



Final Report

DIARRHEA TREATMENT CENTER (DTC)

At DHQ Hospital Alpurai District Shangla
(06th September – 31st October 2011)



Background:

Meager hygienic and sanitation situation, unawareness and lack of safe drinking water combined with monsoon season and last year flooding, consequent to a serious risk of outbreaks of Acute Watery Diarrhea (AWD). Already several alerts of AWD have been reported in last weeks and responded to. In Pakistan, a total of 136 alerts with 18 outbreaks were reported in week-33, 2011: altogether 74 alerts were for AWD. Acute Diarrhea cases reported in KPK showed a consistent upward trend and counted for 16% of the total consultations in last 4 weeks. Immediate implementation of epidemic control measures (including early diagnostic and treatment of cases, health and hygiene education, improved access to clean drinking water, etc.) was vital to protect the life and health of the population.

WHO, in collaboration with the line departments besides training of Rapid Response Teams (RRTs) in 60 high risk districts of Pakistan as a result of recent high number of outbreaks, planned to establish additional Diarrhea Treatment Centers (DTCs) at district level to control epidemic. Provincial Health Sector Working Group KPK declared Upper Dir, Swat, Buner, Mardan, Swabi, Hari Pur, Abbottabad, Battagram, Mansehra, D.I.Khan, Kohistan, Kohat, Nowshera, Charsadda and Shangla Districts of KPK as hotspots for immediate establishment of DTCs.

Outbreak in Shangla was reported, while WHO immediate response was launched, and for that grounds a DTC has been established for the treatment of patients according WHO treatment protocol to manage the situation with EHSAR and district line departments as well.



District Shangla:

In Last weeks of August 2011, an increased number of acute diarrhea cases were reported from GOP assigned facilities. On the request of WHO-EHA, EHSAR Shangla started data collection on daily basis for treatment plan A, Plan B & Plan C, which showed upward trend. In last two weeks of August 2011 six deaths were reported in catchment of Gunhgar by EDO health Shangla at meeting with DCO, and subsequently responded by WHO-EHA, DOH & other partners. An outbreak of AWD was occurred in the 7 villages of UC Gunahgar, UC Alpurai and other catchment areas; most affected areas were Kass/shalizara, Gandao, Pagorai, and four villages of Gunahgar Catchment of District Shangla.

EHSAR Respond the AWD:

EHSAR in collaboration with WHO-EHA and DOH deployed additional outbreak response teams to Gunhgar area with supplies and increased health promotional activities. ORS, hygiene kits, soaps and aqua tabs were distributed in community of effected area. The situation further deteriorated when the daily influx at mobile teams increased to more than 100 per day. On 05 September 2011, a coordination meeting of all line departments was held at DCO Shangla office and Department of Health requested formally EHSAR to establish DTC at DHQ Alpurai, after stroke list of AWD was shared by WHO-EHA with EDO (H) Shangla.



DCO Shangla observed the critical situation of AWD, and ordered that DTC should be established immediately by EHSAR at the end of the meeting at DHQ Hospital Alpurai to control the situation.

EHSAR has established a 20 bedded state of the art DTC in 08 hrs on the same day in DHQ Hospital Alpurai District Shangla after necessary consultation with line department and WHO, while DTC was inaugurated by DCO Shangla at late night 8:0pm. DTC at DHQ Alpurai have covered 7 villages (High risk) of UC Gunhgar, UC Alpurai, with catchment 25,000 population of Shangla district providing 24/7 services.

Activities:

Staff hiring:

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

EHSAR deployed 25 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 services of ambulances and mobile health unit (MHU) which was mobilized for immediate response to emergency situation.

