



South Asia Earthquake Health Situation Report # 25 26-29 November 2005

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

Highlights

- Vaccination campaigns continue in all affected areas.
- With recent snowfall and rain, the start of winter has reached affected areas and there is increased concern for those with inappropriate shelter.
- Momentum has increased on efforts to re-establish primary health care services with temporary facilities.
- Surveillance activities and the disease early warning system are established in Rawalakot, Bagh and Batagram.
- Health cross cluster collaboration has strengthened particularly with the water and sanitation cluster.
- No outbreaks are reported.



ICRC Chenari Camp, Muzaffarabad

Source: Dr John Watson, 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.

- The concerns of health partners continue to be: the incidence of acute respiratory infections (ARIs), scabies, diarrhoeal diseases, post-trauma injuries/rehabilitative services and access to basic reproductive health care and emergency obstetric care (EmOC) in remote areas.

Muzaffarabad

- The WHO team visited the EPI cell and reviewed progress in the immunization campaign. The campaign is going well, although coverage data suggests that > 90% coverage of the target population might not be achieved.
- ICRC announced that mother and child health (MCH) services would be available at Cham/Chenari from 25 November, onwards.

Mansehra

- The second phase of the vaccination campaign progresses well, as follows:
 - A total of 58,633 children were polio vaccinated (OPV), meeting 31% of the target.
 - A total 97,215 children were measles vaccinated; 21% of the target.
 - Tetanus (TT) vaccination reached 3,115 children; 5.64% reaching 0.34% of the targeted population.
 - Diphtheria (DPT) vaccination was given to 911 children, reaching 0.34% of the targeted population.

- The Italian field hospital has requested participation in the campaign and WHO has provided vaccines and logistical support.

Rawalakot

- The EPI vaccination campaign is ongoing. There is sufficient stock of vaccines. Sixteen refrigerators will be distributed to BHUs/RHCs after the campaign. Seven are currently stored at District Health Offices for a later distribution.
- The WHO team visited Hajeera and Abbaspour and noted the need for drugs in health facilities in both places. Tents were provided to Abbaspour since the rural health centre (RHC) is completely destroyed.

Balakot

- The DPT and Polio National Immunization Campaign continues in all union councils of the Tehsil.
- There is a concern of the implications of the low EPI coverage of populations coming into the camps from remote areas; The influx of new arrivals without measles immunization poses a high risk of outbreaks in all camps. Action has been taken in larger camps. Main priorities are follow up and continued advocacy, increasing knowledge and awareness among the population.
- Inappropriate (non winterized) shelter with the recent rains and cooler temperatures contributes to increased risk of respiratory infections among most vulnerable groups, i.e., the young and old.
- Two national WHO/MOH medical teams finished their rotation on 25 November. No major health problems were reported apart from the high incidence of upper respiratory tract infections, scabies and diarrhoeal diseases. Main activities were follow up and change of dressings on wounds secondary to the earthquake. Three teams will take up and continue this work.
- Fully operational EPI services will soon be restored. One fridge in working condition salvaged from rubble is being used in Shawal Basic Health Unit (BHU). One has been installed in Kashtara Camp at the International Medical Corps Clinic and another is functioning at Tehsil Headquarters Hospital. EPI activities continue at these three facilities. The Red Cross is providing tetanus vaccine to pregnant women and injured patients. MSF will likely continue vaccination and outpatient department (OPD) clinics in Kaghan area.
- Having proven a success, the Lady Hygiene Promoters program will be scaled up, from 30 teams currently to 75 teams.

Bagh

- Surveillance data has been collected from seven health facilities: Bagh District Headquarters (DHQ) Hospital, NATO Hospital at Bagh, AAI Clinic in Khorshadabad, MSF BHUs in Mallot / Birpani OPD, Dhir Kot and AIMS Hospital. The total number of consultations for Week 45 is 3,564, of which scabies, acute respiratory infections (ARI), infected wounds and diarrhoea comprise the majority of consultations proportionately.
- 33 rural health centres are currently operational, of the 85 facilities that existed in Bagh prior to the earthquake. Rehabilitation and/or shelter is still urgently needed for these operating centres.
- According to the District Health Officer, about 85,000 children (aged 9 months to 15 years) have been vaccinated against measles by 36 vaccination teams.
- Concerns were raised on the use of generic and brand names of drugs prescribed; at times doses had not been indicated on the drugs and given to patients. The meeting on 28 November with all health stakeholders addressed this issue with an agreed drug dispensing protocol.

