

PAKISTAN programme 2001-2011 (Country Director of Child Advocacy International Pakistan: CAI Pakistan Dr Assad Hafeez, Honorary Country Director Professor David Southall) Funded by UNHCR, UNICEF, USAID, WHO, The Jemima Khan Afghan Refugee Appeal.



1. Work with refugees from Afghanistan in the New Shamshatu and Shalman and New Jalojai Refugee camps in Northern Pakistan 2001-2004

Obstetricians and paediatricians from CAI Pakistan and MCAI worked in these camps providing emergency maternal and child healthcare. Many hundreds of thousands of Afghan refugees lived in atrocious conditions.. We provided hospital level healthcare which was much appreciated by the many other primary healthcare services as otherwise they had no referral point for their most seriously ill patients. Over a six month period in 2001, 4,500 patients were seen.

In 2003, 3 mobile healthcare units were provided by the South Korean Government. These enabled the provision of more effective paediatric and obstetric care to the



Dr Rehman, obstetrician, in her clinic undertaking an ultrasound scan

Afghan refugee families. Approximately 2000 patients were treated each month.



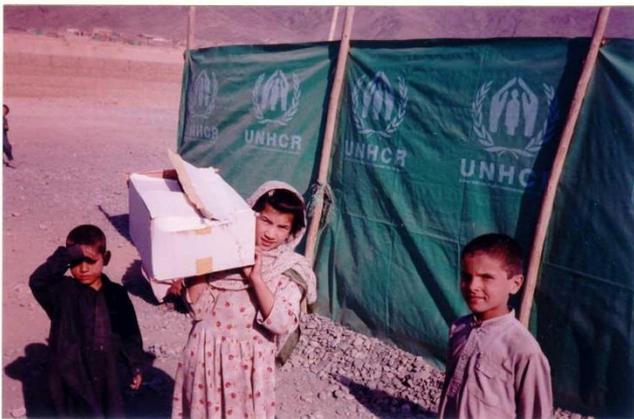
Obstetrician in her mobile labour ward



Mobile obstetric clinic



Jemima Khan outside a clinic in the camps



Scenes from the camps



2. Advocacy work with respect to Afghan refugees

In April 2001 we became extremely concerned about the 70,000 refugees living in terrible conditions in the New Jalojai camp in the North West Frontier Province (NWFP) of Pakistan. In collaboration with the Director of CAI Pakistan, Dr Assad Hafeez, CAI Pakistan and MCAI contacted UNHCR and found that they had experienced difficulties in persuading the Pakistan Government to re-locate the refugees in an appropriate setting (see letter from UNHCR to us in April 2001).

Dr Hafeez and Professor Southall then sought an audience with the Governor of the NWFP. Having realised the dreadful state of New Jalojai, he rapidly arranged for that camp to be closed and for refugees to be re-housed in much better accommodation in expanded other refugee camps. UNHCR wrote to thank CAI Pakistan and MCAI for this and so did the Secretary of State for Defence in the UK Mr Geoff Hoon (see letters).





**NATIONS UNIES
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POUR LES REFUGIES**

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**UNITED NATIONS
HIGH COMMISSIONER
FOR REFUGEES**

Branch Office in Pakistan

Diplomatic Enclave, No. 2
Quaid-e-Azam University Road, Sector G-4
P.O. Box 1263
Islamabad, Pakistan

Dear Sirs,

For sometime now, UNHCR has been concerned about the appalling conditions Afghans in New Jalozai are facing and the need for urgent food, shelter, health care, water and sanitation assistance. Recently, the situation has rapidly deteriorated, posing considerable risks to all the inhabitants of the area. Some help is reaching them, but it is not sufficient.

UNHCR and the other UN Agencies, together with national and international NGOs, are ready to provide increased assistance, and particularly food, shelter and health care as well as water and sanitation. However, in order to be able to do that, we need to establish adequate distribution mechanisms, i.e. conduct census to determine the needs and issue the necessary ration cards. This would ensure that legitimate beneficiaries receive support.

