

Humanitarian Health Cluster

For information and coordination, health partners from within and outside Pakistan are invited to contact the MOH/WHO Emergency Coordination Center:
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Pakistan Earthquake October 2005 Consolidated Health Situation Bulletin #1

Health Cluster partners who wish to include information here should write to health@whopak.org
copied to southasiaearthquake@who.int.

Highlights

- Health needs assessments continue in accessible areas but large parts of the disaster-affected area are yet to be reached.
- Thousands of injured people have received medical and surgical care locally or/and have been evacuated by air to hospitals outside the disaster area. Trauma management will continue to be a priority over coming days.
- Drinking water is in short supply and could become a health threat.
- No communicable disease outbreaks have been reported but the risk is high. An early warning and surveillance system has been designed.
- Measles vaccination campaign has started.
- With plunging temperatures and lack of shelter, hypothermia and respiratory tract infections are serious additional concerns.
- The Pakistan Government Ministry of Health, with national and international health partners, is mobilizing large numbers of health teams to supplement several field hospitals that are operating in the disaster area.
- Medical logistics and supply management systems are being put into place.
- Health Cluster arrangements have been put into place in Islamabad and Muzaffarabad with extension planned to other operational centres.

Vital needs and support systems

More than 4 million people are affected. Over 65,000 are injured and an estimated 3.3 million have lost their homes. The estimated death toll stands at around 40,000.

1. Health care

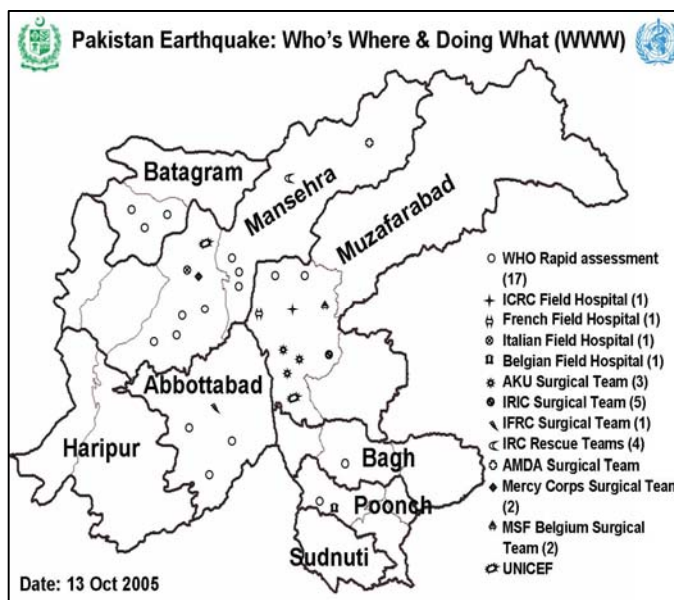
Emergency trauma care - The number of injured is daunting. As an indication, in Muzaffarabad, Doctors Worldwide has treated 2,100 patients since last Monday. Delayed treatment combined with a shortage of water and poor hygiene will increase complications, fatalities and disabilities. Mobile teams report infected wounds and gangrene mostly due to the delay in accessing treatment. Also safe blood transfusion cannot as yet be guaranteed due to damaged blood banks and laboratories.

Referral and hospital care - 26 hospitals have been destroyed or are too unstable for use. The location of field hospitals and surgical teams is shown on the map. Federal hospitals offer referral

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support to all serious cases, facilitated by evacuation by air. Lack of clean water is hampering effective hospital care. Water bladders for affected hospitals is a priority, as well as generators and diesel, and there is still a need for mobile operation theatres. Discharge of patients is difficult as they have nowhere to go and hospitals are overloaded. It may be appropriate to set satellite tent camps around hospitals to ease the problem. The Abbas Institute of Medical Sciences in Muzaffarabad is functional, with 14 doctors and 14 paramedics provided by Turkish Government. The Punjab Medical School health facility is functional, with 7 surgeons and 4 paramedics. Merlin has a field hospital in Panjkot Valley. IFRC is planning to set up an additional field hospital in Mansehra. The Government is planning to open a 200 bed hospital at Islamabad airport.



Access to PHC (fixed or outreach) - Most of the 600 health clinics in the affected areas have been destroyed.

Mobile teams are operating but there is no detailed information yet on their areas of coverage, circuits, service package, etc. UNFPA deployed mobile service units to Mansehra (4), Muzaffarabad (3) and Bagh (1). Maternal mortality ratio in Pakistan is 540/100,000 live births¹. UNFPA estimates that there are 40,000 pregnant women in the disaster affected areas. Experts, supplies and MCH units are being deployed into the affected areas.