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 Cuban medical team has arrived in Bagh District and will erect a field hospital in Dhir Kot. They will also provide services in two other areas still being discussed with the Pakistan Army, MOH, WHO and health partners.

- ICRC carried out a second assessment on food, shelter and possible health activities; They have considered support to physically handicapped persons and "full package" support in Bhedi if not supported by Response International.
- Three additional medical teams from Luxemburg are expected to arrive to support the NATO Hospital.
- The Korean medical team is expected to provide an additional field hospital in Bagh area.

Rawalakot

- The Jordanian field hospital is functioning well.
- A Cuban hospital is opening in Rawalakot providing only outpatient services at this stage. An additional hospital in Abbaspour will be fully equipped with laboratory, x-ray and surgical facility to cover the gap left by the destruction of the hospital in Rawalakot and Abbaspour.

Balakot

- The United Arab Emirates (UAE) Army, providing the main referral hospital in the area, indicated they may be leaving soon. WHO and partners are seeking to maintain this high quality hospital at least during the winter.
- The Cuban contingent is building a hospital in Bissian

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

Bagh

- As part of its ongoing health facilities assessments, the WHO team assessed the status (damage, functionality and needs) of the following facilities : Hawelli Khauta Tehsil HQ Hospital, Tongery BHU, Gugdar BHU (both in Hawelli Khauta Tehsil), and the BHU Kharal Abbysian (Bagh Tehsil). Results were shared with health cluster partners and the health facilities matrix was updated

Rawalakot

- The relocation of Combined Medical Hospital (CMH) and Jordanian Army Hospital to the Polytechnic Institute is being considered.
- With assistance from the Pakistan Army, WHO has provided iron sheets, for health worker housing and BHUs, and tents to the District Health Office (DHO), including eight winterized tents to the CMH.
- The removal of rubble from the DHO including the BHU, MCH clinic, TB centre and malaria control programs office continues. Iron hangers or brakes in the DHO premises will be installed for PHC activities.
- Sixteen refrigerators are being distributed for operating BHUs.

Batagram

- A structural engineer from WHO PAHO arrived on 24 November and is conducting structural damage assessments of health facilities in the District.

Mansehra

- The Executive District Officer (EDO) from Kokhistan was concerned by the lack of support to Mansehra District. WHO committed two winterized and five standard tents, two desks, one shelf unit, 50 blankets and ten mattresses to assist in setting up primary health care activities.

Balakot

- WHO and local authorities have discussed temporary re-establishment of six health facilities. Jared BHU (40 km from Balakot City) will be the first structure to be re-established. Tehsil HQ Hospital will be re-established by a local donor with temporary solid structures.
- One tent and a basic health kit was supplied to health staff to re-establish services in Lohar Banda Civil Dispensary. WHO is assessing the availability of MOH health staff as well as the health facilities. Some staff are available only for the National Immunization Campaign in Balakot. With the destruction of their own houses and difficult working conditions, economic or other incentives may be needed to encourage staff to reinstate their posts.

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, Battagram 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

- WHO attended a donors meeting on 25 November in Abbottabad. Main concerns raised were:
 - To prioritize the rehabilitation of health facilities based on population catchment, accessibility and caseload.
 - The need to revitalize reproductive health activities.
 - The Ministry of Health urged Executive District Officers (EDOs) to be more proactive in terms of strategic planning, project implementation and monitoring.

Balakot

- More actors participate in health cluster meetings. The Pakistan Army is due to phase out soon and a stronger Government role will be sought at district and tehsil levels.

