

Humanitarian Health Cluster

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Pakistan Earthquake October 2005 Consolidated Health Situation Bulletin #5

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HIGHLIGHTS

- With colder weather and first snowfalls reaching earthquake affected areas more population movements are anticipated, more challenges will be faced for the delivery of assistance and more needs for the affected population will emerge, especially among the most vulnerable groups.
- The incidence of acute respiratory infections has risen and is now the primary cause of attendance at health facilities. This is to be expected at this time of year and has not reached significant proportions. No major disease outbreaks were reported during 27 November to 3 December.
- Three cold-related deaths in Muzaffarabad District were reported in the Pakistan national media but this was not confirmed by the MOH/WHO investigation team. The team found that one three month old child had died from pneumonia which had been left untreated at home without medical attention.
- Isolated measles outbreaks reported across affected districts have been followed by immediate vaccination campaigns and further spread has been prevented. With many health cluster partners involved in vaccination activities, the Ministry of Health has again requested partners to report on areas and numbers covered with immunisation. The plan for immunisation services has been shared with health cluster partners and includes diphtheria (DPT), tetanus (Td), measles, haemophilus influenza type b (Hib) and meningitis. The national polio immunisation campaign was completed last week.
- Poor sanitation in spontaneous camps that continue to crop up remains to be the greatest general health threat. The Federal Relief Commissioner has asked the Minister of Health to take responsibility for improving health and sanitation in these camps. The water and sanitation cluster is actively engaged in digging latrines and improving clean water supplies to the camps. Health promotion activities have been stepped up to educate the population about the importance of hygiene and clean water supplies as an immediate measure by the health cluster. Simple messages have been printed in handouts and are being distributed across all tented camps. So far only twelve out of 23 spontaneous camps in Muzaffarabad City have primary health care facilities within the camp.
- Health cluster partners continue to face the challenge of under-funding despite the continued assistance and commitment of health partners required. Essential health care to about 150,000 beneficiaries in camps requires more health partners. The coverage of mobile service units is sufficient at present although a current constraint is the lack of trained staff.

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HEALTH CARE

Emergency trauma care - Cases requiring emergency assistance for earthquake trauma have decreased although traumatized patients who were earlier stabilized and referred are continuously monitored and provided with follow up care (wound care). IMC assisted more than 100 such cases this week. The MSF team in Mansehra continues to provide care for patients seriously injured by the earthquake. 145 of these patients are still hospitalized and many were operated on in poor conditions with little or no post-operative care, giving rise to infections and requiring additional surgery. Most surgical interventions are now for secondary reconstruction or non earthquake related trauma.

Referral and hospital care - Medical staff of health partners, including IMC, continue to provide assistance and referral services to populations in affected areas. The Australian military five medical teams have begun consultations in Dhani.

In Bagh Town, MSF has set up a tented medical facility outside the compound of the district hospital that had collapsed. MSF's structure, made of 25 tents, includes an operation theatre (OT), laboratory, delivery room, intensive care, emergency room and an inpatient department with about 40 beds. MSF's activity in the hospital is mainly focused on surgery. 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 capacity for 50 beds. Permanent outpatient facilities are running in Bagh Town, Birpani, Mallot and Chikhar. In each location, 50 to 100 consultations are carried out every day. Mobile medical teams regularly visit Paniali village, close to Bagh Town to follow up on the situation in IDP settlements.

There are quality of hospital care concerns in Muzaffarabad. Coordination of referrals needs to be addressed together with greater support for Muzaffarabad Hospital. In Muzaffarabad District, MSF has set up permanent outpatient facilities for consultations, vaccinations and referrals in the villages of Saidpur, Hattian, Lamnian, and Chakmukam (near Lipa) and teams go to the surrounding settlements by foot or by car. In each location, 50 to 100 consultations, which include measles and tetanus vaccinations, are carried out daily. The MSF mobile clinic is now operating in Charakpura, Therian, Jhandgran (overnight) and Timi Bhana (overnight). An MSF permanent clinic is running in an IDP site of Muzaffarabad Town and a mobile team checks up on the situation in other settlements of the city. An MSF permanent clinic is functioning in one of the IDP settlements in the locality. A mobile medical team also performs outreach activities by car in the surroundings of Muzaffarabad. Rapid transport in Muzaffarabad District is facilitated by the use of two MSF helicopters.

MSF has completed installation of a new field hospital (120 bed capacity) adjacent to the Mansehra district hospital building, to provide good quality care for patients and avoid further complications in their recovery. This has freed space in the district hospital, allowing regular services to start functioning (the massive influx of wounded had overwhelmed hospital wards). Medical villages were created in Mansehra Town to discharge patients no longer needing hospitalization but who still requiring follow up. More information on these MSF activities is below at "MSF".