Preventive services (Outreach):

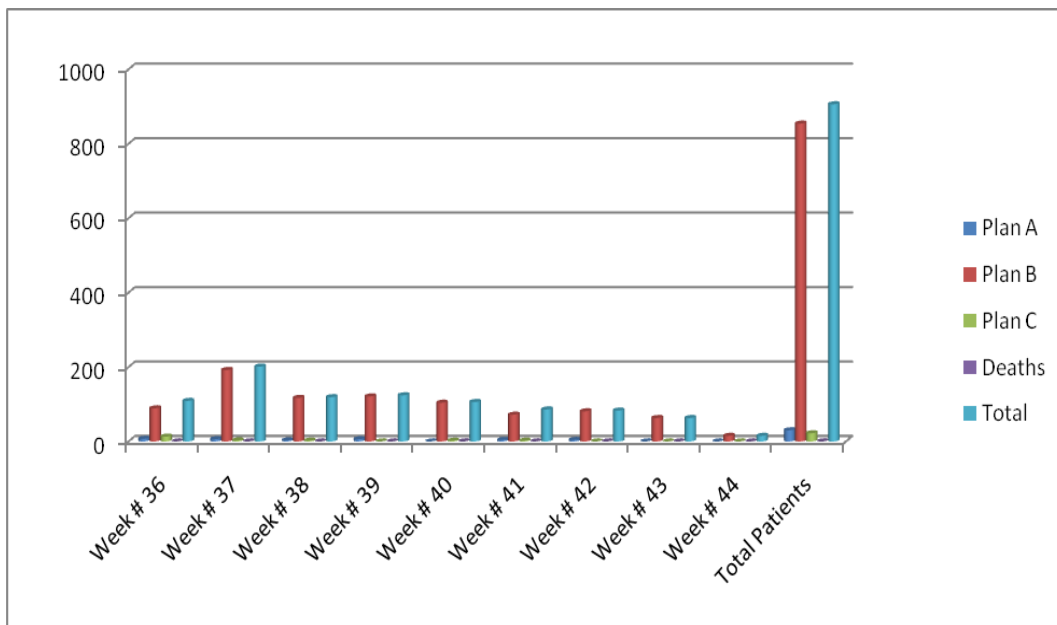
- Conducted public information and education campaign including proper treatment of water, prior to drinking (i.e. using aqua tabs, boiling, ORS etc) among community.
- Constant coordination and monitoring with affected villages health facilities.
- Coordination with and provided operational direction 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 increasing diarrhea cases which was developed into an AWD Outbreak.
- The community was using contaminated water and has a low practicing of personal hygiene and improper environmental sanitation. EHSAR assured using aqua tabs and boiling with their drinking water and to avoid open defecation, especially surroundings of water sources.
- The PPHI and line department of the district was supported in control and management of the outbreak.
- Water chlorination was instructed and demonstrated to the indigenous people, boiling of water prior to drinking is also advised.
- 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 materials suited for local).
- Conduct massive Public Information and Education Campaign (PIEC) on personal hygiene and disposal of human excreta.
- Conducted PIEC regarding proper human waste disposal, personal hygiene and proper treatment of water.
- 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 sanitation code regarding guidelines in the establishment of toilet facilities and safe water resources.



Curative services:

DTC Shangla treated patients as following:

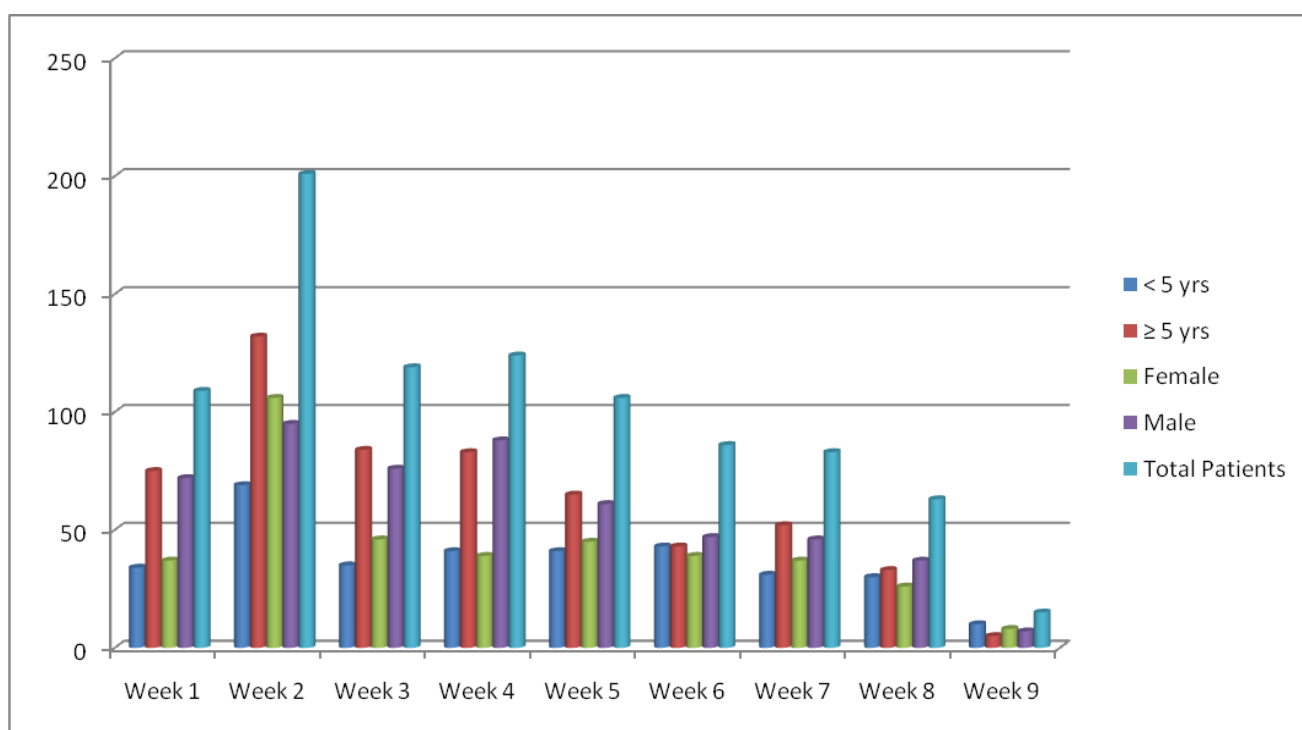
Date/Week	Plan A		Plan B		Plan C		Deaths	Total Patients
	F	M	F	M	F	M		
Week # 36	03	04	30	59	04	09	Nil	109
Week # 37	02	04	104	88	-	03	Nil	201
Week # 38	01	02	44	73	01	01	Nil	119
Week # 39	03	03	36	85	-	-	Nil	124
Week # 40	-	-	43	61	02	-	Nil	106
Week # 41	02	02	31	41	02	-	Nil	86
Week # 42	03	01	36	45	-	-	Nil	83
Week # 43	-	-	26	37	-	-	Nil	63
Week # 44	-	-	08	07	-	-	Nil	15
Total Patients	14	16	358	496	09	13	Nil	906



Group wise

(Age & Sex): < 5 yrs ≥ 5 yrs Female Male Total Patients

	< 5 yrs	≥ 5 yrs	Female	Male	Total Patients
Week 1	34	75	37	72	109
Week 2	69	132	106	95	201
Week 3	35	84	46	76	119
Week 4	41	83	39	88	124
Week 5	41	65	45	61	106
Week 6	43	43	39	47	86
Week 7	31	52	37	46	83
Week 8	30	33	26	37	63
Week 9	10	05	08	07	15



Medicines Provided:

The DTC staff provided medicines to the patients according WHO treatment protocol including following drugs, medicines and medical supplies for augmentation, management and control of diarrhea cases: Aqua tabs, tabs metronidazole 400 mg, tabs cotrimaxazole, cotrimaxazole oral suspension, caps ciprofloxacin 250/500 mg, caps doxicillin, caps Erythrocin 250/500 mg, tabs zinc sulphate, 20 mg, ringer lactate 500/1000ml, infusion flaygl 100ml, 250/500 mg cefetroxone injection, tabs paracetamol, bottles paracetamol suspension, and canola 18 to 24 gauge etc.