Mental health - With people facing major emotional challenges, mental health and psychosocial support is critical. WHO strongly recommends the implementation of the standards of the Sphere Handbook (2002).

Communicable diseases - Mobile teams report a high incidence of Acute Respiratory Infections. ARI, measles, diarrhoeal diseases, typhoid and hepatitis are major causes of concern. Cholera has not been officially notified in Pakistan but it should be considered given the recent outbreaks in Afghanistan. In the affected areas, cases of malaria are expected to continue until December (by *P. falciparum*; resistance to chloroquine is common). Leishmaniasis is known to occur in this area. Prior to the earthquake 30 TB diagnostic centres were operational. Continuation of treatment for TB is a priority².

Immunizations - Prior to the earthquake, the measles immunization coverage was only 60%. A vaccination campaign, targeting all children between 9 months and 15 years and accompanied by administration of Vitamin A is top priority. As a start, 40 teams of vaccinators have been mobilized and started work in the accessible areas. But progress will be slow; in addition, setting up and maintaining the cold chain is very difficult, with wet and cloudy conditions limiting the use of solar fridges; small boxes of vaccines have to be ferried on a daily basis depending on available transport. The Measles Campaign budget is not fully funded.

Non communicable diseases - The disruption of health services threatens all chronic patients. Continuation of treatment for diabetes, hypertension and epilepsy must be guaranteed.

¹ 2000 NIPS Survey

² WHO: South Asia Earthquake-affected areas, 2005 Communicable Diseases Risks and Intervention

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Medicines - There is confirmation³ that 24 new emergency health kits and 8 trauma kits have reached the affected areas. Other medicines and medical supplies from different agencies, including 100 NEHKs from UNICEF, are in the pipeline. Pakistan's pharmaceutical market is good; the national list of essential drug lists and guidelines for donations are available and should be consulted by all donors. WHO is setting up a management system for medicines and medical supplies. UNICEF reports that there are 2 million doses of measles vaccine in store for routine immunizations; another 2.5 million doses are due to arrive this month and 1.4 million in November. No damage to the central vaccine stores.

Human resources - Health professionals that previously served the affected areas have either died or are injured and displaced. There is a shortage of general practitioners with experience in emergencies and basic surgical skills and of paramedics. More than 100 national and international relief organizations are fielding staff in the affected areas. Language skills, self-sufficiency in difficult working conditions and experience in disaster relief should be mandatory requirements for any medical team willing to help.

2. Water and sanitation Unsafe drinking water, poor hygiene and inadequate sanitation will result in an immediate increase in cases of water-related diseases and risk for outbreaks. Water bladders/tanks, purification, soap, buckets, digging of latrines and arrangements for solid waste collection are urgent needs⁴.

3. Food OCHA⁵ flags that estimated immediate food and nutrition needs are still to be met in full. High energy biscuits (HEB) are being distributed. Local procurement of food commodities is progressing. NGOs report that relief food and supplies have been distributed locally by individuals and communities but it is feared that many remote villages are left destitute.

4. Shelter and household items Hypothermia is a threat. In coming weeks, shelter will be a major determinant of life or death. 15,000 tents have been delivered as of 15 October. An estimated additional 67,000 tents are in the pipeline. The estimated need is about 350,000 tents. Ongoing mapping of shelter partner activities is to ensure adequate geographical allocation responsibilities.

5. Security/protection People who have managed to reach Islamabad or Rawalpindi to seek medical care have no place to stay and no means to go back. Women and children who are being discharged from hospitals have nowhere to go⁶. ICRC tracing teams are visiting hospitals in Islamabad and are re-establishing contacts between injured people and their families.

6. Camp management Proper camp management and avoiding overcrowding is critical for preventing communicable diseases and mental distress. The Pakistan Federal Emergency Relief Commissioner has requested the UN to set up a camp area outside Muzaffarabad to provide emergency shelter and assistance for up to 6 months.

³ from IFRC, UNICEF and WHO

⁴ CRS, Concern, Mercy Corps and Global Partners have joined UNICEF in the WatSan Cluster.

⁵ OCHA Sitrep #11

⁶ The Ministry of Social Welfare and Special Education will chair the Protection Cluster together with UNICEF.

