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Australian Aid International (AAI) In Partnership with The Hunar Foundation

Public Healthcare Project in Response to Pakistan Floods

Sindh Province– Thatta District

FLOOD RESPONSE REPORT (October 2010)



AAI conducting outreach and mobile clinics for flood affected victims

Project Name: AAI Public Healthcare Project

Location: Thatta District, Sindh Province, Pakistan

Report prepared by: Australian Aid International, Pakistan

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Children make up a large percentage of the affected population in which AAI is targeting. AAI particularly focuses on children; pregnant women; and women of child bearing age and their families; as well as other vulnerable groups.

1.0 OPERATIONS

Australian Aid International (AAI) – The Hunar Foundation and other local partner organisations conducted public health operations in the Thatta District as a response to the severe flooding during the months of August and September 2010.

The Thatta District was assessed as one of the most affected and needy areas devastated by the flooding which destroyed large areas of the country. AAI has been conducting healthcare outreach, mobile medical clinics and water, sanitation and hygiene (WASH) initiatives with the view of establishing the foundations for a long-term public health project in the area.

The aims of AAI and The Hunar Foundation response are to support existing government institutions and to provide assistance for local health and community workers. These aims are being achieved through the provision of outreach and mobile medical clinics and WASH initiatives.

Clinic locations have been assigned by the Executive District Officer (EDO) Health, Thatta District, in key locations where local medical professionals have been unavailable or overwhelmed, and with the intent to reduce loads on secondary healthcare facilities.

Secondary healthcare facilities in the district are some of the most under resourced and under serviced in the country. The level of healthcare in these facilities is particularly low and local populations have lost confidence in receiving adequate levels of care within the local systems.

AAI and The Hunar Foundations are also developing the capabilities of local healthcare staff so that they can provide sustainable healthcare management within the community, thus minimising the need for outside intervention in the future. The AAI and The Hunar Foundations strategic public health plan in conjunction with the United Nations Health and WASH Cluster is to continue operations in Thatta for an initial 3 – 6 month period.



Key Field Personnel

Frank Tyler
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Project Director
Field Manager
Public Health Officer



AAI volunteers and local partners during health and WASH operations

2.0 OBJECTIVES

AAI and The Hunar Foundation Objectives

1. Increase access to curative and preventative healthcare services to vulnerable populations – targeting women and children - affected by the floods. Particular emphasis has been placed on early warning surveillance for diseases and capacity building of local healthcare workers in international disaster/refugee medicine.
2. Improve WASH at the village level through the provision of safe water supply activities, culturally appropriate latrine and bathroom construction, and hygiene and health promotion to community members – particularly women and children.

This report covers the period of October 2010 in which AAI and The Hunar Foundation conducted an emergency public health response in the Thatta District.



AAI and The Hunar Foundations Area of Operations

2.1 Objective 1 – Curative and Preventative Healthcare Services

AAI and The Hunar Foundation conducted outreach and mobile healthcare clinics in collaboration with local partners utilising combined logistical, transport and personnel resources to conduct the healthcare clinics. Approximately 80-150 patient consultations are conducted daily utilising one medical team per day.



AAI volunteers conducting patient consultations in mobile clinics in Sha Ali Shar

AAI and The Hunar Foundation are initially identifying severely ill communities members that have had limited access to regular government healthcare services and providing curative healthcare. AAI is targeting children, pregnant and lactating women, the elderly, vulnerable groups and their families. The most severe cases are treated and referred, if appropriate, however, AAI is placing more emphasis on preventative healthcare. Preventative health services include maternal and child healthcare activities as well as health promotional activities.

Capacity Building of Local Partners

AAI is training local partners in International Disaster Medical Management. The training of healthcare and community volunteers has focused on improving clinical, health promotional and organizational skills. The key areas of capacity building include:

- Clinical skills/knowledge: Teaching and mentoring was conducted during patient consultations. Standard disease definitions were emphasized and reference was made to the Health Department Standard Treatment Guidelines and Integrated Management of Childhood Illness (IMCI) guidelines. Local staff members and partners conducted patient consultations under the supervision of the AAI healthcare team.
- AAI worked closely with community health volunteers to increase their capacity at AAI clinics. Community health volunteers assisted with patient registration, clinical observations and translation.
- Reference tools/ resources: Local volunteers were trained in pharmacy management. AAI is developing a pharmacy education quick reference charts so that all members are providing the same information to patients at clinics when dispensing medications. This is also a quick reference tool for any new volunteers, whom AAI supervises, as well as community volunteers.
- Surveillance data collection: Volunteers are being skilled in data collection and surveillance as it is a main objective of every AAI clinic. Volunteers are also being trained in data analysis as well as response and control of infectious disease outbreaks.

