

Humanitarian Health Cluster

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Pakistan Earthquake October 2005 Consolidated Health Situation Bulletin #4

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

HIGHLIGHTS

- Cumulative estimates (14 November): 73,000 dead, nearly 70,000 seriously injured¹. Main concerns are **adequate shelter**, including that for temporary health facilities, and **accessibility** to those who are injured. There are several communities still not reached with consistent assistance. Current humanitarian assistance efforts should continue at least until Spring 2006. An estimated four million people are in need of health services. With winter snows approaching, priorities are to deliver **shelter, food and non food items** to populations living in remote areas at high elevations. Efforts are on putting mechanisms into place to reach remote areas as regular access diminishes. Focus is also on prepositioning food above snow-line, particularly Neelum, Jehlum, Kaghan, and most notably Allai, Valleys. Reportedly, there are about 60,000 people living above the snow line in Kaghan Valley and 100,000 people in the Allai Valley.
- A usual movement of population from the remote mountain villages down to the valleys usually takes place yearly with the onset of the winter months. More population movement is expected this year because of the high number of homeless but their destination cannot be determined at this stage. Priority in camps is to improve **water, hygiene and sanitation conditions**, in addition to ensuring **adequate capacity** for increased settlement.
- Injuries remain an important cause of consultation however a large proportion of patients have presented with diarrhoeal diseases and respiratory tract infections as well. Most children under five years presenting to health facilities have had **acute respiratory infections (ARI)**, followed by diarrhoeal diseases and then injuries.
- An outbreak of **acute watery diarrhoea** in a spontaneous camp in Muzaffarabad District was reported and dealt with. Control measures are being aggressively implemented and the situation is improving. Both acute water diarrhoea and scabies (commonly found in camps) are associated with poor quality or a lack of water, hygiene and sanitation facilities in camps. Rapid water quality control, water provision and improvement of facilities is critical to prevent further outbreaks.
- **Other communicable diseases** reported are as follows:
 - (i) Three cases of meningococcal meningitis confirmed of which two have died.
 - (ii) Measles cases from the earthquake affected area have been confirmed. UNICEF warns that up to 25% of children living in internally displaced communities could die of measles. WHO, UNICEF and the Ministry of Health are currently immunizing some 60,000 children a day in affected areas.
 - (iii) Hepatitis A cases have also been confirmed.
 - (iv) A Merlin-operated PHC clinic in Panjkot reported to WHO three cases of acute jaundice, each from different locations within Panjkot.
- Health services to **mothers and newborns** are crucial; about 1,800 births are expected monthly.
- More focused attention on **gender** and **mental health** issues is required.

¹ Federal Relief Commission, Pakistan.

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HEALTH CARE

Emergency trauma care - Injuries are still the greatest proportion of consultations in patients over 5 years old, followed by ARIs and diarrhoeal diseases. In the last week MSF teams have carried out more than 4,000 medical consultations. Teams work permanently in 18 places and still assess the region to identify new locations where victims of the earthquake are still in urgent need of assistance. Merlin is facilitating medical evacuation and referrals from their sites of operation and has conducted assessments of outlying areas to assess and triage health needs. IOM continues medical evacuations and has evacuated 454 patients to date.

Referral and hospital care - An MSF surgeon supports the pediatric ward of the Pakistan Institute of Medical Sciences (PIMS), Islamabad's major hospital, where hundreds of severely injured victims have been referred.

Current health facilities, as well as shelter material and food, are insufficient to meet the needs of affected populations in Bagh area. The Pakistani military and agencies and NGOs are sharing information to identify areas above 5,000 feet in Bagh that are partially, fully or not yet covered / reached. As part of NATO crisis assistance, the first military field hospital from the Netherlands began operating on 14 November in Bagh District. It is a 40 bed inpatient care facility, providing general surgery, obstetrics, paediatrics and dentistry services. The Dutch field hospital is staffed by over 160 personnel, mainly from medical and engineering fields, along with some staff for security and safety purposes. More nurses and doctors from the UK, the Czech Republic and Macedonia are joining the medical facility. The NATO hospital is the second field hospital in Bagh, after Belgium-based MSF opened an emergency medical facility in the area in the days after the earthquake. Dutch mobile medical teams, each with around 8 to 10 members, have assisted patients in areas around Bagh. The medical teams are equipped with three ambulances and several 4x4 vehicles to get to mountainous villages.

A U.S. Army Mobile Army Surgical Hospital operating in Muzaffarabad has provided urgent medical care to more than 2,300 injured people. A U.S. Marine medical team began treating patients in Shinkaria November 15.

