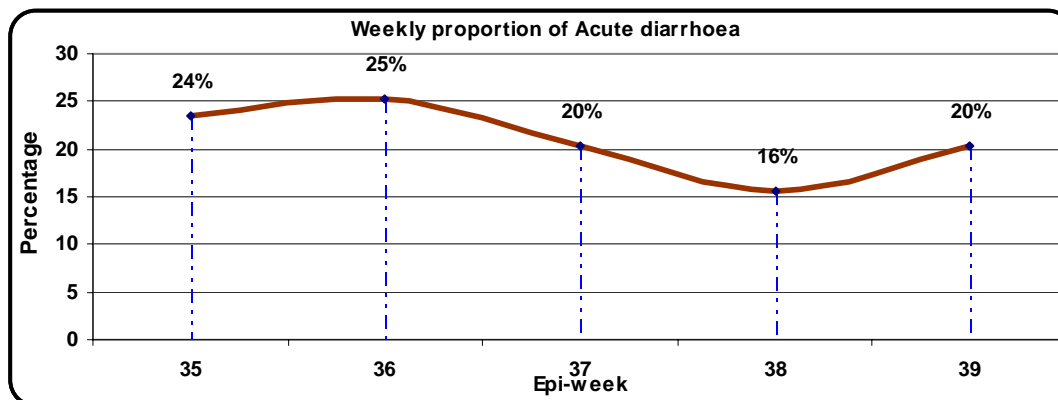
IDPs Hosting Areas

Overall Diarrhoea situation in the IDPs Hosting Districts

From week 35 (23 to 29 August 2008) to 39 (20 to 26 September 2008), total 4,470 diarrhoea cases were reported to DEWS from all the reporting sites which accounted for 20% of the total consultations. A serious acute Watery Diarrhoea outbreak has been encountered in two IDP camps (Sheikh Yaseen Camp in Mardan and Palosa Camp in Charsadda) and is being controlled. Strict preventive and control measures have been taken due to which the surge of AWD cases has been controlled despite the challenges of water and sanitation situation in the camps. Although the number of diarrhoea cases are still high, less patients are presenting with severe dehydration. The disease situation is being strictly monitored on

daily basis in the IDP camps and in the referral facilities. The overall weekly trend of the diarrhoea is shown in Figure 1.

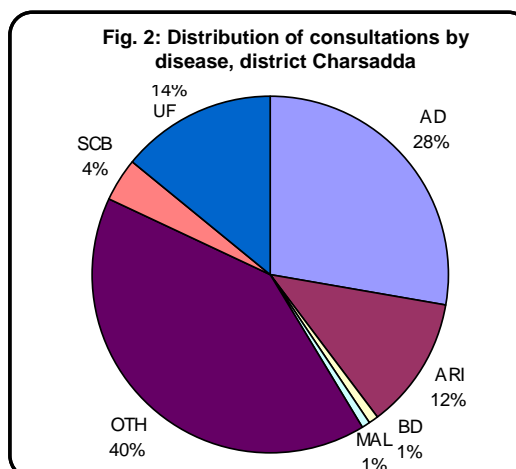
Fig 1: Weekly trend of Acute Diarrhoea, in three IDPs Hosting Districts of NWFP (Mardan, Charsadda and Nowshera)



1. District Charsadda

Disease Situation in district Charsadda:

