

PAKISTAN HEALTH PROJECT FOR IDPs

**RMF Mother & Child Health Centre,
UC Taru Jabba, District Nowshera, KPK**



Bi-Annual Morbidity & Progress Report

January – July 2016



I: BACKGROUND

Internal displacement of an estimated 20 million people within Pakistan has taken place since 2004 due to military conflict, sectarian violence, and human rights abuse. The internally displaced person (IDP) problem was further aggravated by natural disasters, such as the 2005 earthquake and the 2010 floods. In 2013, renewed militant clashes between the Taliban and subsequent military intervention caused another round of massive displacement from the FATA agencies spilling into surrounding districts of KPK; mainly Peshawar, Nowshera, Kohat, Hangu, Tank, and Dera Ismail Khan; with a large majority of IDPs unregistered with official authorities.

Displacement leads to a host of serious challenges, such as threat to life, restriction of movement, and inadequate access to food, housing, and basic services — including healthcare. Although government designated camps house IDPs, their numbers exceed the facilities, and the vast majority of IDPs absorb into host communities. This comes with a steep price: overburden of the infrastructure of service delivery systems in the hosting district, which leads to gaps in service delivery. WHO leads a cluster of NGOs to address these gaps. As part of this cluster, RMF was invited to address the gap of primary maternal healthcare delivery for IDPs in District Nowshera. The health department in Nowshera has an infrastructure designed to serve a population of 1.4 million, and is now burdened with an additional population of 0.5 million.

Having successfully provided primary healthcare services in District Charsadda for three years (from 2010 to 2013) in the union councils of Gulbella and Agra; providing care to 41,529 disaster-affected, poor, and vulnerable men, women, and children; RMF joined hands with the WHO cluster in November 2013 to address the health needs of internally displaced persons in the refugee camps and host communities of Union Council Tarru Jabba in District Nowshera. With the ultimate goal “to improve the health of the IDP women and children, living in Union Council Taru Jabba as well as the surrounding areas, thereby contributing to the KPK government’s mandate to address immediate needs of this vulnerable group with their repatriation to their homes,” the project objectives are:

- To provide high quality primary MCH healthcare services, including antenatal, OB/GYN, family planning, and birthing free of cost to poor and vulnerable IDPs and their host families
- To develop a strong referral system to secondary and tertiary care facilities for cases needing advanced care
- To provide a basic pathology laboratory for routine diagnostic investigations, which will augment both primary health care and MCH services
- To provide ultrasound services, which will augment the health service delivery
- To implement a sustainable and scalable model that is in cohesion with other members of the WHO cluster and the KPK health system.

Our mother and child health center (MCH) model has been implemented and modified to be sensitive to our target population’s sensibilities. We have an in-house pathology lab to carry out all routine investigations. We observed a common trend in our previous facilities: many patients, mostly uneducated and unaware, tend to ignore requests for blood tests, because this means either traveling long distance to a government hospital or being unable to afford the cost of tests at private facilities. Such patients are “lost to the healthcare system,” making them vulnerable to unexpected morbidity or mortality. Offering this facility in-house and ensuring that the tests are carried out within the hour facilitates patient participation and eases effective service delivery. Additionally, ultrasound services are another component that augments our MCH delivery system. RMF’s mother and child health clinic (MCH) operation is being successfully conducted to date.

II: UPDATE ON IDP SITUATION

The government's stance on IDPs was always immediate attention and provision of IDPs' basic necessities while displaced, with the ultimate goal of voluntary and safe repatriation to their homes.

In June 2014, the Pakistan military launched its largest offensive against the Taliban, named "Operation Zarb-e-Azb," along the Pakistan-Afghanistan border. The operation received widespread popular support from all quarters of Pakistan, and as a consequence, the overall security situation improved and terrorist attacks in Pakistan dropped to a six-year low since 2008. However, as a result of the operation, 929,859 people (from 80,302 families) were further displaced and registered by Pakistani authorities.

By December 2014, the military approved the phased repatriation of IDPs according to areas that had been cleared of terrorists, and by March 2015, the first batch of 1,200 families was repatriated. Each family was given Rs25,000 (US\$250) as cash assistance and Rs10,000 (US\$98) as transportation expenses, with food rations for six months and non-food items. For effective disease control, children under five years of age were administered anti-polio vaccines and children under 10 years of age were administered anti-measles vaccines. Initially, there was great resistance to go back, as the fear of the Taliban resurfacing was acute. However, the repatriation movement gathered momentum over the next couple of months as news of peace trickled back.

