

## Pakistan Floods Situation Report #1-2008 (March-April 2008)

Monday - 16 May 2008

### Highlights

- WHO and partner NGOs are implementing the CERF project in 10 flood affected districts of Balochistan and 2 of Sindh for a period of 9 months starting from April 2008.
- DEWS reporting is continue, alerts for suspected outbreaks are investigated and responded to as needed, despite the challenges.
- Medicines and supplies for emergency PHC services and cholera preparedness are shipped to the flood prone districts of Pakistan including flood affected districts of Sindh and Balochistan
- WHO constructed 10 pre-engineered warehouses in 8 districts of Balochistan
- A monsoon contingency plan of health sector has been drafted jointly by UN agencies, health partners and NDMA.

### Background

The impact of cyclone Yemyin and the monsoon floods of July 2007 has left more than 18 districts affected in Sindh and Balochistan. The National Disaster Management Authority (NDMA) in collaboration with provincial authorities and Pakistan Army initiated a large relief operation. The UN agencies and NGOs launched a flash appeal which attracted



modest funds and established 11 clusters to support the relief efforts with varying results. The Real Time Evaluation (RTE) of the flood response highlighted several deficiencies, the main ones revolving around lack of appropriate coordination mechanism with the authorities and the deficiencies in information management of the established clusters. The main challenge was lack of appropriate resources and mechanism for recovery activities. In March 2008, CERF Secretariat granted US\$ 7 millions to Pakistan using the under-funded window of CERF mechanism for the most important priority interventions and life saving activities for a period of 9 months starting from April 2008.

A comprehensive health assessment in 12 flood affected districts of Sindh and Balochistan was conducted by WHO in November 2007. On the basis of assessment the districts were prioritized for the health interventions. District Jhal Magsi and Lasbella scored with 14 points which means they need the highest attention and level of intervention. District Kech scored with 12 points, district Gwadar, Kharan, Khuzdar, Washuk and Dadu scored with 11 points, district Awaran and Kamber scored with 10 points, district Naseerabad scored with 9 points and district Jafferabad scored with 8 points.

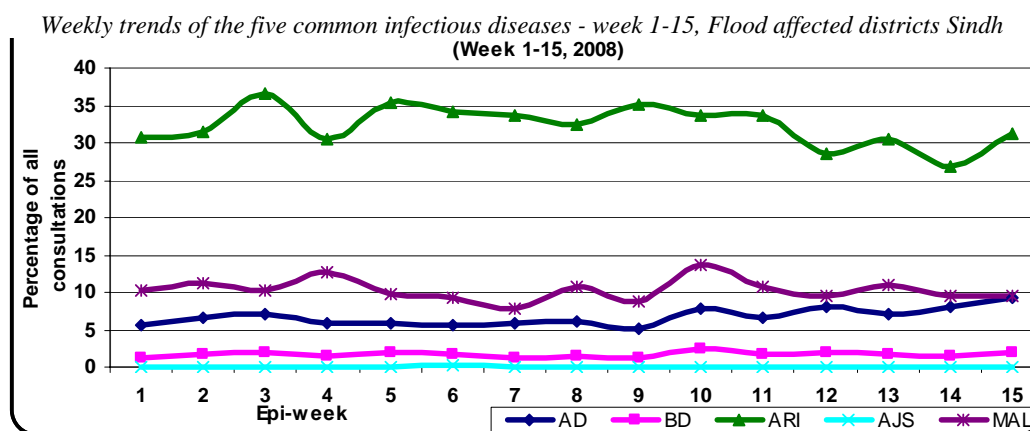
## CERF project implementation

WHO with partner NGOs is implementing a project to ensure that the affected population in most affected districts has access to emergency health services through fixed and mobile health clinics. The essential public interventions such as immunization, provision of essential medicines, outbreak response and control through DEWS are being carried out. The linkages between WASH and nutrition cluster has been established. In addition, lessons learnt from last year's response have been incorporated in the monsoon contingency planning, in the UN reform thematic group on Disaster Risk Management (DRM) logical framework, and also in the SOPs of the disaster management team which has been revitalized.