Overcrowding is one of the major problems. In order to ensure adequate health care and sanitation facilities, some additional space is essential. We would welcome the possibility of having access to some of the adjacent land to New Jalozai.

UNHCR has consistently highlighted the decline in international assistance to the more than 2 million Afghan refugees whom Pakistan has generously been hosting for more than two decades, and has strongly appealed to the international community to increase support for Pakistan. UNHCR remains strongly committed to support the 1.2 million Afghan refugees living in refugee villages in NWFP, Baluchistan and Punjab, especially those adversely affected by the drought in Baluchistan.

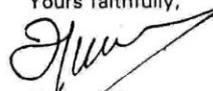
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Lt. Gen. (Rtd) Imtiaz Ullah Warralch HI(M)
Chairman
Child Advocacy International, Pakistan
Islamabad
Pakistan

Professor David Southall, OBE, MD, FRCPCH, FRCP
Honorary Director
Child Advocacy International, UK
Stoke on Trent
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UNHCR welcomes the good offices of Child Advocacy International in trying to identify a solution to the plight of Afghans, and in particular Afghan children, in Jalozai. UNHCR assures you of its readiness to assist in whichever way possible.

Yours faithfully,



Hasim Utkan
Representative

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Délégation en Pakistan

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Notre/Our code: CAI

Re: Letter of Appreciation

**UNITED NATIONS
HIGH COMMISSIONER
FOR REFUGEES**

Branch Office in Pakistan

Diplomatic Enclave, No. 2
Quaid-e-Azam University Road, Sector G-4
P.O. Box 1263
Islamabad, Pakistan

27 June 2001

To whom it may concern,

I would like to express my appreciation for the support that Child Advocacy International, through Professor David Southall, CAI Honorary Medical Director, and Dr. Assad Hafeez of Child Advocacy Pakistan, lent to UNHCR Pakistan in May this year.

CAI's intervention greatly contributed to unblocking a critical impasse in the search for appropriate solutions to the situation of newly arrived Afghans in the Jalozai makeshift camp.

UNHCR is extremely grateful to CAI and CA Pakistan for their commitment to improve the health conditions of Afghan refugee children in Pakistan, and would welcome their further involvement in the Afghan refugee programme in Pakistan.


Hasim Jtkan
Representative



SECRETARY OF STATE

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20 September 2001

26 SEP 2001

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cc MS
✓ 26/9/01

Dear Mr. Southall,

Thank you for your letter of 17 September enclosing copies of letters relating to Child Advocacy International's work within Afghanistan and Pakistan. I am grateful for your positive expression of your readiness to provide assistance should it be required.

Yours sincerely,
Geoff Hoon

GEOFFREY HOON

David Southall Esq OBE MD FRCPCH FRCP
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3. Essential Surgical Skills-Emergency and Maternal, Neonatal and Child Health training (ESS-EMNCH) from 2003- present time

Following the development of the educational materials in partnership with the Advanced Life Support Group (ALSG: www.alsg.org.uk), CAI Pakistan and MCAI developed the ESS-EMNCH programme, providing training for Pakistani and Afghan refugee doctors, nurses and other health-workers in emergency maternal, neonatal and child health care, with the support of the World Health Organisation. Although the pilot project for this work was undertaken in Pakistan, it proved to be highly successful and the programme was subsequently expanded to The Gambia and Liberia (see other parts of this website).

This clinical training programme was used as a public health intervention strategy to reduce the mortality and morbidity of pregnant women and girls, newborn infants and children. By 2006 the Ministry of Health-Government of Pakistan along with their partners: CAI Pakistan and MCAI, WHO, and ALSG UK, had conducted 8 ESS-EMNCH courses in Pakistan and had assembled a fully trained national and international faculty.

The idea originated from CAI Pakistan and MCAI's work in the Afghan refugee camps where in order to improve care emergency management training at primary and secondary levels was needed along with better integration of services at that level. ALSG was brought on board and a training programme with local content and modern educational methodology was designed. to help to strengthen the country's health system, especially its capacity to deal with major medical emergencies such as pregnancy and childbirth complications, resuscitation of newborn infants, child medical emergencies and major trauma, such as road traffic accidents. The team's emphasis was on improving the management of emergencies, especially within the first few hours of treating a patient, as this is a major determinant of the eventual outcome. If the vast majority of these potentially avoidable deaths and long-term or permanent morbidities were to be avoided, better and more appropriate emergency health care is required.

