

Humanitarian Health Cluster

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Pakistan Earthquake October 2005 Consolidated Health Situation Bulletin #2

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HIGHLIGHTS

- Estimates are 53,000 dead and 75,000 injured in the affected area in Pakistan. An estimated four million people are in need of health services and over 3 million are homeless. The number of people not yet reached with consistent assistance ranges from 400,000 to 800,000. Possibly, this includes thousands of injured and ill people.
- Shelter, water and sanitation remain the main priorities and challenges. Snow is expected over the next 2 to 3 weeks. Health concerns stem from the shortage of drinking water and sanitation facilities; hypothermia and respiratory tract infections, as a consequence of the lack of shelter; and communicable disease risks.
- Tents for hospitals and remote surgical teams continue to be urgently needed. Field hospitals and mobile teams continue to receive a substantial number of injured patients eighteen days after the earthquake - 44% of treatments are for trauma, 25% for Acute Respiratory Infections (ARI) and 17% for Acute Diarrhoea. Scabies and impetigo cases are increasingly reported in several areas.
- One suspected case of haemorrhagic fever has been reported. The Disease Early Warning System has reported 107 cases of tetanus of which 19 have died. Six cases of acute jaundice syndrome reported from Mansehra Government Hospital are being investigated. 14 measles cases have been reported from Balakot and Batagram.

HEALTH CARE

Emergency trauma care - Surgical assistance is still needed. Trauma still accounts for more than 40% of consultations at health facilities. In Batagram, for example, almost 2,000 patients have been treated on a daily basis and several injured people there still need to be evacuated.

Referral and hospital care - Eight hospitals have been receiving casualties, of which 20,000 were airlifted patients. 8,000 surgical operations were performed at these hospitals. Abbas Hospital in Muzaffarabad has established a 200 bed post-operative care facility. A field hospital needs to be deployed to the Batagram area since the local hospital there has been severely damaged and rendered uninhabitable.

A more durable emergency health infrastructure has to be put into place, to include for example prefabricated clinics to provide basic services, appropriately staffed and equipped and supplied with essential drugs.

Access to PHC (fixed or outreach) - In many areas, health facilities have been completely destroyed or are beyond repair. WHO assessment teams verified that 171 of 535 assessed health facilities are still functioning. Alternative primary and secondary health care centres will

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It provides a weekly consolidated overview of health in the earthquake-affected areas of Pakistan.
This bulletin can also be accessed at www.who.int/hac.

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need to be put in place as soon as possible in order to mitigate the mid and long-term impact on public health.

IMC is establishing NHUs in three UNHCR managed camps: Ghari Habibullah (3,000 families), Balakot (5,000 families) and Batagram (5,000 families). IMC will implement a new emergency primary health program for six months in Mansehra. Previously active in Pakistan, Church World Services has a health clinic in Mansehra. IOM is working in coordination with WHO and the MOH to provide primary health care services through temporary clinics housed in containers, and material and human resources are being identified.

Mental health - Mental health and psychological support services have been initiated. Several training activities continue for local manpower and NGOs at field level. MSF currently has psychosocial support activities in the Children's Hospital in Islamabad, Muzaffarabad, Hattian, Bagh, and some places in the North of the affected area. ActionAid is also addressing psychosocial needs and mental health issues and teams are currently assessing the situation. IOM is deploying an international mental health professional to assess the needs of populations that are being served by IOM through shelter provisions and medical evacuations to address psychosocial and mental health issues. Two WHO international mental health professionals have arrived for assessment and organization of training. The Ministry of Health has deployed 4 teams to the major affected areas, to attend to the most severely affected persons. A National Plan of Action for Mental Health and Psychosocial Relief has been finalized.

Communicable diseases - 25% of patient consultations at health facilities have been diagnosed with Acute Respiratory Infections (ARI) and 17% with Acute Diarrhoea. Measles, tetanus, impetigo and scabies have been reported. 368 cases of scabies in one location alone have been reported due to related overcrowding and hygiene issues associated with camps.

The Communicable Diseases Working Group has produced an operational plan. Communicable diseases surveillance and early warning response guidelines have been distributed to the field and NGOs.

Malaria prevention and treatment for displaced populations may become an important issue if vulnerable non-immune populations from the highlands are resettled at lower altitudes in malaria endemic areas. Contingency planning in terms of malaria control and case management is needed. At present, WHO does not recommend the use of insecticide-treated plastic sheeting (ITPS) for malaria control¹. Instead of ITPS, evidence-based malaria control tools of proven efficacy should be used to protect vulnerable displaced populations. These include vector control tools with a community protective effect (indoor residual spraying of insecticides) and tools with a combined community and personal protective effect (insecticide treated nets). Indications for their use will depend on local malaria transmission patterns.

