

Humanitarian Health Cluster

For information and coordination, health partners from within and outside Pakistan are invited to contact the MOH/WHO Emergency Coordination Center:
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**Pakistan Earthquake of October 2005
Consolidated Health Situation Bulletin #6**

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

HIGHLIGHTS

- Heavy snow and rainfall since 1 January has curtailed humanitarian aid efforts and people are struggling to cope. With flooding and landslides, helicopters have been grounded, transport delayed, tents have collapsed and humanitarian actors have been restricted to their bases of operations over concerns of security and the unstable road conditions. Adequate shelter continues to be urgently needed; approximately 75% of households require additional protection to get through the winter.
- Inadequate shelter and the harsh winter weather contribute to the increasing number of acute respiratory infections that is the highest among diseases reported and continues to rise.
- To date, all primary health care centres providing TB care in Pakistan Administered Kashmir (AKJ), out of which 30 are tents, are functional. Twenty-eight diagnostic centres for TB and 70 of the 96 treatment centres are functional in the North-West Frontier Province (NWFP). About 40% of TB patients have not been traced/identified following the earthquake. About 18,000 cases, half of which could be smear positive and therefore highly contagious, are estimated to be present in the earthquake affected areas.
- Former USA President George H.W. Bush, the UN Special Envoy for the South Asia Earthquake Disaster, will visit the region towards the end of January 2006.
- An interagency Real Time Evaluation (RTE) on the humanitarian response to the Pakistan Earthquake is planned and a RTE team will visit Pakistan in February 2006.

HEALTH CARE

Emergency trauma care - Cases requiring emergency assistance for earthquake trauma have decreased, though traumatized patients who were earlier stabilized and referred are continuously monitored and provided with follow-up care (wound care). The International Medical Corps (IMC) has assisted 191 such cases through mobile medical outreach and Basic Health Units (BHUs) in Bassian and Garhi Habibullah. The International Rescue Committee (IRC) medical team is still carrying out regular mobile clinics rounds in locations within the Oghi, Shamdara, Kathai, Belian and Darborri Union Councils in the district Manserha (NWFP). In the district of Muzafarrabad (AKJ), IRC is the focal agency supporting the health facilities in three Union Councils (Danna, Katkei & Katcheri). IRC has continued to provide both technical support and support to the various facilities within its catchments area of operations. In the week in review a total of 1,446 patients were attended to.

IOM contributes to the revitalization of BHUs through the distribution of 350 winterized Turkish tents and is planning to provide 40 Prefab structures for Basic Health Units which will include space for Lady Health volunteers to carry out their duties.

Referral and hospital care - A field hospital working group meeting will discuss the exit strategy and handover of hospital facilities to provincial ministry authorities. The Ministry has identified 100 BHUs to be set up in prefabricated structures. In Bagh, WHO is identifying a competent partner to establish and run BHUs in the new camps and distributed three incubators to secondary health facilities in the District Headquarter Hospital, the Tehsil

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Headquarter Hospital in Kahuta and the RHC of Dhir Kot. The IFRC and the Pakistan Red Crescent Society are planning to hand over their surgical field hospital to the management of the Ayub Training Hospital in Abbottabad. During December hospital admissions in Muzaffarabad remained at a constant level and bed occupancy did not exceed 30%.

In Balakot, WHO is supporting the district health authorities in quality assessment and organization of health care in Balakot Field Hospital in Garhi Habibullah and Narah. Conditions were found to be satisfactory but better isolation of x-ray facilities are recommended. WHO will provide technical assistance to Garhi Habibullah Field Hospital for a health information management system, which can be replicated at other facilities. IMC staff referred and relocated 27 cases including five emergency patients to hospitals.

A WHO assessment of the Civil Hospital in Bafa, Mansehra, found there was considerable need for building reconstruction work. A WHO, UNHCR and Islamic Relief joint assessment in nine camps in Mansehra in December found that the general medical ward at the District Headquarter Hospital is not functional and as a result overburdens Abbottabad Hospital. There is also a shortage of female doctors at the hospital and almost all pregnant women are referred to government and NGOs hospitals.

