



South Asia Earthquake Health Situation Report # 26

30 November - 7 December 2005

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

Highlights

- Most of the affected population are living exposed to freezing temperatures at risk of hypothermia, respiratory diseases and even injuries from fires used to keep warm inside tents. Seven deaths in Mansehra were caused by a tent fire.
- Acute respiratory infections and acute watery diarrhoea have increased this week and for the first time are the most frequent causes for consultation.
- Provision of clean water and appropriate shelter and sanitation continue to be major concerns as many roads have become inaccessible and relief delivery delayed due to the first snows.
- The re-establishment of health facilities using winterised tents or prefabricated structures has begun.
- Measles cases were reported among newly arrived communities in camps. The measles situation in Balakot is being managed and the outbreak in Hassamabad Camp has ceased.



Shelter during the winter season continues to be the greatest challenge. Source: 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.

Muzaffarabad

- A measles vaccination campaign is planned for Hattian Camp where MSF-Holland has reported cases.

Mansehra

- The WHO Primary Health Care (PHC) Officer visited five camps to monitor PHC service delivery¹. Recommendations are to improve: vaccination, reproductive health services, record keeping and communication to health partners and increase hygiene promotion activities to meet the great need for improved personal and environmental hygiene.

Rawalakot

- Responding to the increasing scabies cases reported and the need for hygiene education and promotion at community and household level, the WHO team has produced scabies prevention leaflets in Urdu.
- Five new WHO/MOH teams travelled to Hawelli Kahuta and Bagh Tehsil² to carry out consultations.

¹ The camps monitored are: Nawas Sharif, Kashmir Coloni, Dharyal, Jabba and United Pakistan, Mansehra.

² The team visited Khariyal Abyssian and Chitra Topi in Bagh Tehsil and Halin Shamali, Bhedi and Haj Bal in Hawelli Kahuta.

Bagh

- The District Health Officer, WHO and other health partners have arranged for drugs transport and distribution to health facilities. A total of 115,150 children have now been measles vaccinated. As well, diphtheria (DTP) vaccination has been given to 984 children, and Vitamin A to 9,294 children aged six to eleven months old and 59,805 children aged twelve months to 5 years old.

Balakot

- The increased number of measles cases in Hassamabad Camp has been quelled following mass vaccination carried out by an IMC / WHO team.
- Three MOH/WHO medical teams from Islamabad were deployed to Sangar, Hangarai and Pares.
- WHO hosted refreshment training on hygiene promotion and psychological trauma relief for the 30 Lady Health Workers (LHWs) in Balakot.
- MOH health education teams are providing education in IDP camps (also reaching schools, spontaneous camps and hospitals) on latrines and water use and personal hygiene, with health partners.

Muzaffarabad

- A matrix of referral hospitals is at Annex 1 below and a comprehensive list of hospitals is complete.

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.

Rawalakot

- The WHO team in Rawalakot visited the Combined Military Hospital and noted overcrowding in outpatient department (OPD) and wards. From 250 beds before the earthquake, the hospital is now functioning with 70; each bed is accommodating two patients due to the lack of space. An incinerator for waste disposal and more incubators for infants are urgently needed. Presently there are two incubators and these do not meet current demand. An additional ambulance is required to improve the current referral system.

Balakot

- An assessment of health facilities indicates most are now functional.

Batagram

- The WHO assessed health facilities in Banna, Rashang and Behari Union Councils. The WHO assessment in Banna recommends deployment of a medical team to BHUs in the area for care and referral services and repositioning of a New Emergency Health Kit (NEHK) for the onset of winter.
- WHO will coordinate medical and public health services of the UN sub-field office in Banna that may be established, to serve the Allai Valley population likely to become otherwise inaccessible in 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

Mansehra

- The WHO structural engineer assessed twelve health facilities and a report will be disseminated. Recommendations have been made to consider before any physical rehabilitation of the damaged health facilities is commenced. Specifically, one-storey and multi-story facilities are recommended.

Balakot

- WHO presented health facility assessment³ results to health cluster partners, as follows:
 - Of the 23 health facilities prior to the earthquake, 15 had been completely destroyed (65%); three were severely damaged (13%); two were moderately damaged (9%); and three had minor or no damage (13%).
 - More than 40% are now functional. 14 facilities have medical staff and 15 paramedic staff. Organizations are also providing health services in the vicinity.
 - Health services provided are mainly OPD consultations and a few facilities provide comprehensive PHC services (such as EPI or MCH services).
 - Water supply, electricity (generators or local network) and sanitation conditions are poor.

