

PHF WEEKLY BULLETIN

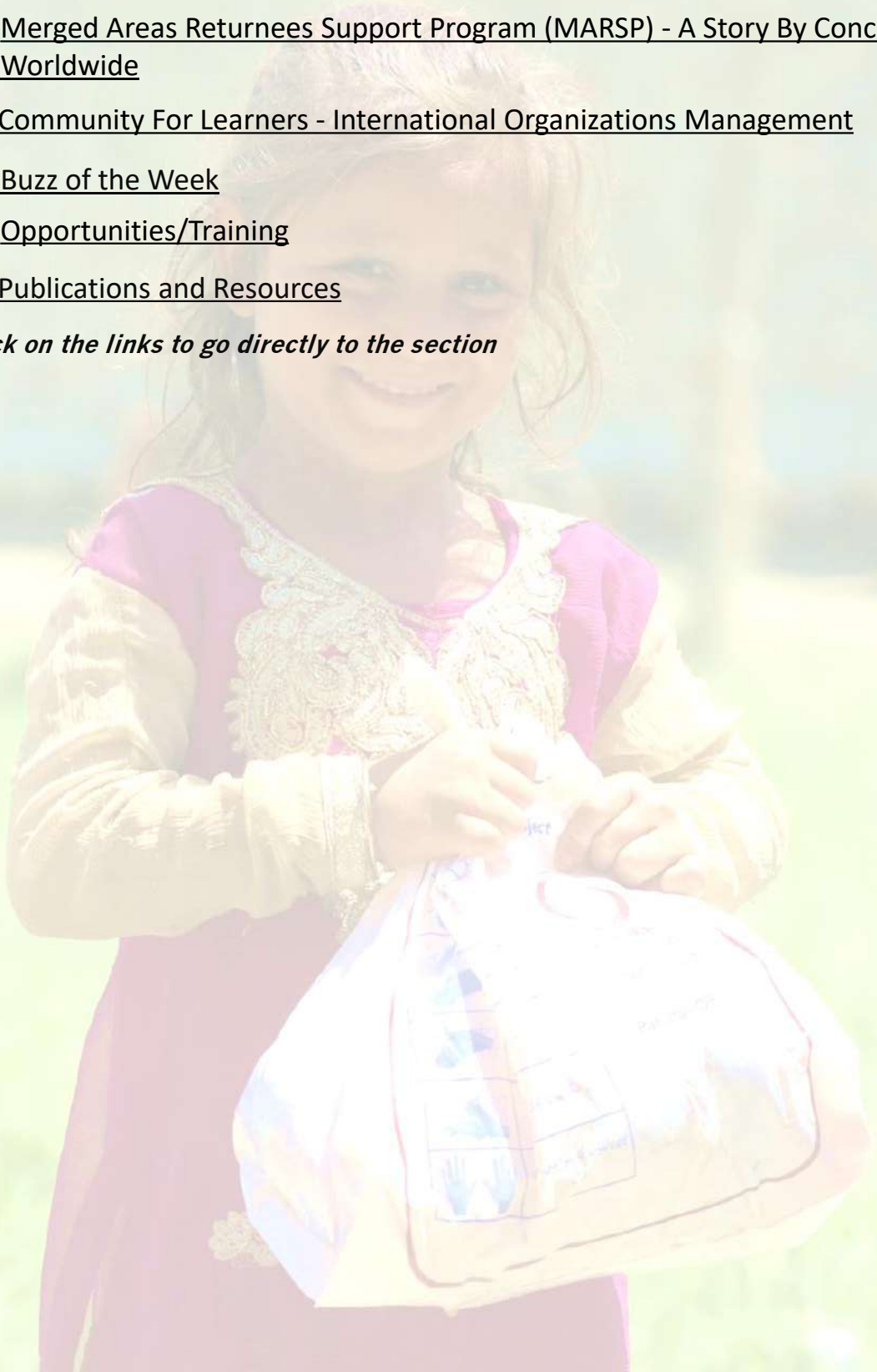
11th April 2022 – 17th April 2022



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TRANSFORMING LIVES, MEMBERS IN ACTION



USAID
FROM THE AMERICAN PEOPLE

CONCERN
worldwide

**ENDING
EXTREME POVERTY
WHATEVER
IT TAKES**

**Merged Areas
Returnees
Support
Program
(MARSP)**



Shaheena newly born son, Photo by Prime Foundation Staff at BHU Sheratala Madi Khel on 13th Oct 2020

Newly rehabilitated health care facility saving mothers and newborns lives Jaga Taka Sheratala Madi Khel Village, Mirali Tehsil, North Waziristan

Merged Areas Returnees Support Program (MARSP)

By Concern Worldwide



PROBLEM STATEMENT:

