



Project Name: ARIs Treatment Centers (Emergency Health intervention)

Location: DHQ – Alpurai, THQ – Puran - District Shangla

Funded by: World Health Organization (UN-WHO)

Implemented by: EHSAR (Education, Health, Social Awareness & Rehabilitation) Foundation

Report Duration: 10th Nov. 2011 – 31st March. 2012

Submission Date: 03rd April 2012

Submitted by:

EHSAR Foundation - Pakistan

Email: info@ehsar.org , kazimullah@ehsar.org , ehsarfoundation@gmail.com **Web:** www.ehsar.org

Table of Contents

1. Background	3
2. District Shangla	3
3. EHSAR Respond the ARIs	3
4. Activities	4
5. Staff hiring	4
6. Preventive services (Outreach)	4
7. Curative services.....	4
8. Acute Respiratory Infections (ARI) Alpurai	4
9. Other Diseases	5
10. Acute Respiratory Infections (ARI) Puran	5
11. Other Disease.....	6
12. Medicines provided.....	7
13. General strategy.....	7
14. Specific activities.....	7
15. Achieved out comes.....	8
16. Indicators.....	8
17. Implementation plan.....	8
18. Monitoring & Evaluation.....	9
19. EHSAR monitoring conclusion.....	9
20. Project constraints.....	9
21. Visitors of ARI centers.....	10
22. Press briefings.....	10
23. Health department certificates.....	10

Acronyms

ARIs	Acute respiratory infection	DHQ	District Headquarter Hospital
THQ	Tehsil Head Quarter Hospital	WHO	World Health Organization
EHSAR	Education, Health, Social Awareness & Rehabilitation	DCO	District Coordination Officer
DOH	Department of Health	EDO H	Executive District Officer Health
EHA	Emergency and Humanitarian Action	UC	Union councils
SO	Surveillance Officer	DEWS	Disease Early Warning System

Background:

Extraordinary inflexible cool weather and snow fall situation, poverty and lack of resources for seasonal protection combined with curious winter season and last year flooding after-effect cause a serious risk of outbreaks of ARIs. Already several alerts of ARI have been reported and responded to. Acute Respiratory Tract infection (ARI) cases reported in KPK showed a consistent upward trend and accounted for 16% of the total consultations in last 4 weeks. Immediate implementation of epidemic control measures (including early diagnostic and treatment of cases, health education, improved access to health care, etc.) is vital to preserve the life and health of the population.



A recent meta-analysis study demonstrates that throughout the world 1.9 million (95% CI 1.6-2.2 million) children died from ARI in 2000, 70% of them in Africa and Southeast Asia. The proportion of deaths directly attributable to ARI declines from 23% to 18% and then 15% as under-5 mortality declines from 50 to 20 and then to 10/1000 per year. (WHO Report)

WHO, in collaboration with the line departments besides training of Rapid Response Teams (RRTs) in high risk districts of Pakistan as a result of recent high number of outbreaks proposed to establish additional Acute Respiratory Infection (ARIs) Centre at district level to control epidemic. Provincial Health Sector Working Group KPK declared fifteen Districts of KPK as hotspots for immediate establishment of ARIs Centers. Outbreak in Shangla has been reported, while immediate response has been launched, and for that purpose two ARIs Centers have been established for the treatment of patients according WHO treatment protocol to control the situation with line departments as well.

District Shangla:

In Last week of October 2011, an increased number of acute respiratory infections cases were reported from PPHI and GoP assigned facilities. On the request of WHO-EHA, EHSAR Shangla started data collection on daily basis for treatment, which showed upward trend. In third week of October 2011 continued three days rain were reported, which makes season too much cold in Shangla, and subsequently responded by WHO-EHA, DOH & other partners to handle the situation.



DCO Shangla and Department of Health requested formally EHSAR to establish Acute Respiratory Infection (ARI) Centre at DHQ Alpurai, and THQ Puran after WHO and line department meeting in 1st week of November of ARI control, to manage the ARI's patients and onward trend according WHO treatment protocol in the District Shangla.