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 6 field offices (Muzaffarabad, Mansehra, Bagh, Balakot, Batagram 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.

Mansehra

- Health Cluster meetings now take place twice weekly.

Balakot

- The Pakistan Department of Health provided an overview to health cluster partners of diseases endemic during cold winter months to the affected area before the earthquake.
- WHO has contributed to contingency plans of all agencies, coordinated by OCHA. These prepare for a possible influx into camps of about 50,000 people expected with the onset of winter. The health cluster will focus on ensuring adequate water and environmental conditions and on personal hygiene provisions to prevent scabies and diarrhoeal diseases.

Rawalakot

- The 7th of December health cluster coordination meeting organized by WHO and the District Health Office identified priority areas for health interventions in the weeks to follow and health partner activities were shared and mapped.

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.

Muzaffarabad

- Seventeen sites (9,395 consultations during 26 November to 2 December) reported: acute respiratory tract infections (1,644; 17%), acute diarrhoea (320; 3%) and unexplained fever (139; 1%). Many patients with injuries / wounds continue to be reported (1,097; 12%).
- Thirteen suspected measles cases (aged between 8 months and 6 years) was reported from Naili Village (Hattian Tehsil) by MSF-Holland. Eight of these had not previously received vaccination. The remaining five cases had been vaccinated on 27 November 2005. An additional measles vaccination campaign that will cover the entire Hattian area is planned and will be conducted by MSF-Holland with vaccines provided by the MOH.
- The WHO team investigated the following reported cases: One case of suspected hemorrhagic fever, one acute flaccid paralysis (AFP) case, three cases of viral hepatitis and a suspected 40 year old man with diphtheria currently recovering in hospital. Test results are pending.

Balakot

- The total consultations reported in Balakot since the beginning of November are 13,862.

³ Some facilities were not assessed because road conditions rendered them inaccessible; The Army will prioritize these roads leading to health facilities.

- A total of 17 surveillance sites were in operation during Week 48 (26 November to 2 December). Sites are now reporting on a weekly rather than a daily basis. The total number of consultations that took place in Week 48 is 6,545 (17% are those aged under five years). The most common communicable diseases in week 48 are acute respiratory tract infections (ARI) (14%), acute diarrhoea (10%) undifferentiated fever (6%) and bloody diarrhoea (1%).
- The Spanish Red Cross identified five bloody diarrhoea cases during Week 48. Five cases of the same from the UAE Field Hospital in Bassian were also reported. WHO was notified and specimens have been collected and sent to the NIH for testing. Investigations indicate no epidemiological link between either area.
- A joint IMC / WHO team conducted a measles vaccination campaign on 27 November in Hassamabad Camp where eight measles cases were found. Active case finding was also conducted in villages north and south of Hassamabad and no measles cases were identified. A total of 43 children less than 15 years were vaccinated. No new cases nor complications with the existing eight measles cases arose following vaccination.

Rawalakot

- Although the surveillance system is in place, late reporting has been a constraint to a well-functioning system. Improved surveillance forms were distributed to health facilities. No disease outbreaks have been reported.

Mansehra

- Most diseases reported are ARIs, watery diarrhoea and scabies. Eleven measles cases were reported and follow up by WHO/EDO/UNICEF and other partners.
- Seven deaths caused by tent fires were reported last week from the American Field Hospital.
- A weekly Mansehra epidemiological bulletin is developed with WHO support and is distributed weekly.
- Reporting sites have increased to 38 in total (during 3 to 8 December).

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

- The WHO environmental health officer and team regularly visit camps to assess water and sanitation conditions. Old University and Thury Park Camps were visited this week.
- WHO, other health partners and UNICEF reviewed progress on the UNICEF-funded programme for solid waste management in Muzaffarabad City, particularly on management and training issues.
- WHO has initiated construction of an incinerator at AIMS Hospital and will ensure regular site monitoring visits.

Mansehra

- An assessment of the environmental health situation of the camps is being finalized.
- The Tehsil Municipal Authority (TMA) will receive an H2S incubator for water testing as well as training on its use.
- By request of the Mansehra Executive District Office, WHO will construct an incinerator for solid waste proper management. WHO and the TMA are currently identifying a construction site.

