



COVID-19 RAPID RESPONSE IN SOUTH AND NORTH WAZIRISTAN



District Headquarter Hospital, WANA, South Waziristan

May 4, 2020

1. The Context

The world is facing a new potential challenge in the shape of Corona Virus Disease 2019 (COVID-2019). Since the onset of symptoms of the first identified case of COVID-19 on December 8, 2019, in Wuhan City of China, the virus has spread to almost 210 countries and territories of the world. The first case was reported to the World Health Organization (WHO) Country Office in China on December 31 and the outbreak was declared as a Public Health Emergency of International Concern (PHEIC) by WHO on January 30, 2020, However it was declared as pandemic on March 11, 2020, by the Director-General of WHO Dr. Tedros Adhanom Ghebreyesus¹. In almost all the affected countries, the number of cases grew exponentially, and the global tally of confirmed cases reached 2,954,222, with 202,597 deaths on April 28, 2020².

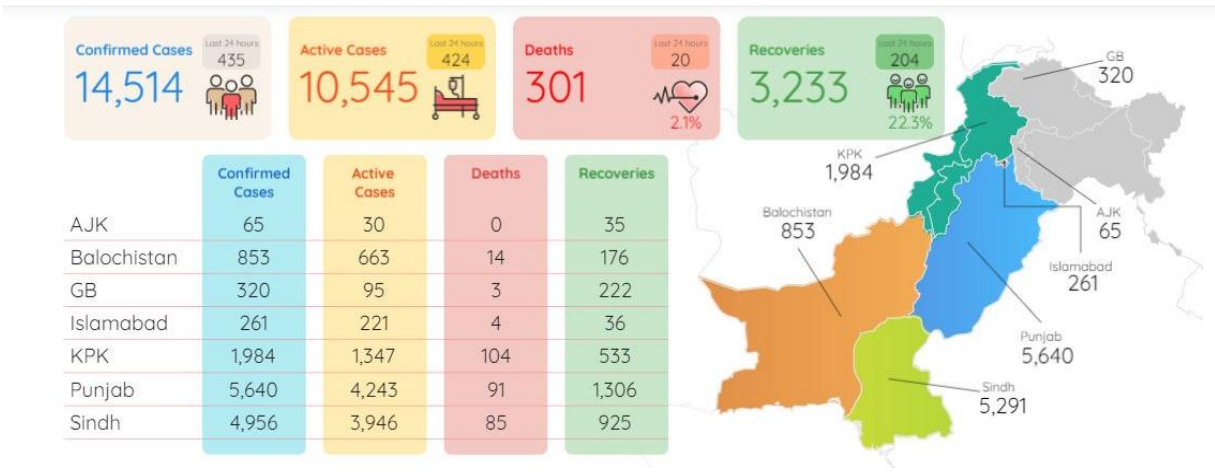
Pakistan Situation

Pakistan shares border and has travel and trade with China and Iran. On February 19, Iran reported two deaths resulting from Coronavirus. The increased influx of travellers through air, land and sea put Pakistan at increased risk of further spread of the virus from Iran and China. In Pakistan First travel-associated case was reported in Karachi on February 26. The Government of Pakistan declared a National Health Emergency of Public Concern on March 13, 2020.



COVID-19 Overview of Pakistan as on April 28, 2020
 Source: Ministry of National Health Services, Regulations and

As of April 28, 2020, there were 14,514 positive coronavirus cases, with Punjab being the most affected province with 5,640 cases, followed by Sindh with 4,956 cases, Khyber Pakhtunkhwa (KP) with 1,984 cases, Baluchistan with 853 cases, Gilgit Baltistan (GB) with 320 cases, Islamabad with 261 cases and Azad Jammu and Kashmir (AJK) with 65 cases. Of the total confirmed cases, 301 patients died, and 3,233 recovered from the disease, as reported by the Ministry of National Health Services, Regulations of Coordination (MNHSRC) Govt. of Pakistan on April 28, 2020.