Immunizations - There is an urgent need for immediate supply and delivery of tetanus toxoid (TT) vaccines. UNICEF has mobilised one million doses of tetanus toxoid vaccines for the MOH/WHO to arrive this week (on 27 Oct). Measles and tetanus mass vaccination campaigns are scaling up. Implementation of the immunization campaign on vaccination against measles, oral polio vaccine (OPV) and vitamin A to children under 5 and TT immunization is ongoing. Measles and tetanus immunization is continuing in Mansehra and Muzaffarabad and has begun in Batagram and Bagh.

Reproductive health - Provision of emergency obstetric and neonatal care for pregnant women in affected areas is a top priority to save the lives of mothers and newborns. In addition to mother and child health care, there is also a tremendous need for reproductive health services. UNFPA is carrying out several activities (please see below). Save the Children Alliance have established

¹ ITPS have not yet received the required WHOPES recommendation. The WHO pesticide evaluation scheme (<http://www.who.int/whopes/en/>) promotes and coordinates the testing and evaluation of pesticides for public health, including efficacy, safety, operational applicability and quality specifications.

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a mother and child health centre in Batagram Field Hospital using a 30 bed capacity tent donated by USAID.

Disability - With several hundred people with amputations, the need for prostheses and rehabilitation will require greater attention.

VITAL SUPPORT NEEDS

Humanitarian relief remains the main task at hand. High priority is for logistics capacity, winterised tents and other protective shelter against severe cold weather conditions, blankets /sleeping bags, fuel and kitchen sets, sanitation (especially latrines), food, water bladders for hospitals, delivery of safe water, generators and diesel, tarpaulins, ground sheets, stoves, shovels / ploughs, and snow chains and antifreeze. The Pakistan army has deployed an additional 3,000 men to access the inaccessible remote areas by foot.

Water and sanitation Hygiene promotion with water and sanitation efforts to improve conditions is a priority. Scabies and impetigo are rampant highlighting poor sanitation, water supply and hygienic conditions among the affected population. UNICEF estimates there are currently some 4 million individuals defecating in the open, placing communities at high risk for an outbreak of communicable disease.

In collaboration with Oxfam, UNICEF is supporting the rehabilitation of water and sanitation facilities in two hospitals in Mansehra. UNICEF is working in four camps along the river where river water is being treated. Latrines will also be provided. In Mansehra UNICEF will work on rehabilitation of the water supply system while Oxfam will look after the sanitation system.

Various wastes generated as a result of the earthquake include: soil, rubble, municipal waste, healthcare waste and hazardous substances and waste generated by relief operations. This waste represents a risk to human health from biological sources (disease vectors, chemical and physical sources). Normal waste management and disposal systems continue to be disrupted. Appropriate healthcare waste disposal systems should be rapidly introduced to minimize the potential for contamination of drinking water supplies and dermal contact/puncture.

UNICEF, WHO and Oxfam have arranged three trucks to begin solid waste removal. Installation of latrines will begin once materials are delivered. UNICEF is currently building latrines in camps in Balakot and Muzaffarabad.

UNICEF is distributing thousands of bars of washing soap, toilet soap and buckets and jerry cans all over the affected areas.

The earthquake damaged the clarifiers in the water treatment plant in Muzaffarabad and destroyed the pipe network in the old city. In Bagh and Muzaffarabad, the pipe network was severely damaged ceasing all distribution of water through the system. In Rawalakot the system sustained only minor damage. Reports from rural areas indicate that many water systems sustained damage to the pipelines. An assessment is currently underway by the local government.

UNICEF and ICRC are restoring the Muzaffarabad municipal water treatment plant and will assist in the repair of the pipe distribution network. Water storage tanks are being set up at camps and health facilities that do not have access to drinking water and a water tanker will regularly fill the tanks.

A repair team, pumps, a generator, water storage tanks and a tanker have been sent to Bagh to assist with restoration of the supply network and facilitate the distribution of drinking water.

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Food WFP and UNICEF are co-chairing the Food and Nutrition Cluster. A nutrition coordinating mechanism was set up by WFP and UNICEF. Assessment missions continue and include the Joint WFP / UNICEF Rapid Emergency Food Security and Nutrition Assessment. A debriefing of the preliminary findings by WFP for UNCT/ other partners is tentatively planned to take place on 31 October in Islamabad.

