

Pakistan Earthquake 2005 Health Cluster Situation Report

Nov 27 – Dec 3

General Situation

- 1) The overall health situation remains stable this week. No major disease outbreaks were reported. The weather has grown considerably colder and the first snows were reported on higher ground in the earthquake affected area. The incidence of acute respiratory infections has risen and is now the primary cause of attendance at health facilities. This is to be expected at this time of year.
- 2) Three cold related deaths in Muzaffarabad district were reported in the Pakistan national media but this was not confirmed by the MoH/WHO investigation team. The team found that one three month old child had died from pneumonia which had been left untreated at home without medical attention. Isolated outbreaks of measles have been reported across the affected districts; these have been followed by immediate vaccination campaigns and further spread has been prevented. With many health cluster partners involved in vaccination activities, the Ministry of Health has again requested partners to report back on areas and numbers covered with immunisation. There is a need for more accurate reporting on which vaccines have been given to which children and where. The plan for immunisation services has been shared with health cluster partners and includes DPT, Td, measles, Hib and meningitis. A national polio immunisation campaign was completed last week.
- 3) The poor sanitation situation in spontaneous camp settlements remains the greatest threat to the general health situation. The Minister of Health has been tasked by the Federal Relief Commissioner to take responsibility for the improvement of the health and sanitation situation in these camps. The water and sanitation cluster is actively engaged in digging latrines and improving clean water supplies to the camps. Health promotion activities have been stepped up to educate the population about the importance of hygiene and clean water supplies as an immediate measure by the health cluster. Simple messages have been printed in handouts and are being distributed across all tented camps. So far only twelve out of 23 spontaneous camps in Muzaffarabad city have primary health care facilities within the camp.
- 4) The Federal Relief Commission transition of responsibility from military leadership to civilian leadership took place on December 1st. All health cluster partners have been encouraged to liaise programmatically with the Relief Commissioners and the Provincial Health Secretaries for NWFP and Pakistan administered Kashmir. The military will remain actively engaged in the relief effort but responsibility will be devolved to civilian government.

Achievements

- 5) General Farooq, Head of the Federal Relief Commission, was briefed on the achievements to date of the health cluster. The General was encouraged by the commitment of WHO, UNICEF and UNFPA to support 100 Basic Health Units

and 20 Rural Health Centres with prefabricated structures before January 15th. Priority structures for this programme have been selected by the Ministry of Health. The General was additionally encouraged by the distribution of more than 30 New Emergency Health Kits through the health cluster, in November.

- 6) Two new field hospitals were established this week. One, through Americares, is to be run by Save the Children US in Banna in the Allai Valley, upgrading their tented primary health facilities. The other from Alaska structures will be run by a team from Johns Hopkins University in Naseri, in the Neelum Valley. This brings the total number of foreign field hospitals to eighteen.
- 7) Health cluster co-ordination continues to be very good both at Islamabad level and in the six hubs, with participation from the Ministry of Health, the Pakistan military, other UN agencies and around fifty international and national NGO partner agencies attending health cluster co-ordination meetings.
- 8) A donation by Brad Pitt and Angelina Jolie (UNHCR goodwill ambassador), of forty spinal injuries beds was gratefully received by the Government of Pakistan and will be used in Rawalpindi.

Challenges

- 9) An emerging major challenge to be addressed is that of improving maternal and neonatal health. Pre-earthquake, 85% of women in Pakistan administered Kashmir delivered without the presence of a trained or skilled birth attendant. The opportunity exists now to 'build back better' and improve maternal health services by ensuring that more skilled birth attendants are trained and more women have access to deliver with the presence of a trained person and in an equipped rural health centre. Nine mobile service units are in operation funded by UNFPA, providing facilities for pregnant women to deliver with a trained birth attendant or to be attended by a female doctor for obstetric or gynecological problems. A further ten MSUs are expected to be in place by the end of December. Nevertheless, health cluster partners report a lack of female staff as a major challenge to providing adequate health care at all levels. The Ministry of Health at federal and provincial levels is seeking ways to increase numbers of female staff. The Lady Health Worker programme that existed pre-earthquake has been targeted for revitalisation. Of the 2,019 LHWs in NWFP, 1,986 are back at work. In Pakistan administered Kashmir, due to greater disruption of the system, the process of tracking down LHWs is slower and numbers are not yet available.
- 10) Reaching the populations above the snow line with primary health care facilities has become an immediate challenge with the onset of the first snows and the reminder that these areas will soon become inaccessible by road. Three health cluster partners have expressed a willingness to work above the 5,000 feet mark, providing primary health care support through the winter to isolated communities but seek donor funding. Response International will go to Kahuta in Bagh district, IOM to the north of Balakot and Hoap to a population of 25,000 people in Jabri tehsil, NWFP.
- 11) Field hospitals are reporting fewer and fewer cases of trauma. Most surgical interventions are now for secondary reconstruction or non earthquake related trauma. Bed occupancy rates are dropping to below 30% and there is a risk that