According to the latest OCHA repatriation reports of August 2016, a total of 179,174 families have been successfully repatriated back to their homes, leaving behind a total of 124,617 families who are still displaced. According to official sources, the cut-off date for the return of all IDPs is December 2016.

III: PROPOSED CHANGES

Given that the IDP population is reducing, the urgency of the need for a MCH center has lessened, because the government's health infrastructure is slowly strengthening itself and is getting back on its feet to handle the reduced burden of healthcare demand.

RMF's MCH center in Tarru Jabba has two key components that make its services valuable despite the changing face of the situation. It is the only primary level healthcare facility in the Union Council of Tarru Jabba that provides pathology lab services for routine investigations and ultrasound services. By virtue of these two services, patients are referred to our center by other healthcare facilities, including some private practitioners, making this a valuable addition to the healthcare service infrastructure of the union council.

RMF policymakers have decided that we should continue our operations in this area for at least one more year. Proposed changes have been to include a small token fee for the above two services as well as an OPD consultation fee. However, given that the average income of the local region is well below the poverty line, these token fees will be subject to only those who can afford to pay.

IV: MORBIDITY REPORT JANUARY 1 – JULY 31, 2016

A seven-month report has been made, instead of the normal bi-annual monthly report, because pertinent changes to the system were determined in June-July and implemented as of August 1st. These changes have been mentioned above. The morbidity pattern for the first seven months of 2016 is as follows:

Patient Demographics

In this reporting period, a total of 5,938 women and children sought services at RMF's medical clinic. Of these, 2,890 were women and 3,048 children. The gender distribution amongst the children was 1,560 boys and 1,488 girls, a trend that has been consistent since the clinic was launched.

MCH Statistics

A total of 821 women sought antenatal services. A majority have started coming regularly for antenatal visits, citing that they often do not have to wait in long lines for these regular services, as is the norm in government health facilities. However, postnatal visits are fewer, with only 99 women seeking this service. Despite educating the pregnant women, a majority get busy and do not consider postnatal visits important unless they come across issues with the baby. Family planning services saw a downward trend, at only 48 women seeking this service over a 7-month period. About 41 women came for primary and secondary infertility and were referred to tertiary care hospitals in Peshawar. A total of 1,209 women visited the center for gynecological problems. The range of gynecological problems presented are summarized in the table below:

Gynecological Presentation	
Amenorrhea	150
Dysmenorrhea	148
Oligomenorrhea	143
Polymenorrhea	21
Menorrhagia	92
Leukorrhea	290
P/V Discharge	39
P/V Bleeding	38
Ovarian Cyst	39
PID (Pelvic Inflammatory Disease)	238
Fibroid	11
Total	1,209

Primary Healthcare Statistics

A total of 3,959 of the patients visiting the center also sought primary healthcare services. As usual, the range of primary health issues presented is the result of the poor living conditions of patients in this community. They include the following issues, summarized in the table below:

Primary Health Presentation	
Anemia	246
Abdominal Pain	82
Respiratory Tract Infection	532

Enteric Fever (Typhoid)	92
Dyspepsia	286
Vomiting	413
Scabies	288
Food Poisoning	111
Urinary Tract Infection	313
Hypertension	320
Suspected Meningitis	1
Injuries	6
Burns	4
Acute Appendicitis	3
Jaundice	42
General Body Aches & Weakness	255
Diarrhea	971
Total	3,959

The number of traffic accidents was lower in this reporting period, with only 7 victims of accidents provided with immediate first aid. Most were referred to secondary and tertiary care hospitals in Nowshera and Peshawar for additional treatment. The total number of referrals made during these seven months was 51 patients. The pathology lab conducted a total of 1,211 routine investigative tests in these seven months. The table below shows the breakdown:

Lab Test Performed from January to July 2016	
Pregnancy Urine Test	208
Urine Routine Examination	229
Blood Grouping	168
Blood Hb	217
Blood Glucose	123
Widal Test	82
Blood Malarial Parasite (MP)	99
RA Factor	13
Toxoplasma	72
Total Test	1,211

The ultrasounds carried out are listed below:

Ultrasounds from January to July 2016	
Ultrasounds for Antenatal Check-Up	595
Ultrasound for Abdomen	36
Ultrasound for Pelvis	178
Ultrasound for Abdomen and Pelvis	169
Total Test	978

For additional details, please find attached the Morbidity Matrix as Annex 1.

The RMF Mother & Child Health Centre has significantly improved the access of women and children in the IDP community to quality primary level health care. The RMF Mother & Child Health Centre has also reached out into the community and is raising awareness on hygienic living conditions, focused mostly on scabies-free environments and clean water/food to avoid diarrhea. We also interact and coordinate with local health authorities at the district and provincial levels.