A 15 bed hospital tent and equipment donated by AMERICARES is being delivered by Save the Children to Bana, Allai Tehsil. The hospital tent has been equipped to meet Government of Pakistan rural health center specifications.

The Saudi Red Crescent operates a 50-60 bed field hospital with medical and surgical facilities in Mansehra. The Italian Red Cross also operates a field hospital in Mansehra. ICRC reported that the number of untreated injuries directly related to the earthquake has now decreased substantially and the hospital and Emergency Response Units (ERUs) are focusing on providing primary health care, treating illnesses caused by inadequate water supply and sanitation conditions, such as acute watery diarrhoea, and dealing with obstetric emergencies.

The Turkish Human Rights and Humanitarian Assistance Foundation (IHH) is running one mobile hospital and one mobile restaurant.

Gender The overall picture of health needs is well understood². Data used to inform the humanitarian response should be specific to commonly recognized vulnerable groups, including women, children and the elderly. Gender is an issue to this crisis as women have had difficulty accessing health services and shelter. There continues to be a shortage of women doctors to meet their specific needs, including obstetric and gynaecological services.

² See World Bank report Pakistan 2005 Earthquake Preliminary Damage and Needs Assessment at www.worldbank.org/pk, among others.

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As a start, there is a need to standardize assessment methodologies and promote joint and coordinated health data collection and analysis. To better ensure the humanitarian response is meeting the needs of those that most need it, gender and age issues specific to the culture and society of those affected by this crisis, should be identified and mainstreamed into all aspects of the humanitarian response. The following questions should be used to identify health related issues on gender:

- How is the health sector meeting the different health needs of women and men? Is access to services equal for men and women?
- Are there women health providers (medical doctors, ob-gyns, midwives)? Do women have access to female health care providers?
- Are reproductive health services available for men, women and adolescents? Is the Minimum Initial Service Package (MISP) being implemented?
- Are health and psychosocial services available for survivors of sexual violence?
- What programmes are available to address the psychosocial / mental health needs of the community, particularly for women and girls?

More detailed gender and age analysis by sector will be needed for planning purposes. Further information is at www.humanitarianinfo.org/iasc/gender. ALNAP has produced a paper on Lessons Learned in Pakistan highlighting the need for gender analysis to be central to the South Asia Earthquake response. The paper is at http://www.alnap.org/pubs/pdfs/ALNAP-ProVention_SAsia_Quake_Lessonsa.pdf and provides lessons learned regarding shelter, logistics, psychosocial support, coordination, among others.

WHO is carrying out initial rapid assessments to ascertain gender specific health needs and gaps to set priorities, carry out strategic health planning and allocate resources. To ensure equitable access to health care, WHO has fielded a consultant to assess and advise on the implementation of the minimum initial service package (MISP) to respond to reproductive health needs - of men and women, including children.

The IFRC medical Regional Disaster Response Teams (RDRT) will work with the 200 women health workers to distribute female hygiene kits, provide stock and monitor the work done in each area. Those teams include women doctors. Female volunteers on the special relief helicopter operations have stated that male members of the beneficiary families have been distributing the contents of hygiene kits and that that the women do not necessarily receive what they need.

UNFPA has already distributed about 10,000 hygiene kits to women and young girls living in the camps in Mansehra, Muzaffarabad, Bagh and Islamabad through camp managers and Lady Health Workers. These kits are consisting of items of personal use such as a shawl, a towel, comb, soap, cotton wool and roll of gauze. Provision of an overall total of 200,000 hygiene kits is in the pipeline.

Access to PHC (fixed or outreach) -

With Ministry of Health and WHO support, a total of 13 mobile medical teams are providing primary health care to affected populations in remote areas. WHO is providing essential health kits and training to more than 200 voluntary community health workers mobilized by the NGO NCHD to inaccessible areas.

Merlin mobile clinics have seen up to 70 patients a day. Merlin clinics are mostly seeing patients requiring primary healthcare, although trauma patients with old fractures who have not received any healthcare are still being seen on a frequent basis in the both the static and mobile clinics. Merlin is operating a PHC unit in *Panjkot*. The clinic currently offers curative medical care, antenatal care and stabilization of patients prior to transfer and referrals. Plans are under way to commence routine and vaccination campaigns and provide antenatal care on a regular basis. Community health workers will be trained to provide outreach from these units and hygiene promotion will be conducted in the clinics and surrounding areas. Merlin is coordinating with