Rawalakot

- Twelve NGOs are working in the district but none are carrying out health activities. WHO is working in coordination with district management authorities. A coordination committee has been established with the District Health Officer as Chairperson. Other members include, the Commissioner District Poonch or his appointee, the Commander Combined Military Hospital and appointees, the Director Jordanian Hospital and appointees, the Chief Engineer Public Health Engineering Department and appointees, the Cuban Hospital Director (arrived 18 November) and WHO field office staff.

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.

Batagram

- First communicable disease surveillance forms were collected from four sentinel sites on 26 November. Preliminary findings from the District Headquarters (DHQ) Hospital were technically reviewed at the public health meeting on 24 November. WHO and UNICEF will provide transport and the MOH will provide human resources for outbreak investigation.
- Ten probable cases of measles were found in three villages (Makaria, Kander and Landai) in Batagram Tehsil. The investigation team discovered areas that had not been included in EPI-campaigns. The MOH will reschedule vaccination campaigns to target uncovered areas. A second epidemiologist arrived on 25 November to strengthen disease surveillance and outbreak investigation.

Bagh

- Training of 11 surveillance focal persons in Khauta Tehsil (on case definition and disease surveillance and outbreak alert forms) has been given in the presence of the Assistant District Health Officer (ADHO) of Khauta.

Muzaffarabad

- WHO received a report of 21 cases of watery diarrhoea from Aga Khan Health Clinic in Muzaffarabad. In response, WHO epidemiologists visited the camp. The registration book shows 48% (10 of 21) persons were over five years old. No cases of severe dehydration were recorded and no cases required IV fluids. Transport media was provided and clinic doctors were requested to collect stool samples for the laboratory testing.
- Pakistan Islamic Medical Association; reported that the laboratory is now fully functional and other hospitals and health clinics can send samples to the lab for testing there.

- WHO is following up on an ICRC query for national blood transfusion guidelines.
- WHO advised postponement of the relocation of Old University Camp, decided by the civil authority. Relocation should be postponed until full control of the acute watery diarrhoea outbreak can be confirmed.
- Overall, 54 % of the target population has received measles vaccine. This low coverage may be due to inaccurate denominators or undocumented doses administered. To address this issue, WHO is considering conducting rapid surveys in "high risk" areas to assess coverage. If it is found that substantial numbers of children were missed in these areas, mop-up activities should commence.

Balakot

- A total of 22 surveillance sites were in operation during Week 47 (19 to 25 December).
- From Week 48 (26 December 2005 to 2 January 2006), communicable disease surveillance will be reported weekly rather than daily.
- No deaths reported during Week 47.
- The total number of consultations in Week 47 (19 to 25 November) was 5,654 (18% were under five years old).
- The most common communicable diseases reported were acute respiratory tract infections (21%), acute diarrhoea (10%) undifferentiated fever (5%) and bloody diarrhoea (2%).
- Four cases of clinically confirmed measles were reported through the Disease Early Warning System (DEWS) from the Spanish Red Cross Clinic in Balakot on 26 November. All the cases originated from Hassamabad. An investigation was carried out on 26 November and a total of 7 cases (three were found in addition) were identified from the families living in close proximity to each other (measles cases were of children aged one to 11 years). None had been vaccinated. Approximately 50 children live in the SRSP tent village in Hassamabad. An IMC and WHO team visited the camp on 27 November to conduct a measles vaccination campaign and continue investigations.
- Two more measles cases were reported from the IMC Camp at Garhi Habibullah following the measles mass vaccination campaign on 20 November (20 measles cases in total). Defaulters were vaccinated on 24 and 25 November (n=34). As result, a total of 778 children less than 15 years old vaccinated in the camp. IMC is vaccinating all new arrivals and has initiated routine vaccination. A cold chain has been established at the camp.

Rawalakot

- Available surveillance data does not indicate any communicable disease outbreak. WHO team is following up on reporting sentinel sites, encouraging and addressing delays and quality of reports.

Mansehra

- No communicable disease outbreak was reported from the MOH, military nor partners.
- The reporting sites have been identified for Early Warning System Software development. It was suggested that ten BHU, RHC, and field hospitals with tent villages having heavy caseloads would be included in the system. Disease surveillance forms have been sent to reporting sites for completion and return every Friday.
- The focal point has been identified at the EDO office to be responsible for surveillance form collection, data entry and analysis. He will be trained in Early Warning System use and supervision.