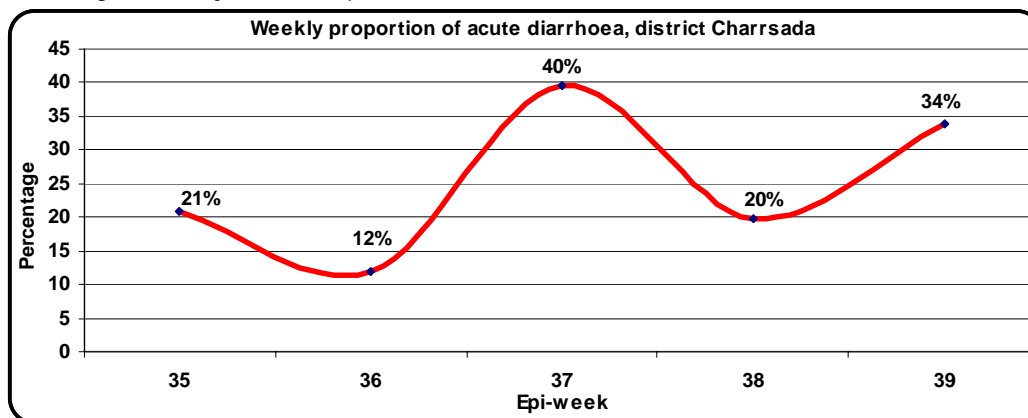
Five reporting units are participating in the weekly DEWS reporting since September 1, 2008, from district Charsadda. Since then 2,868 consultations have been reported. Diarrhoea is the leading cause of consultations with 787 (28%) cases followed by Unexplained Fever 409 (14%), ARI 340 (12%) and skin infections including scabies 107 (4%), Bloody Diarrhoea 29 (1%) and suspected Malaria 21 (1%) cases (Figure 2).



Diarrhoea Situation in district Charsadda:

The overall weekly pattern of acute diarrhoea in district Charsadda is presenting a fluctuating picture as shown in Fig 3. The diarrhoea situation in district Charsadda may not be reflecting the actual picture in the whole district since as at this stage, the health facilities reporting to DEWS are mainly those facilities which are providing health coverage to the IDPs from Bajaur including the clinic in the IDP camp and DHQ hospital. With the inclusion of more health facilities in the DEWS, the overall picture of diarrhoea may change for the district. As a high number of diarrhoeal cases were observed among the IDPs from Bajaur, the DEWS implementation was focusing initially on the health facilities from those locations where the IDPs were living with relatives, friends and rented houses in addition to the IDP camp.

Fig.3: Weekly diarrhoea pattern, in district Charsadda from week 35 to 39, 2008



Palosa IDP Camp, Charsadda:

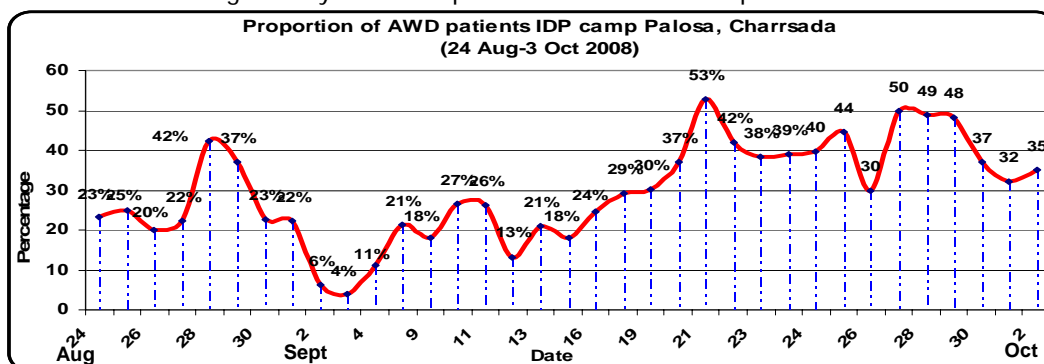
There are 602 families (4,141 individuals) including 726 male, 962 female, 1333 male children and 1120 female children are living in the Palosa IDP Camp, Charsadda. According to Provincial Relief Commissioner data, there are 754 families (4524 individuals) living with the host families in Charsadda district.