EHSAR Respond the ARIs:

EHSAR established 02 ARI's Centers in Shangla subject to caseload, accessibility and risk of snow fall and continues rains in the current season. ARIs centre at DHQ Alpurai will cover 14 UCs and ARIs Centre Puran will cover 14 UCs (High risk) with catchment population of Tehsil Puran at Shangla district.



EHSAR has established a 15 and 20 bedded state of the art 24/7 ARIs Center in second week of November in DHQ Hospital Alpurai, while in third week of November at SPMKS (THQ) –Puran District Shangla after necessary

consultation with line department, DoH and WHO approval, while ARIs was visited by DCO Shangla during establishment, with SO - WHO Dr israr ul Haq was supervising all the process of establishment.

Activities:

✚ Staff hiring:

EHSAR has field office at Shangla, operated by Project Management team comprising of District Coordinator, Admin Officer, Pharmacists, Logistic Officer, Finance Officer and Human Resource Officer with a team of social mobilizers.

EHSAR deployed 45 experienced staff members include MOs, Nurses Female/male, ward boys/Ayas, sanitary workers, laundry workers, receptionist, data entry officer ,security guard, program manager (District) and administrators while Health Promoter Supervisors, Health and hygiene Promoters, for outreach activities as well.



In addition, EHSAR provided community awareness sessions in the catchment area to aware community regarding ARIs treatment and precautions, while in BHUs, CDs our staff briefed local staff for patients treatment, referrals to ARIs Center and treatment as well.

✚ Preventive services (Outreach):

- Conducted public information and education sessions including proper and on time treatment of ARIs, and safety measures of the men, women and children among community.
- Coordination with and provided operational direction to concerned staff and health units.
- EHSAR Health team headed by Dr. Israr ul haq (SO) of the WHO and his other medical staffs proceeded to the area to assist the RHCs/BHUs of affected areas and conducted medical assessment and treatment of the ARIs and measles cases.
- The community is very poor and has a low practicing of personal hygiene and improper environmental and protection sources from cold weather. EHSAR assured using safety measures and precaution i.e. to avoid coming out specially their children in to snow and rains, and wear available clothing if out going for some necessary needs.
- The PPHI and line department of the district was supported in control and management of the ARI.
- Institutionalized an appropriate and culturally-sensitive health education program focusing on the indigenous people.
- Provided IEC material, consider rural practices, level of knowledge/communication barriers (develop IEC messages suited for local).
- Encourage members of the indigenous people to engage on health activities of Rural Health Unit like inviting them to get involved as volunteer Health Workers in emergencies.
- Pro-active response of RHCs/BHUs on possible outbreak particularly during summer/winter seasons “Adopt-a-community” program for implementation in the areas where indigenous people reside. The “adopter” will serve as a direct linkage of the indigenous community of RHCs/BHUs and other agencies involved, strict implementation of rules and regulations of safety measures regarding outbreaks.