Batagram

- The WHO team assessed the transition camp in Banna which at times accommodates up to 400 persons. Here, people remain for a day before continuing their migration to Batagram or to lower areas. There is one water tap sourced by a spring and there are no latrines at this camp.
- The WHO team also visited the Cuban Field Hospital in Banna; Latrines and drinking water were available.
- The WHO team visited two tented villages in Batagram. Both had water storage bladders and a manual small water treatment unit donated by Japanese Cooperation Agency and distributed by the IOM. IRC is the only NGO that carries out water and sanitation activities in the Batagram City. There is an urgent need for installation of latrines as none exist in any of the sites visited. Recommendations are:
 - To urgently address the lack of and need for latrines. Latrine construction should be initiated.

- To strengthen chlorination of water storage facilities, such as bladders.
- To carry out inspection of water source intake points to determine quality and risk of contamination. Conduct soon a water quality survey of water sources supplying Banna City and tented villages. A water quality monitoring program that includes biological contamination and residual chlorine testing should be commenced.

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.

Rawalakot

- One WHO psychiatrist, currently based at the Combined Military Hospital, is single-handedly providing mental health and psychosocial services to the Poonch District. There is an urgent need for an additional mental health team member.

Mansehra

- The mental health team activities continue. There are plans to train LHWs on skills in counselling, hygiene and health education.

Balakot

- The mental health team is carrying out: OPD consultations, school activities with children affected psychologically by the disaster, and income generating activities directed towards young women to prevent and treat depression.

Batagram

- A four-member team of psychiatrists and psychologists have arrived on 10 December.

Donations to WHO

Reported donations as at 8 December 2005 against the WHO total requirement of US\$ 27,750,000. Donations to date currently meet 52.42% 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
Australia	740,740		child, maternal and neonatal health care
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		
Kuwait	500,000		
Monaco	121,065		supplies
Norway	250,000		
Norway	593,471		
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	14,160,108	387,500	

Annex 1:**Muzaffarabad Hospital Referral Services Matrix****Hospital Referral Information** (8. 12. 2005)

Notice: Please refer all TB patients to the TB Centre at Plate, AIMS, or Chatter Class, Dr. Bushra Shams 03005356340

#	Health Facility	Location	OP Room	No Beds	Specialty	Facility	Ambulance	Contact
1	Abbas Hospital	Ambour	4	350	Orthopedic, general surgery, internal medicine, ob/gyn, psychiatry	Lab, X-ray, ICU, Pharmacy, dialysis	Available	Dr. Bushir-ur-Rahman:03015527497
2	PIMA	Talli mandi, Bella Noor Shah	2 Major:1, Minor:1	120	Orthopedics, general surgery, skin, pediatrics, internal med.	Lab, X-ray, ECG, ICU, Ultrasound	4	Dr. Hafiz: 03015226742, Dr. Riaz: 03015226743
3	Jammat Ad Dawa	Shawai Nalah	2	45	Orthopedics, internal med., ob.gyn	Lab, X-ray, Pharmacy, ICU, ECG	3	Dr. Basharat: 03015723033
4	Turkish Hospital	Supreme court ground	2	32	ENT, cardiology, pediatrics, general surgery, general med.	Lab, X-ray, Pharmacy		Dr. Rafiq: 03455086210
5	CMH	Near Imam Bargah, Muzaffarabad City	2 Major:1, Minor:1	70	Surgery, internal med., pediatrics, ob/gyn, ophthalmology, dermatology, pathology	Lab, X-ray, Pharmacy, ICU, OPD	3	Dr. Iqbal Hanif, 03005131816
6	US ARMY MASH	New Parliament Complex	2	ICU:24 IMC:20 Other:40 84	General Surgery, internal med., orthopedics, gyn/ob, pediatrics	Lab, X-ray, ECG, ICU, Blood Transfusion ultrasound, pharmacy, ventilation	1 Day time	Dr. Petrowski 03008650293 or Captain O'Neal 03008564720
7	ICRC	Cricket Stadium	2	100	General Surgery, orthopedics ob/gyn, internal med., pediatrics	Lab, X-ray, ICU, pharmacy	0	Richard 03008529117 Akiko 03008522823

Please communicate any changes or suggestions directly to WHO at muzaffarabad@whopak.org