

Disclaimer: The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Date created: March 18, 2014
 Data source: WHO, WFP, PDMA
 WHO Map Num: WHO-Sindh-1514
 Produced by: HIMU, WHO- Pakistan
 GLIDE Number: DR-2014-000000-PAK

Overview

The Prime Minister of Pakistan announced PKR 1 billion support for Tharparkar. This increases the total funds pledged by the Government to PKR 1.8 billion (US\$17.3 million). The Livestock Department has vaccinated 1.8 million animals in the last six months and seeks to urgently vaccinate 4.5 million animals. An outbreak of sheep pox remains a concern in the district. A joint UN observation mission comprising WFP, UNICEF, FAO, WHO, UNDSS and UNOCHA is reviewing the situation in Tharparkar and met with the Director-General of Health. Local NGO HANDS pre-tested assessment tools and trained enumerators to assess needs in the district. UNOCHA will support the analysis of data gathered during the assessment. More than 64% deaths occurred in the neonatal phase. Currently 60% of the children admitted at the DHQ hospital are mal-nourished, 54% moderate and 9% severely malnourished. Seasonal migration of the people due to drought to the barrage area of other districts also affects the routine lifestyle of the people. The children and pregnant women are the ones who are affected the worst as they face the worst weather conditions due to migration. Being hard area, only 2-3 women medical officers and few LHV's are providing MNCH services, so large number of populations remains unattended. Poor infrastructure makes it difficult for the people to access the health facilities. 67 deaths of infants & children have been reported in Tharparkar in the last three months.

Stabilization Center	Month	Admissions	Cured (G)	Death (H)	Default (I)	Transfer Out	Non Cured (J)	Total Exits	Average Wt. gain	Average length of stay
DHQ Mithi	September	11	4	0	2	0	0	6	14.42	7
	October	11	10	0	2	1	0	13	6.01	8
	November	15	6	0	0	0	0	6	7.125	9
	December	15	8	0	0	0	0	8	7	5
	January	14	16	0	0	0	0	16	9	13
	February	14	16	1	1	0	0	17	10	9
Total		80	60	1	5	1	0	67	9	8

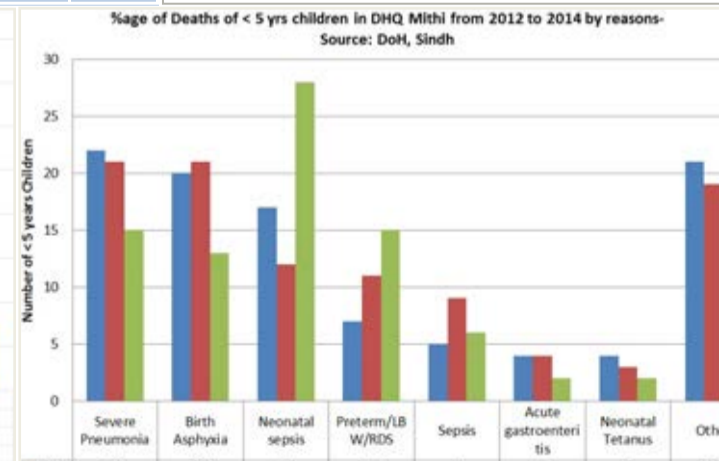
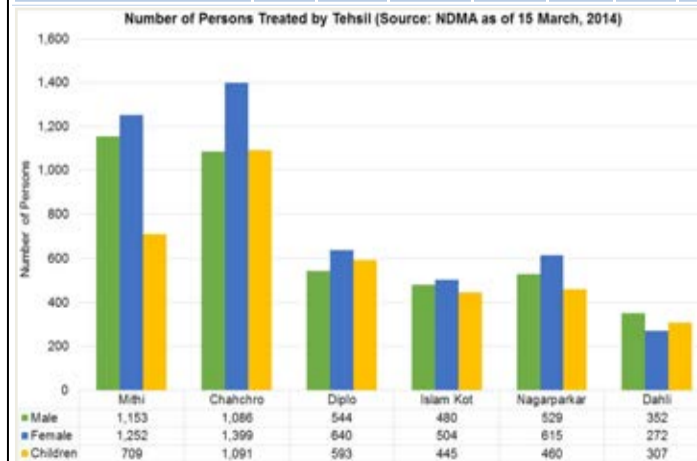
Items	Quantity	Location
Stabilization Centre Kit	1	DHQ Mithi
Diarrheal Disease Kit (DDK)	1	DHQ Mithi
Anti Snake Venom (ASV)	500	DHQ Mithi
Emergency Health Kit (EHK)	10	DHQ Mithi
Diarrheal Disease Kit (DDK)	1	THQ Diplo
Diarrheal Disease Kit (DDK)	1	THQ Chachro
Diarrheal Disease Kit (DDK)	1	THQ Nagarparkar