Diarrhoea Situation in the camp:

An outbreak of Acute Watery Diarrhoea was reported from the Palosa IDP camp, Charsadda during the last week of August 2008 and was contained with the timely and effective measures in the first week of September. It remained under control for some time, but with the influx of more IDPs in the camp, the water, sanitation and environmental conditions deteriorated and the number of cases with diarrhea increased again during the week of 15th to 21st September 2008. Intensive control measures focusing on sanitation, environmental hygiene and water supply has contributed to an improvement of the situation. Continuous health education campaigns, supply of clean drinking water and improvement in sanitation conditions should be ensured. The situation is being handled effectively with the provision of diarrhoea treatment at the camp site along with backup support of an ambulance for referral and patient management at the DHQ hospital. Only one death of a 35 days old child was reported on 17th September 2008 due to diarrhoea in the Palosa IDP camp. The child was on bottle feeding and was malnourished.

The diarrhoea situation is being strictly monitored on daily basis along with monitoring of the water and sanitation interventions being undertaken in the camp. Figure 4 presents the daily situation of diarrhoea in the Palosa IDP camp.

Fig 4. Daily diarrhoea pattern in Palosa IDP camp Palosa



Health Services at Palosa IDP Camp:

- WHO is supporting the camp and DHQ hospital with medicines and fuel for the ambulance along with other preventive activities in collaboration with other cluster partners.
- 24/7 health services are being provided by the Department of Health staff in the camp in 3 shifts. They were also provided services during the Eid holidays. One ambulance is standby in the camp for referral services.
- One Lady Health Supervisor (LHS) and 7 Lady Health Workers (LHWs) are providing health and hygiene education to the IDPs in the camp.
- Relief International is also providing health services in the camp, but they took off during the Eid holidays.
- MSF-France is planning to start health and watsan activities in the camp.
- WHO is negotiating with IMC for the provision of health services in the IDP host areas of district Charsadda.

Essential Drugs:

- WHO has sent two more Cholera Kits to DHQ hospital, Charsadda and one Cholera kit to EDO Health for the Palosa IDP Camp.
- BIN cards and daily expense sheet for cholera kit has been provided to the Palosa Camp.
- WHO pharmacists are tracking the medicines from EDO Health Warehouse to the health facilities and patients (end-users) and monitoring the rational use of drugs.
- WHO has donated one computer to the EDO Health, Charsadda for the Logistics Support System (LSS). Training on LSS has been provided to the relevant staff of the EDO Health Office.

WATSAN and Environmental Health

- WHO tested the water sample from a hand pump located outside the Palosa camp which was found contaminated. On the request of WHO, TMO directed his staff to immediately close the hand pump with the consent of local community.
- TMA performed insecticidal spray in Sheikh Yaseen Camp for the vector control on 25th September 2008.
- UNICEF through local NGOs has constructed 51 VIP latrines and 4 bathrooms at the Palosa IDP Camp.
- One water bladder of 5,000 litres capacity has been installed by UNICEF contracted NGO CRDO and foundation far other three is nearly completed. Two garbage collection points has been constructed.
- 79 flush latrines in the building which were blocked have been cleaned and made functional by MSF.
- Cleaning activities and floor washing started by an NGO HDOD.
- WHO has distributed 155 Nerox filters to the IDPs and practical demonstration of its use was given to each tent through CRDO & HDOD hygiene promoters.
- Social mobilizers are providing house to house health and hygiene education.
- WHO and UNICEF conducted a sensitization session for the hygiene promoters of CRDO, HDOD and national program's staff.