Eighteen villages surrounding the Muzaffarabad area will receive food distributions by helicopter. WFP has begun to dispatch food for helicopter drops to Bagh. An FAM assessment mission has been dispatched to Rawalakot District. (I don't have latest information on this but you may have received input directly from WFP.

Shelter and household items The Emergency Shelter Cluster is led by IOM coordinating 60 agencies to ensure coordinated distribution of tents. The central coordination cell is located in Islamabad and coordination points will soon be opened in Batagram and Bagh. Emergency shelter coordination is being led by the following agencies in each location: RSPN in Mansehra, Balakot, Batagram and Abbottabad; Islamic Relief in Muzaffarabad and Bagh; Life for Relief and Development in Sanghla².

Oxfam said "The situation on the ground is critical. In a few weeks it will be abysmal... thousands of people could die unless all of the world's winter tents are made available."

In Pakistan, approximately 20,000 to 30,000 winter tents have been distributed so far. According to the UN another 450,000 winter tents may be required for this emergency. So far only an estimated 150,000 winter tents are thought to be in the pipeline.

More than 90,000 people in Batagram require shelter. 90% of the structures in Bagh have totally collapsed. The military is providing shelter repair/construction kits and encouraging people to rebuild their houses in Bagh.

Camp management As of 25 October, 8 camps have been set up by the authorities in close cooperation with the UNHCR-coordinated Camp Cluster. There are also numerous spontaneous camps.

Logistics and communication Considering the geographical terrain and the absolute destruction of the health infrastructure, a dedicated and greatly increased logistical and transport capacity is necessary. The Logistics Cluster, including UNJLC and WFP is coordinating logistics activities. It is collating data to monitor and assess needs for the affected area and has developed a general logistics and planning map for Northern Pakistan and Kashmir.

The UN has called for humanitarian aid efforts to step up quickly and to mobilise all possible resources. The logistical challenges and inadequate resources available mean that aid is still not reaching people in remote areas. Increased presence on the ground and humanitarian aid delivery is needed in the affected areas in addition to Islamabad. The immediate deployment of appropriate and experienced personnel who have dealt with emergencies of a similar nature is required, especially logistics personnel.

WHAT THE IASC HEALTH CLUSTER IS DOING (Source: agency reports)

The Health Coordination Centre established at PIMS, Islamabad within the first week following the disaster is now equipped with telecommunication, meeting and mapping facilities and will remain active throughout the response phase. Similar, smaller entities have been established in five field locations.

² Emergency Shelter Cluster Meeting 19 Oct

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Health Cluster meetings continue in Batagram, Balakot, Muzaffarabad, Mansehra, Islamabad and Geneva.

Agencies' focus has been on delivering life-saving care and supplies, conducting assessments, setting up coordination mechanisms, mobilizing resources and reinforcing their presence on the ground. At the same time, efforts have started on conducting fuller needs and damage assessments and planning for the next six months and afterwards. These involve the World Bank and the Asian Development Bank.

An Interagency rapid assessment of the Neelum Valley was undertaken on 23 October to assess shelter, healthcare, food, watsan, education and logistics needs of the affected population. The Pakistani military is currently conducting assessments of surrounding villages by foot. Information is subsequently provided to the Central Command for medical evacuation and delivery of humanitarian assistance.

Assessment of the health situation in each affected area as well as of damage to health facilities is well in place and further strengthening. Disease early warning and disease surveillance and control systems are in place and functioning in many affected areas.

Daily health situation reports produced by WHO are now being issued every second day. They are available on the WHO/HAC website, at www.who.int/hac.

THE AGENCIES

FAO will proactively support the establishment of urgent food security / nutrition initiatives, including an early warning and surveillance system to assess needs and inform food and nutrition responses.

IFRC/ICRC: The Pakistan Red Crescent Society has delivered tents blankets, plastic sheets and other relief items. Mobile medical teams treated patients with injuries and fractures. The national headquarters blood bank distributed blood to hospitals in the affected areas. Both the IFRC and ICRC have mobilized nationally and globally relief supplies and personnel. ICRC is currently providing medical support in the Muzaffarabad, Jhelum and Neelum Vallies. ICRC is also undertaking registration of unaccompanied children in hospitals.

