



South Asia Earthquake Health Situation Report # 24 20-25 November 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 diarrhoeal cases has decreased and no deaths were reported. Nevertheless, clean water and appropriate sanitation remain to be major concerns.
- WHO investigated a rumour of a measles outbreak in Balakot and reports that the situation is under control.
- There is an increase in reported ARI cases.
- A Global Fund mission has visited Muzaffarabad to discuss support TB program revitalization in the area.
- The priority list of basic health units (BHUs) to be housed with prefab structures and the list of basic drugs and equipment has been finalized.
- The national immunization days polio campaign has started, which also targets most of the affected areas and camps.



WHO Representative Dr. Bile vaccinates a child for polio in a tent village for displaced persons affected by the earthquake in Islamabad.

Source: Shahzad Khan, WHO

WHO response

Project 1: Revitalize the system for delivery of primary health care services including immunization, vitamin A supplementation, maternal, child and neonatal health services, as well as prevention and treatment of disabilities for earthquake affected populations in northern Pakistan.

Objectives: To assist the Government of Pakistan to revitalize / establish primary health care facilities and services in the affected areas to mitigate the impact on health of the earthquake and to ensure continuity of pre-existing program / services.

- A door to door and tent to tent three-day National Immunization Day polio vaccination campaign began on 23 November in affected areas, apart from Muzaffarabad and Bagh Districts where the absence of detailed plans and the level of destruction prevent such activities. The plan is to vaccinate 31 million children under five years of age with polio and Vitamin A drops. 75,000 teams will be formed to cover the entire the country.
- The lady health workers will be involved in planning of this campaign. It was decided that EPI cards will be used for polio.

Muzaffarabad

- A Global Fund mission visited Muzaffarabad to discuss support to revitalization of the TB program in the area. Part of a new one-year Global Fund project just begun, the aim is to reduce the morbidity and mortality caused by malaria and tuberculosis in Muzaffarabad District. The strategy is to rehabilitate and strengthen the infrastructure through: revitalization of TB care services, establishment of a referral and early warning system and community organization and mobilization.

Mansehra

- WHO has supported 10 BHUs with mapping of existing health facilities by quality of care assessments, ensuring provision of health facilities within the camps, re-establishing the Disease

Early Warning System (DEWS), carrying out quality EPI-surveillance and developing a response plan.

- WHO engineers, alongside local engineers, are conducting a structural assessment of BHUs that are still standing and functional in Mansehra District.

Balakot

- The measles campaign continues. Children have been vaccinated in the camps in Balakot where cases of suspected measles were recently reported.

Project 2: Revitalize hospital care services (secondary level) in regions affected by the earthquake

Objectives: To ensure that basic comprehensive health services (system and structures) are available for affected populations include treatment of medical and surgical conditions, prevention and treatment of physical disabilities, essential and emergency obstetric care and newborn and child care. To ensure the availability of health human resources to provide medical services.

Bagh

- A referral system, using a network of national and local agencies, has been established in Bagh to ensure access to secondary and tertiary care for the affected population. In Bagh area there are over 220 field hospital beds provided by ten international and national agencies and three facilities with full services such as laboratory, X ray and ICU.

Mansehra and Muzaffarabad

- WHO is providing essential drugs and health emergency kits to Mansehra and Muzaffarabad hospitals and to various NGOs active in remote locations in the Kaghan Valley.

Muzaffarabad

- Upon departure the Canadian DART team will transfer their clinic to the Pakistan Red Crescent. Most agencies are reviewing their outreach programs to ensure all camps are included and provide care to the population still accessible before the winter.

Project 3: Increase access to health care for affected communities

Objective: Re-establish through the provision of temporary or semi permanent health infrastructure and equipment, essential primary health care services in areas where health facilities are destroyed and/or to the new settlements.

- To reestablish primary health care (PHC) services, the MOH, in cooperation with WHO, has identified BHU priority locations to be housed temporarily with prefab buildings. Selection has been made according to population demographic changes and proximity to IDP camps.

