

Health Situation Report # 30

7- 14 January 2006

Highlights

- 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.
- Acute respiratory infections (ARI) continue to be the leading cause of concern. A total of 13,494 ARI cases and eight related deaths have been reported.
- A health needs assessment of six camps for earthquake affected people in and around Islamabad shows serious health risks, especially in the area of water and sanitation.
- The official UN system for humanitarian supply management LSS (Logistics Support System) is now expanded from all WHO warehouses, the main Ministry of Health warehouses, to the UN Joint Logistics Coordination agency (UNJLC). UNJLC has implemented LSS to gain visibility over the Non Food Items pipeline for the relief effort. This is the first time a UN agency has used the LSS in such a context. LSS promotes efficiency of humanitarian donations and transparency.



WHO warehouse in Islamabad where Logistics Support system (LSS) has been successfully implemented since the beginning of the earthquake

WHO response

Project 1: Revitalization of primary health care services. **Objectives:** To assist the Government of Pakistan to revitalize and establish primary health care facilities in the affected areas in order to mitigate the impact of the earthquake on health; to ensure the continuity of pre-existing programs and health services.

Mansehra

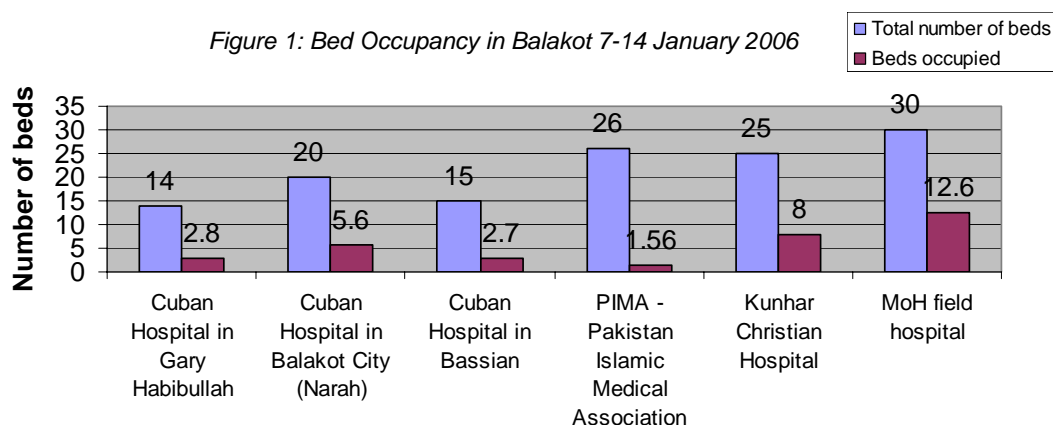
- To address major health concerns in the post-earthquake period, such as water-borne diseases and Acute Respiratory Infections, WHO will be conducting a number of training activities and refresher workshops in Mansehra and Balakot district.

Project 2: Revitalization of hospital care services. **Objectives:** To ensure that basic comprehensive health services are available for affected populations including treatment of medical and surgical conditions; to provide essential care, obstetric care and newborn and child care; to ensure the availability of human resources that can provide medical services.

Balakot

- An assessment of bed occupancy rate in all inpatient facilities shows low occupancy rates. This could be due referral of severe cases to Mansehra. In the figure on the next page the occupancy of six of the seven field hospitals in Balakot is shown.

Figure 1: Bed Occupancy in Balakot 7-14 January 2006



Project 3: Increased access to health care for affected communities. **Objectives:** To re-establish essential primary health care services in areas where health facilities are destroyed through the provision of temporary or semi permanent health infrastructure and equipment.

Balakot

- The outer shells of the newly installed prefabricated structure units in Ganool, Paras, Sangar, Jared and Hungarai are all complete or partially complete.
- The prefabricated structure that is being built at the tehsil headquarter hospital will accommodate 80 beds and should be finalized by the end of February. WHO has provided equipment and furniture for the hospital.

Project 4: Emergency health coordination and information management. **Objectives:** To establish and lead a coordination mechanism together with the Ministry of Health through a central office in Islamabad and six field offices in Bagh, Balakot, Battagram, Mansehra, Muzaffarabad and Rawalakot; to coordinate the health response, manage, analyse and disseminate essential health information and highlight health priorities.

Battagram

- The Pakistani army will be relocating the almost 100 families in Kharrari camp to Maira camp. WHO is looking into flood-preventive measures due to the proximity of Allai river.

Project 5: Disease Surveillance and Early Warning System (DEWS). **Objectives:** To provide technical support to Ministry of Health to set up and sustain an early warning surveillance system in all the affected areas in order to detect, investigate and respond to disease outbreaks.

- The total number of reporting units in the earthquake affected areas has increased to 185 during epidemiological week 2. A total of 111 have sent their surveillance data, reporting a total of 44,140 consultations including 21 deaths.
- The main causes for consultations remain acute respiratory infection (31%), acute watery diarrhoea (7%), fever of unexplained origin (6%) and injuries (5%).

Bagh

- Seven suspected cases of acute flaccid paralysis (AFP) reported from Mangajari/Arja and Seri Bandi in Dhir Kot tehsil were diagnosed as disability due to genetic abnormality. WHO requested the support of an orthopaedic surgeon of Mercy Malaysia to support the children with physical therapy.

- Rumour investigation was carried out into a suspected case of measles in Salail, Bagh teshil, and found negative.

Battagram

- Two suspected cases of meningitis were reported, one from the Malaysian field hospital, one from the rural health centre in Banna. Samples were sent to the National Institute of Health (NIH) for laboratory investigation.
- Scabies remains a major health problem in the camps. Health promoters will be targeting the most vulnerable groups to improve hygiene practices.

Mansehra

- One case of acute jaundice syndrome, four cases of measles and two cases of meningitis were reported. Case investigation is ongoing, and laboratory confirmation for the meningitis cases is pending.
- Active case finding into bloody diarrhoea cases is strengthened. Suspected cases will be investigated and specimens will be sent to NIH in Islamabad for culture. WHO will distribute Cary-Blair transport media and stool containers to selected sites.

Muzaffarabad

- A case of suspected bacterial meningitis (2 years old male) was reported from AIMS. A sample was sent to NIH for investigation; results are pending. AIMS also reported six suspected measles cases, all from the area of Chatter Kalas. Only one of the cases was vaccinated against measles.

Project 6: Environmental Health. **Objectives:** To improve the environmental health conditions of the affected population and in on order to reduce environment related diseases and deaths; to provide technical advice, partner on activities and strengthen the link between disease surveillance, environmental health and outbreak prevention.

Battagram

- WHO and IOM have jointly successfully relocated the flood-affected population in Maidan camp. WHO initiated a systematic water quality monitoring by H2S rapid test kits in the camp.
- WHO restored a continuous water supply system and provided additional taps to the Cuban Field hospital in Thakot.

Mansehra

- A local hygiene campaign was held at Dhariel camp, implemented by WHO, UNICEF, Ministry of Health and RASTI (local NGO).

Project 7: Mental health and psychosocial actions. **Objectives:** To re-establish the essential primary health care services in areas where health facilities are destroyed through provision of temporary or semi permanent health infrastructure and equipment.

Balakot

- A total of 16 primary health care providers from Ministry of Health and NGOs were trained on management of mental illnesses at primary health care level as part of a three month program.
- WHO will expand the catchment area for mental health activities and provide services in Sangar.