Two new field hospitals were established during 27 November to 3 December. One tented field hospital and equipment in Banna, Allai was donated by AmeriCares to the Government of Pakistan through Save the Children and is located on land leased by Save the Children. The Banna Field Hospital has been established to carry out extended rural health center (RHC) services. The Government staff from the collapsed RHC will work in the hospital until a new permanent rural health center is built. Save the Children is supplementing the staffing and AmeriCares will continue support for medicines and equipment in conjunction with Save the Children's health activities where needed. The other from Alaska Structures will be run by a team from Johns Hopkins University in Naseri, in the Neelam Valley. This brings the total number of

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operating foreign field hospitals, with surgical facilities, OT theatre, x-ray and inpatient facilities, to eighteen.

There is concern that because bed occupancy rates are dropping to below 30% their stay will not be extended. Many are functioning like outpatient departments (OPD) or health centers. One issue contributing to low bed occupancy at the US MASH units in Muzaffarabad and Shinkiyari is that patients are prevented from accessing them by the Pakistan Military because of concern for security of US army staff. Discussions were held with senior Pakistan military personnel but bed occupancy rates have still not improved. Field hospitals are requested to remain in place at least until 31 March 2006 and then to leave facilities and equipment for the provincial health departments. A working group for field hospitals is already looking at exit strategies in consultation with the provincial relief and medical authorities. One major issue already foreseen is that there may not be sufficient numbers of staff to take over these services. The NATO field hospital in Bagh has a 90-day mandate and is due to leave in mid to late January. The exit strategy considered is to transfer workloads to the MOH hospital in Bagh and the MSF Belgium team. MSF plans to provide prefabricated structures to the district hospital in Bagh before NATO departs. It is preferable that NATO deployment be extended so that more resources for the hospital are available.

Teams of plastic surgeons from the UK operating in Abbottabad and Rawalpindi are concerned that there are less patients. The health cluster impression is that this is not due to lack of need but lack of patient access to these specialized facilities for reconstructive plastic surgery. It has been agreed to postpone the arrival of further teams until an improved referral and access system has been developed. The health cluster will determine the number of patients in need of reconstructive surgery and work with all partners to arrange transportation to the referral centres.

An incinerator will soon be installed at Abbas Institute of Medical Sciences, Muzaffarabad, with four more to follow for other MOH hospitals, on the recommendation of the WHO environmental health adviser.

A donation by Brad Pitt and Angelina Jolie (UNHCR goodwill ambassador) of 40 spinal injuries beds was gratefully received by the Government of Pakistan and will be used in Rawalpindi.

Gender - Health cluster partners report that there are too few female staff for adequate health care provision at all levels. The federal and provincial MOH is seeking ways to increase numbers of female staff. The Lady Health Worker (LHW) programme that existed pre-earthquake has been targeted for revitalisation. Of the 2,019 LHWs in NWFP, 1,986 are back at work. In Pakistan Administered Kashmir, due to greater disruption of the system, tracking down LHWs has been slower and numbers are not yet available.

Access to PHC (fixed or outreach) - Reaching the populations above the snow line with primary health care (PHC) facilities has become an immediate challenge with the onset of the first snows; these areas will soon become inaccessible by road. Mobile clinics nevertheless continue to access populations in remote and hard to reach areas. Three health cluster partners will work above the 5,000 feet mark providing primary health care support through the winter to isolated communities but seek donor funding. Response International will go to Kahuta in Bagh District, IOM to the north of Balakot and Hoap to a population of 25,000 people in Jabri Tehsil, NWFP. IMC's mobile outreach teams accesses populations in remote and inaccessible areas over 5,000 ft in Kaghan Valley.

IFRC, its donor societies and Pakistan Red Crescent have provided care for around 55,000 people to date. IFRC has reformulated its approach. Ongoing services will continue, but adds support to the domestic peripheral health care system, anxious not to create parallel unsustainable structures and to make an early start in the health care infrastructure rehabilitation. Peripheral areas such as Kokhistan and Allai are particularly targeted. More than 400 Lady Health Workers and Basic Health care Units are supported, ensuring early resumption of services.

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To fill temporary gaps, mobile clinics regularly see the scattered population and the clusters of small spontaneous camps. IFRC continues to operate the 100 bed field hospital in support of Ayub Referral Hospital/Medical Centre in Abbottabad, providing general care including orthopedic surgery, psychological support, physiotherapy, among others. The IFRC Basic Health Care Emergency Response Units in Batagram and Balakot see about 100 patients per day. Special attention is paid to the psychosocial needs in the camps and a programme is building up to serve at least in 4-5 of them.

Two basic health units (BHUs) with integrated outreach clinics continue to provide services at Garhi Habibullah and Bassian. These facilities serve IDPs living in tent villages as well as host populations in surrounding areas where basic health and human services were destroyed. As needs continue to grow, IMC plans to expand BHU operations to areas without services in coordination with local authorities. WHO, UNICEF and UNFPA will support 100 Basic Health Units and 20 Rural Health Centres with prefabricated structures before 15 January 2006. Priority structures for this programme have been selected by the Ministry of Health. More than 30 New Emergency Health Kits have been distributed via the health cluster in November.

