

Health Cluster Bulletin



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H ighlights

- ERRA has announced that it would like the health cluster to continue in the form of regular meetings chaired by Col Usman Gilani or Dr Shabana of ERRA.
- This announcement comes as a compliment to the Ministry of Health, WHO and all health cluster partners as it recognises the valuable contribution the cluster has made to good co-ordination in the health sector and to informing and driving policy and strategy since the earthquake. Well done and thank you everyone for your commitment and participation. News of when and where the meetings will be held is yet to be announced.
- 31 prefabricated BHUs completed and equipped by WHO will be formally handed over to ERRA / Ministry of Health next week.
- The Jordanian military field hospital which has been set up in Rawalakot and which has served over the past 6 months to cover the gaps left by the destruction of the CMH hospital and other health facilities in the district has left last week after serving the health needs of the affected population. Offering outpatients services around 200-300/day as well as inpatients, X-Rays and surgical care, this hospital reflects the contribution of more than 4 millions US dollars from the Jordanian governments to ease the health impact of the earthquake.



Almost all the earthquake affected population residing in temporary settlements have returned to their home villages

Camp in Bassian



Empty fields where only a few days ago where temporary settlements for the earthquake affected population



Camp in Hassa





World Health Report 2006:
Working together for health
<http://www.who.int/whr/2006/en/index.html>

Lady health workers



From the World Health Report 2006: '... Pakistan's National Programme for Family Planning and Primary Health Care has relied heavily on the performance of its 80 000 Lady Health Workers who provide basic health care to nearly 70% of the country's population.

... Recent research shows a clear connection between the presence of Lady Health Workers and improved community health, substantial increases in childhood vaccination rates, child growth monitoring, use of contraception and antenatal services, provision of iron tablets to pregnant women and in lowering rates of childhood diarrhoea.'

The Pakistani Lady Health Workers show that the combination of appropriate recruitment, a simplification of tasks, training and supervision can lead to efficient and effective new health cadres.

For more information on Lady Health Workers (LHW), such as Selection Criteria, Training, Payment, Scope of Work and List of Drugs/Medicines and Non-Drug Items provided by LHWs, check the website of the **National Programme for Family Planning and Primary Health Care** <http://www.phc.gov.pk/template.php?id=30>





Screening of the returning population is carried out to ensure all children are vaccinated against the major diseases. The Ministry of Health Immunization teams located at police check points near Balakot screened more than 700 and vaccinated over 200 children.

Reconstruction

Out of the planned 35 prefabricated Basic Health Units that WHO is constructing in the earthquake affected areas, 31 have now been completed. Due to different reasons varying from inaccessibility due to landslides and logistic difficulties, six are operational, but still lacking sufficient qualified health staff.

UNFPA has five prefabricated health units up and running in the Mansehra and Muzaffarabad districts.

Environmental health

Solid waste management The International Organization for Migration (IOM) has started a **rubble removal and recycling programme** to help local authorities to remove some 16 million cubic feet of earthquake debris in Muzaffarabad.

Six months after the October 2005 earthquake, Muzaffarabad remains a sea of rubble and damaged buildings. IOM with USAID funds will pay local people to clear and recycle rubble, demolish severely damaged houses and transport the remaining debris to a recycling site.

The project is implemented in close coordination with national and local authorities, the municipal sanitation department, the private sector and the Pakistani Army.



BHU Sangar, Balakot

Disease control

Safe drinking water As the source of infection of **acute viral hepatitis** is contaminated drinking water, immediate action needs to be taken to ensure the drinking water quality of the infected population is improved.



Water samples taken during the two outbreak investigations into acute viral hepatitis cases in Dhamkatcha village and Mori, Brarkot Village in Ghari Habibullah revealed the water was unfit for drinking due to fecal contamination.

As the water network is damaged and exposed and since Hepatitis E is very difficult to eliminate from the water even with very high levels of chlorine, the approach is to ensure appropriate safe supply systems combined with extensive health information and education.

Through health education talks with the population of the two villages, awareness is raised of the risks of crossing of animals through water sources, and broken and leaking water pipes.

Further health education was provided to the population on the importance of hygiene, safe drinking water, and food safety. Health care providers were trained on Hepatitis A and E.



Outbreak investigation into several suspected cases of **acute viral hepatitis** in Mori, Brarkot Village, Ghari Habibullah and in Dhamkatcha village in Balakot was conducted, after two cases of acute jaundice syndrome were reported from the field hospital in Garhi Habibulla and the IMC clinic in Kashtara camp.

In addition, laboratory tests from the National Institute for Health (NIH) laboratory in Islamabad confirmed six cases of viral hepatitis E from previous acute jaundice syndrome cases. Four of these cases were originated from Dhamkacha village.

The Ministry of Health and WHO sent a team for further case investigation and active case finding. Four more cases were identified in Brarkot village and an additional 11 cases were found in Dhamkacha village, totalling 17 cases of acute viral hepatitis.



Of all suspected cases, blood samples were collected and sent to NIH.

Hepatitis E can be fatal in pregnant women. It is imperative that any suspected case of jaundice in a pregnant woman is referred to a hospital.

More on Hepatitis: <http://www.who.int/csr/disease/hepatitis/en/>



Outbreak investigation may imply long walks to remote villages inaccessible by car, such as this week's investigation into acute viral hepatitis cases in Ghari Habibullah, Balakot

Care for the disabled

The Ministry of Health, WHO and UNICEF are planning to implement a **community-based rehabilitation** system, in support of the disabled population who wishes to return to their home villages.

'Among the most vulnerable of the thousands injured in last October's earthquake are those who suffered severe spinal injuries. In a society where disability is not easily addressed, UNICEF is providing support by helping Pakistan's National Institute of the Handicapped (NIHd) to establish a special ward for injured women and children.

Housed in the annex at an Islamabad hospital, the UNICEF-funded centre for women and children disabled by the quake offers specialized support and rehabilitation for up to 100 patients. Patients receive intensive physiotherapy and specialized care from a large team of doctors and counselors.'

<http://www.unicef.org/pakistan/>

Other activities for the disabled population due to the earthquake:

Balakot: the NGOs MSF and Handicap International (HI) opened a physiotherapy unit at BHU Shawal.

Muzaffarabad and Bagh: ICRC is providing prosthesis for amputees. A comprehensive rehabilitation department at Abbas Institute for Medical Sciences (AIMS) at Muzaffarabad is being constructed, expected to be functional in May.

Battagram: a Physiotherapy Department and orthotic and prosthetic workshop at DHQ Hospital Battagram is being constructed by CBMI and PIPOS, expected to be completed in 2 months

Bisham: HI opened a Physiotherapy Centre for the disabled at DHQ Bisham. They are also opening an orthotic and prosthetic workshop for the provision of prosthesis (artificial limbs) to the amputees.

Mansehra: the NGOs MSF and HI have established a physiotherapy as well as an orthopedic workshop for the provision of orthosis and prosthesis at the DHQ hospital

Islamabad: WHO set up a 100 bedded prefabricated spinal injury unit at PIMS Satellite Center, Chak Shehzad.

Common disabilities:

Spinal Cord Injuries, Amputations, bone fractures, and nerve injuries.

Spinal Injuries: 741

Amputations: 713
of which 287 require prosthesis.