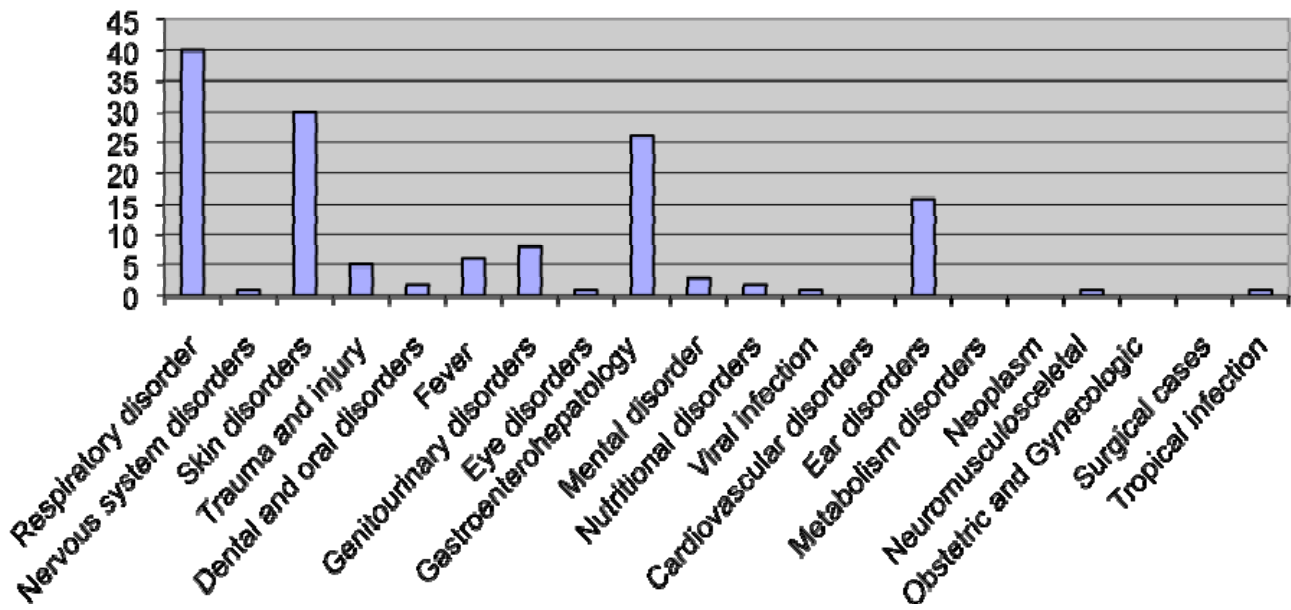


Local nurse, Ashraf and community volunteer, GM of SARS, discuss patient assessment at Jatti village mobile clinic *Dr Rizwan of Doctors Worldwide, conducting patient consultations at the Sha Ali Shar clinic*

Health Data from Outreach and Mobile Healthcare Clinics

Figure 1. Clinic Diagnoses for October in Thatta, **Under 5 years** (n=142)