This week, IMC mobile and fixed PHC teams treated 1,167 patients in the affected areas, bringing the total number of patients treated to 8,834. Services included: treatment for ARI, diarrhoea, skin infection, dysentery, urinary tract infection, worm-infestation, musculoskeletal problems, hypertension, gastritis, eye infections and wounds, as well as antenatal services. Provision of health- and hygiene-related education has led to a significant reduction in related cases. IMC's BHUs / mother and child health centers (MCHCs) provide the following services: OPD; health education; family planning; antenatal care; postnatal care; growth monitoring; psychosocial activities/care; laboratory services; pharmacy Services; and wound/trauma care.

Mental health - IMC staff members continue to assist patients dealing with feelings of loss, fear, anxiety and insecurity, including trauma-related depression. Medications for post-traumatic depression are available and prescribed for patients in need. IMC plans to implement a comprehensive mental health initiative in the near future.

MSF continues to provide mental health care to hundreds of traumatized victims in Muzaffarabad, Mansehra and Bagh Districts. In Muzaffarabad District, mental health teams, including international and national staff, are working in the IDP sites of Hattian and Muzaffarabad Town. In Bagh District, a mental health team of two psychologists provides psychosocial support to patients treated in MSF outpatient and inpatient facilities and to their relatives. Community sessions, with the help of local social workers, are organized as well. In Mansehra, an expatriate and two Pakistani psychologists are working in a consultation tent, focusing on patients of the hospital.

WHO has provided immediate on-site support to the MOH by estimating the mental health needs and preparing action plans and at the same time providing technical assistance through guidance documents and training manuals. WHO is facilitating the operations of front-line MOH mental health teams. WHO is assisting in training of health and other sector professionals and workers in providing basic mental health care.

Communicable diseases - A first comprehensive epidemiological bulletin for the whole affected area has been issued by WHO-Pakistan this week. The bulletin collates epidemiological information for week 46 of the year, 12 to 18 November 2005. The early warning system comprises 124 reporting units of which 35 reported in that week, with over 40,000 consultations. The main cause for consultation was injuries, then ARI, then acute watery diarrhoea, followed by unexplained fevers. 15 deaths were reported during that week from a variety of causes, including injuries, bloody diarrhoea, cardiovascular-related and ARI. The acute watery diarrhoea (AWD) outbreak in Muzaffarabad has been successfully controlled. Epidemiologists have been deployed by WHO, from within Pakistan, WHO regional office EMRO, Headquarters and external partners (including EPIET) to cover surveillance/response activities for the first six months post-disaster.

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IMC mobile clinic outreach teams reported several cases of measles in Hassamabad in Balakot. IMC's BHU team in Garhi Habibullah also reported the same. With support from WHO for both vaccines and cold chain equipment, IMC teams immunized 762 children aged 1-15 within 24 hours over a two-day period. Follow up vaccinations for those children that were not initially vaccinated was carried out by IMC through door-to-door visits to the patients themselves.

For epidemic preparedness, fairly detailed operational preparations are required for the spring and the next few months are needed to preposition medical supplies and materials, including improved tracking of equipment/drugs/supplies, as well as strengthened standard operating procedures for rapid outbreak response.

For future crises regarding standard reporting forms, it was suggested that acute diarrhoea, bloody diarrhoea, and suspected cholera should be included on the forms. The recently developed, field-tested and approved WHO case definitions for ALRI in age groups for 5 and over need to be included on future forms.

Immunizations - 300,000 of the targeted 600,000 children have been vaccinated. In coordination with WHO, IMC launched an extensive immunization campaign in identified areas of Hassamabad on 27 November. IMC immunized 762 children aged 1-15 in two campaigns targeting IDPs. IMC is also working closely with local groups to implement mitigation measures.

Maternal and newborn health - An emerging major challenge to be addressed is that of improving maternal and neonatal health. Pre-earthquake, 85% of women in Pakistan administered Kashmir delivered without the presence of a trained or skilled birth attendant. The opportunity exists now to 'build back better' and improve maternal health services by ensuring that more skilled birth attendants are trained and more women have access to deliver with the presence of a trained person and in an equipped rural health centre. Nine mobile service units are in operation funded by UNFPA, providing facilities for pregnant women to deliver with a trained birth attendant or to be attended by a female doctor for obstetric or gynaecological problems. A further ten mobile services units (MSUs) are expected to be in place by the end of December. Nevertheless, health cluster partners report a lack of female staff as a major challenge to providing adequate health care at all levels.

An MSF paediatric ward has been opened in Hattian, Muzaffarabad District.

IMC outpatient clinics at both Bassian and Garhi Habibullah Camps are staffed with adequate numbers of female medical doctors and support staff to provide care to infants, children and pregnant women as well as reproductive health services. Infants and lost mothers are continually identified for assistance and referred to appropriate agencies. Notably, the medical and support staff located in Garhi Habibullah provided emergency healthcare and relocated three women with complications of labor. Growth monitoring services for newborns are available and provided to IDPs and host communities.

Disability - IMC staff continuously assist patients who have temporary or permanent disabilities. Medical personnel regularly reach out to IDPs living in tents in order to provide appropriate follow-on care. IMC is currently documenting paraplegic individuals who need specialized support.

