

Health Cluster Bulletin



H ighlights

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While the Earthquake Rehabilitation and Reconstruction Authority (ERRA) is carrying out efforts to sensitize district and provincial authorities on ERRA strategies and plans through meetings held in Abbotabad and Muzaffarabad, the contents of the joint **ERRA-UN Early Recovery Plan** were endorsed by all stakeholders.

For health, the Early Recovery Plan will support health providers to maintain health care services at the same level as during the relief phase and ensure coverage for remote areas. Focus lies on capacity development, human resources training, health systems management, disease surveillance and early warning systems. The health activities cost almost 38 million USD, of which 34.8 million USD need yet to be raised.

For water and sanitation activities already 15 million of the total 30 million USD is available, which will be channeled through UNICEF.

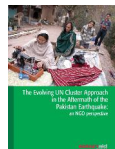
In view of the persisting **shortage in qualified health staff**, ERRA is currently in discussion with health partners to ensure feasibility of the rehabilitation plans for primary health care facilities.

Although the construction of **prefabricated Basic Health Units** by WHO is almost completed in all of the sites in the earthquake affected areas, only 5 are operational so far. Delays in the arrival of furniture and equipment, as well as lack of human resources, are the main reasons.

To download all relevant ERRA documents:
<http://www.erra.gov.pk/WebForms/HealthCare.aspx>

ActionAid: The UN Cluster approach to emergencies: an NGO analysis of the earthquake response in Pakistan

http://www.actionaid.org/index.asp?page_id=977



IDP Returns Process

As of 29 April, 63% of displaced families who were residing in camps have returned to their places of origin. A major increase took place in Bagh where 86% of the families have now returned compared to 29% during the previous week, due to the inclusion of figures of families living in camps next to their homes.

	% of families returned
Bagh	86%
Battagram	92%
Mansehra	88%
Muzaffarabad	43%
Total	63%

Reconstruction

Pima hospital Muzaffarabad

was established 2 days after the earthquake as an out patient clinic with an operating theatre.

The first days, the **hospital functioned out of tents.**



Old hospital in tents

Already a few weeks later, a semi permanent fabricated structure was set up which remained operational for 5 months.

Inpatient facilities were reinstated with 150 beds in the beginning.

To adapt to the diminishing number of patients as the acute phase of trauma and emergency passed, the hospital reduced its capacity to 50 beds and 3 intensive care unit beds.

Two new operation theaters were put in place, one for orthopedics and one for general and eye surgeries.

To further strengthen the severely disrupted health system in Muzaffarabad, the **Pakistan Islamic Medical Association (PIMA)** is operating its hospital on a permanent basis or at least as long as required.



Old male ward

The hospital is currently being constructed in a new shape with all new structures and equipments. Initially, all staff were volunteers. PIMA



New male ward



New emergency area

has now recruited all its essential expertise, however PIMA still receives volunteer doctors from all over the world.

PIMA hospital performs all kind of surgeries. So far 84 normal deliveries and 19 caesarian sections, more than 700 orthopedic and general surgeries and about 100 eye surgeries (intra ocular lens) have been performed.

Miracle achievements. One of the special cases treated at PIMA is one earthquake victim rescued 64 days after the earthquake. The patient was hypoglycemic, unconscious and with 80% muscle wastage. She made a miraculous recovery at PIMA hospital.



Environmental health



Disease control

Acute Viral Hepatitis E outbreak in Bagh

More cases of Acute Jaundice Syndrome (AJS), or suspected Hepatitis E, were reported since last month's outbreak in Balakot. More than 20 cases of clinically diagnosed Hepatitis E were found in Jahala and Chalandrat village, Mallot Union Council, Bagh with an approximate population of 550 and 2,100 respectively. A WHO investigation team collected blood samples for laboratory confirmation and conducted thorough water and sanitation assessment.



Both villages share the same water source; an unprotected spring located approximately 500 meters from the villages. This water source supplies a tanked water source in the main market of the village, which is unprotected and used for domestic consumption. Many

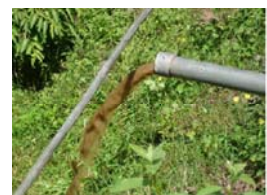


water pipes are found to be inadequately repaired. General environmental and personal hygiene appears very poor. Water storage in most of the houses is unsatisfactory.

Water samples were taken from 10 different points: the water source, water tank at the source, water tanks, taps, as well as water pots at household level. All samples were tested to be unfit for drinking purposes.



The main water tank was found to have a silt deposit of 4 to 5 inches thick, giving water of dark brown colour. The tank was washed with 1% chlorine solution. Also, the two main water supply schemes providing water to the villages will be fully rehabilitated.



As the majority of the water taps are not easily accessible to a large population, Nerox filters and Aqua tabs are being distributed for a two weeks period. Demonstrations on their use have been carried out already.

Health and hygiene education sessions were held at the villages, where over 600 people received information on water borne diseases like Acute Watery Diarrhoea, Bloody Diarrhoea and Acute Jaundice Syndrome, as well as on hygiene.

Mallot union council also experienced an acute jaundice syndrome outbreak in January 2006, suggesting the area is at high risk of faecal-orally transmitted diseases. The protection of springs as well as the restoration and expansion of water supply systems in the area may ensure a sustainable solution.

Debris and rubble removal activities

A workshop on waste management and disposal in Muzaffarabad was organized by the United Nations Development Programme (UNDP) and the United Nations Environment Programme (UNEP), emphasizing the importance of clearing debris to facilitate the reconstruction process.

The municipal waste management systems are not fully functional due to a continued collection of hazardous waste. Furthermore, the possibility of toxic materials such as oils, agricultural chemicals batteries, by-products of industrial activities, present in the debris poses a high health risk to the population.