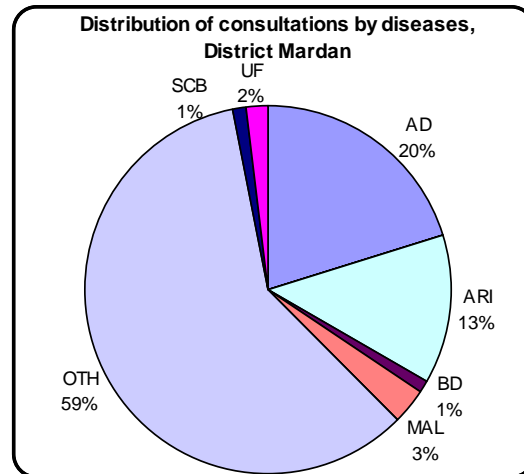


WHO Surveillance officer is conducting sensitization session of social mobilizers

2. District Mardan

Disease Situation in district Mardan:

DEWS reporting is improving in district Mardan and in week 38 the reporting units reached to 27. From week 35 to 39, total 16,053 consultations were reported from district Mardan. Acute Diarrhoea remained the main reason for consultations with 3,259 (20%) patients followed by ARI 2,016 (13%), suspected Malaria 482 (3%), Unexplained Fever 342 (2%), Skin infections including Scabies 220 (1%) and Bloody Diarrhoea 165 (1%) cases. Three suspected cases of AFP and 1 suspected case of meningitis were reported from Takhtbai area of district Mardan which is a no go area for UN staff due to security reasons. However, the information was shared with the Polio surveillance focal person for the investigation of AFP cases.



Diarrhoea Situation in district Mardan:

Beside the IDP camp, a higher proportion of diarrhoea patients were reported from the DHQ hospital, Mardan. In district Mardan, a large number of Bajour IDPs are living with host families. Diarrhoea situation is being monitored at the DHQ hospital since beginning of the DEWS in the district. Using the data from the DHQ hospital and the addresses of patients, some pockets were identified from which a higher number of IDP patients with diarrhoea were coming from. Preventive measures were initiated in those areas, especially with regards to water chlorination.

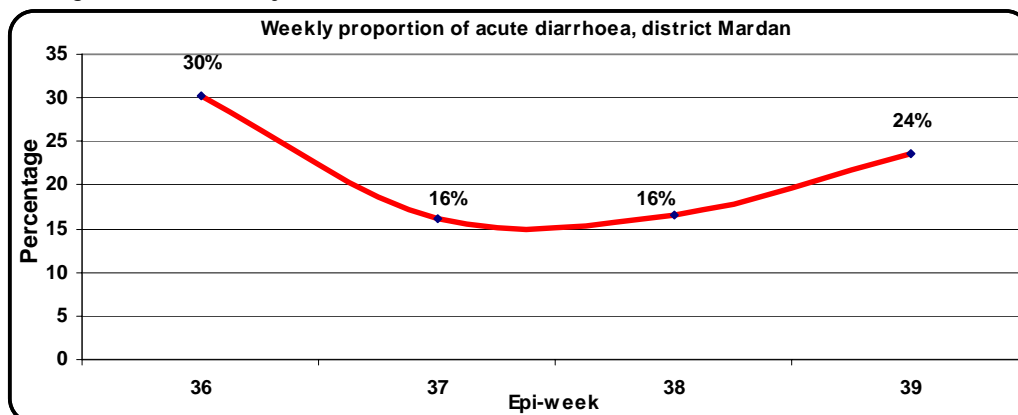


IDPs Diarrhoea patients at DHQ Hospital, Mardan

The overall graph of diarrhoea is showing a fluctuating pattern (Fig 5).

A special ward for the IDP patients with diarrhoea has been established at DHQ hospital with 16 beds capacity. WHO is supporting the IDP ward with medicines, disinfection measures by providing cleaners and disinfectants and food for the patients.