## Health impact

### DISEASE EARLY WARNING SYSTEM (DEWS)

Sindh:



During the period 15 March to 11 Apr, 2008 (Epidemiological weeks 12 to 15, 2008 inclusive), 87,889 (64%) consultations out of the total 137,104 consultations in the flood affected districts of Sindh, were reported for health conditions under weekly surveillance. The proportion (percentage of total consultations) of the six common diseases under surveillance has remained almost consistent since last week. During this period **19%** (25,519) of consultations were due to Upper Respiratory Tract Infection (**URTI**), **10%** (14,332) Lower Respiratory Tract Infection (**LRTI**), **8%** (10,991) Acute Diarrhoea (**AD**), **10%** (13,827) Scabies (**SCB**) and **2%** (2,380) Unexplained Fever (**UF**). During the 4 weeks period 97 cases of Acute Jaundice Syndrome, 11 cases of Meningitis, 5 cases of Measles and 1 case of Neonatal Jaundice were reported from all the districts reporting for DEWS. There were 547 dog bites and 114 snake bites case also reported from Sindh. It is expected that the snake bite cases will further increase in the coming season.

During week 15, total 2,903 cases of malaria were reported through DEWS, from the flood affected areas of Sindh. The proportion of weekly Malaria consultations had slightly decreased for the weeks 14 and 15 compared to week 13. The weekly average of the proportion for Malaria consultation is around 10% with some weekly fluctuation ranging from 8% to 14% from week 1 to 15, 2008. No recent deaths associated with Malaria has been reported from the flood affected districts.

## Balochistan:

161 sites reported 24,247 consultations to DEWS from 11 districts in week 16<sup>th</sup>, 12 - 18 April, 2008 (Kech, Jhal Magsi, Bolan, Lasbella, Jaffarabad, Kharan, Washuk, Gawadar, Naseer abad, Khuzdar and Quetta). **Malaria** was the highest cause of morbidity by sharing **17.51%** (4,243) of the total consultations. **URTI** was the second highest cause of morbidity with a share of **17.25%** (4,181). Acute **diarrhoea** reported **9.37%** (2,270) of the total consultations and was the third cause of morbidity. There were 8.59% (2,081) cases of LRTI reported in week 16-2008. Unexplained Fever shared 3.29% (798) of total consultation. The total consultations of BD are 3.05% (738). **Scabies** shared **2.76%** (668) of total consultation. During this period, only 1 case of AFP, 1 case of NNT and 17 (0.07%) injuries were reported.

## Health response

### 1. Assessment and monitoring

- A control room has been established at DG Health Office, Hyderabad to collect the reports of diarrhea cases from all over the Sindh province and for timely response in case of any alert.
- Daily Kawish, a local newspaper, reported on 12<sup>th</sup> April 2008 about the outbreak of Gastro Enteritis in district Dadu. Following the news, a WHO team visited the Civil Hospital Dadu to analyze the situation. From the data review, discussions and observations it is concluded that there is no clustering of cases and thus cannot be labeled as a specific epidemic of diarrhoeal diseases. Diarrhoea is the leading cause of admission in the Paediatric ward but there was no death recorded due to Diarrhoea. Being the referral hospital, patients were coming from all over the district. The DEWS data by each reporting unit was also checked and no alert detected for diarrhoea.



Neonatal Sepsis and Birth Asphyxia are the most common causes of mortality in the Paediatric ward. Majority of the deliveries are taking place at home by the Dais under unhygienic conditions which leads to the neonatal problems. There is no properly equipped neonatal unit to address the problems of deaths in the Neonates. The existing unit is overburden and there is high risk of hospital acquired infections.

### Recommendations:

- A more in-depth study should be initiated to understand the magnitude of problem with its specific underlying causes and implement focused interventions.

