



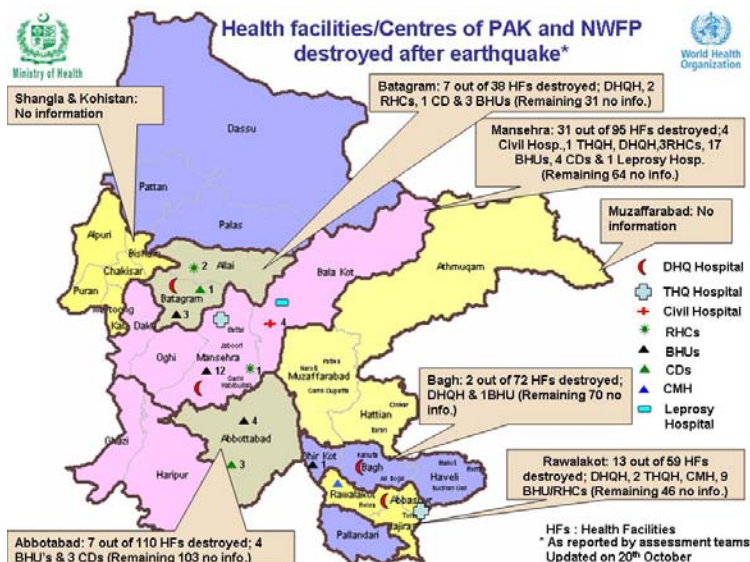
South Asia Earthquake Health Situation Report # 14

21 October 2005

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

Highlights

- The number of patients in accessed areas in need of treatment for acute injuries and referral is declining according to the Ministry of Health.
- Shelter and provision of safe water remain high priorities.
- Access to some of the earthquake affected areas is still impossible.
- The continuing aftershocks exacerbate already severe psychological stress.
- No disease outbreaks have been reported so far.



Health impact

- The attached map shows information received to date on health facilities in the areas where assessments are ongoing. The set up of semi-permanent health centers is being considered for many areas, particularly where people are concentrated.
- In Rawala Kot, the combined forces hospital had completely collapsed, killing 300. Only one other building was observed to have collapsed; Otherwise, damage was superficial and the town has running water and electricity.
- Bagh and Balakot suffered tremendous destruction, also to health facilities. Water and electricity are cut.
- Injured inpatients in hospitals in Mansehra and Muzaffarabad insist on staying outside buildings fearing aftershocks and more destruction.
- With the continuing arrival of national and international NGOs and medical teams, bed capacity for post-operation care has increased. In Mansehra Tehsil alone, 2,000 more beds have become available located in 5 different field hospitals.
- Five tetanus deaths and 11 cases were reported at PIMS children's hospital in Islamabad.
- The major challenge now faced is how to revive the health system and rebuild capacity to deliver primary health care to the affected population. Presence of the aid community needs to be ensured for the longer term until the health infrastructure is restored and human resources capacity rebuilt.
- The shortage of drugs for chronic conditions (insulin, antihypertensive drugs) needs to be addressed to prevent further morbidity and mortality.
- Earthquake victims' with severe trauma or amputation need prostheses. The NGO, Handicapped International, reports that 25 beds are available in Peshawar, NWFP, for patients in need of physical therapy and rehabilitation.

Health response

Communicable Disease Control and Surveillance and Outbreak Response

- In response to urgent need, WHO has supplied 33,000 doses of tetanus antiserum for immediate distribution.

