

Health Cluster Bulletin



Issue # 10, 18 March 2006

H ighlights

The **return process** of the earthquake-affected population residing in camps to their home villages is gradually taking place. The Pakistani government is providing incentives for families who return to their villages before the end of March.

Already four days after the first day the return process started in Battagram, almost 20% of the people in camps like Meira (approximately 15,000 population) and Maidan (approx. 3,000 population) has returned to their villages.

WHO and UNICEF in Battagram provided vaccines and supported the vaccination centers to cover all unvaccinated children and medical checkouts for the returnees to minimize imminent health risks. A measles vaccination coverage survey done the preceding week among children in Meira camp, showed that 85% were vaccinated.

With many field hospitals planning to leave by April (such as the Cuban field hospitals, providing health care to up to 2,500 patients a week), WHO is currently looking into the immediate impact on access to health care. Other organizations like Mercy Corps, Islamic Relief and Australian Aid International have started planning health activities for the longer term despite a need for more clarity on the coordination mechanism during the transition and reconstruction phase. A Health Cluster Action Plan is being compiled for April 2006 to April 2007.

Over 400 Lady Health Workers and Supervisors have been trained so far in hygiene promotion, Integrated Management of Childhood Illnesses (IMCI), vaccination and mental health issues all over the earthquake affected areas, **increasing access to health for women**.

The **care of the disabled** victims of the earthquake (over 700 amputees and 740 spinal injured patients) is getting increased attention. Training for 45 medical doctors, physiotherapists, nurses, and psychologists to improve their skills in physical rehabilitation for the affected by the earthquake was organized by the National Institute for Handicapped and WHO in Islamabad.



Reconstruction

Temporary prefabricated health units

Already 20 out of the 35 confirmed prefabricated Basic Health Units meant to temporarily replace the destroyed health facilities have been completed by WHO. UNFPA is currently planning to build its 5th prefabricated health unit, with another 17 to go.

No Objection Certificate (NOC)

All temporary and permanent reconstruction activities in the earthquake affected areas need to have a No Objection Certificate (NOC). This also applies for activities such as mobile clinics.

All currently ongoing activities are recommended to continue and apply for a NOC at ERRA. *(Please contact Mrs Humaira at ERRA 0321 983 5672)*

Permanent rebuilding

The Government of Japan will be providing the Pakistani government with US\$34 million for reconstruction of rural health centers, basic health units (BHUs), the district headquarters hospital (DHQ), and the civil hospital and other buildings in the North West Frontier Province, mainly in Battagram.

The NGO Islamic Relief is hoping to reconstruct over 32 health units, varying from first aid posts to Rural Health Centers. Islamic Relief will also be rebuilding the school for midwifery in Rawalakot.

In response to increased awareness on the need for earthquake-resistant building practices, USAID is training almost 300 masons and carpenters in safe building practices in Bagh district. The NGO GOAL initiated a training programme for 146 craftsmen and 67 self builders from local communities, to increase their awareness of earthquake resistant techniques.



Ongoing construction works at the main hospital in Balakot. The construction is financed by private companies and individuals.

Emergency Health Care

From the 37 (field) hospitals currently operational, only **12 will be staying on after April 2006**. These are mainly those hospitals that were already functional before the earthquake, such as the PIMA hospital in Muzaffarabad, who are at present replacing their tents with a temporary prefabricated construction.



Many of the organizations running temporary field hospitals have found new activities to focus on, such as the Pakistani Red Crescent in Balakot, who will be focusing on hygiene promotion and water and sanitation.

Australian Aid International (AAI) distributed and constructed the last winterized tent from IOM/WHO to the remote

Bhata Kot clinic. AAI and the Sub District authorities are planning for the distribution of 38 more tents to clinics that have become accessible for the first time since winter.



New Inter-Agency Handbook on Malaria Control in Complex Emergencies

http://www.who.int/malaria/docs/ce_interagencyfhbook.pdf

Environmental Health

The wide scope WHO **water and sanitation** project in Battagram has been completed: ensuring safe drinking water for 487,500 people and 12 basic health facilities. The project also consisted of the construction of an adequate amount of latrines together with UNICEF as well as 20 incinerators for proper medical waste disposal at the health facilities, which is 80% of the total number of health facilities functioning in Battagram.



A **DeMontfort incinerator** was built in the District Headquarters Hospital in Mansehra with a capacity of treating 50 kg of medical waste per hour.

An additional ten drum incinerators will be distributed to remote health facilities in Balakot.