Fig 5: Overall weekly trend of diarrhoea in district Mardan from week 35 to 39, 2008



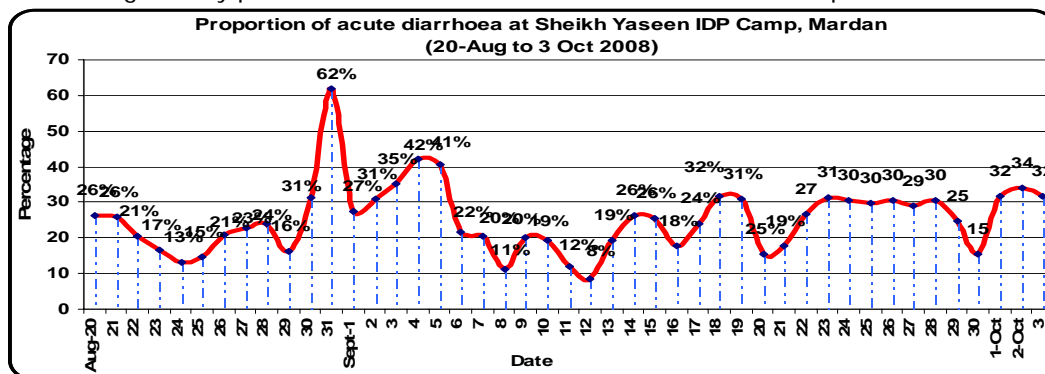
Sheikh Yaseen IDP Camp, Mardan:

There are 585 families (3,683 individuals) including 777 male, 905 female and 2001 children are living in the Sheikh Yaseen IDP Camp, Mardan. According to the Provincial Relief Commissioner data, there are 3,851 families (32,421 individuals) living with the host families in district Mardan.

Diarrhoea Situation in the camp:

An outbreak of AWD is currently being responded to in the Sheikh Yaseen IDP Camp in district Mardan. The number of patients presenting with severe dehydration has reduced but the overall number of patients with diarrhoea remains high. Poor hygienic practices, entrenched behaviors require intensification of the health and hygiene promotion activities. The diarrhoea situation in the camp is being strictly monitored. The Proportion of Diarrhoea cases in the camp is shown in figure 6.

Fig 6: Daily pattern of Acute Diarrhoea in Sheikh Yaseen IDP camp Mardan



Health Services at Sheikh Yaseen IDP Camp:

- Measles vaccination and Vitamin A supplementation campaign have been completed in the camp.
- MSF-H has established a Diarrhoea Treatment Center at Sheikh Yaseen Camp with two 3 bedded wards (1 for male and 1 for female). They also constructed separate latrines for dehydrated patients.
- PRCS/ICRC is providing OPD services in the camp and referring the diarrheal patients to MSF-H.
- Ambulances of EDHI Foundation and Ummah Foundation are available in the camp.
- 24/7 health services are being provided by DoH staff in the nearby BHU Sheikh Yousaf and one ambulance is standby in the health facility.
- During the Eid Holidays, WHO supported the Department of Health staff to provide the 24/7 services in the BHU Sheikh Yousaf for the IDPs. MSF-H also provided the services during the Eid Holidays, while PRCS clinic was closed which will re-open on Monday.
- WHO is negotiating with Merlin to provide the Diarrhoea treatment services at DHQ Hospital, Mardan.



Indoor patient facility at MSF-H's DTC



PRCS doctor examining a patient at Sheikh Yaseen IDP Camp, Mardan

Essential Drugs:

- WHO has sent two more Cholera Kits to DHO hospital, Mardan and one Cholera kit to BHU Sheikh Yousaf for the IDPs of Sheikh Yaseen Camp.
- BIN cards and daily expense sheet have been provided to the Sheikh Yousaf BHU and will be maintained by WHO pharmacists.
- WHO pharmacists are tracking the medicines from EDO Health Warehouse to the health facilities and patients (end-users) and monitoring the rational use of drugs.
- WHO has donated one computer to the EDO Health, Mardan for the Logistics Support System (LSS). Training on LSS has been provided to the relevant staff of the EDO Health Office.