Access to PHC services - A primary health care (PHC) package, which describes the role of BHUs and rural health centres (RHCs), was developed by the Ministry of Health (MOH) and disseminated. WHO, UNHCR and Islamic Relief have assessed the availability of PHC services in the eight camps in Mansehra; WHO found that most essential drugs were sufficiently available and viable. In Muzaffarabad, the District Health Officer has determined that 89% of the camp population (i.e., 412,007 people) has access to health care. To identify needed health care service interventions, UNICEF and WHO, in cooperation with other agencies, will conduct a survey of all camps within the coming week. WHO will support the Abbas Institute of Medical Sciences (AIMS) by providing technical guidance for safe blood transfusions, safe injection procedures, antenatal care and management of the hospital pharmacy.

This week, IMC mobile and fixed PHC teams treated 1,896 patients in the affected areas, while in the previous week a total of 1,745 patients were assisted which brought the total number of patients treated to 13,823. Services included: treatment for acute respiratory infections (ARI), diarrhoea, skin infections, dysentery, urinary tract infections, worm-infestations, musculoskeletal problems, hypertension, gastritis, eye infections, wounds and disabilities, as well as antenatal services. Teams visited areas including Shamori, Batora, Mori, Kamriala, Garlat, Banda Balola, Jaagir, Sarash, Saran and Al-Hussaani tent villages.

Communicable diseases - The number of acute respiratory infections is the greatest of all reported diseases. This steady increase reflects the combined effects of cold weather and inadequate shelter. ARI was also most commonly reported in Muzaffarabad (8%) although the number of injury and wound cases remains to be relatively high, at 12%. Weekly reporting of bloody and watery diarrhoea cases indicates the proportion of these is becoming stable and the number of cases has consistently been increasing for the last three weeks. Six cases of suspected hepatitis were reported last week and laboratory results are pending. One case of meningitis investigated last week was found to be staphylococcus positive. Results of a suspected case of acute flaccid paralysis (AFP) are pending.

Contact tracing and active case finding is being conducted for a suspected case of measles reported by MSF-Holland in an 18-month female patient from Lamnian (Muzaffarabad). In the previous week, IMC staff at Garhi Habibullah reported four new cases of measles from newly arriving families. All four cases were immediately assisted. No more cases were reported since then. Two cases of clinical measles were found in Landain village in Batagram District although vaccination coverage in the area is over 95%.

Immunization - The third phase of the mass immunization campaign launched by the MOH expanded immunization programme (EPI) has been completed. A total of 111,256 children in camps in AJK, NWFP and Islamabad were vaccinated by 514 vaccination teams.

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This last week IMC immunized 596 individuals (of which 77 were female) against BCG (33), OPV (177), DPT (174), Hepatitis B (41), TT (77) and measles (94). In the previous week, 347 individuals were immunized for BCG, OPV, DPT, H.B, measles and TT. IMC also completed measles surveys at Garhi Habibullah and Bassian camps, to assess the updated status of measles prior to the government planned vaccination programme.

Maternal and newborn health - The limited availability of female personnel within established field hospitals continues to be an issue generally.

IMC has made available an adequate number of female doctors and medical support staff at both Bassian and Garhi Habibullah camps to assist infants, children and pregnant women. In the previous week, 45 patients were assisted in antenatal care and reproductive health, while this week 21 females were provided these services. Seven malnourished children were provided assistance.

Disability - IMC staff continuously assist patients who have temporary or permanent disabilities. Medical personnel regularly reach out to IDPs living in tents in order to provide appropriate follow-on care. IMC has documented 29 individuals with disabilities in Garhi Habibullah and Bassian. A large number of these were referred to various hospitals. IMC follows up on and assists those being relocated to camps from hospital.

Mental health - Over the last two months, MOH/WHO mobile teams treated almost 10,000 people suffering from mental health complaints. One third of mental health consultations were of patients diagnosed suffering from depression. Another third presented either anxiety or acute stress reaction. Overall, the female to male ratio is roughly equal. It is worth noting that between 13% -20% of the cases were children, except in Balakot and Batagram where the percentages were 28% and 21%, respectively.