Annex 1. Morbidity Matrix

RMF Mother & Child Health Centre, Nowshera: January - July 2016									
Months		Jan	Feb	Mar	April	May	June	July	Total
1	Female	489	394	441	402	467	326	371	2,890
	Male	0	0	0	0	0	0	0	
	Total Adults	489	394	441	402	467	326	371	2,890
2	Children (Male)	184	162	290	256	192	190	286	1,560
	Children (Female)	151	160	248	236	221	194	278	1,488
	Total Children	335	322	538	492	413	384	564	3,048
	Total Patients for the Month	824	716	979	894	880	710	935	5,938
MCH Details		Jan	Feb	Mar	April	May	June	July	Total
1	Antenatal Care	102	84	110	196	110	89	130	821
2	Postnatal Care	14	8	13	9	16	12	27	99
3	Family Planning	8	3	5	7	9	5	11	48
4	Infertility	2	4	7	6	8	6	8	41
5	Amenorrhea	13	10	24	36	22	23	22	150
6	Dysmenorrhea	14	11	27	21	30	17	28	148
7	Oligomenorrhea	26	14	29	22	19	17	16	143
8	Polymenorrhea	4	1	3	4	1	2	6	21
9	Menorrhagia	13	10	18	21	5	7	18	92
10	Leukorrhea	67	31	37	43	41	29	42	290
11	P/V Discharge	6	4	6	3	8	5	7	39
12	P/V Bleeding	3	2	9	4	8	3	9	38
13	Ovarian Cyst	4	0	7	5	5	7	11	39
13	PID (Pelvic Inflammatory Disease)	37	28	31	39	36	26	41	238
14	Fibroid	3	2	0	0	2	1	3	11
	Total MCH	316	212	326	416	320	249	379	2,218
Primary Health Details		Jan	Feb	Mar	April	May	June	July	Total
15	Anemia	31	25	37	39	40	25	49	246
16	Abdominal Pain	9	11	16	15	12	9	10	82
17	Respiratory Infection	156	91	96	85	45	28	31	532
18	Enteric Fever (Typhoid)	8	9	12	13	15	14	21	92
19	Dyspepsia	38	32	44	56	34	44	38	286
20	Vomiting	34	42	49	67	59	75	87	413

21	Scabies	67	45	56	45	32	21	22	288
22	Food Poisoning	3	9	11	18	16	22	32	111
23	Urinary Tract Infections	57	33	34	54	34	34	67	313
24	Hypertension	49	56	27	65	43	33	47	320
25	Suspected Meningitis	0	1	0	0	0	0	0	1
26	Burns	0	1	2	0	0	0	1	4
27	Acute Appendicitis	0	0	0	1	0	2	0	3
28	Jaundice	1	3	2	0	6	11	19	42
29	General Body Aches & Weakness	40	35	29	40	21	34	56	255
30	Diarrhea	98	87	121	187	135	130	213	971
	Total Primary Health	591	480	536	685	492	482	693	3,959
31	Non-RTA Injuries	0	0	2	0	0	4	0	6
32	RTA (Road Traffic Accident)	0	2	0	0	0	0	5	7
33	Referral	4	7	11	7	1	14	7	51
	Lab Tests	Jan	Feb	Mar	April	May	June	July	Total
	Pregnancy Urine Test	27	17	31	16	45	31	41	208
	Urine Routine Examination	28	26	23	27	67	19	39	229
	Blood Grouping	36	14	27	32	24	17	18	168
	Blood Hb	37	22	35	32	25	27	39	217
	Blood Glucose	18	16	24	12	17	15	21	123
	Widal Test	11	9	4	15	13	11	19	82
	Blood Malarial Parasite (MP)	12	3	4	18	21	12	29	99
	RA Factor	2	0	0	4	2	0	5	13
	Toxoplasma	11	3	14	12	8	9	15	72
	Total Tests Performed	182	110	162	168	222	141	226	1,211
	Ultrasounds	Jan	Feb	Mar	April	May	June	July	Total
	Ultrasound for Antenatal Check-Up	54	45	101	121	87	76	111	595
	Ultrasound Abdomen	3	6	0	5	7	3	12	36
	Ultrasound Pelvis	13	21	35	29	26	16	38	178
	Ultrasound Abdomen & Pelvis	17	12	27	31	25	22	35	169
	Total Ultrasounds Done	87	84	163	186	145	117	196	978