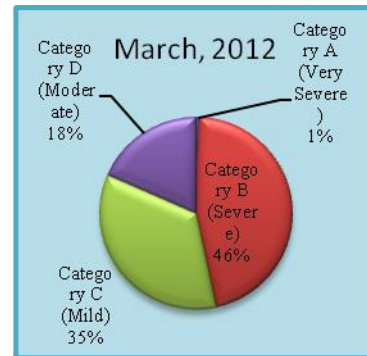
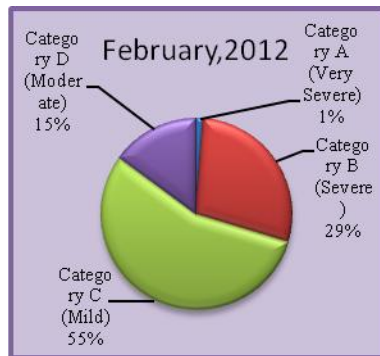
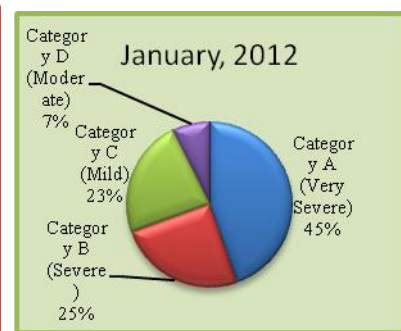
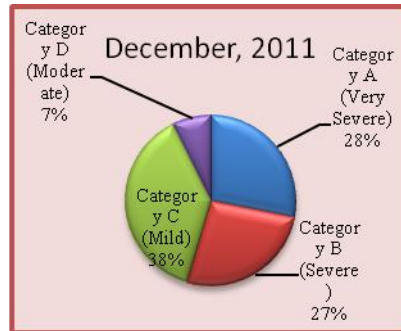
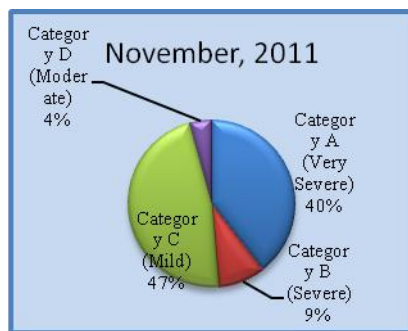
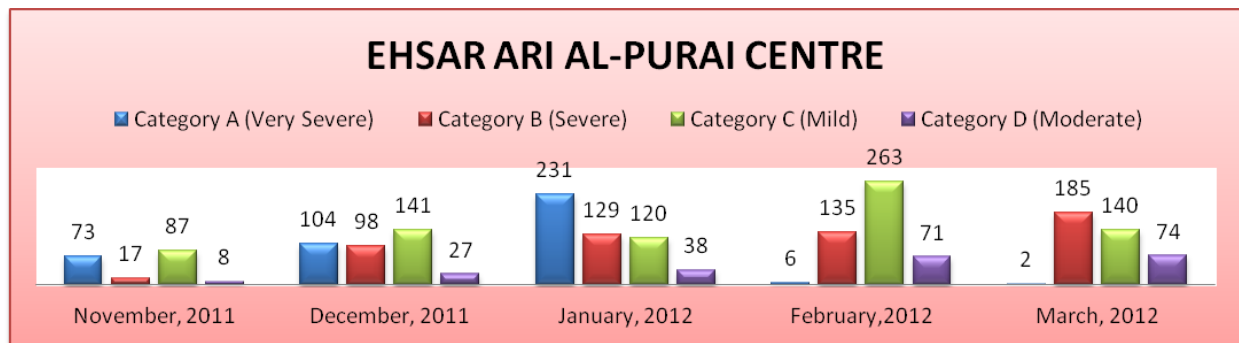
✚ Curative services:

ARIs Shangla treated patients as following:

1. ACUTE RESPIRATORY INFECTIONS (ARI) ALPURAI:

AI PURAI CENTRE	10/11/2011 to 31/03/2012				
	Category A (Very Severe)	Category B (Severe)	Category C (Mild)	Category D (Moderate)	Total
November, 2011	73	17	87	8	185
December, 2011	104	98	141	27	370
January, 2012	231	129	120	38	518
February, 2012	6	135	263	71	475