The ESS-EMNCH Programme had three levels of implementation starting from the teaching hospitals (which provided many of the instructors for the training of trainers component), district hospital, and the first level responders working in the community (ambulance personnel, skilled birth attendants and paramedics).

Two existing high level courses of ALSG were undertaken in the tertiary (teaching) hospitals of Pakistan. These were the "Managing Obstetric Emergencies & Trauma Course (MOET) and the Advanced Paediatric Life Support (APLS) course.

For district hospitals a new 5 day EMNCH course was undertaken. A team of internationally renowned educators designed the curriculum and local experts (surgeons, anaesthetists, obstetricians and paediatricians) having experience in the

field of emergency management, modified and adapted it according to Pakistani standards and guidelines. This programme complemented the on-going activities of the Government, and helped to establish the emergency response mechanism in the existing healthcare delivery system.

For community health workers a one day basic life support (BLS) course was developed and widely implemented.

The first EMNCH course was organised at Gujranwala in May 2004. It was directed by Dr Diane Watson an experienced ALSG MOET and APLS instructor and subsequently 8 courses were held at Nowshera, Saidu Sharif, Charsada, Sheikhpura, Kasur, Bahawalpur and Quetta. The aim was to establish an on-going programme of training which would allow the project to be cascaded to all hospitals in Pakistan that provide emergency healthcare for mothers, babies and children. Moreover, One-day Life Support Courses for Health Workers were also undertaken in the earthquake affected areas of Pakistan (see below).



Teaching on the first EMNCH course

Details of each resuscitation subsequently undertaken by each trained health worker and outcome for the patient were documented in a personally held Log Book. By 2005 more than 2,500 patients had been documented. 90 per cent of the patients resuscitated survived. Newborn resuscitation was the most commonly utilised skill. Shock, breathing difficulties and fits were the major emergencies in children while massive haemorrhage was the most frequent emergency in pregnant women.



Surgical airway skill station



Bag and mask resuscitation

In November 2005, The World Health Organisation (WHO) in Pakistan and the Pakistani Government agreed to take on responsibility for spreading the courses across the entire country. They put together a funding consortium which will lead to the intervention becoming sustainable.

CAI Pakistan and MCAI have published articles in a number of peer-reviewed medical journals, which are available for download on this website.



Obstructed labour demonstration



Resuscitation in pregnancy

The candidates on the MOET, APLS and EMNCH courses who performed well and showed abilities in team work and education were selected to undergo a Generic Instructor Course (GIC). Candidates on the GIC course were also willing to donate some time out of their schedule for undertaking future courses. This was a 3-days course meant to train the trainers on modern teaching methodologies involving lectures, workshops, scenarios and skill stations such as ESS-EMNCH. This course was also designed to enable and train the health professional in the art of disseminating training and replicating the programme activities in their own province. The participants who

had successfully achieved GIC status were given internationally recognized certificates of trainers by ALSG UK and were expected to be involved with the National faculty of ESS-EMNCH Programme to conduct future 5-day ESS-EMCH courses and one-day BLS training activities in Pakistan.

A symposium on "Goals, achievements and strategies of the EMNCH programme in Pakistan", was organized on 12 March, 2006 in collaboration with Pakistan Pediatric Association (PPA) and Royal College of Paediatrics and Child Health (RCPCH UK) at the occasion of 18th Biennial International Pediatric Conference. The objectives of the symposium were to sensitize stakeholders particularly about the ESS-EMNCH training

Dr. Abdul Majeed Rajput, Director General of Health for Pakistan chaired the symposium while Dr. Khalif Bile Mohamud, WHO representative for Pakistan and Prof. Mumtaz Hasan, Director of the main medical school in Islamabad (PIMS), co-chaired the event.