VITAL SUPPORT NEEDS

Health partners regularly coordinate with local authorities and organizations to identify community needs on a timely basis. The camp management meeting this week identified urgent needs in light of the onset of harsh winter weather.

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Water and sanitation An estimated 4,000 latrines are required and 2,500 have been installed (60% coverage). Sanitation facilities for both men and women have been built in each tent community. Constraints in providing sufficient facilities are due to: insufficient quantities and improper quality of slabs available, lack of digging capacity, scarcity of land, poor / rocky terrain and difficulties in maintenance and cleaning.

Assessment of environmental conditions in the camps has been carried out by WHO teams in the framework of the Watsan Cluster and in collaboration with other UN agencies. WHO has been active in restoring basic water and sanitation systems in health facilities and in providing advice for clinical waste management. In locations such as Rawalakot, WHO, the only UN agency with a presence in the city, assisted local authorities in rehabilitating the city's water supply system and ensuring access to clean water and sanitation services for the hospital.

Water purification tablets have been distributed. Chlorinated water is trucked into community-identified locations on a daily basis and stored in large containers. MSF supports two truck points with chlorination in Muzaffarabad. IMC has provided jerry cans, so clean, drinkable water is available to households residing in tents.

Health and hygiene education activities have been conducted in camps and spontaneous settlements. Agencies agreed that hygiene and health education is a priority. The IMC has been taking part by providing information to all those who attend BHUs for health services. Merlin has undertaken hygiene promotion activities in Panjkot Valley, that reached 80 people in the week leading up to 2 December, and hygiene kits were distributed. In Muzaffarabad, MSF is following up closely the hygiene conditions in several IDP sites. To date, MSF has distributed 18,554 hygiene kits in Muzaffarabad District and 366 hygiene kits in Mansehra District. Hygiene kits have also been distributed in the Badhal, Bedi and Dharray regions of Bagh District. Hygiene coverage through delivering hygiene messages is an estimated 20% as a result of the lack of capacity to deliver them, limited access and cultural resistance to a change in hygiene behaviour.

IMC has planned further water and sanitation interventions with the cooperation of OFDA/DART in Mansehra; the project will begin soon.

MSF have set up bladders and installed 700 latrines in Muzaffarabad. As well, hundreds of hygiene kits have been distributed in ten tented settlements.

In Hattian, MSF ensures water supply to the hospital and performs water and sanitation activities to support the town population. MSF has also set up water supply and sanitation facilities to support Bagh and Mansehra district hospitals. Several water supply ramps have been installed in Bagh Town and water and sanitation facilities established in IDP sites of the city. In Birpani, MSF is supervising operations to repair the water supply system of the village. Similar activities have started in Mallot.

Watsan Cluster aims during the winter are to ensure access to minimum safe drinking water supply and sanitary means of waste disposal in camps and urban areas; ensure provision and management of solid waste disposal facilities/services for 140,000 people in camps, urban congregations, and rural areas; manage solid waste disposal for people in camps and urban congregations; promote safe hygiene practices and environmental health awareness.

Food The WFP will provide and World Vision will distribute a total of 4,412 MT to approximately 46,610 people in Jabbar Panjul, Jaburi, Sachan, Manda Gucha and Jacha areas.

Shelter and household items Temperatures in Garhi Habibullah and Bassian drop to unbearable levels at night, leaving infants, elderly, ill and injured individuals at risk. Available tents do not support basic survival requirements. Corrugated sheets are needed to protect families against the cold; IMC has distributed blankets, jerry cans, cooking sets, hygiene kits to help survivors against hunger, hypothermia and disease in harsh and chilling temperatures.

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Camp management Operations are regularly planned and coordinated with the camp administration. The main challenge is in identifying new camps. In NWFP sites that were previously identified by the Government were rejected because they were not viable or lacked basic infrastructure. However, the issue of spontaneous tent villages persists, and large numbers of people who prefer to stay close to their destroyed homes remain unassisted.

Logistics and communication IMC coordinates with UNJLC and continues to organize the cluster group meeting at its base in Mansehra on a regular basis.

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

The United Nations Inter-Agency Standing Committee (IASC), which includes national and international health partners, designated WHO as the lead agency for the Health Cluster. The overall objective of this cluster is to improve the delivery of humanitarian assistance to affected populations. This was the first time that an IASC cluster was activated in an emergency response. A health cluster forum, established immediately in Geneva and Islamabad and later in the affected areas, is used to exchange information on the health situation, needs, actions, available resources and remaining gaps. A weekly Health Cluster Bulletin, including updates from national and international health partners, has been published by WHO since 19 October along with the regular WHO situation reports.