Table 1: BHU priority locations

District	# of facilities	District	# of facilities
Bagh	31 locations	Batagram	5 locations
Mansehra	9 locations	Balakot	6 locations
Shangla	5 locations	Rawalakot	6 locations
Abbottabad	6 locations	Muzaffarabad	63 locations

- A total of 100 prefabs funded jointly through WHO and UNICEF will be produced and installed with assistance from UNOPS. The first prefabs will be delivered in two weeks while production and site preparation is completed.
- Basic equipment, staff required and drug supply for each BHU has been agreed with the MOH.
- With WHO logistics support, MOH teams will work from the BHUs identified and local staff will be identified, as appropriate. Approximately 50 teams will work on a rotational basis during the winter months. The policy is to have half of total staff to be women. With assistance from partners, WHO will provide winterized tents to accommodate male staff working at the BHUs.

- The table below lists supplies sent by WHO to PHC facilities in affected areas in AJK and NWFP to refunctionalize services and provide TB care:

Table 2: Supplies to PHC facilities

Muzaffarabad	10 tents, 1 generator
Neelam	1 tent
Bagh	10 tents
Rawalakot	4 tents, 1 generator
Mansehra/Balakot	17 tents, 3 generators
Batagram	7 tents, 1 generator
Abbottabad	6 tents
Shangla	6 tents

Project 4: Emergency health relief operations including coordination and information management

Objectives: To establish and lead together with MOH a coordination mechanism whereby a central office and 5 field offices (Muzaffarabad, Mansehra, Bagh, Balakot and Rawalakot) are operational to assess and monitor the evolving health situation, coordinate health response, manage, analyse and disseminate essential health information, highlighting the health priorities.

Muzaffarabad

Information was reported by health actors using the Muzaffarabad field office hub, including:

- The Canadian DART team will phase out from the hospital in Garhi Dopotta as well as their PHC clinics and medical clinic. Their tents will be transferred to the Pakistan Red Crescent and DART will hand over activities to the MOH.
- The Aga Khan Foundation has appealed for anti scabies drugs to treat the scabies that is widespread in camps due to lack of washing facilities. WHO provided the Foundation with 80 bottles of anti scabies treatment, Benzil Benzoate 25% solution. WHO made the same donation to the Wewan Mushtaq Group and the Mera Tanowliyou Camp Health Center.
- AIMS Hospital reported a shortage of some essential drugs.
- The Turkish Hospital will provide mobile teams services to Muzaffarabad District.
- The MASH Army will make a vehicle routinely available from 0800 to 1200 on daily basis. Emergency cases and patient referral will be provided after 12 noon.
- The Canadian Relief Foundation have a partnership with AIMS Hospital and with Global Disaster Relief Organization (GDRO) for post hospital care.
- MSF reported that they will redistribute their medical outreach teams.

Mansehra

- A meeting was held in Abbottabad on 21 November chaired by the Minister of Health, NWFP. The main concerns raised were:
 - A need for improved coordination between all intersectoral actors.
 - The shortage of female medical officers, as well as para-medical and nurses.
 - The need for all MOH departments to prepare plans that encompass all tented villages.

Bagh

- Consensus on workplan activities was reached between WHO and the Government District Health Office (DHO).

Project 5: Disease Surveillance and Early Warning System

Objectives: To detect, investigate and respond to disease outbreaks in order to reduce morbidity and mortality due to epidemic prone diseases. Provide the operational and technical support to MOH to set up and sustain an early warning surveillance system in all the affected areas, as well the local capacity to enter, process and analyse the epidemiological data, and provide a prompt response to any outbreak.

- No deaths were reported from the acute watery diarrhoea (AWD) outbreak in Muzaffarabad. Deaths due to camp fire and road traffic accidents are nevertheless taking their toll. The number of injured make up to 14.1% of the total number of consultations.
- The Disease Early Warning System (DEWS) collects data on a weekly basis from all health actors, including NGOs, field hospitals and the MOH. There is a trend of increasing numbers of pneumonia cases. A slight decrease in the number of AWD cases has been noted.