Scenario on major trauma



Newborn resuscitation

Dr. Assad Hafeez briefed the achievements and development of the programme. He gave a presentation on the global and future perspective of essential surgical skills in the emergency maternal and child health and the incorporation of the WHO Integrated Management on Emergency and Essential Surgical Care (IMEESC) tools based on the WHO manual of "Surgical Care at the District Hospital" into the training materials.

Dr. Yawar Najam, one of the faculty members, briefed the audience about the course contents. He said that the structured and accredited training workshops of the programme were based on an educational approach that uses skill stations, workshops,

and scenarios to train doctors, nurses and other healthcare workers in emergency paediatric, neonatal, obstetric and trauma care.

Dr. C. Aqeel Safdar presented the educational philosophy developed in this training workshop. He highlighted the role of modern teaching techniques required for adult learning in such life support courses.

Faculty members presented a scenario demonstration at the end of session.

Dr. Khalif Bile Mohamud appreciated the program. He emphasized on the improvement of the child and mother health care services in Pakistan. He spoke about quality and effective health care services at patients' homes.

Director General Health Dr. Abdul Majeed Rajput appreciated the programme and suggested that a PC-I (Government support document) should be made for ESSEMNCH as a national programme. He said *"the Government is dedicated to achieve the Millennium Development Goals till 2015 by reducing the maternal mortality rate by 3/4th and infant mortality by 2/3rd in Pakistan. These courses should be conducted all over the country and for the health workers working in emergency."* He stressed the need to cascade down these skills to district and community level.

By 2011, approximately 3900 health workers from Pakistan had completed the above courses. In 2010 alone fifteen 1-day BLS (Basic Life Support) courses, 2 APLS courses, 2 MOET courses and one 5-day ESS-EMNCH course had been undertaken by a faculty of internationally certified senior medical doctors and health professionals, from various teaching institutions, hospitals and health facilities of Pakistan. All had donated their time to this programme.

4. Strengthening Emergency Care Programme (SEC) (see more information on this website)

Following the development of the ESS-EMNCH training programme described above, Pakistan was the first country to add on initiatives to strengthen the whole emergency health care system. In addition to establishing a sustainable training programme for health care professionals and community workers as described above, this programme ensured the availability of essential drugs, medical equipment and supplies, the renovation of hospital wards, and making the 'Emergency Chain of Care' functional by developing communication and transportation for the critically ill between home and hospital.

The Strengthening Emergency Health Care Programme adopted a sustainable approach by giving ownership of each project to the national Government, local authority, health facility, health and community workers, and the local community.

A patient who is quickly identified to be desperately unwell and who receives rapid appropriate treatment had a greater chance of survival with fewer long-term consequences, in particular an avoidance of brain injury. Although public hospitals in Pakistan were relatively well staffed, much of the equipment was either faulty or out of order and most medicines had to be paid for by the patient or their family. In this situation, the level of medical skill and expertise available could mean the difference between life and death.

As part of an agreement with the Government of Pakistan, hospitals and primary care centres would be provided with essential drugs and supplies and basic equipment to enable staff to complete the courses and to allow care to the standard trained in ESS-EMNCH to be sustained. For example in 2008 CAI Pakistan donated emergency equipment to District Head Quarter (DHQ) hospital, Mirpur (AK), in addition to a one day BLS course in which 26 participants, including doctors, nurses and paramedics, were trained. In 2008 essential emergency equipment was also provided to DHQ hospital in Matta.

In summary the SEC programme:

- Developed the core knowledge and skills of healthcare workers at all levels by organising and running comprehensive and sustainable training courses in emergency obstetric, neonatal and paediatric care for life threatening illness and injuries;
- Worked with partners to build systems to deliver emergency care at all levels i.e. from an individual's dwelling in a village to the hospital bed;
- Ensured that public healthcare facilities were fit for purpose by doing a rigorous "needs assessment" and then helping local partners to meet these needs, and in doing so improve staff morale and retention;
- Worked with national government/local health authority/hospital staff/local communities to adopt and embed these system changes in order to achieve a sustainable health system that could effectively manage emergencies.

Much of the teaching material s, including the training manuals and pocketbooks, for candidates attending the EMNCH courses are available free of charge for download on this CAI Pakistan and MCAI web-site.