Note:
 1 Stabilization Centre Kit (SC) Kit= 800 Patients for one month.
 1 Diarrheal Disease Kit (DDK) = 100- 500 Moderate to severe Interventions.
 1 Emergency Health Kit (EHK) = 9,000 population for one month.

Access to Health care: Cost of travel to nearest health facility is between PKR 1,000 to PKR 4,000. Travel time to the nearest facility is 2-4 hours.

Nutrition: WHO, WFP, UNICEF and nutrition intervention program has prioritized Tharparkar because of high malnutrition rates. From Sep, 2013 till date, 80 children have been admitted at the Nutrition Stabilization Centre (NSC) at DHQ Mithi due to SAM (Severe Acute Malnutrition) with complications. Out of these, 71 children got cured, one child died and the remaining were defaulters. The mortality in the NSC was due to the fact that the child was suffering from Cerebral Palsy. NSC has been established in the Civil Hospital Mithi, under the guidance and supervision of District Pediatrician providing round the clock life-saving treatment for severe acute malnourished children with complications. All staff trained on the WHO protocols of life-saving treatment of SAM with complications and IYCF (Infant & Young Child Feeding). NSC equipped with life care equipment, medicine kits and therapeutic feeds.

Availability of Water: The main source of water for households and livestock is deep communal wells, which are mostly brackish. Sanitary toilets are non-existent, with open defecation being a common practice. According to local communities, the water table is currently adequate.



Name of Health Facilities	Total Admissions			Cases Attended OPD			Cases Referred		
	Under 5 years	Above 5 years	Total	Under 5 years	Above 5 years	Total	Under 5 years	Above 5 years	Total
CH MITHI	21	46	67	64	591	655	2	3	5
THQ Diplo	4	1	5	188	453	641	0	0	0
THQ Nagarparkar	2	8	10	23	93	116	0	0	0
THQ Chachro	6	10	16	22	79	101	1	0	1
RHC Islam Kot	2	3	5	26	92	118	0	0	0
Mobile Camps	0	0	0	249	465	714	0	0	0
Total	35	68	103	572	1,773	2,345	3	3	6

Name of Health Facilities	No. of malnourished cases <5 years	Children admitted Nutrition stabilization center (NSC)	No. of Deaths			No. of camps		No. of Patients treated		Stock position of vaccines	
			Under 5 years	Above 5 years	Total	Fixed	Mobile	Fixed	Mobile	ASV	ARV
CH MITHI	12	2	0	1	1	1	0	655	0	192	72
THQ Diplo	10	0	0	0	0	1	0	641	0	69	16
THQ Nagarparkar	3	0	0	0	0	1	0	116	0	44	18
THQ Chachro	3	0	0	0	0	1	0	101	0	93	59
RHC Islam Kot	3	0	0	0	0	1	0	118	0	30	11
Mobile Camps	0	0	0	0	0	5	0	714	0	0	0
Total	31	2	0	1	1	5	0	1,631	714	428	176