In the eight weeks since the earthquake, the Health Cluster has: made operational 16 field hospitals; distributed 60 new emergency health kits, providing basic drugs/equipment for 300,000 / 3 months; put in place a Disease Early Warning System (DEWS) with six response teams; vaccinated 300,000 children; put into operational ten Mobile Service Units providing obstetric care and 200,000 hygiene kits distributed to women; mobilized nine mental health teams. More than 40 national and international health partners are involved in providing primary health care to the affected population through support to BHUs or assistance in areas of greatest need where BHUs do not exist. Twelve of 23 camps in Muzaffarabad now have primary health care. Health cluster coordination continues to be very good both at Islamabad level and in the six hubs, with participation from the Ministry of Health, the Pakistan Military, other UN agencies and around fifty international and national NGO partner agencies attending health cluster co-ordination meetings.

Health cluster partners, however, continue to face the challenge of under funding. The onset of cold weather made acute the need for winterised accommodation, warmer clothing and fuel for heating, all of which lead to additional costs. Many partners remain committed to being engaged at least until 31 March 2006 but lack the funding to do so. Some agencies report using their own personal funds to pay local staff salaries and buy fuel. The Norwegian Government announced a contribution of \$40 million towards the relief effort with \$4 million going to the health cluster. The cluster has made recommendations as to which agencies to fund based upon the original UN flash appeal, partner commitment to cluster coordination and programmes targeting priority groups and locations. Confirmation of the proposed funding plan is expected from Oslo next week.

The Federal Relief Commission transition of responsibility from military leadership to civilian leadership took place on December 1st. All health cluster partners have been encouraged to liaise programmatically with the Relief Commissioners and the Provincial Health Secretaries for NWFP and Pakistan administered Kashmir. The military will remain actively engaged in the relief effort but responsibility will be devolved to civilian government.

A ninety day Health Cluster plan has been developed (see Annex 1) and is part of the overall UN Winter Plan. In summary, the health cluster will provide life-saving services, through the continuing maintenance of at least sixteen field hospitals; support 150 Basic Health Units (BHUs)

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to provide primary care; provide drugs and staff where necessary. About 100 BHUs and 20 Rural Health Centres (RHCs) will be replaced with prefabricated buildings by mid-January. All camps of over 50 tents will have access to a primary health care facility. The Health cluster plans to provide primary health care to people above the snowline, through pre-positioning health kits. Early detection of disease outbreak will be maintained. Nine teams of psychosocial professionals will be provided. The health cluster is currently working on a contingency plan in the event of scenarios developing that could seriously exacerbate the health situation. The plan will involve pre-positioning of health kits and ensuring staff are prepared to deal with new emergencies.

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.

Cuban assistance The Cuban Medical Brigade has a total of 1,367 staff working in Pakistan. About 65% of total staff are doctors, 25% are paramedics and 10% are back up staff. 43.5% are women and 56.5% are men. The Cuban Medical Team is working out of 32 Cuban field hospitals in at least 19 towns in the earthquake affected area.

IMC International Medical Corps staff served 1,167 patients this week. This brings the total number of patients served to 8,324. IMC will replace the four BHUs it is supporting in NWFP with prefabricated structures.

IOM The International Organization for Migration is present in Allai, Bagh, Balakot, Batagram, Islamabad, Mansehra, and Muzaffarabad. Medical evacuations, a total of 454 patients, are terminated for the moment but IOM is closely watching the situation if seasonal pneumonia and mass movement justify the need to re-deploy ambulances in the field and prepares for medical evacuations for patients with burns, if necessary. IOM supports the revitalization of BHUs through the provision of 350 winterized tents, examination tables, working tables, stoves and quilts. IOM provided sets of stethoscopes and sphygmomanometer, tents, quilts and plastic rolls for 21 mobile medical teams going to the field for supporting primary health care in the affected area. 13 teams have been organized and deployed to the field so far, three teams to Batagram, three Balakot, five Bagh and two teams to Rawalakot. 22 diesel stoves in Bagh, 20 in Batagram and 22 in Balakot were distributed to health facilities.

Work on organizing the mental health teams and procurement of required items is ongoing. IOM will deploy 2 field teams (each comprised of four individuals), one for Deerkot and one for Allai this week. IOM is working with WHO and MOH to preposition medicine and medical teams for one site at high elevation that will be cut off during the winter. WHO and MOH are setting up a standard package for each hub.

Merlin is now operational in three sites in the Neelam Valley: Panjkot, Deevlian and Serli Sacha (as of 2 December). Merlin's Primary Healthcare Unit in Panjkot average patient attendance ranged from 62 – 103 and between 2-8 referrals per day. The clinic currently offers curative medical care, and has commenced antenatal care. One case of bloody diarrhoea (no fever) was reported. At Merlin's second centre at Deevlian, patient attendance ranged between 149-253 patients a day, providing the same services as above but also inpatient care mainly for wound management. An additional three sites are expected to become operational in December and early January.

Consultations in the Panjkot and Deevlian have started to reduce in numbers due to increasingly poor weather. Temperatures drop quickly in the valley and daylight hours have reduced significantly. Number of patients range from 50-90 people per day. However, Merlin's third site,

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Serli Sacha, saw 350 patients over two days last week. The patients are presenting both trauma and PHC needs. A concern for this new site is access to drinkable water, as the pipe line from the natural spring originally used, has been damaged as a result of the earthquake. Merlin is looking into ways of resolving this issue.