- MNCH programme should cover the district Dadu and carry the necessary interventions. However, this program is just starting in the district.
  - Expansion of the Paediatrics ward is highly needed with well equipped Neonatal unit.
- Following up a report of Hepatitis B and C "outbreak" by partners in village Dahar Khan Chandio, district Kamber, WHO team visited the village on 19<sup>th</sup> April 2008. The village had been highly affected by the floods in 2007. There are problems of clean drinking water and health & hygiene education. The literacy rate is very low, only 4 people are graduated, 6 have passed secondary school and 10 people received the primary education. There is no near by government health facility within 35 km. Due to lack of transport and 10 km non-metallic road, people went to the government health facility at Kamber only in case of emergency. Usually, they go to the non-qualified quacks to get treatment. These quacks use the same syringes many times for different patients and people do not know the hazards of reusing the syringes. This is most probably the main source of spreading the Hepatitis B and C. The people are unaware of the importance of the immunization so their children are not vaccinated.

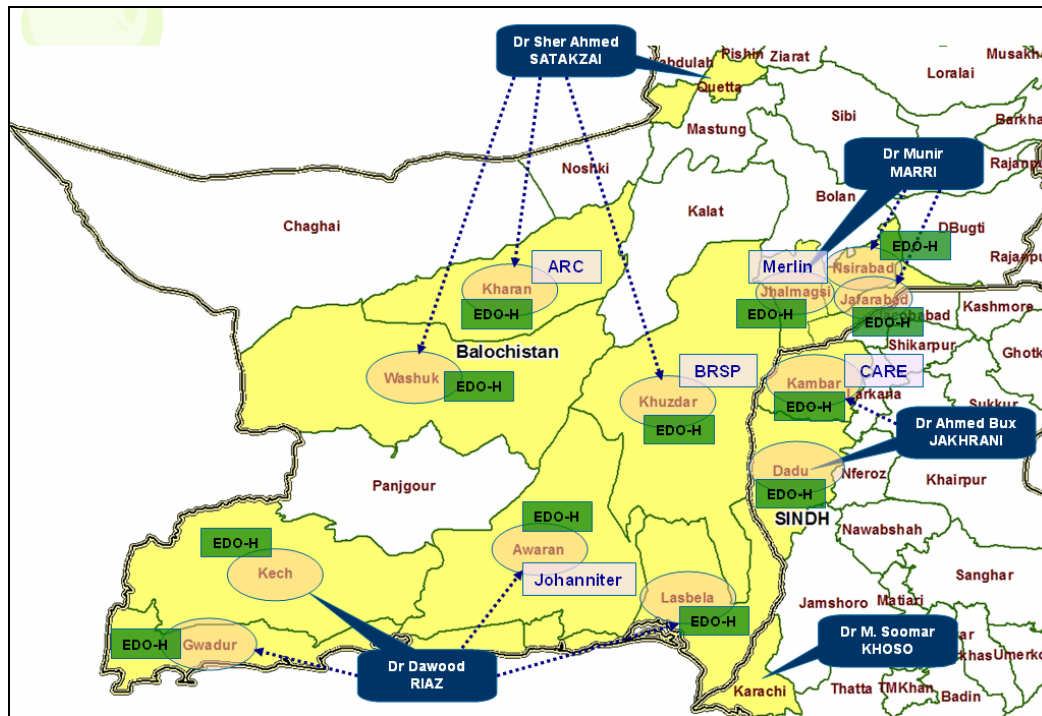
The team organized a camp where hepatitis screening was done and they conducted a health and hygiene session to create awareness among the people about the hazards involved in reusing of syringes. The team also instructed the quacks not to reuse the syringes. The team requested the EDO Health Kamber to send a team for vaccination of village Dahar Khan Chandio and its adjacent villages. The information was relayed also to the Hepatitis program at provincial and federal level.

Scabies was diagnosed in many people of the village so a regular free medical camp is also recommended.

- WHO along with JADE and EDO Health team organized free medical camps for skin diseases in flood affected villages Hamal and Haibat Khan Magsi of district Kamber on 29<sup>th</sup> and 30<sup>th</sup> Januar 2008. In village Hamal, 327 patients were seen while in village Haibat Khan Magsi, 197 patients were examined and treated.

### Health coordination

- In preparation of the coming monsoon season, a health cluster meeting was organized in Islamabad on 7<sup>th</sup> May 2008 at WHO office which was attended by 25 participants from different organizations. In the meeting, the draft monsoon contingency plan was discussed.
- WHO 5 PHC/Surveillance officers are based in different districts of Sindh and Balochistan to cover all the affected districts as shown the following map.