Under 5

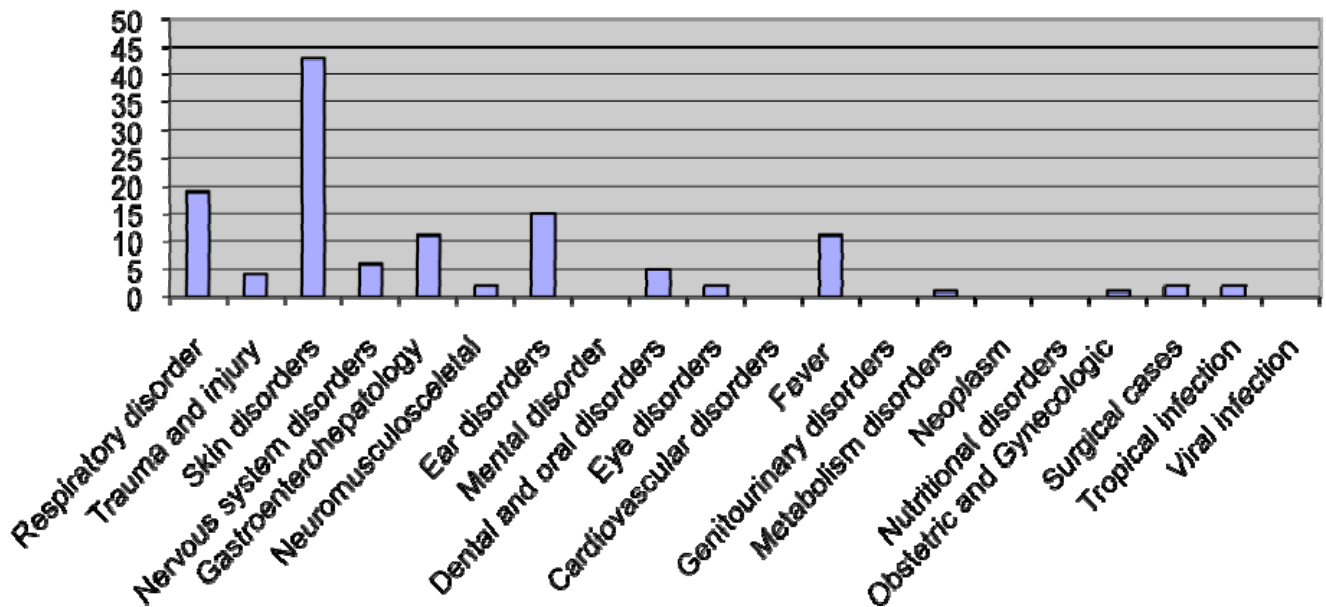


A total of 142 presentations in the 0-5 age group were seen at AAI clinics in the month of October. Respiratory tract infections, skin disorders, gastroenterohepatology disorders and ear disorders accounted for the majority of the diagnoses in young children.

Respiratory tract infections accounted for 28% (40 cases) of clinical presentations in this age group. Skin conditions accounted for 20% (29 cases), gastroenterohepatology disorders accounted for 18% (26 cases). Ear disorders accounted for 11% (16 cases) of clinical presentations.

Figure 2. Clinic Diagnoses for October in Thatta, Age 5-15 years (n=124)

5 < 15



A total of 124 presentations in the 5-15 age group were seen at AAI clinics in the month of October. Skin disorders, respiratory disorders, gastroenterohepatology disorders, and ear disorders accounted for the majority of the diagnoses in this age group.

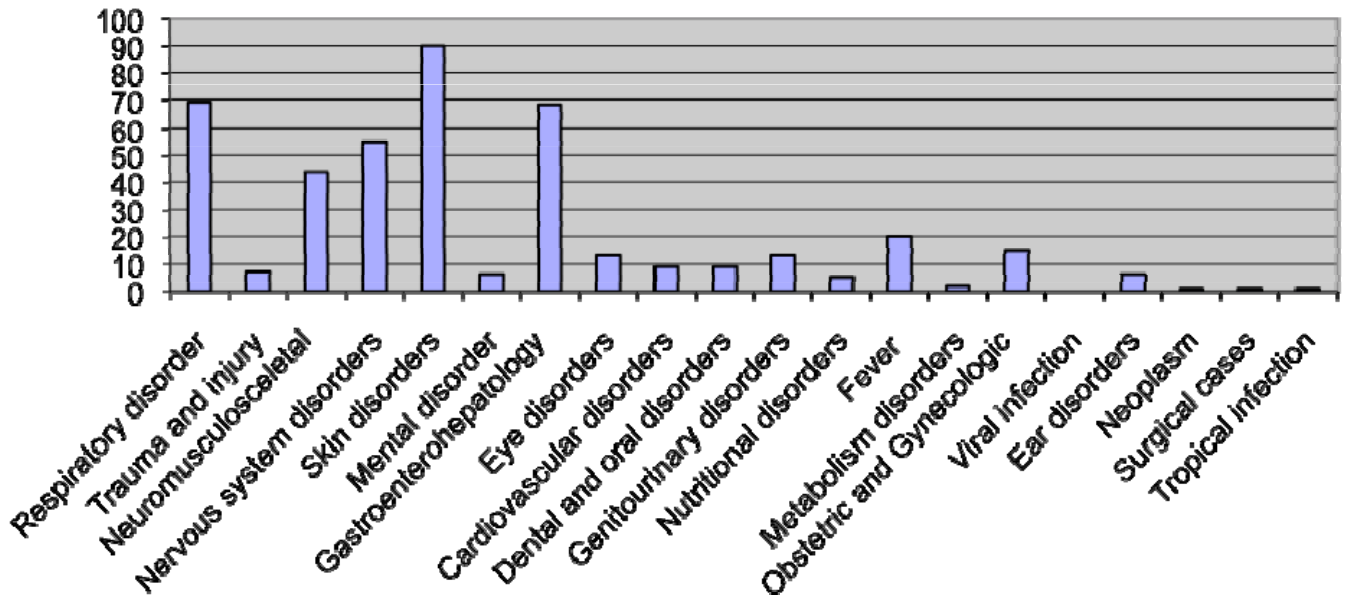
Skin disorders accounted for the majority of presentations in this age group with 35% (43 cases) of clinical presentations. Respiratory disorders accounted for 15% (19 cases) of clinical presentations, ear disorders accounted for 12% (15 cases) and gastroenterohepatology accounted for 9% (11 cases) of clinical presentations.