Source: Ministry of National Health Services, Regulations & Coordination, Government of Pakistan - April 18, 2020

¹ WHO Situation Reports February 26 – April 27
² WHO Situation Report April 28, 2020

The Government of Pakistan has taken the emergency measures to stem the spread of COVID-19 in Pakistan. MNHSRC has developed a National Action Plan (NAP) for Preparedness and Response to COVID-19 and established a national coordination mechanism for the COVID response within the framework of NAP for Preparedness & Response to COVID-19. The National Security Committee (NSC) chaired by the Prime Minister constituted a high-level National Coordination Committee (NCC) to carry on joint efforts to fight against Coronavirus across the country and is coordinating the implementation of the decisions taken by the NSC. The NCC is chaired by the Special Adviser to the Prime Minister on Health/Minister of State and the Federal Secretary. MNHSRC, and Provincial Chief Secretaries are its members. A Core Group has also been established at MNHSRC under the leadership of Special Advisor to Prime Minister (SAPM) with members from related areas of expertise.

The National Disaster Management Authority (NDMA) has been activated for response to COVID-19 and is playing its role as a key operational agency. The National Emergency Interprovincial Committee for Corona Virus comprising of relevant line ministries, provincial departments and partner agencies has been established; while coordination bodies have also been notified for supporting coordinated implementation. Furthermore, the Emergency Operating Centre (EOC) at the National Institute of Health (NIH) has been activated as an Incident Command and Control Hub. Besides, The United Nation (UN) in Pakistan has established a Crisis Management Team (CMT) comprising of: WHO, UN International Children's Emergency Fund (UNICEF), World Food Programme (WFP), UN High Commissioner for Refugees (UNHCR), UN Fund for Population Activities (UNFPA), International Organization for Migration (IOM), UN Office for Coordination of Humanitarian Affairs (UNOCHA) and UN Development Programme (UNDP) and meet every Monday, Tuesday and Friday evenings³.

The Pakistan National Disaster Risk Management Fund (NDRMF) has approved grant financing of \$50 million to supplement Government's response for prevention and spread of Covid-19. Besides the Federal Government has announced a PKR 1.25 trillion economic package to tackle the adverse effects of Corona Virus crisis. This includes PKR 144 billion Ehsaas Emergency Cash (social protection) initiative started on April 9 and will reach 12 million families across the country. Each family will receive at least PKR 12,000⁴.

Hospitals and laboratories in the major cities across the country are being strengthened to collect and test samples from suspected cases enabling early identification and confirmation of cases. The coordination of all case investigations, contact tracing, and follow up are being carried out through a federal/provincial mechanism. The revised Strategic Preparedness and Response Plan (SPRP) is being prepared by the Ministry of Health and NDMA, in consultation with partners and International Financial Institutions (IFI), and with the technical support of the United Nations⁵. If the virus spreads with the same tempo or faster, it will not only entail much more economic, health and social crises and probably a hunger pandemic.