To establish a sustainable **solid waste management** programme, the Tehsil Municipal Authority (TMA) of Balakot set up a task force with WHO, UNICEF, and UNAP and the NGOs Oxfam and ACF. One of the first achievements focuses on the elaboration of a landfill site in Balakot and Gari Habibullah. The selection of potential landfill sites is currently ongoing.



Hygiene promotion

A health education campaign is conducted in Bagh district through wide broadcasting of hygiene messages on the radio, distribution of hygiene kits, and the organization of a walk for promotion of hygiene awareness. One important aspect is the involvement of religious leaders in the dissemination of hygiene messages.

IMC trained 15 master trainers in hygiene promotion coordination with WHO Balakot and 30 master trainers from OXFAM.

Lady Health Workers are actively disseminating hygiene promotion messages on the proper use of latrine, the importance of hand washing and of drinking safe water.



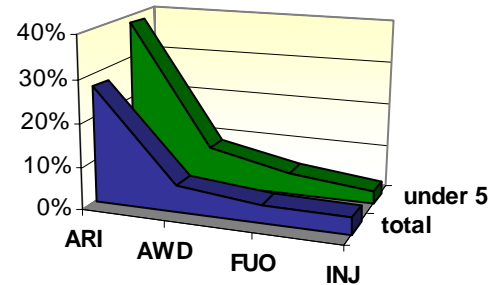


Disease control

A total of 196 health facilities are now participating in the Disease Early Warning System (DEWS). On average, 173 of these sent their epidemiological findings to WHO in the past month, totalling almost 99,500 consultations, for a population of almost 4 million people in the earthquake affected areas.

The main causes for consultations remain Acute Respiratory Infection and Acute Watery Diarrhoea. (Figure 1)

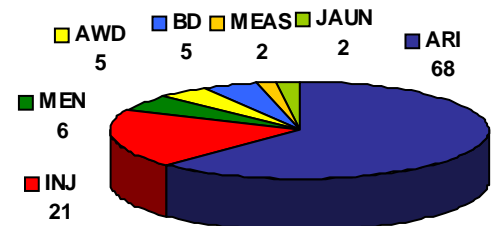
Figure 1: Proportion of main causes for consultations for all cases and cases below 5 years 10 February-10 March 2006



ARI=Acute Respiratory Infection; AWD=Acute Watery Diarrhoea
FUO=Fever of Unexplained Origin; INJ=Injuries

MEAS - Measles; BD - Bloody Diarrhoea
MEN - Meningitis; JAUN - Acute Jaundice Syndrome

Figure 2: Proportion of main causes and number of deaths in earthquake affected areas 5 November-10 March 2006



Mental health

Many of the ongoing mental health activities are focusing on the return process of the earthquake affected population to their villages, as an increase in number of anxiety cases has been reported by agencies such as IMC and MSF Belgium. Outreach programmes will be extended to those areas where the population is returning to.

Training for schoolteachers, religious leaders, medical doctors, master trainers and lady health supervisors, as well as radio programmes for the population in Bagh, Balakot and other areas, are providing messages on how to best treat those people psychologically affected by the earthquake.

To increase community awareness about mental health problems at grassroots level, the NGO IMC trained 219 women in the use of the Knowledge, Attitude, and Perception (KAP) survey on mental health.

Disaster preparedness

The 100-bed **ICRC field hospital** in Muzafarabad has been packed and will be handed over to the Ministry of Health who will use it as a potential field hospital as part of the **disaster preparedness plan** for future disasters.

Lessons Learnt workshop on earthquake response

One of the main recommendations of the Lessons Learnt from the earthquake response concluded by the Federal Relief Commission (FRC) are the need for a National Disaster Management Agency. The FRC presented its recommendations in a workshop on 17 and 18 March, where President Pervez Musharraf was also present.

Underlining the importance of efficient national disaster preparedness to natural and manmade disasters, the Ministry of Health and WHO will be setting up a disaster management cell within the Ministry of Health.

National Polio campaign

Table 1: total number of children vaccinated during March round of the Polio National Immunization Days (NID) 2006 in earthquake affected areas

District	Children Vaccinated < 5 Years
AJK	335,892
NWFP	786,274
TOTAL	1,458,058

Training

of staff of health facilities on disease surveillance, to increase the number of reporting units for DEWS is organized on a regular basis in all of the affected areas. In Battagram, after visiting the previously inaccessible districts of Kohistan and Shangla, 7 more health facilities were trained in DEWS.

The NGO AAI trained a total of 334 nurses, doctors, Lady Health Workers and Supervisors, medical technicians, vaccine inspectors, and dispensers on disease surveillance and priority diseases.