In Bagh, the MOH and WHO are carrying out an impact assessment on mental health activities provided by the teams operating in the District. In Balakot 500 mental health consultations were carried out last week. Patients were mainly suffering from anxiety, depression and phobias. About 22 cases were referred to Peshawar for psychiatric admission. The WHO four-member team of psychiatrists and psychologists continues to carry out activities throughout Batagram District. Focus during the last week was on training health workers and medical staff and three workshops were dedicated to district level medical staff. One of these workshops was given to Lady Health Workers and female community leaders to provide them with basic tools to improve services. WHO conducted in December a workshop in Islamabad on mental health for the media, on drug abuse among the affected population. There is a need to create awareness of drug abuse to prevent it increasing in camps among adults and adolescents. The WHO mental health team gave counselling to 94 individuals in Havelian Camp.

An IMC medical doctor arrived to begin training IMC PHC teams in integrating mental health services in its basic package of PHC services. Meetings were held with WHO, OCHA and comprehensive training plans were discussed. Mental health training workshops took place twice weekly in Mansehra and Balakot, facilitated by IMC with WHO assistance. Medical teams have begun collecting mental health morbidity data this week according to newly suggested categories.

Two IOM mental health teams, each consisting of 1 psychologist and 4 psychosocial workers are working in Dheerkot and Mera Camps. A total of 3,101 people have been attended to with about 360 suffering from various degrees of mental illnesses. Most common finding has been of depression amongst these groups. In addition, a mental health referral centre is being set up in AIMS hospital.

IOM mental health and psychosocial support teams deployed in Islamabad reported an overall increase in the referrals from the camps for psychiatric attention and increase in the diagnoses of psychotic depression.

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The IFRC also give psychosocial support in the camps around Manshera together with other NGOs involved in mental health and psychosocial support activities.

VITAL SUPPORT NEEDS

Water and sanitation - Results are pending on the water quality samples taken to be tested following reports of 16 suspected cases of acute jaundice syndrome. The WHO Bagh team has been concerned by the lack of capacity for the provision and monitoring of clean water and sanitation standards at high altitudes.

In Balakot, WHO distributed 150 medical waste disposal boxes to health facilities. WHO fills ten 250-gallon water tanks daily using a water source provided by Oxfam serving spontaneous camps and villages nearby.

In Batagram, WHO, Oxfam, UNICEF and the IFRC gave a course to health and hygiene promoters and lady health workers on Environmental Health in Emergencies. Water provision in Meira Camp remains a key priority and a contingency plan has been agreed for the tankering of water; IMC is working in coordination with the WATSAN cluster to identify gaps. It has placed engineering teams in identified gap areas. The needs in the Union Council Banna are being assessed and IMC will respond according to cluster strategies. IMC is to launch a comprehensive water and sanitation programme in Tehsil Batagram. IMC plans to contribute through an integrated plan by providing water supply and sanitation, solid waste management and drainage facilities in the identified areas. This will also be supplemented through hygiene education. IMC has provided health and hygiene education to 430 people thus far. IFRC water/sanitation and health project will provide 200,000 hygiene kits for affected families.

WHO assessed the environmental health conditions in five camps in Mansehra. Water supply and latrines was available although hygiene was unsatisfactory. WHO promoted hygiene practices and made recommendations on how to conduct comprehensive water quality testing before chlorination.

In Muzaffarabad, the construction of the AIMS Hospital incinerator has been completed under the supervision of WHO. UNICEF has been supporting ongoing repair work at the water treatment plant in Muzaffarabad, which supplies water to a population of more than 150,000. Working alongside local authorities on water and sanitation, UNICEF has assisted rehabilitation of the Muzaffarabad water system network by advising and by providing pipes, pumps, fitting and tanks. UNICEF is also helping maintain a temporary water supply tankering system in camps. UNICEF with other partners built about 10,000 latrines out of a total 16,000 needed in camps.

To address the poor living conditions in crowded camps and the concern of a possible disease outbreak, UNICEF and Islamic Relief have distributed hygiene kits (soap toothbrushes and towels) so that hygiene conditions around camps can improve. UNICEF has distributed some 35,000 hygiene kits to families affected by the earthquake and is teaching people who once lived in isolated villages how to improve their hygiene habits. The agency is handing out leaflets and posters contain basic information such as proper use of latrines and washing hands. IFRC plans to support also to the women in the affected area's for psychosocial support and hygiene: "lady kits" (towels, toothbrushes, mirror, brush, soap and underwear).