After getting the medicines, a young girl watching a patient at PRCS Medical Camp

WATSAN and Environmental Health:

- Eight water bladders having capacity 1500 & 5000 liters have been installed by SSD (implanting partner of UNICEF) which will overcome the water storage problem.
- Nine Garbage Disposal points have been constructed to improve the environmental health situation in the camp. SSD social organizers and hygiene promoters have been advised to convince and mobilize the IDPs for voluntarily garbage collection and keeping the satisfactory conditions of general cleanliness in the camp.
- TMA water tankers are filling the bladders on 8 hourly bases and the camp has sufficient safe chlorinated water.
- Total 151 VIP latrines including bathrooms have been constructed in three blocks which are easily accessible to the IDPs.
- SSD regularly spays Calcium Oxide on the water storage pit which is used for construction activities in the town.



Before installing the water bladders, people are getting water from the TMA tanker



Water bladder installed by UNICEF at Sheikh Yaseen Camp

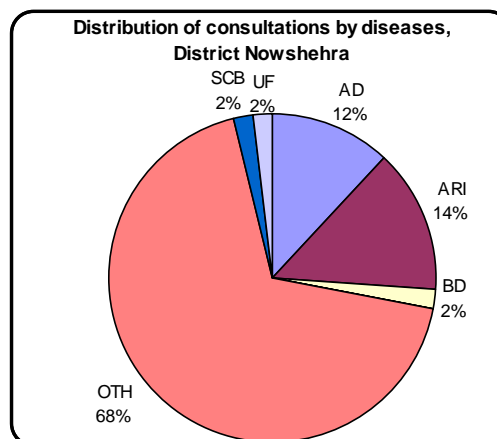


VIP latrines constructed by UNICEF at Sheikh Yaseen Camp

3. District Nowshera

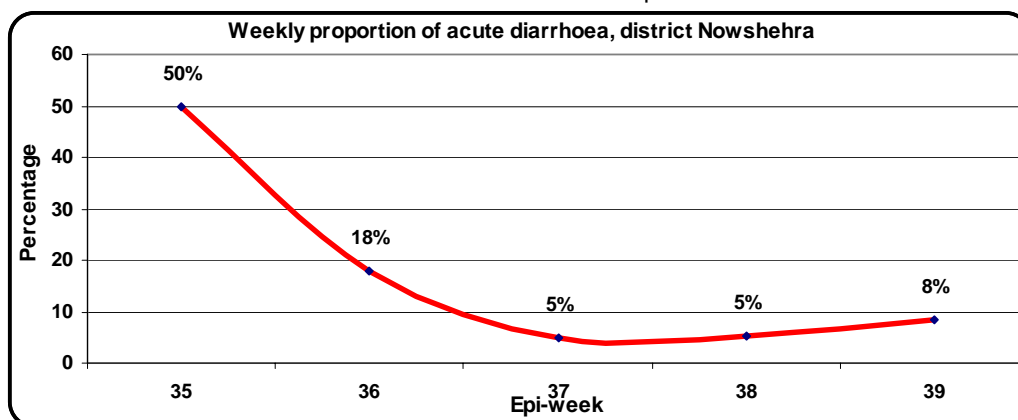
Disease Situation in district Nowshera:

Five health facilities are reporting to DEWS in district Nowshera. From week 35 to week 39 total 3,494 consultations have been reported from district Nowshera. Overall ARI has been the leading cause of consultation with 478 (14%) consultations in the district, Diarrhoea is the second common reason with 414 (12%) consultations followed by Unexplained Fever 85 (2%), Bloody Diarrhoea 72 (2%) and Skin infections 65 (2%) consultations.



Diarrhoea Situation in district Nowshera:

In the month of August two diarrhoeal disease outbreaks were experienced in district Nowshera which were responded effectively and timely contained. The overall diarrhoea situation in the district has improved. In week 39 the proportion of consultations for the diarrhoea reached at 8% of the total consultations as compared to 50% in week 35.