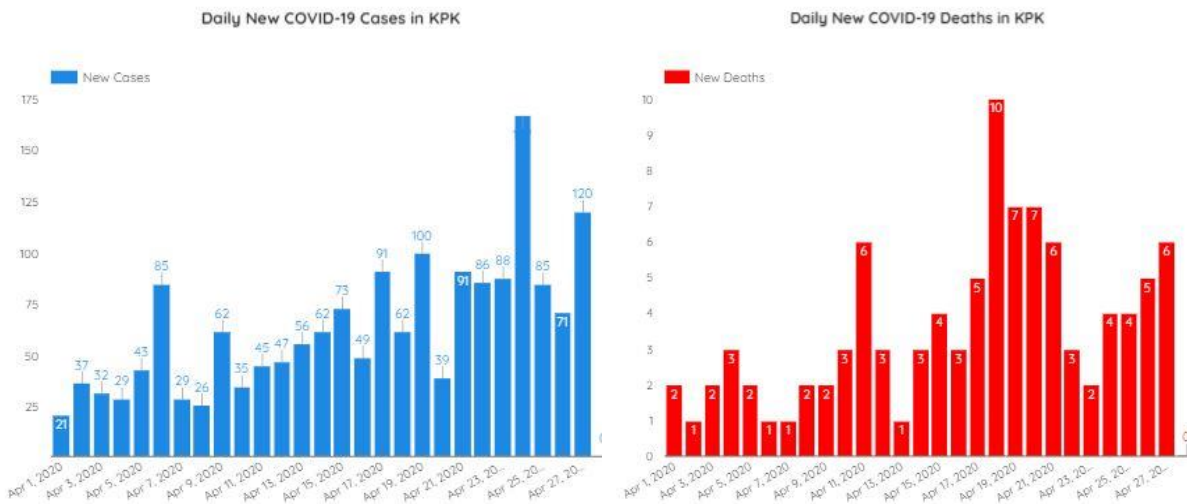
Khyber Pakhtunkhwa Situation

Like other parts of the country, COVID-19 cases in Khyber Pakhtunkhwa (KP) province are also increasing rapidly. According to the Directorate General of Health Services (DGHS), KP, the provincial tally raised to 2,160 positive cases late on April 28 among which 114 have died, and 562 have recovered from COVID-19. The province received 2,974 pilgrims and other travelers from Iran, Afghanistan, and other countries via Taftaan, Torkham, and international flights, out of which 235 tested positive, while one of the positive cases died and 67 recovered from the disease. 2,240 quarantined persons have already been released while 734 were still in the quarantine. Similarly, there were 1,925 internal cases till April 28, out of which 113 died, and 495 recovered from the diseases. KP ranks 3rd on the list of hard-hit provinces; however, in respect of the death ratio among the total confirmed cases, it ranks 1st having 5.27% mortality as reported on April 28, 2020.

³ Pakistan COVID-19 Weekly Situation Report No.4 - UNICEF

⁴ Pakistan COVID-19 Weekly Situation Report No.4 - UNICEF

⁵ ibid



Source: Ministry of National Health Services, Regulations & Coordination, Government of Pakistan - April 18, 2020

Despite a partial lockdown since March 23, 2020, and a continuous campaign for social distancing and other preventive measures, there is an increasing trend in the daily new cases and deaths, as reflected in the graphs above. The number may further spike due to the recent relaxation in the lockdown and congregational prayers at mosques in the holy month of Ramadan with little respect for the chartered SOPs, particularly in rural and tribal peripheries, including tribal districts.

Amid the outbreak of COVID-19, the Government of KP is trying hard to control further spread of the disease and reduce the mortality rate among the affected to the possible extent. The Chief Minister chairs a Government led high-level coordination task force while the KP Department of Health is leading the response. Similarly, command and control centers have been established in almost all the districts and at the provincial level. The Department of Elementary & Secondary Education KP has notified 135 schools as Quarantine Facilities in 6 districts, including 37 specifically for females in Haripur and Swabi districts. The provincial Government On March 18, 2020, introduced a number of measures: banned all private ceremonies in homes, closed compounds; reduced the opening hours for shops to 10.00 am to 4.00 pm for all types of shops; all restaurants were closed; all official meetings of more than 5 people were banned, and all banks were bound to install hand sanitizer at ATMs.

Throughout the province; 20 hospitals have been dedicated for treatment of the COVID-19 patients; 20 High Dependency Units (HDUs) and 6 Medical Training Institutions (MTIs) have been established; 113 isolation units with 868 beds have been established in 33 districts; 170 ventilators and 346 oxygen concentrators have been provided to 27 hospitals in different districts, 52 quarantine facilities with a capacity of 2,760 patients have been established; 7 Tertiary hospitals have been designated; and testing facilities have been established in Public Health Lab, Khyber Medical University, Hayatabad Medical Complex Peshawar and in some private hospitals.

Besides, the Government has appointed at least 1,300 new doctors on contractual basis across the province to help stem the spread of Coronavirus while the KP Public Service Commission also approved the recruitment of 635 more doctors to join the province's health force. Yet, as comparatively a province with less financial resources and medical facilities still there is a great need of support in terms of medical and personal protection equipment, sanitizers/disinfectants, beddings, masks, utensils and food to support the preventive measures for retaining the virus and treatment of the infected patients. The provincial government has closed all educational institutes until May 31 and postponed all public gatherings until further notice as a preventive measure. A ban has also been imposed on all inter-district public transport since March 22.