Medical care and referral systems

- The Ministry of Health and WHO is collecting all data on the numerous health facilities established in the earthquake affected zone so as to ensure that newly arriving field hospitals will be located in those areas where need is greatest. The number of field hospitals in Muzaffarabad is sufficient.
- The area affected in Pakistan has not been endemic for polio for a while; In NWFP, no polio has been seen since 2002. The risk of polio re-appearing as a result of the earthquake is relatively low. The current plan is to proceed with the previously planned November National Immunization Day (NID) campaign. This will be followed by a further campaign at the end of January 2006. Hopefully infrastructure restored by then will enable an effective campaign. The polio network in Pakistan has greatly contributed to relief efforts. Most international and national epidemiologists / surveillance officers from NWFP and AJK (over 50 people) were dispatched immediately to the affected areas and were among the first on the ground to help. Their focus has been on a number of public health interventions, including strengthening of water / sanitation infrastructure. Additionally, they organized pre-emptive immunization campaigns for polio, measles and neonatal tetanus.
- The Belgian team that set up a mobile hospital located south of Ghary-de-pota will be replaced by a national health team dispatched by the Ministry of Health and WHO, composed of 5 medical experts.
- The 25 teams of surgeons and public health/environmental specialists mobilized by the Ministry of Health and WHO are now providing emergency medical care in different locations in Bagh, Mansehra and Muzaffarabad Districts. Each team consists of one surgeon, one public health officer, one surveillance officer, one paramedic and one technician.
- To facilitate medical evacuation and referral, the Pakistani Army, the French medical team and WHO have established a coordination cell on the helicopter landing pad in Muzaffarabad. The 8 different field hospitals forming part of the referral system communicate through VHF radios provided by WHO.
- UNFPA has increased the number of mobile units offering mother and child health care and reproductive health services to 8. Four clinics are now running in Mansehra District, another 3 in Muzaffarabad District and one at the DHQ hospital in Bagh. UNFPA has also provided AIMS hospital in Muzaffarabad with emergency obstetrics care equipment.
- Many doctors, nurses, paramedics and ambulance drivers from the PIMS in Islamabad, Railway Hospital Rawalpindi, Federal Government Services Hospital, District Headquarters Hospital Nowshera are trained in using the WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) tool through Essential Surgical Skills and Emergency Maternal Child Health workshops organised by WHO with Child Advocacy International. The Ministry of Health is carrying out emergency surgeries and obstetric procedures in the affected areas.
- The team of the Sindh Institute for Urology and Transplantation has set up 3 emergency dialysis centres in 3 different cities, airlifting 12 dialysis machines and 6 tons of equipment and medicine.
- The NGO Merlin has opened a trauma centre in Neelam Valley, where approximately 90% of the villages have been destroyed. Merlin also offers primary health care services in Punchkot.
- The Canada Disaster Response Team is providing water purification and medical care in Kahoota.
- The NGO International Medical Corps (IMC) opened several basic health centres in Garhi Habibullah and Battagram.
- The American Refugee Committee is delivering tents in Bagh.
- Medical teams from Korea are providing first aid in Abbottabad.

Environmental health

- A clean up campaign was conducted in AIMS Hospital in Muzaffarabad. The hospital has been cleaned inside and collection of solid waste from dumping sites around the hospital continues. Other health care centres and temporary shelters where many of the earthquake victims gather will also be cleaned.

Health cluster coordination

- WHO has compiled inputs from health partners in preparation for a further UN Appeal to be launched in due course.

Urgent needs

- Tents, tents, tents and clean drinking water!
- Female nurses who speak the local language are urgently needed.
- The shortage of anti-tetanus vaccine (ATG) is critical.

Donations to WHO - funds given / pledged**New donations/contributions**

The United Arab Emirates airline kindly waived USD 1,000 in overweight luggage charges to two WHO staff carrying 40,000 urgently needed tetanus doses from Cairo to Islamabad.

Previously reported donations

Donor	Pledges (in USD)	In-kind contributions
Australia	1,899,696	
Canada	1,483,050	
Denmark	483,870	
Ireland	120,192	
Italy	300,481	12 Trauma kits A, 12 Trauma kits B, 15 NEHK*, 5 Diarrhoea Profile D, 5 Diarrhoea Profile F
Japan	1,000,000 for kits & vaccines	
Monaco	120,192	
Norway	250,000	
Sweden	1,928,020	
Switzerland	100,000	
UK/DFID	252,000	
UK/DFID	881,834 for disease control	
United States	2,000,000	
Total	10,819,335	

* New Emergency Health Kits