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7. Information IFRC/ICRC and WHO teams have started health assessments in the affected areas and are to start disease surveillance. UNICEF is assessing the situation of hospitals in Islamabad where children from affected areas are received. Pakistan MOH and WHO plan to establish an emergency Early Warning and Response Surveillance system in the affected areas, starting in Muzaffarabad. Indeed, contributing to the same disease surveillance system needs to be seen as an immediate responsibility for all Health Cluster partners and a key service for all other humanitarian actors. Meanwhile, OCHA is activating a Humanitarian Information Centre to provide an information platform for all clusters.

8. Logistics and communication The UN has activated the UNJLC. A telecommunications frequency working group has been established to work out a new frequency list. UNICEF is shipping 4 VSATs which will provide all agencies with internet and telephone services. ICRC/IFRC logistics centre and chain are both now operational, with a number of emergency response units and three helicopters.

What the IASC Health Cluster is doing (Source: agency reports)

Agencies' current focus is on delivering life-saving care and supplies, conducting assessments, setting up coordination mechanisms, mobilizing resources and reinforcing their presence on the ground. Government of Pakistan anticipates that emergency operations will last at least six months. International assistance will be needed beyond that to consolidate the reactivation of services and start the recovery process.

A Health Cluster Coordination Centre has been established in the Pakistan Institute of Medical Sciences, Islamabad. WHO is mapping partner activities in mobilizing and setting up field hospitals, trauma teams and PHC facilities. Information can be sent to health@whopak.org and the following contact numbers can be used for queries or information sharing +92 300 50 10 635 and +92 51 9263240.

The agencies

MOH-Pakistan: The Ministry established the Health Cluster Coordinating Centre in Islamabad and has circulated a list of the most urgently needed medicines and medical supplies.

IFRC/ICRC: The Red Cross is ensuring emergency shelter coordination. Current priorities are to assess needs in emergency shelter and procure winterized tents. ICRC is focusing on the areas affected by the earthquake in the "militarized areas".

IFRC/ICRC is deploying 4x4 vehicles and establishing two field hospitals, two basic health care units, two WatSan units and is distributing blankets, tarpaulins, tents and emergency health kits in collaboration with the Pakistan Red Crescent Society. A FACT (Field Assessment Coordination Team) has been deployed.

ICRC plans to conduct food and essential household item distributions to 30,000 households as soon as possible, as well as an agricultural, livestock and livelihood (household assessments in November 2005. For early recovery, they are already planning seed and tool distributions for 15,000 households and looking into livestock projects.

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International Medical Corps (IMC): "International Medical Corps (IMC) has five medical teams – comprised of 8 doctors, 5 nurses, 7 paramedics and 5 support staff in Ghari Habibullah and Balakot. Each team is equipped with sufficient drugs and medical equipment to treat 10,000 patients for 15 days.

Since reaching the affected areas, each IMC medical team has treated an average of 130 patients a day. Most patients require wound care, which typically takes 15 to 20 minutes per patient. Further, each team has transferred 12-to-15 seriously ill or injured patients a day to Mansehra for more complex treatment. As of October 17 our teams have treated more than 1,000 patients and referred more than 100 seriously ill or injured.

IMC is establishing services, at the request of the MOH, in a camp in Basian village, on the edge of Balakot. The camp is currently established for 500 families, but will increase to 5,000 families as tents become available. IMC is also establishing services at a new camp at Ghari Habibullah that is planned to house some 3,000 families. In the next two to three days we also will be sending a team to establish health services in Batagram, at a camp designed for 5,000 families."

International Organization for Migration (IOM): IOM has been given the role of lead agency for emergency shelter provisions under the overall cluster leadership and is coordinating the emergency shelter provisions on the ground. So far it has distributed 1500 winterized tents and 6000 blankets and measures are being put in place to set up the supply lines of similar items. IOM is already expanding its land logistics to support the delivery of humanitarian aid and are also providing transport assistance to the air evacuated patients. IOM is focusing on medical evacuations, medical transport assistance and distribution of tents for families and medical facilities. It is closely cooperating with sending and receiving health institutions to not only ensure safe transport but also adequate treatment. Additionally, it provides shelter for families accompanying the evacuated patients and assists persons leaving the hospitals and not having access to shelter. A team of national and international health experts has been deployed. IOM has been recruiting national human resources to support emergency and primary health care needs. It uses its logistical infrastructure to deliver medicine, winterized tents and health personnel to remote areas. It has supplied two hospitals with surgery material and beds. IOM plans to engage in the long term in Pakistan and would be looking at provisions of primary health care for displaced and rehabilitation of health structures and capacity in coordination with MOH and WHO.