Situation in the Newly Merged Districts

Although, as reported by Directorate General of Health Services of Khyber Pakhtunkhwa on April 28, 2020, the tribal districts are not yet among the most hard-hit districts of KP (except Bajaur, Khyber, and Kurram which have a relatively high number of cases), yet the districts are of high importance for COVID-19 response due to significant factors briefly described in the following paragraphs.

A brief summary of COVID -19 cases in newly merged districts as of April 28, 2020, is as follows.

District	Total OVID-19 Cases	% of Provincial Tally	Total Deaths	Recoveries
Bajaur	21	1.09	1	5
Khyber	14	0.73	0	11
Kurram	30	1.56	2	2
Mohmand	6	0.31	1	0
North Waziristan	4	0.21	0	4
Orakzai	7	0.36	0	3
South Waziristan	2	0.10	0	2

Source: Directorate General of Health Services, Government of KP

Contiguity with districts having a high number of COVID-19 cases:

All the districts are adjacent to the districts with a high number of COVID-19, especially Peshawar, Dir Lower, Malakand, Charsadda, Peshawar, Kohat, Hangu, Bannu and Dera Ismail Khan (DI Khan). There are frequent exchange visits among the people of these districts for different purposes, which raise concern for further spread of the virus in the newly merged districts.

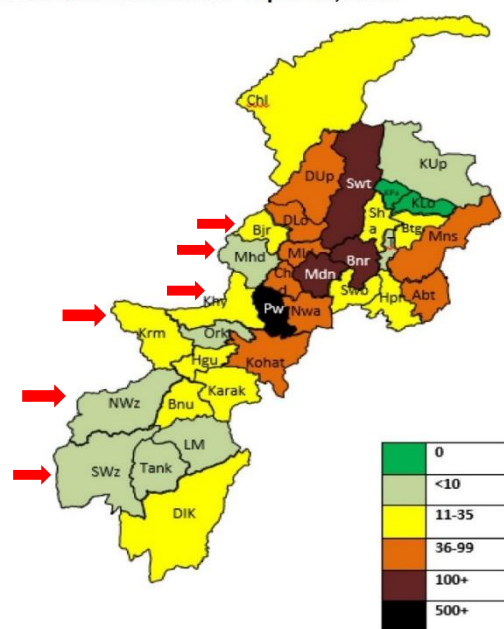
The influx from Afghanistan and neighboring districts:

Almost all the newly merged districts are sharing borders with Afghanistan; Although there has been strict security on borders, especially after COVID-19 incidences, people from Afghanistan use ways passing these districts to different places in the province and also other parts of Pakistan. In addition, there has been a big influx of Pakistani ex-pats from Afghanistan back home, and most of them are suspected cases, also reported by doctors we have interacted in the hospitals and quarantine centers.

Quarantine centers for travelers:

There are quarantine facilities, i.e., 10 in Bajaur, 3 in Mohmand, 2 in South Waziristan, and 1 in Khyber. Besides, there are isolation centers, one each in Bajaur, Mohmand, Orakzai and South Waziristan; 4 in Khyber, 3 in Kurram and 2 in North Waziristan. Some of these quarantines have been established in buildings not meant to serve this purpose (e.g., schools, colleges, empty government buildings). All these quarantine and isolation facilities are acutely short of shelter equipment, hygiene items, WASH facilities, and other accessories. On the other hand, these centers are also a cause of risk for the surrounding population and require to be carefully managed.

Distribution of COVID-19 Positive Cases Excluding Returnees from Iran/Taffan - April 28, 2020



Source: Directorate General of Health Services, Govt. of KP

Frequent visits to neighboring urban centers for day to day needs, business, and labor:

All these districts predominantly comprise rural areas, and thousands of people visit the neighboring urban centers, i.e., Dir, Charsadda, Mardan, Peshawar, Kohat, and DI Khan for shopping, jobs, business, and labor which also enhances chances of their contacting the Coronavirus.