Patients presenting to AAI clinics with serious skin infections that can be treated during clinic consultations. A vast majority of patient consultations are skin infections caused by lack of water and minimal hygiene knowledge of the population

Figure 3. Clinic Diagnoses for October in Thatta, Age over 15 years (n=434)

Adult (15+)



A total of 434 presentations in the 15+ age group were seen at AAI clinics in the month of October. Skin disorders, respiratory disorders, gastroenterohepatology and nervous system disorders and neuromusculoskeletal disorders accounted for the majority of the diagnoses in this age group

Skin disorders accounted for 21% (90 cases) of clinical presentations, respiratory accounted for 16% (69 cases) and gastroenterohepatology disorders accounted 16% (68 cases) of clinical presentations. Nervous system disorders accounted for 13% (55 cases) of clinical presentations.



Pharmacy & Medical Supply

AAI and The Hunar Foundation were kindly provided with the necessary medical supplies for the outreach and mobile medical clinics from the Murshid Hospital, Karachi and Doctors Worldwide. AAI is most grateful for these very generous contributions of medical supplies that have allowed AAI to conduct clinics.

These supplies allow the most common conditions to be treated without referral to higher levels of healthcare; thus reducing the load on an already suffering existing healthcare system.

Due to the poor knowledge of medical treatment in the local population, AAI spends time with each patient to ensure that medical regimes are understood and that patients use the free medicine provided as directed. Patient education is a very important component of AAI clinics.

AAI is also spending significant amounts of time and supplies to clean skin infections on patients presenting to AAI clinics. Patients present with curable skin infections however, due to a lack of knowledge of health prevention and hygiene patients are unable to self-treat the most basic of skin infections. Thus basic infections turn to serious cases due to neglect and lack of healthcare services.



Children at AAI and The Hunar Foundation clinics help with setting up AAI's pharmacy. AAI always encourage children to attend clinics and gain confidence in medical treatment being offered.

2.2 Objective 2 – WASH Activities

AAI and The Hunar Foundation have conducted a detailed WASH assessment and project design for people returning to their villages. This project will assist communities in the transition to recovery and to repair damaged and destroyed village infrastructure.

The key results of the project will include:

- Selected returnees will have access to improved or safe drinking water through the repair of water points, installation of water storage tanks, shallow water hand pumps and provision of chlorine, buckets and jerry cans. **This component will be 60% of the direct project activities.**



- Selected returnees are provided with access to sanitation facilities (latrines, bathing and hand washing points where appropriate). **This component will be 20% of the direct project activities.**



- Selected returnees will be provided with appropriate messages on improved and safe drinking water and appropriate hygiene practices, such as hand washing, through the provision of Information, Communication and Education (IEC) and interactive group sessions. Family hygiene kits will be distributed to the most in need families. **This component will be 20% of the of the direct project activities.**



3.0 LOCAL PARTNER ACKNOWLEDGEMENT

AAI could not have responded to the Pakistan Flood Disaster without the kind support of many Pakistan nationals and local organizations. AAI wishes to acknowledge that the relief operations have been a combined effort with both financial and human resource support from AAI partners.

AAI would like to recognize the contribution from the following individuals and organizations:

The Hunar Foundation – www.thehunarfoundation - For the strategic local partnership alliance and overall program support, including administrative, financial and staffing support.

Sustainability (Future Growth) – www.sustainability.net.au - For assisting AAI in deploying to Pakistan and providing the necessary contacts in-country to allow AAI to provide humanitarian relief in Pakistan and for initial fund raising.

The Uquali Family - For the vital link for AAI to establish an Area of Operations in one of the worst affected regions and for providing the necessary local contacts, and life support to allow AAI to establish a field based program.

The Murshid Hospital – www.murshid.org – (Courtesy Pakistan Medical Association and Direct Relief International) - For the provision of medical supplies for the many thousands of patients attended to at AAI outreach and mobile clinics and for the support of healthcare staff.

The Hafeez Mastoor Family – For the provision of life support for AAI field operations.

Search and Relief Services (SARS) –Thatta – For the provision of community volunteers, local transport and general support of AAI's outreach and mobile medical clinics.

Doctors Worldwide - www.doctorsworldwide.org - For the generous provision of a medical officer to conduct patient curative and preventative services at the outreach and mobile medical clinics.

End Statement
31 October 2010
Frank Tyler
Director of Operations
AAI