Muzaffarabad

- A total of 16,795 consultations were reported from 13 of the 18 registered health facilities.
- WHO continues to closely monitor the situation at the Old University Camp, the site of an outbreak of **acute watery diarrhoea**.
- From 7 November to 18 November, a total of 738 cases of acute diarrhoea were reported from the camp. There have been **no recorded deaths** from diarrhoea/dehydration in this camp and the outbreak is under control. WHO is involved in consistently monitoring the treatment facilities and mobilization of all health agencies.
- WHO received a report of 14 cases of watery diarrhoea in Jalalabad Garden Camp (3,700 estimated population), in Muzaffarabad City. There is only one health clinic in the camp and it is operated by Children Advocacy International. A WHO epidemiologist responded to the alert and visited the camp. The 14 cases reported were of children under 5 years old. No cases of severe dehydration were recorded and no cases needed IV fluids.
- Diarrhoea cases were also reported at Ehsass Camp near Mera Tinolya. MSF nearby and doctors from Rahat Syed active in the camp assisted by making improvements to camp conditions particularly the water sources. Water will be tested regularly by WHO/MOH.
- The Pakistani Military will provide the Red Crescent Society with anti-rabies vaccine since eight cases of animal bite were reported last month.
- The number of ARI (pneumonia) cases comprises 18.9% of the total number of consultations (16,795) in the week dated 12 to 18 November.
- One new case of acute jaundice syndrome in a three-year-old child has been reported from Topki Kalas, Garhi Dopotta, by the Canadian DART team. The case was transferred to Islamabad.

Mansehra

- There has been no report of any communicable disease outbreak from the MOH, the Pakistani Military or other health agency partners working in the area. The main health concerns are currently: acute respiratory infections (ARI), scabies, diarrhoeal diseases, post-trauma injuries/rehabilitative services and access to basic reproductive health (RH) and emergency obstetric care (EmOC).

Balakot

- A suspected outbreak of measles was reported from an International Medical Corps (IMC) camp for internally displaced in Garhi Habibullah, Balakot. During 17-19 November, 23 measles cases were confirmed, all were children aged 8 months to 10 years. After investigation, WHO reports that except for one case, the children had not been vaccinated before the earthquake.
- Mass vaccination against measles was undertaken on 19-20 November. 744 children between ages six months to 15 years were vaccinated in Balakot area.
- A total of 9,934 consultations were reported from 13 of the 14 agencies on the ground between 12-18 November (See Table 1 below). The consultations comprised: 1,502 suspected pneumonia, 861 acute watery diarrhoea and 946 wounds and injuries. The number of road traffic accidents is increasing and some camps have put in place road bumps to slow traffic. Approximately 18.47% of all consultations were children.

Table 3: Consultations in Balakot health facilities from 12 to 18 November 2005

	Under 5 yrs	Over 5yrs	Total
Acute Diarrhoea	324	537	861
Bloody Diarrhoea	70	125	195
Acute Flacid Paralysis (AFP)	0	0	0
Suspected Malaria	0	1	1
Pneumonia	390	1,112	1,502
Measles	2	0	2
Meningitis	0	0	0
Acute Jaundice	3	0	4
Tetanus	0	1	0
Hemorrhagic Fever	0	0	0
Unexplained Fever	96	338	434
Injuries/wounds	156	790	946
Others	724	5,265	5,989
TOTAL	1,765	8,169	9,934

Batagram

- The WHO Batagram Office was alerted on 20 November of possible measles cases Makaria Village. WHO surveillance officers and UNICEF went from house to house and three more cases were identified: a seven year old boy, one year old boy and a four year old girl. In addition, a WHO team visited the two families whose five children were diagnosed with measles. Four more measles cases were found by the WHO team, all of whom were children below the age of 8 years. Vaccination was confirmed in one case only. One case was brought to the District Headquarters (DHQ) Hospital the next day. After discussion with UNICEF and the Executive District Officer (EDO) Health Batagram, WHO sent a vaccination team to Makaria.
- WHO will visit Landai to follow up on other measles cases, assess the status of contact and possible spread and examine other children in the village for any vaccine preventable diseases.
- The District Headquarters Hospital (DHQ) reported 34 children in the outpatient department (OPD) on 20 November. Of these, ten were AWD cases, eight were ARI and five were scabies cases. Consultations take place in a tent outside the hospital.

Bagh

- A six month plan for disease surveillance, including epidemic response and control, has been developed for the District in partnership with all health actors.
- Data from seven health facilities was collected and the total number of consultations is 2,562 during Week 45. No deaths were reported from the following facilities: Bagh District Hospital, NATO Hospital at Bagh, the AAI Clinic in Khorshadabad, MSF BHUs in Mallut and Birpani OPD.
- One measles case was reported from Khorshadabad and four cases of acute jaundice syndrome were reported from Birpani and Mallut.
- An overall increase in the number of scabies cases has been observed in the District.