Merlin has also been undertaking hygiene promotion activities in Panjkot Valley that reached 80 people in the week leading up to 2 December. As well, hygiene kits were distributed and some outreach work has been carried out by Merlin in new areas surrounding Deevlian, treating up to 50 patients.

MSF The new Médecins Sans Frontières field hospital (of nine inflatable tents) is now operational. The field hospital houses four operation theatres, an intensive care unit and an emergency room. There are also five hospitalization wards with a capacity of 88 beds. 85 patients, victims of the earthquake, have been transferred to the field hospital, vacating room in the Mansehra District Hospital for the pediatric and obstetric wards to start working. An additional 60 patients are still being housed in three tents set up by MSF within the district hospital compound.

This week MSF medical teams, together with the Pakistani hospital staff, have started working in the new operating theatre, with 34 surgical interventions being carried out. The teams are also working in the new intensive care unit and the emergency room. A new dressing room has been set up in the undamaged hospital building, where an average of 50 patients is attending every day. An MSF physiotherapist together with a team of Pakistani volunteers carries out rehabilitative care for patients who underwent surgery, whilst an MSF psychologist team carries out support for traumatized earthquake victims. Additionally, a temporary out patient department for the district hospital will be finalized in the following days. MSF has also started to construct a blood bank and has begun to restore the x-ray room, the laundry room and the rehabilitation wards of the district hospital.

In association with local organizations, MSF has started to install medical villages inside Mansehra Town, with a capacity to accommodate 25 families each. Patients from Mansehra hospital who no longer require hospitalization and who cannot go back home are transferred to the medical villages. MSF provides the tents, water and sanitation equipment.

The MSF physiotherapist, psychologist and an MSF doctor continue to follow up on the patients. Three medical villages are already functional and several more are planned. Those patients who want to go back home are provided with relief kits consisting of tents, blankets, cooking sets and hygiene sets.

Save the Children is playing a major supporting role in health coordination in Batagram District and will provide health, education, protection, food and shelter support to 10,000 IDPs from Allai in Maira Camp in Shangla District. The government has asked Save the Children to work with them to establish the Banna rural health center (RHC), which was destroyed in the earthquake. Currently Save the Children is helping to facilitate the very basic setup in Banna for the provision of healthcare.

Terre des hommes Terre des hommes continues with its child protection programme. A total of eight child friendly centers will be set up and operational ensuring the protection and psychosocial needs of children (aged five to twelve years old). Child friendly centers are currently in Hassa, Jabba and Showal Mazoula Camps. Additional centers soon to open are in Ghazikot, Bakrial and Nara Camps. Terre des hommes is providing educational support and will promote hygiene and provide hygiene kits.

UNFPA from the outset assumed the responsibility of the coordination of relief services for mothers and newborns, providing support to maternity wards of Mansehra District Hospital and Abbas Institute of Medical Sciences in Muzaffarabad, distributing 20,000 clean delivery kits and 10,000 kits for midwives and other qualified health personnel, and coordinating a Maternal and

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Gender Assessment. As of 6 December 2005, these maternity services have attended 43,200 patients, mostly for antenatal, delivery and postnatal care, performed 191 normal deliveries and 42 C-sections, and referred 712 pregnancy complications. Over the next few weeks, 20 prefabricated BHUs and two district level hospitals staffed with female health providers will continue providing maternal and newborn care.

WHO A joint WHO Regional Office (EMRO) and Headquarters review was conducted last week of the programmatic and operational management of WHO's response to the earthquake in Pakistan. Findings included:

- (1) WHO's operation was timely in its set up and basic response activities were successfully implemented. Full operational and coordination responsibility was delegated to country level and the WHO Representative and his team together with the polio team in Pakistan, staff deployed from EMRO and HQ, were instrumental in the early operationalization of WHO's response.
- (2) A successful joint MOH/WHO coordination centre was also set up early in the response and the health cluster group was made functional for the first time at the field level.
- (3) It was also the first time that WHO has established field offices at such an early stage. More than 60 internationals were deployed and 6 sub-offices were set up in less than 30 days.
- (4) The overall coordination mechanism was satisfactory and basic technical guidance was provided in mental health, Water/Sanitation, Public Health - including disease surveillance/early warning and response, and Primary Health Care.
- (5) Disease surveillance was established very early on. All six WHO sub-offices are now performing surveillance/response activities, with field-level analysis and production of weekly bulletin at two sub-offices. Data analysis/management and response is not to the same extent at each sub-office and not yet standardized, however, the areas where most alerts have emanated are the most advanced. Despite above-mentioned operational constraints, the AWD outbreak in Muzaffarabad was successfully controlled and 31 outbreak alerts have been responded to in a timely manner in Muzaffarabad over the last month.

However, the rapidity of the intervention created some gaps in the operational and programmatic management. Fast turn-over of staff with difficulties in replacing key positions, precarious office and accommodation space, disruptions in the internal flow of information and late finalization of a comprehensive work plan of activities against available funds were the main constraints identified. The review provided recommendations for immediate action to improve some managerial aspects of the operation and a follow-up mechanism is in place.