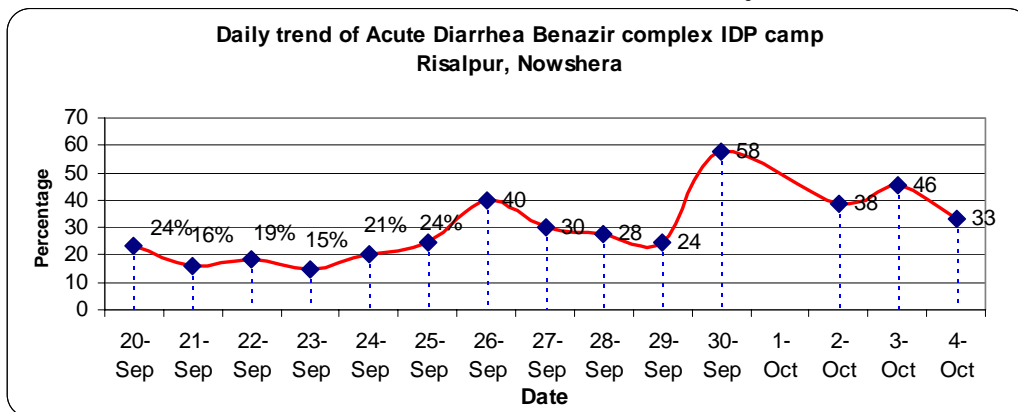


Benazir IDP Camp, Risalpur, Nowshera:

Government has set up a new camp at the Benazir complex, Risalpur which start functioning on 20th September, 2008. In the camp, 412 tents have been erected and 401 IDP families (2,626 individuals) including 403 male, 495 female and 1728 children, are living.

Diarrhoea Situation in the camp:

PRCS is providing health services in the camp. From day one, DEWS has been implemented in the camp and disease situation is being monitored on daily basis. As seen in the other districts, a higher proportion of Diarrhoea is also observed in this camp. Looking at the situation, strict preventive measures were initiated in collaboration with partners. On 30th September, the graph is showing a sharp increase in diarrhoea cases. The situation is continuously shared with partners and more preventive measures are being emphasized. With the influx of more IDPs, unhygienic practices and open defecation, the situation remains critical. Continuous hygiene promotion activities and efforts are being carried out to improve the situation. Diarrhoea and environmental health situation is strictly monitored.



Health Services at Benazir IDP Camp, Nowshera:

- PRCS is providing the 24/7 health services in the camp. A doctor and a paramedic are available in the morning and evening shift while a dispenser covers the night. Two beds on each side of clinic (male and female) are available for the indoor patients. An ambulance is also available for the referral services.
- WHO is negotiating the contact with Islamic Relief to provide and strengthen the health services in the Benazir IDP Camp, Nowshera.

WATSAN and Environmental Health:

- Water is being provided in the camp through a tube well. Two water storage tanks having capacity of 13,400 and 5,000 liters and one water bladder of 10,000 liters are available in the camp are providing water through 8 water points and 50 tap stands. Chlorination is also being done in the water storage tanks.
- Water samples have been tested for biological contamination and no contamination found. However, water sample are being sent to NIH Laboratory to investigate the chemical contamination. Test of household water samples showed high microbiological contamination.
- Health education is being provided by PRCS staff and LHWs. The IDPs are not using the chlorinated water for drinking, as they complain for water taste. Most of them are using a water source located in the nearby mosque. PRCS has distributed hygiene kits consist of bath soaps, washing soaps, nail cutters and other hygiene items to the IDPs.
- Open defecation is a common practice in the camp. 28 pit latrines (16 for female and 12 for male) and 8 bathrooms have been constructed. However, the Pit latrines are inappropriately constructed and there is no separation between male and female latrines. Around 100 more pour flush latrines are being constructed.
- Two stagnant water pits are located inside the camp, increasing the risk of Malaria.
- There are no arrangements for used water and solid waste disposal which lead to high risk of vector born diseases.