Shelter and household items - Infants, elderly, ill and injured individuals are at risk with decreasing temperatures. Available tents do not support basic survival requirements and there is a need for support in winterization. ARI cases continue to form a large percentage of the total patients assisted.

With mountain communities currently cut off, IOM began an emergency operation in Muzaffarabad. Seven teams with 300 plastic sheets each have assisted people in protecting their tents from the rain.

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IOM is present in Mansehra, Bagh, Battagram, Muzaffarabad, and Balakot coordinating emergency shelter operations. In Balakot, a transport service for people who descend from the mountains to lower altitude is provided. Till date, total free transportation for 6,293 people has been provided and 16,492 shelters, 71,448 blankets, 93,799 quilts, 22,395 tarpaulins, and 16,965 mattresses have been distributed so far through the operation "winter race".

Camp management - Operations are regularly planned and coordinated with the camp administration. IMC staff continue to participate in camp management meetings at the local level in Bassian and Garhi Habibullah. With the help of WHO, IOM has begun a fire prevention campaign and a document in Pushto and Urdu has been produced and disseminated. Please also see below UNHCR activities.

Logistics and communication - UNJLC is using the WHO/PAHO developed SUMA/LSS system to monitor the flow of non-food items and a first draft report is being produced.

IMC coordinates with UNJLC, attends cluster meetings and organizes the cluster group meeting in Mansehra regularly. IMC's well-established warehouse in Mansehra, is adequate for current needs.

WHAT THE IASC HEALTH CLUSTER IS DOING¹

A real time evaluation (RTE) of the humanitarian response to the Pakistan Crisis is planned for end of January or beginning February 2006. It will look at the role of agencies and NGOs and of clusters at country and headquarter levels. Results of the RTE will contribute to the IASC Working Group meeting in mid February. Draft terms of reference have been provided to agency evaluation focal points.

HEALTH ORGANIZATIONS AND AGENCIES

Please note that organizations / agencies described below are those responding to the crisis with health interventions and that not all agencies are Health Cluster members.

IFRC tries with helicopters to support affected communities high in the mountain areas, north of Besham with relief items (blankets, tents, kitchen sets, hygiene kits), the mobile health teams try with the support of helicopters to give essential health care to the same target population not accessible by road.

IMC has expanded its mobile outreach operations to near and hard-to-access areas. IMC staff continue to identify such remote areas in coordination with local authorities. Teams visited areas including Shamori, Batora, Mori, Kamrialah, Garlat, Banda Balola, Jaagir, Sarash, Saran and Al-Hussaani tent villages.

IMC assisted 1,896 patients this week, while in the previous week it served 1,745 patients through its BHU and outreach services (totalling 13,823 patients served). IMC's BHU/Maternal & Child Health Centres provide the following services: OPD; health education; reproductive health; antenatal care; postnatal care; growth monitoring; psychosocial activities/care; laboratory services; pharmacy services; wound/trauma care.

IOM will distribute 2,300 emergency winterization kits and at least 900 shelter kits to Bagh, Mansehra, Battagram, Balakot and Muzaffarabad. IOM Balakot has begun free bus services to over 3,000 people daily to allow them to meet medical, food and personal needs.

Turkey continues to assist the affected population. To date, the Turkish Red Cross Society (TRCS) provided assistance to over 75,000 people and has established tent villages in

¹ Source: agency reports

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Balakot and Islamabad, providing shelter to an estimated 5,000 people. The Turkish organization, the Lighthouse Aid and Solidarity Association (LHA), will establish a medical centre as part of a housing project, while Turkish communities abroad, government, a university and organizations have provided medicines, medical equipment, blankets, sleeping bags, tents, food, winter clothing and direct funding, and have established a bakery and two tented cities. Turkey will also provide assistance in reconstruction activities including schools and housing.

UNFPA Together with other humanitarian actors, UNFPA response is to meet the emergency reproductive health (RH) needs of those affected by the earthquake. UNFPA rapid response to emergencies includes the immediate shipment of supplies and equipment to enable pregnant women to deliver safely. UNFPA provides funding, technical assistance and direct support including: emergency RH supplies and equipment; rapid assessments, research and data analysis; training and capacity-building; advocacy and awareness-raising; interagency coordination and programme planning. In crises, UNFPA focuses on: safe motherhood; family planning information and services; adolescent and reproductive health; addressing sexual violence; and preventing HIV/AIDS and other sexually-transmitted infections.