Insufficient health infrastructure:

All these districts primarily have minimal and inadequate health facilities to cater for normal circumstances – let alone for dealing with a pandemic of this scale. Most of the hospitals are of a standard of tertiary level hospitals. The citizens often find no choices but to visit neighboring large towns such as Mardan, Peshawar, and DI Khan in search of good health. In the case of the COVID-19 outbreak, it is the interest of the Government to contain local patients within the district, and utmost avoid landing in other (already overburdened) cities.

Traditional and religious congregations:

All the target districts have a history of traditions and conservatism. Most of the people are influenced by the clergy and little care to avoid traditional, ritual gatherings and religious congregations, which may further accelerate risk; religious conservatism may prevent women infected patients to access health facilities and hence further expedite the community transmission of the virus.

Low level of awareness:

Most of the target districts have a low education rate and so have little awareness of the way of spreading the virus and the required preventive measures i.e., social distancing, coughing and sneezing etiquettes, etc.

2. Needs assessment

This action was proposed to ECHO after a rapid needs assessment with partners in South and North Waziristan after the declaration of Health emergency and reports of COVID-19 cases in February and March. Due to travel restrictions and lockdowns, limited but highly valuable information was gathered from PDMA/NDMA, National Institute of Health (NIH) and district administration (especially Health department and relevant Deputy Commissioners) in both the districts. A list of items readily required for a limited and meaningful response was quickly prepared in consultation with the districts and NIH and was validated with the districts for proposing to ECHO for budget realignment.



During the implementation, however, the list was slightly adjusted to match the most updated demands of the hospitals, quarantines, isolation centers, and the district administration.

Cesvi received similar request letters from the Deputy Commissioner North Waziristan and Provincial Disaster Management Authority-PMMA (KP) for the assistance. These letters are attached in the report (**Annex-1**)

Requests from Deputy Commissioner South Waziristan and from Provincial Disaster Management Authority (PDMA) is attached in this report (**Annex 2**). This letter helped Helvetas in initial shortlisting needs from the district.

3. COVID-19 response action by RAST in South and North Waziristan

NORTH WAZIRISTAN:

The following support is provided in the newly merged district of North Waziristan in the KP Province:

- Personal emergency toilets with the provision of water supply installed in five quarantine centers in North Waziristan.
- 250 Banners, displaying, COVID-19 risk communication installed in the district North Waziristan on the prominent places.
- PPEs and handwashing support provided to the health care centers in three sub-districts of North Waziristan. PPEs including followings:
 - Hand Sanitizers
 - Surgical Face Mask
 - Full Body Suits
 - Hand gloves
 - Show covers
 - Headcovers
 - Eye protective goggles
 - Long Shoes

Following COVID-19 related support has been extended to PDMA on their request.

1. Fifteen power generators are provided in eight Quarantine centers established in various districts of KPK province; these quarantine centers are providing services to Pakistanis stranded in Afghanistan and middle eastern countries. As of now, 1,626 people are house in these centers.
2. Personal Protective Equipment, including full-body suits, long shoes, gloves, surgical face masks, eye-protective goggles, hand sanitizers are provided to the front liners (health care workers, etc.)

South Waziristan

In South Waziristan, five different types of packages were supplied:

The following support packages were organized with a number of quantities for distribution:

- A. Medical equipment and personal protective gears for 1200 disposable uses + full time use
- B. Non-medical / NFIs needs in quarantines for over 1600 people
- C. Sanitization items for hospitals, isolation centers, and quarantines – all districts for three months disinfection needs
- D. Protective kits for district offices for personal and work-space safety
- E. COVID-19 specific WASH facilities: 25 handwash stations were installed specially designed for the situation. These are paddle operated, low-cost handwash systems with 135-gallon capacity (240 handwashes per day per drum from each station) with user instruction and motivational messages. These were installed in quarantines, hospital, and isolation centers.