4. District Peshawar

- In view of the expected surge of the IDPs after the Eid (end of ceasefire deadline), Government has established a new IDP Camp at Kacha Garhi, Peshawar. The place was previously used to host more than 80,000 Afghan Refugees. On 29th September, 20 families were shifted to Kacha Gari Camp which increased to 444 families on 4th October 2008.
- **Kacha Garhi** camp is under the control of Afghan Commissionerate and is supported by UNHCR. (Contact# Mr. Siddiq, District Administrator, Afghan Commissionerate, Tel: 091-9217048)
- Saudi Red Crescent has offered to use their Hospital Building for the provision of health services to the IDPs. WHO is negotiating the contracts with IMC and Islamic Relief to provide the health services in the Kacha Gari IDP Camp.
- Special duties were assigned by the DoH to their doctors and paramedics for the EID day coverage in Kacha Gari Camp but no body arrived. To ensure the 24 hr Medical services WHO arranged one medical doctor and a paramedics on honorary basis.
- WHO has sent one First Level Care Facility Kit for the Kacha Gari Camp, Peshawar.
- Ten water over head tanks having capacity of 300 gallons each, have been installed by SSD (UNICEF partner organization) and are functional with water stands having 54 taps. SSD is also supplying water through tankers to overcome the water shortage problem.
- Chlorination of the potable water is done by SSD. Random testing of water for residual chlorine has been done by WHO Environmental Health Engineer which showed proper chlorination and the chlorine level was 0.2 mg/l which falls within the WHO guideline values.
- 79 Pit latrines (38 male, 41 female) and 19 bathrooms (09 male, 10 female) have been completed by SSD and HRDS having vent pipe and proper partitioning. New pit latrines and bathrooms are under construction to provide complete coverage to all the IDPs.
- WHO distributed 136 Nerox filters to the IDPs. Demonstration was given to the IDPs about the use of filter and its cleaning process.
- Waste bags were distributed for effective waste management in the camp.

- SSD has distributed 30 hygiene kits including bath soap, washing soap, nail cutter and other hygiene items. They also distributed the water buckets to the IDPs for storage of water at the House Hold level.

5. District Lower Dir

There are 4 IDP camps in Lower Dir district. WHO has sent one First Level Care Facility Kit and one Cholera Kit to EDO Health Lower Dir for the IDPs. ICRC and MSF are providing health services to the IDPs but still they need to the information through DEWS.

Lower Dir is no go area for the UN staff due to security reasons.

6- District Swat

Saidu Sharif Hospital Complex, Mingora:

- From 1st to 4th October, a total of 2,058 patients with diarrhoea were attended at the hospitals. On 4th October, 646 patients were admitted at the hospital. Age wise distribution of the patients: 356 patients aged 1-4 years, 18 patients aged 4-15 years, 57 patients in 15-25 years of age group, 112 patients in 25-45 years of age group and 108 patients above 45 years of age.
- The electricity has been cut for more than 2 weeks and the populations in Mingora, Saidu Sharif and Faizabad have been resorting to drinking water from contaminated springs and canals.
- MSF-B is supporting the casualty ward in one of the hospitals and has opened a Diarrhoea Treatment center. MSF-B is also supporting with mobile generators for the pumping of water from the tube wells.
- Following the request from the district disaster officer and the hospital Medical Superintendent, WHO provided 2 Cholera Kits, disinfectant bottles, ORS and water purification tablets.
- MSF-B has collected stool samples of the patients and dispatched to NIH, Islamabad for laboratory investigation.

Urgent Needs

- Information is urgently required on the situation in Dir, Bajaur and Swat especially regarding health conditions. These are no go areas for the UN due to security reasons.
- District based coordination is essential and continuous involvement of the health authorities is key.
- The health cluster partners are planning to respond to the potential expansion of Kacha Gari camp which could accommodate up to 60,000 IDPs and which will require more health providers and a network of fixed and mobile health facilities.
- In view of the changing weather and low temperature at night, discussions on winterization needs should be initiated shortly.