5. The earthquake of 2005 (see published papers on this website)

An earthquake struck Pakistan on 8th October 2005, causing mass destruction. The Government of Pakistan confirmed more than 100,000 deaths, most of them in Pakistani-administered Kashmir. Tens of thousands were injured and up to three million left homeless.



CAI Pakistan distributing essential food to survivors of the earthquake

CAI Pakistan and MCAI were among the first few organisations to reach the affected areas two days later with relief goods and medical services. A medical camp was set up in Jalalabad, near Muzaffarabad city.

Despite its minimal resources, CAI Pakistan and MCAI spent 3 million rupees on the relief operation.

The Medical Camp also provided training to the residents of the camp, to help them in hygiene sensitisation and to improve the conditions of the camp through winterisation.

Around 350 patients attended the medical camp daily during the initial phase. A team of doctors, paramedics, lady health workers, prosthetists, and medical students, working round the clock, provided health care services to more than 10,000 patients. Treatments included wound management, dressing, and stitching, minor amputations, dehydration management, minor gynaecological treatments, antenatal care and the dispensing of medicines for other ailments.

A small delivery room was established. With the assistance of a UNICEF team, an immunisation centre for measles and tetanus was also established at the camp. The camp was acknowledged by the Ministry of Health as being enrolled in the WHO Health cluster-list

CAI Pakistan and MCAI in collaboration with LIFE Orthopedic (Prosthetics & Orthotics Services) established a Disability Treatment & Rehabilitation Center at the Camp. The Centre provided knee and spinal supports, cervical collars, prostheses, cranial helmets, fracture braces, and specific orthoses for those with paraplegia.

A welfare organisation 'Bahadur Lal Bibi Welfare Trust' provided a large quantity of medicines, warm clothes and other materials.

With the help of motivated local school teachers CAI Pakistan and MCAI established a School Camp. Support and teaching materials were provided to both teachers and students. More than 100 children were enrolled during the first week of the commencement of this school.

In January 2006, WHO asked CAI Pakistan and MCAI to provide training in emergency care to all local and expatriate healthcare workers operating in the earthquake zone. 18 one-day Basic Life Support (BLS) courses were undertaken in January-February 2006. Around 450 health workers were trained to an internationally accepted level of expertise at the earthquake affected districts including Manshera, Balakot, Batgram, Muzaffarabad and Bagh. These workshops were designed especially for the paramedics and birth attendants.



Training in BLS for health workers in the earthquake zone (it was very cold: winter)



School in Jalalabad camp

By 2007 CAI Pakistan and MCAI had also donated emergency medical equipment to 6 of the hospitals in the earthquake affected areas.

The camp was closed on 31st March 2006.

6. The floods in SWAT in 2010

On July 28, this additional natural disaster affected 65 union councils of District SWAT with 60-70% of the district affected. In Swat 120 commercial buildings, 7,210 houses, 30 schools, 35 Kilometre roads, 35 main bridges, 31 foot bridges, 35 hydroelectric power stations were damaged because of the monsoon flood.

CAI Pakistan and MCAI in collaboration with Qatar Red Crescent (QRC) started

their activities in the affected areas of SWAT by providing basic health services in the cut off areas. Two medical camps were established at Kalam and Madyan. Two teams of doctors and paramedics were deployed and provided healthcare services. Many millions of people were in desperate need of immediate help. Immediate needs of the area were shelter, food items, non-food items, clean drinking water and health care.

7. Internal armed conflict in the North West Frontier province between July, 2008 and 2009 (see two publications in the Armed conflict section of this website)

Armed conflict between the Taliban and the security forces in the districts of Buner, Swat, and Dir resulted in a large-scale migration of civilians.

In the first 2 months, fighting had escalated and 1.96 million people were registered as displaced. About 232 000 people were living in 23 camps established by the Pakistan Government. Of 112 975 people living in the Jalozai camp, there were around 2000 pregnant women.

Professor Southall and Dr Hafeez visited this camp and produced the report on this website entitled: "Homeless in their Homeland"