38 years old, Shaheena lives in Jaga Taka village, which is 20 kilometers from the health facility and 51 kilometers from Tehsil Head Quarter (THQ) hospital Mirali. A village deprived of even the most necessities, with only a few shops selling basic food products and no medical facility. There is also no proper road connecting Sheratala and Jaga taka. Shaheena and her family relocated to Bannu because of the military operation Zarb-e-Azb, where they spent three years in the Bakakhel IDPs camp and various rented houses. That was the most difficult time of their lives because Shaheena is her husband's second wife, and he is the only one who can feed the entire family, including both wives and their children. They were homeless at the time, and had to live in a basic shelter. They returned to native area after things turned normal. Even after they return, Syed Wali Shah's financial condition is fragile, as he works as a driver and relies on leased vehicles to meet the needs of his large family.

Military operations, combined with a lack of infrastructure maintenance, have had a major impact on health facilities and services in KP's newly merged districts. Due to a lack of physicians, qualified paramedical personnel, and utilities, basic health facilities in the districts, such as hospitals, BHUs, and rural health centers (RHCs), are either damaged or non-functional (laboratory, equipment etc.). Women's access to regular check-ups, emergency visits, and maternal and child health facilities is hampered by the lack of female doctors. Most of the centers are severely lacking in basic lab facilities, and primary healthcare facilities lack the required basic health equipment and instruments. The overall state of mother care services is alarming, with most primary health care facilities lacking the required equipment and qualified personnel to provide antenatal and postnatal care.

INITIATIVES:

Concern worldwide with support of USAID / BHA, and with partner Prime Foundation implemented the MARSP program for crises affected populations of North and South Waziristan tribal districts of Khyber Pakhtunkhwa Pakistan. The major stakeholders are health department, district administration, and other key stakeholders. The program has provided human resource support to the health facilities including doctors, lady health visitors, dispensers, lab technicians and medical technicians for each health facility. These health facilities include BHU Sheratala Madi Khel and BHU Marmandi Azeem in North Waziristan of Tribal District and Civil Hospital Ladha and BHU Kot Yaghistan in South Waziristan of Tribal District. Target beneficiaries of the program include girls, boys, female, male, elderly & disabled people residing in the catchment area of the four health facilities.

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KEY RESULTS:

Prior to the program interventions, communities in the targeted areas were unable to access health services at their respective catchment health facilities due to a shortage of material and human resources for the provision of quality primary health care services focusing on MNCH. Concern filled the gaps in material and human resources to improve both health facilities to provide quality primary health care services focusing on MNCH. During program intervention, Concern treated 57,038 OPD consultations in tandem with free laboratory tests and free medicines, 746 women received comprehensive MNCH services including antenatal services, natal services and postnatal services. 24,275 beneficiaries were reached through CHWs and LHVs who disseminated key health messages at the health facilities as well as in the communities via door-to-door household visits. The health education sessions have influenced community's; especially women's health and hygiene practices. Following participation, women community continued to concentrate on 'exclusive breastfeeding, they learned the importance of early initiation, and the importance of 'colostrum milk'.

Shaheena, 38 years old, went to the health facility for a check-up on October 12, 2020. Her preliminary examination was conducted by Concern partner Medical Officer Dr. Zia Ullah. She was weak, pale, anemic, nervous, and had a low blood pressure. Dr. Zia referred her to Naila, PF LHV for a thorough examination and evaluation, which included diagnostic tests (HB, Blood Group, HBS, and HCV). Shaheena was 41 weeks pregnant (posted) and her cervix was only opening two fingers. She was diagnosed with a postterm pregnancy after a string of related pregnancies in which the fetus did not live.

Shaheena was recommended to return home after the team agreed to wait a day for the onset of natural labor pain rather than opting for induced labor right away. Shaheena was transported to the facility by PF emergency services on October 13, 2020. Naila assessed her situation, but there was no change in the opening of her cervix, and no labor pain. Because all of the required diagnostic tests had already been completed the day before, Shaheena was transferred to the labor room and given the necessary drugs (vaginal tablets, injections, and infusions) to induce labor and open the cervix. The labor pains began gradually, and Shaheena was able to deliver the baby within a few hours. Naila noticed the umbilical cord was wrapped around the baby's neck during the birth, so she took extra precautions and treated the situation professionally. The baby was successfully delivered, followed by the removal of the placenta and the administration of the required drugs to the mother (injections and infusion). Since the baby was stable but not crying, Naila rubbed the baby's back, which caused the baby to cry. The umbilical cord was tied off securely with sterile tape about 4 inches from the baby after it stopped pulsing, then tied off again 2 to 4 inches from the first string. Between the two bonds, the cord was cut. The baby was put on the mother's stomach, wrapped in a warm blanket.