Merlin has a field hospital in Panjkot Valley.

MSF has a total of 74 international staff in the area (plus 10 internationals in India) and is currently looking for a structure where to conduct surgery activities.

UNFPA is focusing on immediate maternal health and hygiene. It has strengthened its existing district support units in Mansehra and Muzaffarabad. UNFPA has deployed public health experts, medical and surgical supplies, tents, mobile MCH clinics, equipment and supplies, including generators, emergency lights, petrol, water and food items has been placed. UNFPA Mansehra office is deputing volunteer doctors and staff as needed. Before sending more supplies, the storage system in Mansehra and Muzaffarabad needs strengthening. On average 250 patients per day are receiving MCH care through UNFPA's 8 mobile MCH clinics and 8 deliveries were attended.

UNFPA is designing a phase II strategy to strengthen MCH services in the affected areas. For early recovery, focus will be on rehabilitation of health facilities and protection/GBV. Four more mobile units are being mobilized to Mansehra and Muzaffarabad. Reproductive health kits are being ordered for a population of 1,000,000.

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UNICEF is focusing on life-saving activities, with measles as an immediate priority. A campaign planned for December in 6 districts is being directed to the affected areas. Vitamin A will be included (see above). UNICEF is mobilizing measles vaccines and emergency health kits, and conducted rapid assessment of the capacities of referral hospitals in Islamabad.

UNICEF is establishing field offices in Muzaffarabad and has an operational base in (one office and warehousing space) Mansehra, with 9 staff (3 medical doctors, 2 logistics officers, and other support staff).

UNICEF is moving by plane and by helicopter into cut-off areas high energy biscuits, emergency food rations, children's sweaters and rubber boots, blankets, plastic buckets, nerox filters, plastic sheets, plastic jerry cans Aquatab tablets, sachets for water purification, chlorine powder; toilet and washing soap and bleach.

UNICEF is working with the Pakistan Council on Research on Water Resources on water quality monitoring in the affected areas. It has placed orders for local procurement of submersible pumps, centrifugal pumps, generators and chlorine powder. Two national consultants are hired to strengthen field monitoring and support. 10 teams have left Islamabad to work in 4 centres in the affected areas. UNICEF is discussing with Islamic Relief UK to fix the Muzaffarabad water system.

Doctors Worldwide will send 3 doctors to two camps run by Muslim Hands in Rawalakot and Abbottabad and another three doctors to a camp run by Muslim Aid.

WHO: The Organization sees four priorities: i. health needs assessments, ii. coordination, iii. communicable disease surveillance and outbreak control, and iv. prompt reestablishment of primary and referral systems. 15 international staff are on the ground, with more to come. As the Health Cluster Lead, WHO is inventorying "which health agency is doing what and where" and is supporting the health coordination centre of the MOH in Islamabad.

WHO provided essential medical supplies, trauma kits, generators, plus daily supply of water and diesel for use in the health facilities.

Two WHO teams of public health experts are in the field to assess the health situation and facilitate coordination (in NWFP and AJK provinces). 17 MOH surgical teams have been sent to AJK and NWFP, supported by WHO. Ten additional WHO Public Health experts, disease early warning specialists are being dispatched to carry out assessment and initiate disease surveillance. Meanwhile, WHO is advertising for the local recruitment of a large number of national public health officers in a joint MOH/WHO operation.

World Vision focuses on health, medical aid and on children as well as on non-food items and initial shelter needs. Items worth \$500,000 have been purchased and distributed in Mansehra. An additional plane is arriving from Germany with supplies worth \$150,000. 2,000 winterized tents will be bought in Dubai.

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Summary of resources for health assistance (Source: OCHA FTS and agency reports)

Appealing agency	Requirements under the Flash Appeal X 1000\$	Cash pledges & commitments received against the Flash Appeal	In kind assistance (estimated dollar value)	Total for health
IOM	1,000	50	10	60
MDM	500			
SC Alliance	720			
UNAIDS	500			
UNFPA	10,000	600,000		
UNICEF	11,000			
WHO	17,950	9,453,631		
WHO/UNICEF	6,500			
TOTAL	48,170			

New health postings (new health reports and assessments available during the week also available on cluster webpage with link)

- WHO South Asia earthquake-affected areas 2005 communicable disease risks and interventions