hospitals will need to close and leave because they cannot justify remaining when they are no longer financially viable. One issue contributing to low bed occupancy for the US MASH units in Muzaffarabad and Shinkiari is that patients are prevented from accessing the hospitals by the Pakistan military as a security measure towards the US army staff. Discussions have been held with senior Pakistan military personnel to resolve this. It remains to be seen whether this will have a significant effect on bed occupancy rates. Field hospitals are requested to remain in place until at least March 31st 2006 and then to leave behind their facilities and equipment to the provincial health departments. A working group for field hospitals is already looking at exit strategies in consultation with the provincial relief and medical authorities. One major issue identified already will be adequate staffing to take over. The NATO field hospital in Bagh has only a 90 day mandate and will be due to leave in mid to late January. An exit strategy is being considered in order to transfer workload to the existing MoH hospital in Bagh and the MSF Belgium team. MSF is planning to provide prefabricated structures to support the district hospital in Bagh and it is planned that these will be in place before the departure of NATO. In the event of NATO's deployment being extended, a greater overlap of secondary health facilities will provide extra resources and is to be preferred.

- 12) Teams of plastic surgeons from UK operating in Abbotabad and Rawalpindi have expressed concern that they do not have enough patients to operate on. The health cluster impression is that this is not due to lack of need but lack of access to these specialized facilities by patients in need of reconstructive plastic surgery. It has been agreed to postpone the arrival of further teams until an improved referral and access system has been developed. The health cluster will determine the number of patients in need of reconstructive surgery and work with all partners to arrange transportation to the referral centres.
- 13) The Federal Relief Commission report announces 47 field hospitals in situ this week. This is due to the presence of 32 additional Cuban health facilities across the earthquake affected region. The health cluster remains doubtful whether all of these fit the criteria of full field hospital (operating theatre, x ray and laboratory). This will be investigated and reported on next week.
- 14) Health cluster partners continue to face the challenge of under funding. More than forty national and international health partners are involved in providing primary health care support to the affected population through support to Basic Health Units or in areas of greatest need where BHUs do not exist. The onset of cold weather has emphasised the need for winterised accommodation, warmer clothing and fuel for heating, all of which lead to additional costs. Many partners are committed to remaining engaged until at least March 31st 2006 but lack the funding to do so. Some agencies report using their own personal funds to pay local staff salaries and buy fuel. The Norwegian Government announced a contribution of \$40 million towards the relief effort with \$4 million going to the health cluster. The cluster has made recommendations as to which agencies to fund based upon the original UN flash appeal, partner commitment to cluster co-ordination and programmes targeting priority groups and locations. Confirmation of the proposed funding plan is expected from Oslo next week.

Plans

- 15) A ninety day health cluster plan has been completed (attached) and a condensed version produced by OCHA as part of the overall UN Winter Plan. The health cluster is currently working on a contingency plan in the event of scenarios developing that could seriously exacerbate the health situation. The plan will involve pre-positioning of health kits and ensuring staff are prepared to deal with new emergencies.

A number of health cluster partners have plans to provide prefabricated structures to act as BHUs in place of tented facilities in operation since the earthquake occurred. In addition to the plans of WHO, UNICEF and UNFPA, prefabs are planned by IOM for thirty BHUs, by Mercy Corps for the four BHUs it is supporting in NWFP and by MSF Belgium for the hospital it is supporting in Bagh.

- 16) An incinerator is shortly to be installed at Abbas Institute of Medical Sciences, Muzaffarabad , with four similar models to follow in further MoH hospitals, on the recommendation of the WHO environmental health adviser.