- These surveillance officers are providing technical assistance to the district health department; investigating and respond to alerts/outbreaks; and also organizing district level health coordination meetings in some districts.
- Dr Ejaz Ahmad Khan has been tasked to lead the Health Emergency Preparedness and Response (HEPR) cell at Federal Ministry of Health, Islamabad. The HEPR cell has also been established in Satellite Hospital, NIH Islamabad.

## 2. Response by Partners

Five NGOs are working with WHO to implement the CERF project in flood affected districts of Sindh and Balochistan. Their locations are also shown on the map. Following are the details of the NGOs.

### 1. ARC

ARC is providing PHC and MNCH services in district Kharan from 1<sup>st</sup> April to 31<sup>st</sup> December 2008. They are working in 2 BHUs and labor room of the DHQ Hospital (24/7 labor room and EMOC services).

ARC through UNICEF WASH project will also provide water and sanitation facilities at five (5) BHUs in District Kharan.

ARC already implemented a PHC project in district Kharan from 16<sup>th</sup> July to 31<sup>st</sup> December 2007, and treated 13,159 OPD patients.

## 2. BRSP

BRSP is providing PHC services in district Khuzdar from 1<sup>st</sup> April to 31<sup>st</sup> December 2008 through static and mobile health units. A static unit established at DHQ hospital with outreach activities through mobile service unit.

## 3. Care International

Care International through its implementing partner “Takhleeq Foundation” is providing PHC services in district Kamber/Shahdad Kot from 1<sup>st</sup> April to 31<sup>st</sup> December 2008 through static and mobile health units. They are also planning to conduct 140 health, hygiene and reproductive health sessions.

## 4. Johanniter International

Johanniter International is providing MCH and nutrition services in district Awaran through mobile health unit. The mobile health unit is comprised of Mercedes Unimog ambulance along with separate medical unit specifically designed for the provision of minor OT/Labour Room services with privacy and sterilized environment.

## 5. Merlin

Merlin is providing PHC and nutrition services in district Jhal Magsi. They are working in 2 BHUs (Hathiari and Sargani), 1 RHC (Chandrana), and established 2 mobile health clinics that are covering the health needs of the remote villages in the UCs of Panjook, Patri, and Kot Magsi.

## IFRC/PRCS

IFRC is still operational in the flood affected areas. They are supporting the RHC Jhal Magsi with human resource and material support. They are also planning to establish two Red Crescent centers to provide the basic healthcare services in district Kamber/Shahdad Kot and Dadu in Sindh and one in Sibbi, Balochistan. All these centers shall continue till December 2009.

## Gorakh Organization Dadu

Gorakh Organization is running a health and hygiene education program in three flood affected union councils (Johi, Mehar and K. N. Shah) of district Dadu since January 2008. In March 2008, they provided health and hygiene education to 749 people. Gorakh was also engaged in the relief activities last year.



## Mercy Corps

Mercy Corps in collaboration with UNICEF has implemented a Community-based Therapeutic Care (CTC) program in all the 9 UCs of district Jhal Magsi with a total population of 128,809. Following is a brief summary of the activities carried out in 4 months between 19<sup>th</sup> November 2007 and 18<sup>th</sup> March 2008:

- 2,341 children between 6-59 months were screened
- 184 pregnant and lactating women were screened

- 8,225 Kg of Unimix were distributed to children between 6-59 months and PLW with MAM
- 13,200 packets of RUTF (Plumpy Nuts ®) were distributed to children between 6-59 months with uncomplicated SAM
- 18 children between 6-59 months with complicated SAM were referred to SC/TFC

The total number of children presenting at the ambulatory units remained significant throughout the course of the project; 48% children were found to be acutely malnourished; out of which 42% were diagnosed as cases of MAM, and 6% were SAM cases. Mercy Corps also conducted 113 community based awareness sessions benefiting 3,289 participants. These sessions include 71 community meetings with 1,753 participants; 26 MCH sessions with 633 participants; and 16 school sessions with 903 participants. Mercy Corps also conducted regular coordination meetings with the Executive District Officer-Health (EDO-H), the Medical Superintendent (MS) DHQ hospital, Gandawah and elected representatives of the local government. Focus Group Discussions were also organized in each of the nine UCs involving the religious leaders/scholar groups; teachers' groups; mothers' groups; and the community members/elders' groups aimed to enhancing their participation and increase community mobilization.