The IFRC and Pakistan Red Crescent combined are making operational six emergency response units (ERUs) to provide basic health care, water and sanitation, logistics, and IT/telecommunications services. Several national societies from all over the world are providing such humanitarian assistance to the affected areas in addition to cash and in kind donations. IFRC has three operational stand-alone Watsan Emergency Response Unit (ERU) Modules (equipment, personnel and vehicles) which provide safe water to WHO/SPHERE standards and provides sanitation/vector control to 40,000 people. In Batagram the IFRC stand-alone ERU Module can provide water and basic sanitation to WHO/SPHERE standards for 15,000 people. Additional ERU modules and watsan equipment are on standby in Europe. Smaller water supply units are in Chikra/Jehlem supporting IFRC's Basic Health Care ERUs and in Muzaffarabad and Abbottabad supporting field hospitals. IFRC ERU teams are comprised of 20 engineers/technicians alongside one Watsan Coordinator and more will be deployed.

International Medical Corps (IMC) continues to provide first aid and primary health at 2 camps and is moving out to remote villages, such as Niral, Kashtra and Batron near Garhi Habibullah. To access affected areas, IMC's five mobile health teams have driven and then further walked to reach remote villages. IMC is working with UNHCR to establish NHUs in three camps. IMC has procured locally and delivered the following non-food items (NFIs) to Mansehra and Peshawar: 10,000 blankets, 4 generators and 5,000 jerry cans. Logistics / needs assessment staff are being

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hired and deployed to the field. An additional shipment of locally procured NFIs (cooking sets, hygiene kits and tents) have been mobilized to Mansehra and Peshawar, NWFP.

International Organization for Migration (IOM) has distributed the following relief items so far: 2,275 winterized tents, 11,586 blankets, 1,700 mattresses 1,100 pillows and 200 beds. IOM will receive and distribute another 2,000 tents over the coming week. Currently, IOM has some 7,500 tents ordered and scheduled for delivery within the next three weeks. IOM provides logistics support to NGOs through its logistical fleet comprising 50 trucks and its warehouse in Islamabad. IOM carries out medical evacuations for injured people who cannot receive adequate treatment locally through four ambulances and air transport in cooperation with the Japanese Self-Defense Force. In addition, IOM is providing shelter for accompanying family members and organizing returns after patients have been discharged from the hospital. The logistical fleet is on stand-by for transport of medical teams, equipment or medicine. IOM, as the lead agency of the Emergency Shelter Cluster, not only provides tents to the affected population but also provides alternate solutions, such as shelter kits of tools and material to help people to salvage the remains of their homes and to rebuild.

Korean Medical Association (KMA) sent their Korean Medical Aid Team (KEMAT) to Pakistan comprised of 25 personnel. From its base camp at Ayub Medical Complex in Abbottabad, KEMAT has provided major reconstructive surgeries and is operating a clinic treating patients in need of dressing, suturing and minor surgeries. It has also mobilized a medical group to Balakot. The Team has treated 1,600 patients to date. KEMAT has disinfected areas surrounding the Complex and camps and has distributed 1,000 sanitary kits containing soap, toothpaste and toothbrushes. KMA will dispatch a further two medical teams who will bring with them ant-scabies drugs and antibiotics.

Merlin is currently operating Primary Healthcare/Trauma Units at Panj Kot and Deolian in the Lower Neelum Valley (estimated population: 80,000). Merlin is facilitating medical evacuations from these sites. One additional Unit may be opened in Dhanni, also in the Lower Neelum Valley. Community health workers will be trained at these Units and hygiene promotion will be conducted in the surrounding areas. Merlin is distributing 5,000 plastic sheets, 100 family tents, 1,000 blankets and 16,000 BP5 biscuits.

Save the Children Alliance has set up a field operations centre in Batagram and is setting up a base camp in Bagh. It has an office space in Mansehra and a team in Muzaffarabad, and is looking for an additional permanent site. Save the Children has been carrying out assessments; distributing tents, plastic sheets, family food packs, jerry cans and blankets in the area surrounding Batagram City; has arranged for air evacuation of children needing urgent medical attention; arranged the transfer of patients by health department ambulance from Batagram to Abbottabad and Mansehra; has completed registration of individuals for distribution in Bagh; has been feeding thrice daily 150 patients and medical staff at Batagram Field Hospital; has been procuring from offices in Pakistan 450 mattresses, 20,000 water purification tablets, plastic sheets, cotton and gauze; and has logistically facilitated WHO medical teams in Batagram Field Hospital and Allai. Save the Children has been involved in hospital management, establishing safe play areas for children (10 areas planned in Batagram area), and may carry out community and primary health care activities.

Turkish assistance At least 9 Turkish military planes have recently carried: medical equipment and supplies, tents and other Red Crescent shelter material, 22 military medical staff (to work out of the already operating Turkish field hospital in Muzaffarabad) and 35 Turkish Red Crescent personnel. Five Turkish civilian aircraft have dispatched tents, blankets, sleeping bags, medicine, food, ovens and other equipment to Pakistan. As part of NATO assistance effort, Turkey has made available personnel, two military aircraft and transported UNHCR material within Turkey for transport to Pakistan. The Turkish NGO, Deniz Feneri Yardimlasma ve Dayanisma Dernegi, has also been active in humanitarian assistance.