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MSF-H to provide hygiene kits in both Panjkot and Deevlian. Merlin has a second centre at Deevlian with a larger capacity offering PHC and basic trauma care, including resuscitation and an inpatient capacity of 4 beds, patient attendance averages between 170-230 patients a day. Merlin has just started activities in Serli Sacha also in the Lower Neelam Valley. This will initially operate as a satellite clinic from Deevlian. Merlin provided primary health care to 156 persons (51% were female, 11 were under 1 year, 131 were over 5 years) between 8-11 November and vaccinated 263 children. The most frequent diagnoses were: chronic joint pain, upper respiratory infection, water diarrhoea, gastritis and scabies. There were several large goiters with respiratory symptoms, and several cases of exudative tonsillitis in teenage girls and a few old fractures. There were a few serious cases including post-partum endometritis, possible bacteraemia, possible hip fracture/dislocation, renal colic and severe asthma. 10 people were referred to Muzaffarabad or Deevlian for further care and investigations.

Merlin has conducted further assessments in the Neelam Valley and identified further sites with unmet primary health care needs, Merlin has discussed these sites and finalised new sites with WHO Muzaffarabad, the district and federal MOH representatives: the three potential new sites are: Machharia, Bheri and Chilehana.

As the treatment of wounds and fractures as a direct consequence of the earthquake is decreasing, the MSF medical team will focus on ensuring PHC in remote areas where Pakistani health structures have been severely damaged. This activity will include for the next months the surveillance for outbreaks and the monitoring of the effects of exposure due to the lack of housing and hygiene. MSF teams have noticed lately an increase in respiratory infections, skin infections and diarrhoeas, all pathologies related with the poor living conditions of the victims. They have recorded as well a large number of people suffering from chronic disease and were lacking the appropriate treatment.

The IFRC's mobile clinic programme has requested the support of additional Regional Disaster Response Teams (RDRT) medical teams, comprised of six medical staff (ideally three women) to work in villages along the Kaghan Valley north of Balakot, Garhi Habibullah and outlying areas of Batagram. As with the helicopter relief operation, the medical teams are increasingly focusing on more remote areas to the north, such as Balakot, Batagram and Garhi Habibullah. Incorporated into these teams will be local health workers and PRCS volunteers. The teams will serve people unable to easily access static clinics by providing PHC services. A weekly schedule will be established in each area so that the local population can gather on given days.

The Emergency Response Units (ERUs) run by Red Cross Societies of Japan (Chenari, Jehlum Valley), Finland (Pattika, Neelam Valley) and Germany (Muzaffarabad) continue to receive many patients. ICRC has obtained vaccinations from the Ministry of Health and the WHO and patients arriving at the ERUs who are particularly at risk of contracting prevalent diseases are being vaccinated. The ERUs are also raising patients' awareness on proper hygiene practices to help avoid the spread of such diseases.

Mental health - With continued after shocks people continue to suffer psychologically of the impact of the earthquake of just over a month ago. The long term psychological effects are due to loss of family, community, a generation of children, and a way of life including loss of livelihood, homes, livestock and infrastructure.

MSF continues to provide mental health care to hundreds of traumatized victims in Muzaffarabad, Mansehra and Bagh Districts. In Muzaffarabad Town, 15 local counselors were trained and are active in three sites. Other mental health teams work in Hattian, Langla and Boni Hafiz. In Bagh District, a mental health team provides psychosocial support to patients treated in MSF outpatient and inpatient facilities and to their relatives. MSF has also organized community sessions with the help of local social workers. In Mansehra District Hospital, psychological care for patients is being provided by three MSF psychologists, with particular attention being given to children.

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Turkish psychologists are providing services together with UNICEF in the following established camps: Jalalabad, Tori Park, Meratanolia, Celalabandi and Tariq Abad in Muzaffarabad vicinity. A workshop that grouped experts on mental health, organized by WHO and MOH and attended by several partners, concluded its activities on Friday 18 November. A three month plan has been developed to address most acute needs.

Communicable diseases - There are Acute Watery Diarrhoea cases occurring in several areas, and specifically there is an ongoing outbreak in Old University Camp in Muzaffarabad. Control measures are being aggressively implemented and the situation is improving. One case of meningococcal meningitis has been confirmed, with two deaths reported. Measles cases have been confirmed. Hepatitis A cases have been confirmed. Three acute jaundice syndrome cases were reported from a clinic in Panjkot. In under 5 year olds, the greatest proportion of consultations to health facilities is Acute Respiratory Infections (ARI), followed by injuries and then diarrhoeal diseases.