All these materials were procured and handed over within a short span. The last sortie of the material was handed over to the quarantine center of WANA in South Waziristan on April 28, 2020. Handwash stations were installed during the current week and have received a very positive response from users and authorities.

Cesvi and Helvetas' support were also recognized by PDMA KP in the coordination meeting in April and May. **Annex.** provides a few photo glimpses of the response action. Short video clips are also available for sharing.

Lessons learned

1. The government's resources are stretched due to a sudden outbreak all over the country. Pakistan's healthcare system is weak with only 2.6% of the GDP allocated to health; with one of the lowest Public Health Expenditure as a percentage of GDP, Pakistan has only 0.6 beds per 1000 people & 1049 ventilators for 210 million people
2. Unfortunately, a section of the population is still far from demonstrating full cooperation on lockdown appeals and to follow precautions; The subject of lockdown is politicized among regional governments, religious leaders, prayer leaders, people in business, etc. equally affecting newly merged districts which are known for a more reliable affiliation with religion and culture.⁶
3. Doctors and frontline staff of hospitals, isolation & quarantine centers in general and in newly merged districts, in particular, are highly vulnerable to infection. They face a severe shortage of protection gears despite all-out efforts led by the National Disaster Management Authority and PDMAs
4. Most equipment to support protection and sanitization needs is either unavailable in Pakistan or is becoming too expensive due to market failure
5. The limited capacity of health services is fully exposed during this pandemic in Pakistan and around the world. In the case of newly merged districts, it was fragile even for normal circumstances – let alone for the pandemic effects.
6. Organizations that have not conducted health programs in the past are also offering meaningful support with immense cooperation from relevant actors and are learning fast.
7. Medical & non-medical staff handling waste disposal in hospitals/testing centers/ quarantines lack knowledge, skills, and equipment.
8. The improved mental health of people is absolutely essential to handle the fear & anxiety due to this pandemic.
9. Emergency response to this pandemic is full of risk. This is not an easy undertaking. Strict precautionary measures were followed for staff with limited mobility.

Future Needs

Both the consortium partners have jointly assessed and gathered several needs in KP to respond to the COVID-19 pandemic. These include:

- Provision of PPEs for Doctors and Paramedical staff in Health Centres, Isolation and Quarantine Centres

⁶ The term “smart lockdown” is used to find an excuse to let life going for most essentials. In reality however there is hardly any lockdown and nearly every trait is given a soft excuse to run business. Doctors and paramedical staff have become victim to this fatal pandemic. Doctors have held 5 press conferences over the last two weeks insisting government to implement a serious lockdown, else they feel, Pakistan’s health system will never be able to bear the numbers which may multiply within no time due to lack of unanimous decision on lockdown.

- Provision of disinfecting material, equipment, and waste disposal supplies (bio-hazards bags, etc.) for the public places, isolation, and quarantine centers.
- Provision of (non-medical) equipment, furniture, NFIs, food/ration, and appropriate shelter support to quarantine and isolation centers.
- Provision of testing and treatment equipment (based on Govt specifications) to the hospitals (Tertiary Hospitals, DHQ, THQs, BHU, focusing those declared for COVID-19 case management)
- Provision of "Non-COVID-19" equipment to hospitals for essential health & reproductive health services.
- Awareness Raising Campaigns
- Installation of handwashing stations, with provision WASH NFIS at health centers, isolation, quarantine centers, and public places.
- Rehabilitation and construction of sanitation facilities (including handwashing) in health centers, Isolation Centres, and Quarantine centers. (DHQs, THQs, BHUs, etc.). (Permanent Toilets).

The organizations have a high capacity to respond at a very high speed due to very committed staff (who have already learned a lot within this brief response), previous and new networks activated during this short response (PDMA, NIH, District health offices, INGOs and NGOs with health background, and highly skilled and dependable suppliers/vendors in and outside Pakistan). The hotspots of COVID-19 response are evolving. In the next response, it will be important to prioritize those hotspots besides newly merged districts.

Annex 5: Photo Glimpses