March, 2012	2	185	140	74	401
TOTAL	416	564	751	218	1949



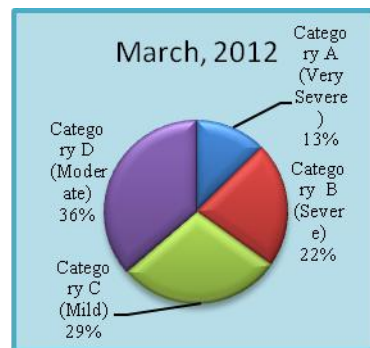
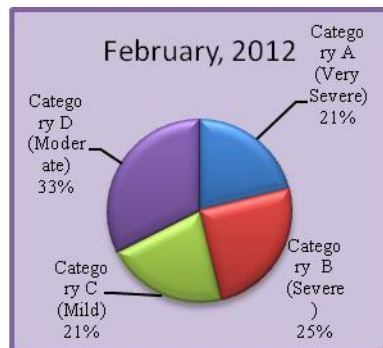
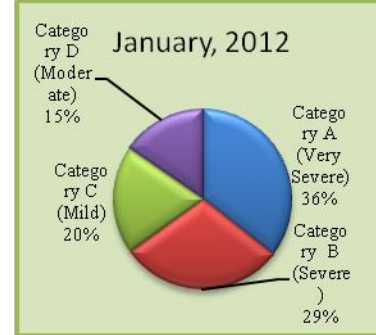
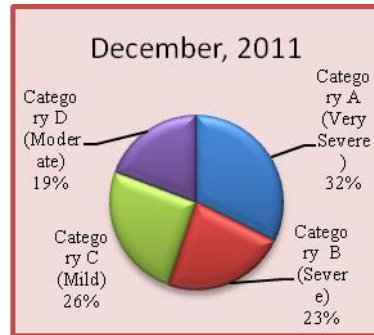
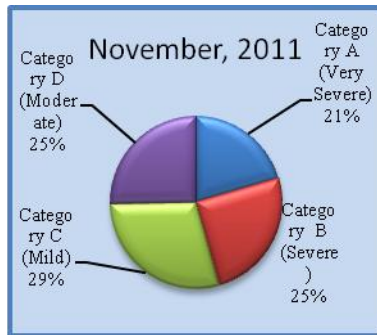
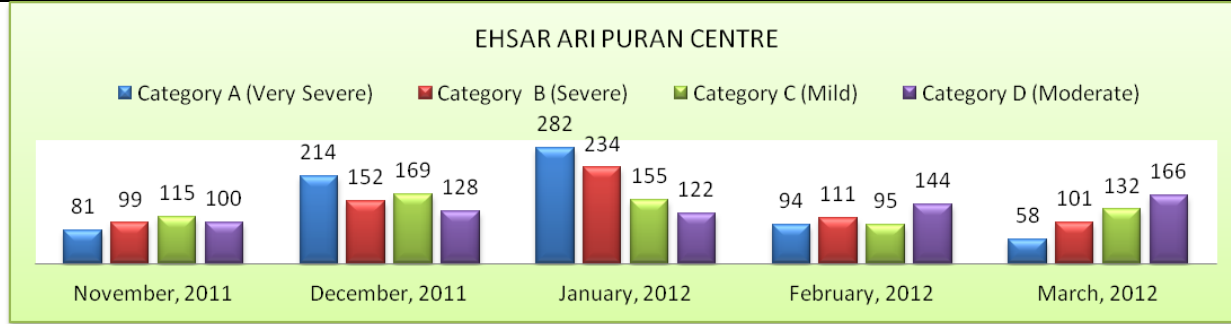
2. OTHER DISEASES:

AI PURAI CENTRE	10/11/2011 to 31/03/2012					
Disease Name	Nov, 2011	Dec, 2011	Jan, 2012	Feb, 2012	Mar, 2012	Total
Measles	0	0	0	5	0	5
wheez	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0
Others	0	0	0	0	0	0
Deaths	0	0	0	0	0	0
TOTAL	0	0	0	5	0	5

1. ACUTE RESPIRATORY INFECTIONS (ARI) Puran:

Puran Centre	15/11/2011 to 31/03/2012				
ARI CASES	Category A (Very Severe)	Category B (Severe)	Category C (Mild)	Category D (Moderate)	Total
November, 2011	81	99	115	100	395
December, 2011	214	152	169	128	663
January, 2012	282	234	155	122	793

February, 2012	94	111	95	144	444
March, 2012	58	101	132	166	457
TOTAL	729	697	666	660	2752



2. OTHER DISEASES:

Puran Centre	15/11/2011 to 31/03/2012					
Disease Name	Nov, 2011	Dec, 2011	Jan, 2012	Feb, 2012	Mar, 2012	Total
Measles	0	0	0	0	0	0
wheez	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0
Others	0	0	0	0	0	0
Deaths	0	0	0	1	0	1
TOTAL	0	0	0	1	0	1



✚ Medicines Provided:

The ARIs staff provided medicines to the patients according WHO treatment protocol including some following drugs, medicines and medical supplies for augmentation, management and control of ARIs cases:

Medicine/Supplies	Mg/ml (Dosage)	Quantity	Medicine/Supplies	Mg/ml (Dosage)	Quantity
Syp Piriton	120 ml/ BTL	523	Syp Ventolin	60 ml/BTL	140
Syp Phenylepherin	118 ml/ BTL	384+672	Syp Feneram	90 ml/BTL	200
Syp Tixylix	120 ml/ BTL	100+140	Syp Dectran	90 ml/BTL	400
Syp Benadryl	236 ml/BTL	480+768	Syp Deloquine	60 ml/BTL	100
Syp Benadryl	118ml/ BTL	480+312	Syp Multi Vitamin	90 ml/BTL	96
Syp Amoxicillin	125mg/BTL	568	Tab Multi Vitamin	Chewable	6000
Cap Amoxicillin	250 mg	8000	Inf. D/W 5 %	1000 ml/BTL	100
Cap Flaxcillin	2502 mg	3000	Inf. D/W 5 %	500 ml/BTL	40
Cap Supramycin	100 mg	350	Inf. N/Saline	1000 ml/BTL	40
Cap Flucloxacillin	250 mg	2000	ORS	Sachet	600
Inj Gentamycin	80 mg	225	Syp Septran	60 ml/BTL	140
Inj Ciprofaxasine	1 gm/VIAL	50	Syp Calpol	90 ml/BTL	1554
Inj Septariaxne		31	Syp Brufen	90 ml/BTL	80
Inj Penbretin	250 mg/VIAL	125	Tab Paracetamol	500 mg	7520
Inj Flxacillin	1 gm/VIAL	33	Tab Brufen	400 mg	500
Inj Flxacillin	500 mg/VIAL	65	Tab Aspirin	300 mg	1120
Tab Septran	480 mg	1090	Tab Diclofenac Sodium	50 mg	1600
Tab Ciprofloxacin	250 mg	380	Sol. Ventolin	30 ml/BTL	95
Tab Ciprofloxacin	500 mg	560	Inj Hydrocortisone	Amp	195
Tab Erythrocin	250 mg	1800			

General Strategy:

1. EHSAR were insured delivery of emergency treatment for ARIs cases in centers according to WHO protocols and national guidelines.
2. Ensured with WHO the provision of essential necessary medicines and supplies for the timely delivery of effective treatment of ARIs cases.
3. Maintained implementation of effective infection control measures, temperature, and nebulization in the ARIs ward.
4. Maintained and strengthened disease surveillance and early warning systems, and the investigation and response of the epidemic in district Shangla.
5. Implemented prevention measures at community level in collaboration with other stakeholders (WHO, EDO-H, PPHI) that was ease the control of the life threatening outbreak.

✚ Specific Activities:

- EHSAR ensured the necessary human resources are available to deliver the treatment of patients in the ARIs centers Shangla.
- In-emergency training and on job coaching (reprinted WHO/DoH manual for ARI) ensured that the available DHQ medical staff has the knowledge and practical skills to provide effective treatment of ARIs cases.
- In close collaboration with WHO ensured availability of the emergency medicines and supplies necessary for the treatment of ARIs patients.



- Established ARIs in second week of November, while EHSAR provide One month salaries from own resources.
- Maintained and strengthened the emergency disease surveillance and DEWS on a daily basis, and generate daily reports and analyses for the WHO and DoH Facilitate the outbreak investigation and response.
- Regular interaction/information sharing with EDO-H and WHO for active monitoring of the emergency health situation and response.
- Implemented outbreak control measures at community level and conduct health education sessions for communities identified at risk through tracing the status and location of patients.

✚ Achieved Outcomes:

- Patients attended EHSAR supported 24/7 ARIs in District were treated according to WHO protocols and national guidelines.
- The effectiveness of DoH staff working in supported ARIs to manage ARIs patients was strengthened.
- ARIs and other related epidemic were monitored regularly and reports (daily, monthly and final) shared with WHO and relevant authorities and stakeholders on prescribed formats.
- Outbreak control measures implemented at community and hospital level.
-



✚ Indicators:

- **4701** of ARI cases treated.
- 100% of ARI patients treated
- 0.0212% Mortality rate in supported ARI wards.
- Medicines and supplies necessary for ARI treatment available as per protocols
- 100% of the DoH staff working in ARI wards trained on ARI's prevention and WHO treatment protocol, including infection prevention measures at health facility and community level.
- DEWS reported on daily basis, and trend analyses one on daily and weekly basis. (Daily & weekly reports submitted on regular basis to WHO & DoH)
- 08 of health education sessions conducted in hospital and within communities at high risk.