ICRC will facilitate the delivery of medicines to treat tuberculosis from the Ministry of Health in Muzaffarabad to the ERU in Pattika where a Ministry of Health tuberculosis technician is now working.

WHO is developing a plan of action for ARIs which includes procurement of drugs and oxygen concentrators and refresher courses of peripheral health workers on proper assessment, classification and management of children and adults with ARI.

Immunizations - The implementation of mass vaccination campaigns is a crucial public health intervention to prevent outbreaks and reduce morbidity and mortality. A number of mass immunization campaigns are under way or planned (measles, polio, diphtheria, haemophilus influenza type b (Hib), and meningitis). The tremendous logistical capacity required for these can only be managed through joint effort of international organizations and local health authorities.

Meningococcal meningitis (ACWY) vaccinations targeting persons 2-30 years is being planned by the MOH to cover initially the area where deaths have been reported and extending out concentrically. Two million doses are being requested by UNICEF.

MOH, UNICEF and WHO measles vaccinations continue. Plans are to conduct a diphtheria (DPT) campaign in congested areas covering children under age 7 with DPT and those 7 years and over with tetanus (Td) vaccines. They aim to cover all affected areas to reach target group 6 months to 15 years. 500,000 doses of Td have been donated by Iran and UNICEF is purchasing 1 million doses. MSF has also vaccinated wounded patients against tetanus.

MSF is also currently vaccinating thousands of children against measles to avoid possible outbreaks. In the valley of Kaghan, MSF vaccinated 4,500 children against measles. An MSF team assists an average of 70 patients per day in Kaghan village outpatient facility (more than 2,000 consultations have been done there in one month). Currently Merlin is conducting a vaccination campaign in Serli Sacha in response to suspected diphtheria and measles cases in coordination with WHO and the National Institute for Health in Islamabad.

The MOH has just approved haemophilus influenza type b mass vaccination with Hib vaccines in all earthquake affected areas targeting the 0-5 year age group. This will be combined with the DPT campaign. Vaccine source and logistics are being followed up by WHO.

The polio (OPV) National Immunization Day (NID) campaign started November 20th.

Maternal and newborn health - ICRC has recently conducted assessments in the Chham Valley area and is in the process of setting up its fourth ERU in Chham. It will provide mainly mother and child health care. A WHO mission is looking at the issues of maternal and neonatal health in collaboration with all relevant partners. A WFP – UNICEF rapid food security and

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nutritional assessment survey was conducted in November and its findings related to child health present a grim situation; The incidence of diarrhea, ARI and fever with rash among the surveyed children is as follows: 12% (diarrhoea), 51% (acute respiratory infections) and 27% (fever and rash) during the week preceding the survey. Only 32 percent of surveyed households who had a sick child or sick children reportedly sought health care. Decreased access to health facilities seems to be the primary cause for not seeking health care. Households reported long distances to health facilities (63%), no transport to reach facilities (19%) and not considering the problem as severe enough (11%) as the major reasons for not seeking health care for sick children.

UNFPA is working in collaboration with WHO and UNICEF towards the reestablishment of the health system in AJK and NWFP. Prefabricated structures at different levels, BHU and RHC, will be purchased and erected in selected sites in the next 6 months to provide shelter for health staff and patients. Staffing, provision of equipment and RH kits will also be part of the intervention. UNFPA has already deployed in Mansehra and Muzaffarabad 9 Mobile Service Units staffed by lady doctors to provide maternal and other emergency care. A total number of more than 14,000 patients have been catered. Currently 50 national medical and paramedical staff are on hand and they have conducted a total number of 208 deliveries. To date, 20,000 clean delivery kits have been distributed through Lady Health Workers, maternal care equipment is being provided to health centers and hospitals.

Disability - With several hundred people with amputations, the need for prostheses and rehabilitation will require particular attention. An MSF physiotherapist has arrived at the Mansehra District Hospital and is currently assessing the needs in rehabilitation care for patients who underwent surgery.

To meet increased needs as a result of the earthquake, the ICRC is presently discussing with its partners the possibility of enlarging the existing programmes. This may include the establishment of a new prosthetic/orthotic centre in Muzaffarabad which will offer adequate services to the numerous earthquake amputees.

VITAL SUPPORT NEEDS

Water and sanitation Water, hygiene and sanitation in the camps requires much improvement. In most camps there are few latrines and water is not readily available. The principle illnesses reported, ARI, gastric problems and scabies, are a result of the poor living conditions.

World Vision has fully installed in Balakot Army Camp children's latrines and drinking and hand washing water.