A good response to the health component of the UN flash appeal was received and the president of Pakistan has specifically thanked WHO for its immediate and efficient support to the health sector in Pakistan in response to the earthquake. WHO action has also largely been acknowledged by the international and national Media.

World Vision International World Vision Pakistan (WVP) continues to run creative activities for children in five Child Friendly Spaces (CFS) at IDP camps. Community mobilizers trained by WVP carry out CFS activities thrice weekly. Child tracing activities have been planned.

As well, World Vision continues to distribute non food and food items and carry out shelter provision activities. World Vision Pakistan is in the process of setting up a Protection Unit initially comprised of a Protection Coordinator and a Gender Specialist. The Unit will ensure effective identification and implementation of humanitarian and protection issues.

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SUMMARY OF RESOURCES FOR HEALTH ASSISTANCE

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	...	...	...	...
IMC ¹	500,000	...	...	2,600,000
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 ²	27,750,000	14,168,667	387,500	14,556,167
World Vision	600,000	423,729	...	423,729
TOTAL	61,880,000	15,993,097	397,500	16,390,597

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/

¹ as of 2 December 2005

² as of 8 December 2005

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Annex 1

DRAFT **Health Cluster 90 Day Plan**

Situation Analysis

- The October 8 earthquake left over 80% of health facilities either destroyed or damaged beyond use. The majority of health care providers were affected themselves by loss of family members and loss of homes. The health care system in the six worst earthquake affected districts was effectively rendered inactive. By the end of November, the combined response of the Pakistan Military and the Ministry of Health, with support from the humanitarian cluster has sixteen field hospitals functioning and forty per cent of Basic Health Units supported to provide primary health care to the affected population. The biggest challenge for the next 90 days will be the provision of adequate sanitation and primary health care facilities to populations living in camps over the winter.

Achievements

- Sixteen field hospitals are in place and at the request of the Federal Relief Commissioner (FRC) will remain until 31 March at least (pending funding, for many). Provided air evacuation services remain in place, it is felt that this number of hospitals is sufficient to cope with the emergency life saving needs of the affected population. The field hospitals are no longer dealing with acute earthquake related trauma but are providing essential surgical services and hospitalised care for severe medical conditions. The field hospitals working group is now drafting an exit strategy and a gradual handover to permanent hospital facilities. This is being done in conjunction with the provincial Health Secretaries both in NWFP and Pakistan Administered Kashmir and the respective Relief Commissioners for each province.
- Primary health care (PHC) activities are the focus of most members of the health cluster with more than 44 health partners supporting PHC in pre-existing Basic Health Units (BHUs) or in facilities set up nearby to link to pre-existing structures as much as possible. Health partners consist of Ministry of Health personnel deployed from other parts of the country, international and national NGOs and individual health practitioners from overseas or Pakistan. More than 30 New Emergency Health Kits and trauma kits have been distributed to health partners working with BHUs, providing basic drugs and equipment for the needs of more than 300,000 people for three months.
- A Disease Early Warning System (DEWS) is in place for the health partners to provide feedback to the National Institute of Health any trends or changes in disease patterns. Six response teams are available to investigate reported outbreaks. An alarming increase in cases of acute watery diarrhoea was detected in one spontaneous camp in Muzaffarabad during the second week of November and was immediately responded to. Case management was improved, numbers controlled and the outbreak was contained. Nevertheless the unsanitary conditions of this and other camps continue to give cause for concern as case management is never as effective as case prevention.
- Standard case definitions and treatment guidelines have been prepared by the Ministry of Health and posted on the joint WHO/MOH web site along with reporting forms for easy reporting online. Other reports are fed back through the national surveillance system.
- Vaccination campaigns have been ongoing in the earthquake affected districts since the disaster. These include measles, diphtheria, tetanus, polio and vitamin A. To date the total children who have received vaccination is 300,000.

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- Twenty mobile service units (MSU) are in operation to provide locations for pregnant women to deliver with the assistance of a trained female professional. 200,000 hygiene kits have been provided by UNFPA and distributed to women of child bearing age; a further 400,000 are planned.
- Nine mental health teams have been mobilised to focus on psychosocial support for the earthquake affected population. A three day training of trainers course for mental health professionals has been held in Islamabad to mobilise the mental health professional community to recognise and treat signs of mental and psychosocial problems as a result of the earthquake, bereavement, loss of home and displacement.

Needs Assessment

- The health cluster has been informed by the needs assessment carried out by the camp management cluster and is aware of the urgent need for sanitation in camps and for access to primary health care for the camp population. An assessment of the existing situation with regard to environmental health is planned within the next 90 day period.

Cluster Target Groups/Areas

- **Hospital Care**

- 1) Maintain life saving services through sixteen field hospitals (FH) to provide secondary-tertiary health care facilities in affected areas.

Coordinate a referral system allowing for smooth transfer of patients from FHs to permanent tertiary care health centers in Abbottabad, Muzaffarabad, Islamabad / Rawalpindi and Peshawar. Facilitate communication between FHs to ensure a maximum utilization of available facilities before referral is considered.