### 3. Filling health gaps

- WHO is distributing the medicines and supplies to 49 districts (17 in Balochistan, 10 in Punjab, 8 in Sindh, 8 in NWFP, 4 in AJK and 2 in FANA) including the flood prone districts of Pakistan. WHO is aiming to pre-position the medicines at district level before the monsoon season. Details of the distribution of medicines are shown in the following table.

S/#	District	Cholera Kits	Flood Kits	Consumable Items	Medical Equipment	Italian Kit A & B	Surgical KIT	Medicines for NGOs
<b>Sindh</b>								
1	Kamber	2	17	1	1	1 A + 2 B	1	Care
2	Dadu	2	22	1	1	2 B	1	
	<b>Total</b>	<b>4</b>	<b>39</b>	<b>2</b>	<b>2</b>	<b>2 A + 4 B</b>	<b>1</b>	
<b>Balochistan</b>								
5	Lasbella	2	14	1	1	1 B		
6	Gwadar	2	10	1	1	1 B		
7	Kech	2	17	1	1	1 B		
8	Awaran	2	5	1	1	1 B		Johanniter
9	Khuzdar	2	10	1	1	1 B	1	BRSP
10	Kharan	2	14	1	1	1 B	1	ARC
11	Jhal Magsi	2	10	1	1	1 B		Merlin
12	Jaffarabad	2	17	1	1	1 B		
13	Nasirabad	2	14	1	1	1 B		
15	Washuk		5	1	1	1 B		
	<b>Total</b>	<b>18</b>	<b>116</b>	<b>10</b>	<b>10</b>	<b>10 B</b>	<b>2</b>	

**Legend**

	Delivered
	In process

Updated on: May 23, 2008

- During the floods 2007 in Sindh and Balochistan, it was observed that districts do not have proper storage arrangements to store the medicines under controlled temperature and adhoc arrangements were made at various places for the purpose. In Balochistan the weather is very hot in summer and temperature rises up to 50 °C in some areas. But the existing warehouses are not insulated and can not prevent the medicines from heat which reduces the efficacy of medicines.

In order to ensure that proper storage of donated medicines and supplies is available and upon the request of Director General Health Services, Government of Balochistan, Quetta, WHO decided to build pre-engineered insulated and air conditioned warehouses in DHQ Hospitals of eight flood affected districts of Balochistan. These districts include Bolan, Chagai, Jhal Magsi, Kech, Kharan, Khuzdar, Lasbella and Washuk. The work on the project was started on 1<sup>st</sup> Jan. 2008 and completed in mid May 2008. Each warehouse has covered area of 400 sq ft. (25 feet long, 16 feet wide and 10 feet high) with heavy duty steel racks and AC split unit of 24000 BTU.



WHO built prefab warehouse at district Kharan

#### 4. Preserving and supporting local health systems

- As part of the UN-NDMA contingency planning, WHO in collaboration with Ministry of Health and other partners, is developing a monsoon contingency plan of health sector.
- Disease Early Warning System (DEWS) is functioning in the flood affected districts of Sindh and Balochistan and reporting sites are improving day by day.
- WHO surveillance officers in collaboration with government health department are doing alert investigations and response.
- Two field environmental health engineers are placed, one in Dadu and one in Quetta to assist the outbreak/alert response team in testing the water sources.
- Following the assessments, district health emergency preparedness and response plans will be drafted.

#### Urgent needs

1. In view of the coming monsoon season, there is a need of a comprehensive health assessment of all the flood prone districts in Pakistan.
2. Every flood prone district should develop its monsoon contingency plan
3. Unavailability of safe drinking water is a chronic problem in many parts of Sindh and Balochistan. A comprehensive strategy and plan of action is needed.
4. Capacity in emergency planning and response, of district health teams and professionals working in flood prone districts, needs to be enhanced.