In Muzaffarabad Town, MSF installed 170 latrines in 7 displaced camps and every day 100 hygiene kits are distributed. Requested by WHO, Merlin conducted assessments in the camps in Muzaffarabad where there are problems with unmet health needs and poor sanitation. OCHA recommends increased coordination between humanitarian actors and the Pakistan Military for water distribution through tankers in Muzaffarabad. Additionally, MSF provides truck point support with chlorination and performs water and sanitation activities in Hattian. MSF has set up water supply and sanitation facilities to support Bagh and Mansehra District Hospitals. MSF has installed several water supply ramps in Bagh Town and water and sanitation facilities in 5 displaced camps around the city. In Birpani, MSF is supervising operations to repair the village water supply system. Merlin is also supporting latrine construction for the whole village of Deevlian.

The IFRC reports that in Balakot, the Swedish/Austrian water and sanitation Emergency Response Unit (ERU) is now providing 150,000 litres of safe water daily to the population and to health structures. In Batagram, the German/Austrian ERU is providing 40,000 litres of safe

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water a day for local population and health structures. This includes trucking water to outlying distribution points. Sanitation teams are being built up. Contractors and local staff are beginning mass latrine construction and health promotion activities. Health promotion teams are being established in both locations and, with support from UNICEF, they are using cultural appropriate education materials. The plan is to expand both water and sanitation and hygiene promotion efforts in Balakot and Batagram in the coming weeks.

In Bagh, the water system is up and running and will provide water to the 40-bed PRCS/Qatar Red Crescent field hospital, scheduled to open within days. Latrines for the hospital are now under construction.

Environmental Health is also a concern with practices such as rubbish being burned by the side of the river and rubble being cleared by pushing it into the river. These pose a great risk to people's health since many families use river water for washing, cleaning and cooking

Food More NGO implementing partners in the nutrition area are needed, especially in therapeutic feeding. In the Batagram area, OCHA recommends the prepositioning of stocks in Bana to prepare for potential increase in people settling, descending from higher areas in the valley. Focus on people located at high elevations should be given in Jehlum, Kaghan and Neelam Valleys and most particularly in the Alai Valley. In Muzaffarabad NGOs are completing establishment of warehouses and distribution points. NGOs have delivered a total of 473 MTs of commodities to warehouses in Chatter Klaas, Lahar Garli, Garhi Dopotta, Barsala and Danna. In Mansehra 5,000 children under 5 years are receiving high energy biscuits (HEB) thorough lady health workers. An additional 20,000 children are in need of HEB. There is limited local transportation from handover points in Bagh, for food distribution to Haveli Tehsil.

UNICEF, WFP and WHO conducted early in November a rapid food security and nutrition assessment. Its findings issued on 18 November did not report higher incidence of acute malnutrition but recommended that food aid is given to 2.3 million persons. It also recommended establishing a nutritional surveillance system to monitor the situation. The findings include the following information: "In the earthquake affected provinces acute malnutrition rates were 11% in NWFP and 6% in AJK, lower than the national average. Chronic malnutrition in AJK (34%) was slightly lower than the country wide figure, but considerably higher in NWFP (43%). The prevalence of micronutrient deficiencies were reported to be significant both in NWFP and AJK by the National Nutrition Survey. Iron deficiencies were reported to be prevalent amongst 21% and 29% of children in NWFP and AJK respectively. Vitamin A deficiency was prevalent in 14% of children in NWFP and 4% of children in AJK. Zinc deficiency was reported to be prevalent amongst 26% and 33% children in NWFP and AJK respectively.

Shelter and household items Shelter materials for temporary health facilities is needed. The shortage of winterized tents, blankets and quilts in Batagram is of great concern. Through Operation Winter Race, NGOs have delivered 565 shelter kits to communities at high elevations in the Neelam Valley benefiting approximately 3,500 people. The Pakistani Military has built 800 shelters as of 13 November. Helicopters are delivering shelter kits to villages between 5,000 and 7,000 feet inaccessible by road. Current discussion with the international community and the Pakistani Military plan to provide 120 teams, scale up shelter kit distribution and improve coordination of shelter provision. The ICRC have distributed non-food items to approximately 200,000 people in Muzaffarabad and Neelam and Jehlum Valleys. The Shelter Cluster has undergone an information collecting exercise with 20 humanitarian agencies working in NWFP. These were presented to the Pakistani Military and have allowed gaps in geographical areas to be identified. Merlin shares a site with SCF UK in Panjkot who are conducting distribution of shelter material (including tents and shelter kits as well as household kits including stove for cooking and heat). Under the operation Winter Race, IOM has distributed 1,283 repair kits for the reconstruction of homes in Muzaffarabad and 5000 tents to affected families. Within its function as the lead agency of the temporary shelter cluster, IOM is improving transparency and coordination.