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Following the delivery, Shaheena was held under observation for further monitoring. She developed extreme postpartum chill an hour later, for which she was given an extra blanket and given the necessary medications. She was completely healthy in half an hour and was able to breastfeed her child. She was given advice on the benefits of colostrum and exclusive breastfeeding. The Medical Officer recommended her free medications for home treatment and urged her to return to the facility

within three days for postpartum care until the team was fully pleased with the patient's condition. Syed Wali Shah took his wife and newborn to the hospital for a postnatal checkup on October 15, 2020. Dr. Zia and Naila examined the mother and the newborn to ensure that they were all well and that there were no post-delivery complications.

"I decided to have a proper medical checkup after learning about my pregnancy because I had a previous poor obstetric history and had lost my kids. I had no normal labor pains and went to a doctor, which was very expensive for us. So, because of our financial difficulties, my husband declined to take me there this time. Our ten-year-old son died recently of a brain tumor, which cost us a lot of money to treat. As a result, I was well aware that my husband would be unable to drive me to the hospital and cover all of my expenses. But, thanks to USAID/BHA and Concern for giving free access to primary healthcare services enabling me to deliver an health baby." - Shaheena



Shaheena newly born son, Photo by Prime Foundation Staff at BHU Sheratala Madi Khel on 13th Oct 2020

International Organizations Management

Offered by the University of Geneva, International Organizations Management is a high-level introductory course to the structure, management and operations of the United Nations and other international organizations. Participants of the course will learn about important [UN bodies](#) such as the UN Security Council and the UN Secretariat, as well as the UN Sustainable Development Goals. The course is taught by eight instructors and the content is adapted from Geneva Universities' MBA on International Organizations. The course is a useful starting point for individuals who aim for managerial positions at the United Nations, international NGOs, or social enterprises. Current managers who are interested in transitioning into a career with international organizations might also find the course beneficial.



What you will learn (excerpt)

- Outline the theory and practice of international organizations
- Discuss the governance, structure, and mandate of the United Nations
- Assess the different types of leadership styles in the United Nations
- Identify challenges/opportunities involved in international organization partnerships

How you will learn

The entire course takes roughly 18 hours to complete and was rated 4.8 by previous cohorts of learners. To receive a verified certificate, learners must answer 80% of the questions in five quizzes correctly. The course mainly consists of video lectures with additional reading materials and occasional optional guided discussions.

Free Course



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DE GENÈVE

 **Flexible deadlines**
Reset deadlines in accordance to your schedule.

 **Shareable Certificate**
Earn a Certificate upon completion

 **100% online**
Start instantly and learn at your own schedule.

 **Beginner Level**

 **Approx. 18 hours to complete**

 **English**
Subtitles: Arabic, French, Portuguese (European), Italian, Vietnamese, German, Russian, English, Spanish



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Pakistan is estimated to be in the top 10 list of the world's countries facing water scarcity, said Munir Akram, Pakistan's Permanent Representative to the United Nations (UN) while emphasizing the water issues which plagues the country. Stressing on the cause of water issues, the UN representative cited climate change, floods and drought as the reason. Pakistan's water supply level is much below last year's levels. [Read more](#)

Pakistan extends time for transportation of Indian humanitarian aid to Afghanistan. The Pakistan government had, as a special gesture towards the Afghan people, approved the transportation of the wheat and life-saving medicines from India to Afghanistan via the Wagah border crossing on "exceptional basis for humanitarian purposes", the Foreign Office in Islamabad said in a statement. [Read more](#)

China-technology based smart classrooms will help to invigorate education system in Pakistan, according to China Economic Net (CEN). "The smart classrooms will improve the accessibility of students from one location to the best teachers located at another place," Umar Idrees, Pakistani site engineer of the 'Smart Classroom' project told CEN. It's learned that a total of 100 smart classrooms will be built at 50 public universities in 49 cities from Hunza [Read more](#)

The provincial government has decided to formulate an education policy for the transgender community that will cover all formal and non-formal sectors, including their higher education. The second highest population of transgender people is in Sindh — 2,527 or 24pc — while Punjab stood first with 64.4 per cent of the country's. [Read more](#)

Cardiovascular diseases have emerged as the leading cause of death in Pakistan where around 21.19 per cent or 317,850 people died due to heart attacks, heart failures and strokes in 2020. Interestingly, however, the Pakistan Demographic Survey 2020 at the same time says it is uncertain about the cause of death of 21.40 percent of people. According to the findings of the Pakistan Demographic Survey, cardiac diseases including heart attacks and heart failure [Read more](#)

Sindh govt, NGOs join hands to promote mental health. the Sindh Mental Health Authority (SMHA) and the Charter for Compassion (CfC) Pakistan announced the implementation of mental health activities across the province. [Read more](#)