General Strategy:

1. EHSAR was insured delivery of emergency treatment for AWD cases in DTC 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 AWD cases.
3. Maintained implementation of effective infection control measures in the DTC ward to avoid cross contamination.
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) 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 DTC Shangla.
- In-emergency training and on the job coaching ensured that the available DHQ medical staff have the knowledge and practical skills to provide effective treatment of AWD cases.
- In close collaboration with WHO ensured availability of the emergency medicines and supplies necessary for the treatment of AWD patients.
- Established DTC in second week of September, while EHSAR provide two weeks 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 DHO. 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 DTC in District were treated according to WHO protocols and national guidelines.
- The effectiveness of DoH staff working in supported DTC to manage AWD patients was strengthened.
- Cholera epidemic was monitored regularly and reports (daily and final) shared with relevant authorities and stakeholders on prescribed formats.
- Outbreak control measures implemented at community and hospital level.



Indicators:

- 906 Number of AWD cases treated.
- Mortality rate was controlled in supported AWD ward, and no any death has been occurred.
- Medicines and supplies necessary for AWD treatment were available as per protocol.
- 100% of the DoH staff working in AWD wards was trained on Cholera prevention and WHO treatment protocol, including infection prevention measures at health facility and community level.
- DEWS reports were submitted on daily basis, and trend analyses one on daily and weekly basis. (Daily & weekly reports submitted on regular basis to WHO & DoH)
- 06 Number of health education sessions conducted in hospital and within communities at high risk.

Implementation Plan:

- The activities have been implemented in close coordination and cooperation with the supported hospitals management teams, EDO-H and WHO.

- Medical officers, paramedical staff, and support staff (cleaners, chlorinators) have been hired to ensure three shifts of qualified staff to cover the supported unit.
- WHO have been timely provided medicines and materials necessary for the treatment of AWD patients as per protocol.
- Ensured effective infection control measures have been implemented in supported treatment centers.
- EHSAR has conducted the in-emergency training of different staff categories on WHO protocols for AWD prevention and treatment.
- EHSAR Health promotion team have been ensured health education (prevention of water borne and feco-oral diseases) of communities identified at high risk.

MONITORING & EVALUATION:

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

Following are those tools and techniques that are effectively utilizing by EHSAR to assess the staff capacity and output.

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

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 are going 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 are going well on the right track.
- Staff Punctuality is according to the level.
- The training session is conducted by EHSAR from time to time to polish EHSAR staff and updated them about any change intervention.
- EHSAR staff professionalism and capability are according to the demanding level.
- Regular visits of EHSAR monitoring teams to the designated project area to facilitate beneficiaries any hurdle they face there.

Visitors of DTC Shangla:

Child protection KP Sub cluster lead Kehkeshan Beenish Khan (Bee Khan) and Khalid Abbas IOM CP Cluster of UNICEF has visited EHSAR DTC Shangla during their assessment visit of District Shangla and Kohistan.

Dr Jasim Anwar (WHO) has visited DTC Shangla, during his scrupulous visit, he appreciated EHSAR efforts on state of the art DTC establishment at DHQ Hospital in District Shangla, during his visit Dr Jasim Anwar checked all segment of the DTC including ward, plan A, Plan B, Plan C, nursing staff register, emergency try, ORT Corner,

medicines store, medicine record keeping system, administrator office for data entry and reporting very thoroughly.

District Coordination Officer (DCO) District Shangla Mr. Ayaz Khan with EDO Health, MS DHQ with other line department's concerns visited DTC twice, even at late night as well, 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 documentary report in district diary with public messages regarding AWD and other infectious disease control, along with DCO interview in DTC ward on the occasion of opening ceremony.

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

DTC Shangla Final (completion) Report submitted by:

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