Maintain through UNHAS a helicopter referral system for evacuation of patients to Islamabad for health needs beyond the capability of FHs. Review on a weekly basis all patients referred from FHs to tertiary care centers.

Expand services at FHs beyond trauma and emergency to include pediatrics, obstetrics, infectious diseases and respiratory care in addition to meeting the routine health needs of the population they serve.

Plan an exit strategy for FHs by linking them with local permanent facilities (district headquarters hospitals, rural health centres). Focus will be on facilitating a smooth transition from FH to reconstructed permanent facilities.

Emphasize training and employment of local people as health personnel, especially paramedical staff, to meet the increased needs of the population. Help to be sought from national and international institutions for training of permanent staff as well as for providing interim personnel.

- **Primary Health Care**

- 2) Through more than 35 health cluster partners, provide support to over 150 Basic Health Units across six earthquake affected districts by provision of medical personnel, drugs and equipment. Where severely damaged, BHUs will be supported with prefab structures and tents to provide greater protection during winter.

- 3) Ensure basic primary health care facilities are available to 250,000 people living in spontaneous and planned camps. This may be through the provision of either MOH or NGO staffed clinics in the camp or through PHC facilities provided by the Pakistan Military. Advice and guidance will be supplied to the Pakistan Military on the Sphere standards for health care provision of camp populations.

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4) Pre-position as many medical teams and New Emergency Health Kits as possible in selected combined Pakistan / British Military Forward Supply Areas that will be inaccessible during the winter months. One NGO has so far offered to position staff and supplies in Kahuta, Bagh District. A further nine sites may be selected.

5) Working closely with the water and sanitation cluster, the health cluster will ensure that all camps in which the cluster is working are adequately provided with clean water and that sanitation facilities are sufficient in quantity and maintained according to Sphere standards.

6) Maintain 20 mobile service units staffed with at least one female doctor and a lady health worker (LHW) to provide maternity services and other reproductive health services to women in areas where there is no Basic Health Unit. Provide UNFPA hygiene kits to all women of child bearing age through the LHW programme or other health cluster partner participation.

7) As part of the safe blood transfusion programme, three blood refrigerators will be procured and established in Muzaffarabad, Bagh and Rawalakot. Health messages on HIV and AIDS will be delivered by radio and through written media.

8) Work within the Ministry of Health EPI programme to carry out mass immunisation against measles and diphtheria (DPT) according to protocols in all earthquake affected districts.

9) Re-functionalise fifteen TB centres in NWFP through provision of tents, microscopes, drugs, furniture and training to make functional a total of 26 centres in NWFP.

10) Increase awareness of environmental health hazards by assessing the existing situation, coordinating actors involved and providing training in better hospital waste management.

- **Disease Surveillance**

11) Move towards a sustainable system by working closely with district health authorities to deploy two officers of the district health team for surveillance. Expand the disease early warning system beyond the major centres to all accessible functioning health facilities. Increase local capacity to respond to disease outbreaks by training and activating an epidemic response and disease control team in every district. Provide feedback on the disease early warning system to all health cluster partners by publishing and disseminating a weekly morbidity and mortality report. About 60% of major centres are currently covered by the surveillance system. In 90 days health cluster plans to have increased surveillance to 80% coverage.

- **Mental Health and Psychosocial Issues**

12) Maintain nine current teams of trained professionals to provide mental health care and psychosocial support across the six earthquake affected districts. A gradual increase in the number of teams is planned. Continue the Training of Trainers programme for mental health professionals in Islamabad (mid November). Training programmes for various non-physician personnel is planned, such as for teachers, health workers, volunteers, religious and community leaders.

13) Ensure a referral mechanism is in place for patients presenting with mental health or psychosocial issues and living in camps.

- **Challenges**

All health cluster partners are committed to remaining actively engaged in the earthquake affected areas until the end of March 2006 but funding continues to be the major constraint to their doing so. Many NGOs are providing primary health care in remote locations and at high altitude by setting up self sufficient camps and supporting existing BHUs. These agencies are helping to provide first line care, vaccination coverage and midwifery services. The Ministry of Health welcomes support from these partners until it has regained capacity and human resources to take over. Without these NGOs, many communities would be without primary health care this winter.

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- **Planning Assumptions**

- 1) Approximately two thirds of the population will remain in or as near to their own homes as possible.
- 2) Approximately one third will be in camps *or other alternative accommodation*.
- 3) Most health facilities in the earthquake affected region have been destroyed or damaged beyond use.
- 4) There will be a greater proportion of women and children in the camps than men.
- 5) Greater and earlier than usual seasonal migration patterns from high ground to lower ground will take place.
- 6) Populations living in mountainous areas are not necessarily the most vulnerable.
- 7) Women will not seek medical care from a male for obstetric and gynaecological problems.
- 8) There will be increased needs for health care provision for the disabled.
- 9) There will be increased needs for psychosocial health care provision.
- 10) The Pakistan Government will continue to allow international medical staff open access to all areas of AJK.