Health partners active in the entire earthquake affected area came to Muzaffarabad to participate in the workshop.

UNDP cleared more than 300,000 cubic metres of rubble from public land in Bagh, Battagram and Ghari Habibullah districts, together with the United Nations Office for Project Services (UNOPS). The rubble removing and recycling from schools, hospitals and other government buildings is done to prepare sites for the reconstruction of new buildings.

The project was based on the 'Cash for Work' approach, employing local communities. The initiative was aimed at directly injecting funds into the community and to create a "sense of ownership".

The rubble removal programme started in January and cost 5 million USD, which was funded by the governments of Japan and Sweden.

Further water supply rehabilitation works

are continuing in the earthquake affected areas. The NGO IMC is expected to complete works in Shamlai, Bansair, Banda Balakot by next week, and will be starting at two new locations in Jabori union council covering approximately 3,500 individuals. To involve community participation IMC establishes village development organizations (VDO) in each locality it is working.

Through regular hygiene and sanitation education sessions, the NGO AAI in partnership with UNICEF hopes to involve another 100 Lady Health Workers in increasing awareness among the population of maintaining appropriate personal hygiene and sanitary conditions.

OXFAM has been supporting Bagh town with workers and equipment for **garbage collection** from beginning of February till half April as the revenue collection system ceased to be operational after the earthquake.

Bird flu facts

- Avoid handling sick or dead chicken, ducks, pigeons and other poultry or birds, including feathers and feces without gloves and masks.
- **Only eat well cooked poultry, poultry products and eggs.**
- Carefully separate the storage and preparation of raw poultry meat and uncooked eggs from the storage and preparation of other foods.
- **Wash hands with soap and water after any contact with live or dead poultry or raw poultry products, and teach your children to do the same.**

- [WHO Pakistan latest update](http://www.whopak.org/birdflu.htm)
<http://www.whopak.org/birdflu.htm>
- [Toolkit for Early Detection and Control of Human Cases of Avian Influenza](http://www.whopak.org/pdf/birdflu/Toolkit_Avian_Influenza.pdf) April 2006
http://www.whopak.org/pdf/birdflu/Toolkit_Avian_Influenza.pdf
- [Guidelines for Prevention and Control of Human Cases of Avian Influenza Disease \(Bird Flu\)](http://www.nih.org.pk/SOPs%20and%20Guidelines/Guidelines%20for%20bird%20flu%20Jan%202006.htm) January 2006
<http://www.nih.org.pk/SOPs%20and%20Guidelines/Guidelines%20for%20bird%20flu%20Jan%202006.htm>
- [WHO Fact sheet](http://www.who.int/mediacentre/factsheets/avian_influenza/en/index.html) http://www.who.int/mediacentre/factsheets/avian_influenza/en/index.html

Avian influenza in Pakistan

Although only birds have been infected with avian influenza or bird flu in Pakistan so far, the Ministry of Health, WHO and other health partners, are taking all necessary precautions to prevent humans to become infected with the virus. A surveillance system has been put in place to enable health authorities to rapidly respond to a possible outbreak.



The first cases were detected end February 2006, at two poultry farms in Charsada and Abbottabad, and were laboratory confirmed as the deadly strain of avian influenza (H5NI virus). The last suspected cases are reported on 3 May 2006 from Peshawar. So far, all suspected cases have been reported from the area inside the red box as shown on the map left.

Pakistan has a large poultry industry, and in rural areas it is common for people to keep chicken in and around the house. Communication on the risks of bird flu is therefore crucial. By thorough preparedness, the Pakistani authorities aim to prevent possible outbreaks as well as any unnecessary panic.



Reproductive Health

Lady Health Workers training in Neelum and Muzaffarabad Districts

As the earthquake destroyed most of the health facilities as well as the network of lady health workers, Merlin together with the Ministry of Health and WHO, and with the support of ECHO/DEC/DFID is launching a female health worker training programme.

The project aims to re-activate a network of female health workers who will provide basic mother and child services for many small communities (more than 700 000 peoples) in the remote Neelum and Muzaffarabad Districts.

Almost 600 female health workers will be trained on basic nutrition, pregnancy care, provision of vaccinations,

disease treatment and family planning and will also be provided with necessary medical supplies and kits.

A series of training of trainer workshops for 76 Ministry of Health staff in Muzaffarabad will be followed by training in rural health facilities, where the health workers will attend courses before returning to their communities to work under joint supervision from Merlin mobile teams and Directorate of Health supervisors.

The Lady Health Workers will treat members of their community directly in their homes, directly increasing access to health care of the most vulnerable part of the community.

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WHO Reproductive Health training

Several training sessions on Reproductive Health for First Level Care Health Facilities such as Basic Health Units were carried out in Bagh and Battagram. New topics like Health Management Information systems and Maternal Health were added to the regular curriculum.

The training workshops aim to strengthen inter-agency participation with local health authorities and other health partners, like UNICEF.



UNFPA finalized compiling the **Maternal and Neonatal Health care matrix**, which will be shared with health partners soon.

Disaster Myths That Just Won't Die

"Dead bodies cause epidemics." "Any aid is better than none." When it comes to disasters, these and other popular misconceptions abound. Relief experts say these myths not only are misguided but also can lead to actions that add to the suffering of survivors.

Disaster Myths & Realities ... some of the most prevalent myths about disasters
http://www.paho.org/English/DD/PIN/persp21_box02.htm



Cluster 2006 - Appeal for Improving Humanitarian Response Capacity

<http://ochaonline.un.org/humanitarianappeal/webpage.asp?ge=1355>

Appeal for Improving Humanitarian Response Capacity



Coordinated Appeals Process (CAP)