✚ Implementation Plan:

EHSAR used the requested funding as per below:

- The activities were implemented in close coordination and collaboration with the supported hospitals management teams, EDO-H and WHO.
- Medical officers, paramedical staff, and support staff were hired to ensure three shifts (24/7) of qualified staff have covered supported units.
- Medicines (ARI kits), materials and supplies were timely provided by WHO and EHSAR for the treatment of ARI patients as per protocol and need.
- Ensured effective infection control measures were implemented in supported ARIs treatment wards.
- EHSAR has conducted in-emergency/on job trainings of different staff categories on WHO protocols for ARI prevention and treatment.
- EHSAR Health promotion team has ensured health education (prevention of ARI and feco - oral diseases) of communities identified at high risk.
- By the end of project initial duration, EHSAR is submitting to District Health Authorities and to WHO a detail report summarizing the activities implemented under this project.



MONITORING & EVALUATION:

Controlling has considered the most prominent way to achieve the project goals and objectives effectively and efficiently and utilizing the organizational resources at the best higher level. Taking in to consideration this view EHSAR Foundation has set a systematic and comprehensive approach of monitoring and evaluation to drive this ARIs project towards successful end.

Following are those tools and techniques that were effectively utilized by EHSAR to assess the staff capacity and outputs.

The formats of the monitoring and evaluation tools were as followed:

1. Daily staff reporting; WHO standard
2. Weekly staff reporting; WHO standard
3. Daily attendance sheet; available in hard form
4. Daily stock sheet; available in hard form

EHSAR MONITORING CONCLUSION:

On the basis of EHSAR monitoring it is observed that project activities were implemented in exact direction. In order to ensure the smooth flow of activities EHSAR monitoring team has designed a set of procedures to ensure that:

- Project activities were goes well on the right track.
- Staff Punctuality was according to the level.
- The training session were conducted by EHSAR to polish project staff and update them about any change intervention.
- EHSAR staff professionalism and capability were according to the demanding level.
- Ensured regular visits of EHSAR monitoring team to the project location to facilitate beneficiaries any hurdle they face there.

Project Constraints:

Following constraints were faced during project implementation;

- Security situation and harsh weather with continues snow fall
- On time agreement signature to avoid delay in project implementation, staff hiring etc.
- On time funding release to avoid uncertainty of salaries and discontinuity of other basic supplies

Visitors of ARIs Centers Shangla:

MPA Rashad Khan, REDO, SDS, NCHD DGM and Provincial coordinator KP has visited EHSAR ARIs Centers Alpurai and Puran Shangla during function at District Shangla.

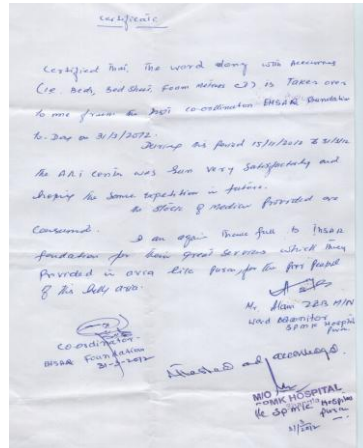
District Coordination Officer (DCO) District Shangla Mr. Ayaz Khan with EDO Health, MS DHQ with other line department’s concerns visited ARIS twice, while regular visits has been made by Dr Israr ul Haq (SO DEWS – WHO).

AVT Khyber news (electronic media) only single channel of the district Shangla broad cast news and report in district diary with public messages regarding ARIs and other infectious disease control.

Local print media team consisting six news papers representatives visited EHSAR ARIs, and printed news including IEC messages at their esteemed newspapers of the district Shangla and Swat.



Health department recommendation and wards handing over certificates:



Final Report of ARIs Alpurai and Puran District Shangla

Duration: 4 months and 20 days (10th Nov. – 31st March 2012)