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Camp management Joint Emergency Shelter and Camp Management Cluster meetings are being introduced to respond more effectively to cross cutting issues. Ongoing survey of new camps sites settled in Muzaffarabad City by people arriving from the highlands. A survey of spontaneous settlements in Mansehra is under way. There is a need to analyse and determine the factors causing population movements.

Populations in Batagram 1 and Meira camps (in Batagram area) continue to increase. The camp population in the two larger camps in Batagram district has now risen to 6,080 while it is reported that 50 new families arrive daily into self settled camps in Muzaffarabad. An expected 37,000 people high in Serin Valley will not relocate before winter.

Logistics and communication Transportation support for both the measles campaign and meningitis campaigns is needed. Access to the Allai Valley is proving particularly difficult with poor roads and landslides severely limiting the use of heavy vehicles. This is a key area that needs to be addressed before the onset of winter. Long term planning for establishing the affected population throughout the winter and into the spring is progressing well and will be finalized within two weeks. Two helicopters will operate out of Muzaffarabad until 20 November to shuttle up to 1,000 tonnes of relief supplies. IOM provides logistics delivery support to the Army, NGOs and IGOs stationed in Balakot.

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

The Inter-Agency Select Committee Task Force on the South Asia Earthquake met on 14 November. The Taskforce was updated in current health concerns (WHO, UNICEF) and on the humanitarian presence in affected areas. It highlighted the need to continue in an emergency mode at least until the Spring next year. It noted that health coordination mechanisms in the area require continued strengthening; all health actors should work together cohesively. Health Partners are encouraged to use the health surveillance system and the standardized health assessments. The next Task Force meeting is on 23 November.

There is concern among health actors to ensure that current humanitarian assistance efforts for emergency / relief should continue at least until Spring 2006. No resources should be diverted in order to ensure continued provision of basic health care services, such as through: field hospitals, mobile and prefab clinics, supply of essential medicines, medivac services, international medical teams and emergency outbreak alert and response system. WHO has signed an MOU with UNOPS and, together with UNICEF and MOH, a design has been approved. WHO will start with 50 prefabs and UNICEF 50 more in priority locations. The mass vaccination campaigns require concerted effort among all health actors. More so, the medical logistic capacity should be kept at maximum level and be further increased. Strengthening health logistic collaboration with the Pakistan Military should be considered. Implementation of a retrospective mortality survey as a health cluster commitment at the beginning of the next year should be considered so to ascertain the impact of emergency health assistance provided from Day 1 and throughout the winter and to orientate health programs.

HEALTH ORGANIZATIONS AND AGENCIES

Please note that organizations / agencies described below are those responding to the crisis with health interventions and that not all agencies are Health Cluster members.

Korean Assistance Korean medical teams and rescue teams were dispatched to the quake-hit areas while making field assessments. The second Korean Medical Association Team (KEMAT)

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conducted five major surgeries including skin graft for open fractures, K-Wire Reconstruction Operation and PROSTALAC at operation rooms in cooperation with Pakistani doctors. The team has treated total 2,810 patients (2,485 at Ayub Medical Center, and 325 in Balakot mobile clinic). Replacing the second team, the third KEMAT team was composed of six doctors, five nurses, one pharmacist, one policeman and two administrative staff. The third team has treated 3,395 patients all together (2,353 at Ayub Medical Complex and 1,040 at mobile clinic in Balakot). The total patients treated by KEMAT is therefore 7,505 patients.

Ending its voluntary medical works, the KEMAT donated anti-scabies drugs, antibiotics, fluids and medical supplies to the Ayub Medical Complex and the Good Samaritan Hospital (the latter is run by Korean missionaries in Pakistan).

Over ten Korean NGOs are taking part in voluntary medical work in Patika, Balakot, Muzaffarabad, Batagram and Abbottabad.

IOM continues medical evacuations and has evacuated 454 patients to date. In Muzaffarabad, IOM in coordination with WHO, MoH and local health officials, established a health center for the Tory camp for basic health care needs and conducts surveys of the new camps to assess water and sanitation and other important health determinants. In the four humanitarian hubs, IOM doctors are collecting information about the functioning field hospitals in the affected area.

IOM provided Abbas Shaheed Hospital with more flooring plastic sheets and roofing plastic roles for the postoperative ward in the hospital. The ward has been established by IOM.

