

Health Cluster Bulletin



Issue # 7, 18 January 2006

Highlights

Three months after the massive earthquake of 8 October 2005, cold weather and lack of appropriate shelter (tents and blankets) and clothing remain the main health threat for almost 3 million people.

The collapsed tents due to heavy snow fall and flooding in the past couple of weeks, have been replaced and the affected population was relocated to more elevated areas. Preparedness plans were put in place to ensure rapid response in case of replication.

Family tent heating has been allowed recently, aiming to prevent the increase in Acute Respiratory Infection cases.

The lack of lady health workers continues to be a major concern. The Ministry of Health is working closely together with teaching institutions to resolve the lack of female doctors. Also, packages with incentives are offered for females and the fielding of couples is encouraged.



Earthquake Facts

- Date:** 8 October 2005
- Magnitude:** 7.6 Richter scale
- Death:** 73,000
- Injuries treated in public health facilities:** 150,000
- Damage:** 85% of total infrastructure. 60% of all health facilities
- Homeless:** 2.8 million
- Camps (over 50 tents):** 26
- NGO's:** over 50



UNICEF to deliver almost one million winter kits

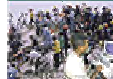
UNICEF distributed 110,000 winter kits for children living above the snowline, including snow boots, padded jackets, shawls and socks, as well as half a million blankets. An additional 350,000 quilts are being provided thanks to the support of IKEA.

By the beginning of February UNICEF expects to have distributed another 830,000 winterized kits for children and a further 460,000 blankets. <http://www.unicef.org/>



Humanitarian Assistance in Disaster Situations:

[A Guide for Effective Aid](#) is an easy readable booklet for all humanitarian organizations.



The [Guidelines for Drug Donations](#) give clear instructions on issues such as expiry dates, readability of labels etc. to increase the awareness of donors about the requirements of drug donations.

These and other publications on disasters and health can be read online at the Health Library for Disasters <http://www.helid.desastres.net/>



Inadequate donations for earthquake-affected population increasing



The negative consequences of sending inappropriate donations for disaster-affected populations are enormous and seriously underestimated. Medications with short shelf lives and containers full of mixed items without way bills or contents lists, imply days of intensive labor of sorting, classifying and inventorying of the donations.

Thanks to the Logistics Support System (LSS), the official UN system for humanitarian supply management, this process is highly facilitated.



L S S has been implemented in the main WHO and Ministry of Health warehouses in Islamabad and the earthquake-affected areas, as well as by the UN agency for Logistics Coordination UNJLC.

WHO urges donors to send only those supplies that have been officially requested and to take into account the existing guidelines.



The hubs

Battagram: In response to the flood damage in Battagram Maidan Camp, WHO and IOM jointly improved the drainage system, water supply system and latrines. Tents were elevated to prevent further flooding and the flood-affected population was successfully relocated within the camp. A systematic water quality monitoring by is being implemented in the camp to ensure continuous good quality drinking water.



IOM • OIM

Mansehra: WHO, UNICEF, the Ministry of Health and the local NGO RASTI conducted a hygiene campaign at Dharial camp. 540 hygiene kits were distributed to women and girls.

Preliminary findings of the health and nutrition survey undertaken in the earthquake affected areas by UNICEF and WHO show an alarming situation asking for immediate nutritional measures. According to the survey 44.5% of the interviewed population in Mansehra and 54.8% of the population currently living in camps in North West Frontier Province (NWFP) affected by chronic malnutrition. For appropriate response, further analysis is required.

For therapeutic feeding, patients can be referred to Ayub Medical Complex, Abbottabad.

UNICEF distributed 7 ice-lined refrigerators, thermometers, and 4 large tents to maintain the cold chain for vaccines in the EPI centres.

Bagh: A Health Emergency Cell was set up to cope with increase in winter-related diseases such as hypothermia, pneumonia, injuries and burn cases.



The American Refugee Committee (ARC) will support the Rural Health Centre of Chitra Topi with Reproductive Health care.



MSF-Belgium will mobilize a medical team for the newly planned camp Nauman Pura. The mobile team will visit the camps every other day until the camp has reached the full occupation (currently only 70 families settled).

Balakot: Aga Khan Health services is supporting Gari Habibullah civil hospital in the diagnosis and treatment of TB. Treatment is also available at Tehsil HeadQuarters.

In the 6 field hospitals (3 Cuban hospitals, Ministry of Health, Pakistan Islamic Medical Association (PIMA) and the Kunhar Christian Hospital 24% of the beds are currently occupied.



Action Against Hunger (ACF) found that 13.5% (5) of the 37 people interviewed during a rapid assessment in the camps were moderately malnourished and 18.9% (7) at risk of malnutrition.

Muzaffarabad: UNICEF provided 49 tents for the reestablishment of consultation and OPD facilities at 27 Primary Health Care Centers and distributed 5200 hygiene kits to families living in remote areas around Muzaffarabad.