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UNFPA has received a shipment of emergency reproductive health equipment and supplies for disaster affected districts. These include 20,000 individual kits for clean home deliveries, to be given to women who are six months pregnant, and kits for 10,000 clinical deliveries by doctors and trained midwives. Also included are kits for blood transfusion, management of complications of miscarriage and stabilization of pregnancy complications before referring precarious cases to higher level care. For referral facilities, there are kits for caesarian sections and resuscitation of mothers and babies. These kits will be used by UNFPA's nine mobile service units operating in Muzaffarabad and Mansehra and are available for distribution to government and NGO partners providing primary and secondary health services³.

UNHCR By a joint airlift operation, UNHCR and NATO will deliver 860 MTs of aid to affected areas. In total, UNHCR will bring 15,000 tents, 220,000 blankets, 70,000 plastic sheets, 31,000 kitchen sets, 2,000 stoves and 5,000 latrines.

UNICEF is coordinating child and adult protection activities generally. UNICEF is leading the Water and Sanitation Cluster response and is responding to the water, hygiene and sanitation needs of the affected population.

WHO: has provided large quantities of urgently needed medicines, equipment and other health supplies in addition to logistics, such as vehicles and communication equipment. Local procurement and recruitment of medical and surgical teams were also supported by WHO. WHO regional and global experts are present at field level and in Islamabad to provide technical assistance to MOH and other health partners on various aspects. To date, over fifty WHO staff members have been deployed in Pakistan (Islamabad and five other locations within the affected areas where WHO offices have been opened). Additional personnel on the ground are required. A WHO communicable diseases epidemiologist is being deployed for four weeks to support surveillance implementation. The Global Outbreak and Response Network, GOARN, will be mobilized to address the need for more epidemiologists.

WHO priorities continue to be: (1) health needs assessments, (2) coordination, (3) communicable disease surveillance and outbreak control and (4) prompt reestablishment of primary and referral systems.

Several technical guidelines have been tailored to meet the specific needs of this crisis and have been widely distributed at field level. They focus mainly on communicable disease surveillance and control, mental health, environmental health and good donation practices for health supplies.

World Vision International has bases in Mansehra and Balakot and is: distributing mainly tents, blankets and cook sets; focusing on child protection in Balakot (including registration of unaccompanied children and plans to establish child friendly spaces); collaborating in coordinated efforts with other medical agencies and working through two local partners. World Vision's Korea medical team has operated on over 800 patients with open skull wounds, gangrene, fractures and crush injuries. World Vision continues to assess the situation for distribution of commodities.

³ Interested organizations should contact UNFPA district officers in Muzaffarabad and Mansehra.

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SUMMARY OF RESOURCES FOR HEALTH ASSISTANCE

(Source: OCHA Financial Tracking System, agency reports and the Revised Flash Appeal 26 October 2005)

Appealing agency	Requirements under the Revised Flash Appeal (in US\$)	Cash pledges & commitments received against Revised Flash Appeal (in US\$)	In kind assistance (estimated US\$ value)	Total received for health (in US\$)
IOM	2,500,000	50,000	10,000	60,000
UNAIDS	500,000			
UNFPA	8,000,000	600,000		600,000
UNICEF	11,000,000			
WHO	27,750,000	11,825,896	351,000	12,176,896
AAI Australian International	850,000			
Aga Khan	110,000			
Greenstar Marketing	1,000,000			
Mercy Corps	500,000			
Merlin	850,000			
Save the Children-Alliance	1,720,000			
World Vision	600,000	423,729		423,729
TOTAL	55,380,000	12,899,625	361,000	13,260,625

HEALTH POSTINGS

(Health reports and assessments are available on the Health Cluster website:

http://www.who.int/hac/crises/international/pakistan_earthquake/southasia_healthcluster/en/index.html

- WHO / PAHO Guidelines for the Use of Foreign Field Hospitals in the Aftermath of Sudden Impact Disasters
- Management of dead bodies in disaster situations WHO / PAHO
- EARTHQUAKES - Technical Hazard Sheet - Natural Disaster Profile
- LANDSLIDES - Technical Hazard Sheet - Natural Disaster Profiles
- What is an emergency health kit?
- WHO Communicable Diseases Surveillance and Early Warning Response Guidelines