Merlin Merlin's PHC clinic in *Panjikot* offers curative medical care, antenatal care, stabilisation of patients prior to transfer and referrals. Merlin has a second centre at Deevlian providing PHC and basic trauma care, including resuscitation and an inpatient capacity of 4 beds, patient attendance averages between 170-205 patients a day. Merlin has recruited health promoters to work in the neighbouring self settled IDP camp (~46 families) and is supporting hygiene and sanitation in the camp, building latrines, conducting health promotion activities and will shortly provide vaccinations. Merlin has just started activities in also in the Lower Neelam Valley. This will initially operate as a satellite clinic from Deevlian.

MSF Approximately 4,000 children have been vaccinated by MSF teams. MSF has working on the affected area in Pakistan 150 international and over 240 national staff. It is currently distributing relief goods in a race against time before the winter sets in. Its staff, include doctors, nurses, surgeons, psychologists, social workers, logisticians, water and sanitation experts. The organization has already brought close to 800 tons of relief goods into Pakistan including medical items (emergency medical kits, drugs, surgical material, dressings, plaster, dialysis machines, high-protein food, oral rehydration solution etc.), logistical material (especially water and sanitation material such as tanks, pumps and water treatment units) and shelter (winterized tents, blankets and sleeping mats). Additional relief items such as hygiene, cooking and construction kits are being purchased locally.

In *Bagh town*³, MSF has set up a tented medical facility outside the compound of the district hospital that had collapsed. This MSF facility comprised of 25 tents includes an operation theatre, laboratory, delivery room, intensive care, emergency room and an inpatient department with about 40 beds. MSF activity in the hospital is mainly focused on surgery. So far 50 operations have been performed with this facility. MSF has agreed with the Pakistani Ministry of Health to set up as soon as possible a more permanent hospital made of containers and with 70 bed capacity. Permanent outpatient facilities are running in *Bagh Town, Bir Pani and Mallot*. An MSF team has begun setting up a new facility in *Chikhar*. An additional MSF mobile team goes on a regular basis to the village of *Paniali*. In the last week, medical teams working in these outpatient

³ There are an estimated 452,531 inhabitants in Bagh District.

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services have carried out more than 1,200 consultations. Other teams still explore the region to identify new needs.

In the last week, MSF teams have carried out close to 2,000 medical consultations and more than 2,000 measles vaccinations in the Muzaffarabad District⁴. MSF has set up permanent outpatient facilities for consultations, vaccinations and referrals, in the villages of Saidpur, Kai Manja, Lamnian and Lipa, and medical teams go to the surrounding settlements by foot. Mobile medical teams also go on a regular basis to the villages of Charakpura, There, Banjar and Timbi Jhandgran, and try to identify new locations where people are still in need of assistance.

To support the Mansehra District Hospital⁵, MSF has set up six tents to accommodate the patients, currently housing 120 patients and some of their families. Our team is also supporting the hospital staff in different wards. An MSF orthopedic surgeon and an operation theater nurse are reinforcing the hospital's surgical team. Another team is working on post-operative care. An average of 15 surgical interventions for minor injuries, 15 interventions for major injuries and 30 dressing changes are carried out every day in the operating theater. In addition, two MSF nurses and two Pakistani nurses from the hospital staff work in a dressing tent carrying out an average of 50 dressings per day. Many wounds are infected and require follow up, and, in some cases, an additional surgical intervention is necessary.

To help discharge patients and their families who wish to return to their home villages, MSF has started targeted distributions of relief kits (tents, blankets, cooking sets and hygiene sets). 35 families have received these kits so far. Another medical team is working in Gangwal, north of Mansehra, in the Alai valley, and treats 30 to 70 patients per day, mainly for minor injuries.

NATO is airlifting urgently needed supplies to Pakistan and deploying engineers, medical units and specialist equipment to assist in relief operations. In addition, NATO is in the process of deploying more than 1,000 specialist troops, mainly engineers and medical units to assist in the relief effort.

Save the Children In Batagram, Save the Children is facilitating the stay of a Pakistan Pediatric Association (PPA) medical team (four medics, 4 paramedics and two child specialists) by providing them living accommodation. The PPA has taken on the responsibility for the children's ward of the Batagram field hospital. The team's arrival will facilitate a smooth transition and Save the Children's phase out of the field hospital operations management.