Project 6: Environmental Health Response

Objectives: To improve the environmental health conditions of affected populations, and health facilities, and therefore reduce environment related diseases and deaths among the population. To provide technical advice, partnering on activities and strengthening the link between disease surveillance, focused environmental health interventions and outbreak prevention.

Muzaffarabad

- Abbas Hospital reported an urgent need for a solid waste disposal system and safe drinking water to cope with the rapid increase of the hospital usage. Also the heating system seems to be deficient. Actions to be taken have been discussed with the health cluster partners.
- The cleaning campaign of the yard at Al Abbas Institute of Medical Science (AIMS) started using heavy machinery from the Municipality.
- An environmental team visited the Old University Camp to implement minor enhancements to the ting camp water supply.

Mansehra

- The WHO Environmental Health Officer and UNICEF visited camps in Mansehra on 19 and 20 November and reported the urgent need for a solid waste disposal system, including Oghi camp. This issue must be addressed in cooperation with partners and a solution will be discussed in cluster coordination meetings.
- An Environmental Health Adviser is also working with UNICEF, the MOH and the Italian Hospital in Mansehra to improve the hospital disposal waste system and build an incinerator.

Rawalakot

- A WHO Environmental Health Adviser has been working with local authorities to improve the water system in Rawalakot. Water has been chlorinated and the system has now been repaired.
- Activities are focused now on provision of water and sanitation to the hospital staffed by Cuban doctors. Water supply, latrines and showers for the Cuban Hospital in Abbaspour was provided. The agreement to supply the Cuban hospital by the Polytechnic Institute was signed.
- Cleaning of the reservoirs at the Combined Medical Hospital (CMH) Rawalakot was completed and the purification plant was put in operation after rehabilitation. Rubble is currently being cleared and removed from the District Health Office (DHO) and an agreement has been signed to build a hangar for the DHO.

Project 7: Coordination, policy formulation and provision of mental health and psychosocial actions.

Objective: To provide access to emergency related mental health care all levels of care. To ensure interagency coordination and quality assurance in the area of mental health and psychological support.

- A kit for mental health was developed following the workshop for mental health professionals in Islamabad. Teams deployed to the field will work on psychosocial support and mental health in communities (rather than be situated at hospitals).

Muzaffarabad

- There is a fully functioning mental health team now based at AIMS Hospital. It has paid outreach visits to camps at Tariqabad and to locations nearby, including Ali Akber High School and Neelam Stadium.

WHO operations

Human resources

<u>Location</u>	<u>International</u>	<u>National**</u>
Bagh	4	1
Balakot	4	0
Batagram	4	0
Islamabad	35*	30*
Mansehra	4	2
Muzaffarabad	4	1
Rawalakot	5	0

*includes roaming staff

** does not include WHO-MOH medical teams

Logistics

- Fourteen vehicles have been received at Islamabad and are undergoing registration.

Donations to WHO

Reported donations as at 28 November 2005 against the WHO total requirement of US\$ 27,750,000. Donations to date currently meet 45.81% of WHO total requirements.

Donor	Funding intentions (in USD)	In-kind contributions (USD equiv.)	Purpose
Australia	1,881,061		
Australia	379,939		emergency health kits, their transportation & coordination of delivery
Canada	1,495,727		
Canada	423,729		
Denmark	487,013		
Ireland	121,065		
Italy	300,481		
Italy		351,000	Kits: 12 Trauma A, 12 Trauma B, 15 New Emergency Health, 5 Diarrhoea Profile D and 5 Diarrhoea Profile F, and transport
Japan	1,000,000		vaccines and kits
Korea, Republic of	100,000		
Monaco	121,065		supplies
Norway	250,000		
Slovak Republic	123,812		
Sweden	1,928,020		
Switzerland	100,000		
Turkey	500,000		
UK/DFID	249,110		operational support
UK/DFID	864,197		disease control
UK/DFID		36,500	staff secondment
USAID	2,000,000		
Private donations	678		
Total	12,325,897	387,500	