UNHCR Responsible for camp management within the UN team, UNHCR is currently supporting the Pakistan Government and non-governmental organizations in 139 earthquake relief camps (26 planned and 113 spontaneous sites), which house over 137,000 affected people. Responding to the rains, heavy snowfall and flooding in camps, UNHCR teams in Bagh, Batagram and Muzaffarabad distributed additional tents and plastic sheets. UNHCR is working with NGOs and camp populations to improve drainage and the pitching of tents. In Muzaffarabad, 28 families were relocated from Bela Nur Shah spontaneous camp to Chatter Kallas planned camp. In Bagh, two planned camps are near completion and will accommodate 650 families now living in spontaneous camps. UNHCR has identified 500 winterized tents to replace some tents that will not withstand the winter. UNHCR has recently distributed over 250,000 blankets, more than 25,000 plastic sheets and about 17,000 mattresses to more than 100,000 people in camps. It has also begun distributing 40,000 stoves and kerosene. UNHCR will assist the NWFP government to erect large tent structures to set up communal heating centres in camps. As part of an awareness campaign on fire safety and prevention, UNHCR is providing leaflets on fire usage in camps. Alongside the military, UNHCR is also providing fire extinguishers and buckets with sand in case of fire.

UNICEF In addition to its water and sanitation activities (see "Water and sanitation" above), UNICEF has delivered school kits and has started delivering more than 50,000 'warm clothing kits' for children.

WHO is evaluating the feasibility of expanding its activities to Shangla and Kohistan and has conducted several visits to these areas. There are three main hospitals in Shangla and they do not yet report to the Disease Early Warning System (DEWS). Kohistan is considered a restricted area and Beteria Camp is currently closed to UN staff. According to UNHCR there are about 5,000 people living in the camp (510 families).

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SUMMARY OF RESOURCES FOR HEALTH ASSISTANCE

Table 1: Summary of resources for health assistance

Please note: Under reporting means that the table below is incomplete. Agencies are requested to please report the health contributions they have received.

Appealing agency	Requirements under the Revised Flash Appeal (in US\$)	Cash pledges & commitments received against Revised Flash Appeal (in US\$)	In kind assistance (estimated US\$ value)	Total received for health (in US\$)
AAI Australian International	850,000	...	...	...
Aga Khan Foundation	110,000	...	...	...
ARC	...	...	...	...
Doctors Worldwide	...	...	...	...
Greenstar Marketing	1,000,000	...	...	...
ICRC	...	...	...	...
IFRC	...	...	...	...
IOM	2,500,000	50,000	10,000	60,000
MDM	...	...	...	...
IMC ²	500,000	...	...	2,600,000
Merlin	850,000	...	...	...
MSF	...	...	...	...
Save the Children Alliance	1,720,000	...	...	...
Terre des hommes	...	...	...	...
UNAIDS	500,000	...	...	...
UNFPA	8,000,000	2,100,000	...	2,100,000
UNHCR	...	...	...	...
UNICEF	17,500,000	...	...	...
WHO ³	27,750,000	16,191,181	387,500	16,578,681
World Vision	600,000	423,729	...	423,729
TOTAL	61,880,000	15,993,097	397,500	16,390,597

Sources: OCHA Financial Tracking System, organization/agency reports and the Revised Flash Appeal 26 October 2005

HEALTH POSTINGS

(Health reports and assessments are available on the Health Cluster website:

http://www.who.int/hac/crises/international/pakistan_earthquake/southasia_healthcluster/en/index.html

- WHO / PAHO Guidelines for the Use of Foreign Field Hospitals in the Aftermath of Sudden Impact Disasters
- Management of dead bodies in disaster situations WHO / PAHO
- EARTHQUAKES - Technical Hazard Sheet - Natural Disaster Profile
- LANDSLIDES - Technical Hazard Sheet - Natural Disaster Profiles
- What is an emergency health kit?
- WHO Communicable Diseases Surveillance and Early Warning Response Guidelines
- TEACH-VIP, a comprehensive modular injury prevention and control curriculum developed by WHO and a global network of experts, is available at www.who.int/violence_injury_prevention/capacitybuilding/en/

² as of 2 December 2005

³ as of 6 January 2006