Turkish assistance The Turkish Red Crescent teams in Pakistan have provided assistance to more than 75,000 people so far since the earthquake struck. Since 3 November, it has transported food, blankets, materials for a bakery in Muzaffarabad, a truck and tent material. It has established tent villages in Balakot and Islamabad providing shelter to about 5,000 people and distributed 10,000 tents to affected families. The campaigns of Turkish civil society organizations and NGOs continue. They have dispatched various commodities and collected funds for donation directly to the Government of Pakistan.

WHO surveillance/early warning and response systems have been implemented to varying degrees in the 5 geographical areas of WHO response. This consists of a weekly health facility based surveillance system complemented by an immediate alert system.

Responding to the reported acute water diarrhoea cases, WHO Epidemiological teams and medical supplies have been put in place and experts for management of potential outbreaks has been requested.

⁴ 894,364 inhabitants are located in Muzaffarabad District.

⁵ Mansehra District (1,361,032 inhabitants) and Batagram District (319,973 inhabitants)

Humanitarian Health Cluster

World Vision International World Vision's strategic focus is on humanitarian emergency assistance, children in crisis and afghan refugee impacted areas. Activities have been in shelter, child protection, food, distributions, and IT. Specifically,

- The food distribution preparation is under way and assessment is completed in Mansehra. 14 tent villages have been identified with 5,780 beneficiaries.
- Logistics assessment completed and distribution of tarps, tents, blankets, quilts, cooking sets, bottled water, water purification tablets and jerry cans continue. 60 shelter units erected, 3,000 shelter kits mobilized and 815 winterised tents dispatched to the Sirian Valley, with an average of 300 tents per day up to the end of the week. Plans next week are to distribute commodities to 2,000 families in Sirian Valley. The World Vision team is busy registering beneficiaries and setting up Rubbhall facilities (one in Mansehra 500 MT capacity, another in Mandagucha 100 MT capacity and a third one in Jabori 500 MT capacity), for prepositioning relief supplies and food. World Vision's broader target remains 15,000 families.
- Activities are ongoing in existing three camps for child friendly spaces: Shohal Najaf, Bissian and Balakot Army Camp. The average number of children attending is 200 a day. Two new sites have been established for child friendly spaces in Garhi Habibullah and the All Pakistan Minorities Alliance Camp, near Balakot. Activities have now started in Garhi Habibullah. Introductory games, physical exercise and initial training for community mobilizers has been conducted. World Vision and Federal Relief Committee plan to speed up registration and identification of separated children procedures.
- Area for new office will be in Jabori. Assessments in Jabori, Sachakala, Mandagucha and Jacha identified 108 villages with the caseload of 39,493 beneficiaries.

SUMMARY OF RESOURCES FOR HEALTH ASSISTANCE

Regarding availability of resources for health, the UN revised Flash Appeal asked for nearly US\$62 million for the health sector. There is an estimated US\$ 30 million that has been pledged and/or committed for health (inside and outside the flash appeal). No Health Cluster member has reported that they are unable to initiate urgent practical assistance operations because of lack of access to immediate funds. However, there is very serious concern that sustaining emergency operations over the winter will need sustained commitment from donors, for which it would be useful to have more firm guarantees of funding; This is not currently the case.

Table 1: Summary of resources for health assistance

Please note: Under reporting means that the table below is incomplete. Agencies are requested to please report the health contributions they have received.

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\$)
AAI Australian International	850,000	...	...	...
Aga Khan Foundation	110,000	...	...	...
ARC	...	...	...	...
Doctors Worldwide	...	...	...	...
Greenstar Marketing	1,000,000	...	...	...
ICRC	...	...	...	...
IFRC	...	...	...	...
IOM	2,500,000	50,000	10,000	60,000
MDM	...	...	...	...

Humanitarian Health Cluster

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\$)
Medical Corps	500,000	...	...	...
Merlin	850,000	...	...	...
MSF	...	...	...	...
Save the Children Alliance	1,720,000	...	...	...
Terre des hommes	...	...	...	...
UNAIDS	500,000	...	...	...
UNFPA	8,000,000	2,100,000		2,100,000
UNHCR	...	...	...	...
UNICEF	17,500,000	...	...	...
WHO ⁶	27,750,000	12,313,833	387,500	12,701,333
World Vision	600,000	423,729		423,729
TOTAL	61,880,000	14,804,824	361,000	15,165,824

Sources: OCHA Financial Tracking System, organization/agency reports and the Revised Flash Appeal 26 October 2005

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
- TEACH-VIP, a comprehensive modular injury prevention and control curriculum developed by WHO and a global network of experts, is available at www.who.int/violence_injury_prevention/capacitybuilding/en/

⁶ as of 23 November 2005