



Establishment report

DIARRHEA TREATMENT CENTER (DTC)

At DHQ Hospital Alpurai District Shangla



Background:

Skimpy hygienic and sanitation situation, congestion and lack of safe drinking water combined with monsoon season and last year flooding after-effect observe 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 weeks¹. Immediate implementation of epidemic control measures (including early diagnostic and treatment of cases, health education, improved access to clean drinking water, etc.) is 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 proposed 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 and Charsadda Districts of KPK as hotspots for immediate establishment of DTCs.



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

District Shangla:

In Last weeks of August 2011, an increased number of acute diarrhea cases were reported from EHSAR 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 occurred in the 7 villages of UC Gunahgar and UC Alpurai and other catchment areas, most affected areas were Kass/shalizara, Gandao, Pagorai, and four villages of Gunahgar Catchment District Shangla.



Responding 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. Aqua tabs, hygiene kits, soaps and aqua tabs were distributed. The situation further deteriorated when the daily influx at mobile teams increased to



¹ *Weekly Epidemiological Bulletin*, Disease early warning system and response in Pakistan, WHO, Volume 2, Issue 33, Monday 22 August, 2011

more than 100 per day. A temporary 20 bedded DTC was established by EHSAR at DHQ Alpurai, providing 24/7 services.

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 line list of AWD was shared by WHO-EHA with EDO (H) Shangla. DCO Shangla urged 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 start establishment of DTC in DHQ Hospital Alpurai Shangla after necessary consultation with line department and WHO, and EHSAR established a 20 bedded state of the art DTC in 08 hrs on the same day, which was inaugurated by DCO Shangla at late night 8:0pm.

Staff Availability and Immediate Response:

DTC at DHQ Alpurai is covering 7 villages (High risk) of UC Gunhgar, UC Alpurai, with catchment 40,000 population of Shangla district.

EHSAR has regional office at Shangla, operated by Project Management teams comprising of Project Coordinator, Project Medical 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 provides services of ambulances and mobile health unit (MHU) which can easily mobilized for immediate response to any emergency situation.

Overall Objective:

To reduce morbidity and mortality caused by AWD outbreak in Shangla District of KPK.

EHSAR's immediate plan is to address the lack of access to effective treatment of vulnerable communities. EHSAR will support the delivery of curative services by establishing and running DTC in DHQ Alpurai, while implementing measures that will promote the control of the epidemic in collaboration with the WHO, provincial and district line department of health through the following:

Strategy:

1. Support the delivery of emergency treatment for AWD cases in proposed districts according to WHO protocols and national guidelines.
2. Ensure with WHO the provision of essential necessary medicines and supplies for the delivery of effective treatment of AWD cases.
3. Ensure implementation of effective infection control measures in the supported wards to avoid cross contamination.
4. Maintain and strengthen disease surveillance and early warning systems, and the investigation and response of the epidemic in above mentioned districts.
5. Implement in collaboration with other stakeholders (WHO, EDO-H) prevention measures at community level that will facilitate the control of the ongoing life threatening outbreak.



Rationale of DTC at District Shangla:

The proposed DTC aims to ensure the access of communities at high risk to effective treatment and the implementation of measures that will control the AWD epidemic in Shangla District of KPK.