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

- A high level delegation from Islamabad, visited the area to assess the status of water, sanitation and solid waste management conditions in health facilities and camps. It comprised representatives from MOH, UNICEF and WHO.
- WHO supported the implementation of the cleaning campaign of the yard of Al Abbas Institute of Medical Science (AIMS) which has now been completed.

Mansehra

- An environmental health officer is conducting assessments of tent villages, IDP camps and BHUs, Tehsil Headquarters and District Headquarters Hospitals. Solid waste and hazardous material management is a concern at the Italian field hospital and the Saudi Arabia field hospital. WHO with UNICEF and other partners will follow up on this issue.

Rawalakot

- WHO is following up on the rehabilitation of the water system in the town and hospitals.
- There is sufficient water supply and sanitation at the Abbaspour Cuban Field Hospital.

Batagram

- An Environmental Health Officer arrived on 26 November to improve water and sanitation in the district.

Bagh

- A WHO team participated to the Watsan Coordination meeting on 24 November attended by UNICEF, Public Health Environmental Department (PHED) Bagh, the local government, Rural Development Department, NATO, Pakistan Army, MSF France, Oxfam, Islamic Relief and Tearfund.
- UNICEF and PHED announced that 80% of the needed rehabilitation of town water supply has been achieved.
- MSF Belgium will pump water from a Bangran spring to Mallot City.
- Insufficient water supply in Khauta Tehsil is likely due to a dry water spring.
- WHO is providing partners with Wagtech water testing kits, pool testers and conductive meters. It has provided Oxfam with 25 kg of chlorine. Latrine constructions at District Headquarters Hospital is not yet complete.
- The WHO team reported poor sanitation and hygiene at the Tehsil HQ Hospital and Tongery and Gugdar BHUs.
- WHO is following up with authorities and the Pakistan Army on fumigation activities. WHO recommends the use of deltamethrin (250g per 10L of water).
- A WHO team visited Nakar Birpani (200 persons, 22 households) and Lower Sudhan Gali (350 persons, 41 households) villages. The majority of the houses were damaged and people had erected tents near their houses. Water supply is limited and its quality is questionable. There are no latrines and people are defecating in the open. Women have to wait for the night for their daily needs.

Balakot

- The Environmental Health Officer of the WHO team in Mansehra is undertaking an assessment of the environmental health situation in the camps in Balakot.
- The WHO team is attending Watsan cluster meetings and providing partners with information on population needs and the impact of Watsan activities on the health status of the population.
- WHO in collaboration with Oxfam will supply safe water to spontaneous camps. Oxfam will install water tanks along the road from Balakot to Garhi Habibullah and WHO will supply water from one of the tested sources (Germans or Austrians). WHO, UNICEF and the partners will explore follow-up arrangements to sustain the supply of clean water.
- A WHO water tanker is now operational and supplying water to the extension of Kashtara Camp in Garhi Habibullah. As soon as Oxfam finishes with the installation of tanks for spontaneous camps, the truck will be shifted to supply these tanks and Kashtara Camp supply will be handed over to other partners. There is a need to establish systematic testing of water supplied since the reliability of some of the traditional sources being now used to supply the camps needs reassessment after the earthquake.

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

- MOH medical and mental health teams are active and providing services in the district.

Mansehra

- The WHO mental health team arrived in Mansehra on 19 November and continued mental health activities of previous teams. OPD services were furnished in the Governmental College Doraha, Mansehra and Havelian tent village. Around 185 patients were examined between 20 and 25 November. Mobile teams provided sessions on relaxation exercises and group counselling

Balakot

- The mental health team reported 394 cases equally distributed by gender seen from 17 to 23 November. Most prevalent problems are depression, restlessness, phobia and panic states, disturbed sleep and paranoia.

Donations to WHO

Reported donations as at 2 December 2005 against the WHO total requirement of US\$ 27,750,000. Donations to date currently meet 47.62% 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		
Kuwait	500,000		
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	12,825,897	387,500	