The unchecked illegal sale of cigarettes in Pakistan is posing a serious threat to public health and nullifying government-backed tobacco-control initiatives. According to the Federal Ministry of National Health Services Regulations, 166,000 deaths are caused by smoking every year in Pakistan. Children and young people between the ages of six and 15 smoke cigarettes on a daily basis. These alarming statistics prove that tobacco-control laws are being openly violated and the authorities are not interested in stopping the illegal sale of cigarettes. [Read more](#)

[Call for Applications] Virtual Emergency Team Leadership Programme (ETLP)

UNHCR's Global Learning and Development Center /DHR in collaboration with the Division of Emergency, Security, and Supply, on behalf of the Inter-Agency Standing Committee is pleased to invite your organization to **nominate participants for the Inter-Agency Standing Committee (IASC) Emergency Team Leadership Program (ETLP)**, which will take place virtually.

The ETPL online course is scheduled from **16 – 20 May 2022, from 12h30-17h30 (GMT +2) on Zoom**. Applications can be submitted using the online course application platform available here: <https://application.unhcrlearn.org:4431/node/668> latest **13 April 2022**.

Call for submissions: GiHA Good practice brochures

The Asia-Pacific Gender in Humanitarian Action Working Group (AP GiHA WG) is working on the first **GiHA Good Practices Brochure** for 2022, which will focus on **Internally Displaced Persons**, especially those with intersecting vulnerabilities and linked with climate crisis. Please share lessons learned and good practices to be included in the advocacy product. Please reach out by the 1st of May 2022, and contact breshna.belalkhel@unwomen.org for any questions.

Submissions also welcome to expand the [Good Practice Brochure on Gender, Climate Change and Humanitarian Action](#), developed in Q4 2021, that will include a think-piece on AAP, Gender and Climate.

Humanitarian Programme Officer, Asia Pacific Application deadline: Friday, 22 April

actalliance

The Humanitarian Programme Officer Asia Pacific supports ACT members and country forums in the region to develop/implement emergency preparedness and response plans, and manages the implementation of the humanitarian mechanism based on the ACT Humanitarian Policy, and integration of holistic programming in humanitarian appeals. She/he works closely with the Secretariat regional and humanitarian team, ACT Alliance members and Forums at the national and regional level.

For more information [click here](#).

Online Survey on Safeguarding Deadline: Wednesday, 27th April 2022

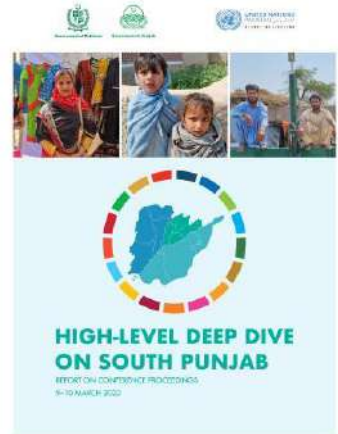
The Safeguarding Resource and Support Hub (RSH) <https://safeguardingsupporthub.org> has been set up recently in Pakistan, with support from the FCDO to help organisations in the international aid sector to strengthen their policies and practices on safeguarding with a particular focus on protection against sexual exploitation, abuse and sexual harassment. Since the aim is to reach out as many organisations (including less resourced organisations) to develop a Hub in Pakistan that really responds to priorities from people within the aid and development sector

English version: <https://www.surveymonkey.co.uk/r/HQ3SFQW>

Urdu version: <https://www.surveymonkey.co.uk/r/ZXGNF7C>

South Punjab Deep Dive Report

The High-level Deep Dive on South Punjab was a watershed moment – the first high-level conference to put sustainable development in South Punjab front and centre. The United Nations in Pakistan, in collaboration with the Government of Punjab and the South Punjab Secretariat, brought together government officials, elected representatives, donors, development partners, civil society and academia for two days of eye-opening discussions and field visits on 9–10 March 2022. [Read more.](#)



BARRIERS TO INCLUSION - SUDAN 2021 REPORT

Globally, an estimated 3.6 billion people lack access to appropriate sanitation, 2.3 billion lack basic hygiene services, and 2 billion people use water sources contaminated by feces causing a myriad of diseases (WHO & UNICEF 2021). This lack of access is further exasperated in conditions of humanitarian crises, where systems are either strained or non-existent. Muslim Aid is committed to ensuring its Water, Sanitation, and Hygiene (WASH) programming in humanitarian settings is guided by evidence and knowledge, and supports the most vulnerable members of our communities including people with disabilities and older people. [Read more](#)



*PVDP_Project Team Conducting_CLTS_UC
Vejhia_Village Sakrio Bheel*



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