

Health Situation Report # 31

15-21 January 2006



A boy playing at the Old University camp in Muzaffarabad.
Source: Torgrim Halvari

Highlights

- More than three months after the earthquake, transition to recovery has become the major focus of discussions. With important humanitarian health needs persisting and risks surging, the majority of the health-related activities will have to be adjusted to respond to the new challenges.
- Accessibility is a main limitation due to landslides and heavy snowfall.
- The main causes for consultations are Acute Respiratory Infection (30%), Acute Watery Diarrhoea (7%), Fever of Unexplained Origin (6%) and injuries (5%). The number of cases due to Acute Respiratory Infection (ARI), Acute Watery Diarrhoea (AWD) are on the increase.

WHO Response

Project 1: Revitalization of primary health care services.

Balakot

- WHO provided the tehsil headquarter hospital in Balakot with part of the Italian emergency kit. One kit provides medical supplies to treat 100 people affected by trauma.

Polio

- Preparations for the Polio National Immunization Days to be initiated on 23 January 2006 are ongoing in all of the earthquake affected areas. WHO and UNICEF are supporting the Ministry of Health with the provision of vaccines, social mobilization and human resources.

Care for the disabled

- From the total of 667 spinal cord injury patients received, 368 are still admitted up to date at different hospitals of Rawalpindi, Islamabad, Lahore, Peshawar, Abbotabad and Muzaffarabad.
- As shown in figure 1, the majority of Spinal Cord Injuries are incomplete injuries (207), meaning patients experience more movement in one limb than the other, feeling in parts of the body, or more function on one side of the body than the other. The 200 paraplegia patients do not experience sensation or movement with both sides of the body equally affected. Paraplegia is also called complete injury.

Figure 1: Distribution of total number of Spinal Cord Injuries according to type of injury

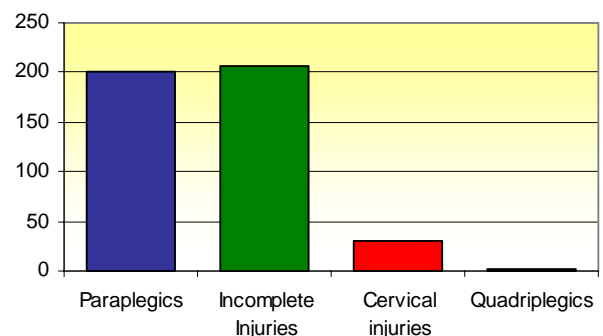
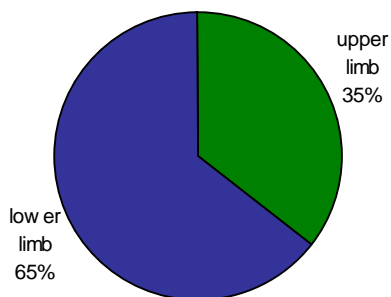


Figure 2: Distribution of amputations in lower and upper limb

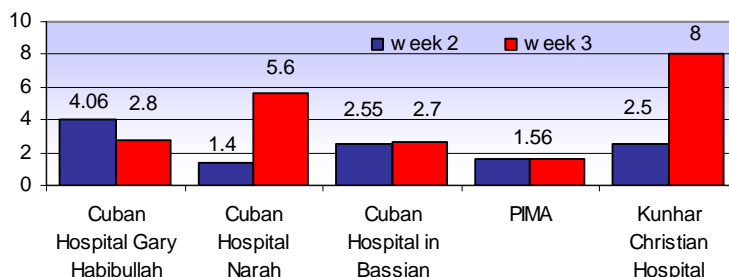


- Total number of amputations done in different Hospitals of Rawalpindi, Islamabad, Lahore, AJK and NWFP are 713.
- As shown in figure 2, 65% of all amputations were done on the lower limb. 45% of these were amputations below the knee. 21% required amputation of the whole leg.
- From the 207 upper limb amputations, 54% required amputation of the whole hand or parts of the hand.
- WHO is facilitating the development and implementation of a strategy and of national policy to address the needs of that extremely vulnerable segment of the affected population

Project 2: Revitalization of hospital care services.

- WHO and the Ministry of Health are looking into filling the gaps that are left behind by those temporary health facilities phasing out of the earthquake-affected areas. Currently, the bed occupancy rate is used as an indicator utilization of the services that the foreign field hospitals are providing, which could justify for some when persistently low their exit.. However, many of the health facilities provide Outpatient Department services and emergency care, not affecting the bed occupancy. WHO and the Ministry of Health are at present redefining the indicators for health coverage. Figure 3 further suggests that bed occupancy may not be a good indicator to keep, as the rate for the last two weeks in Balakot has been relatively low.

Figure 3: Bed occupancy rate in Balakot week 2 and 3 of 2006



Battagram

- The Malaysian Military Field Hospital in Battagram has departed, leaving behind materials and equipment worth \$100,000.

Project 3: Increased access to health care for affected communities.

Balakot

- Construction works for the prefabricated units in Ganool, Paras, Sangar, Jared and Hungarai have encountered slight delay due to landslides and bad weather.

Islamabad

- WHO recommends serious health interventions in the area of water and sanitation, shelter, and better access to basic health care in Bait-ul-Mutassireen G8 Markaz camp and G13 Malik Faruq camp in Islamabad (total estimated population of 1,300).

Project 4: Emergency health coordination and information management.**Battagram**

- WHO initiated a tent-to-tent survey in Maidan camp to collect data on demographic developments, health, indoor pollution, and on previous TB treatment.

Project 5: Disease Surveillance and Early Warning System (DEWS).**Muzaffarabad**

- A case of suspected measles was reported from the Merlin clinic in Deevlian. A joint WHO/UNICEF team went to the affected village (Jheeng) by helicopter (not accessible by road) for further investigation. The children with symptoms compatible with measles had not been vaccinated against measles. Blood specimens were taken and sent to the National Institute of Health (NIH) in Islamabad for laboratory testing.

A vaccination team will visit Jheeng village to vaccinate all unvaccinated children. WHO will provide a tent and UNICEF will provide medicines to support the revitalization of a first aid post in the village.

Bagh

- Three cases of Acute Hepatitis were reported from the Rural Health Centre in Arja. As Hepatitis is endemic in the area, the Rural Health Centre in Arja frequently receives cases from all over Dhirkot Tehsil in Bagh district and from Tehsil Rawalakot.
- Rumour investigation into a suspected case of measles from a spontaneous camp in Bagh town (Imamia colony II) revealed that the patient suffered from simple infection.

Battagram

- Two suspected case of measles were reported from the Relief International clinic in Maidan camp and from Spirdaro Kandow. In one case the patient was misdiagnosed and suffered from chicken pox. In the other case, the seven-year old boy was not vaccinated and investigation is ongoing.
- Two suspected cases of meningitis have been reported from the Malaysian field hospital and the Rural Health Centre Banna. Laboratory confirmation is pending.

Project 6: Environmental Health.**Balakot**

- A joint water quality control exercise between WHO and the Swedish Red Cross shows good drinking water quality at the tehsil headquarter hospital. Another four water supply sources were found to have faecal contamination. WHO will be providing water purification tablets and hygiene education material to improve the water quality. Further monitoring of the quality will be carried out.

Mansehra

- Almost 20 hygiene promoters from different agencies were trained as trainers in the PHAST methodology (Participatory Hygiene and Sanitation Transformation), designed to promote hygiene behaviors, sanitation improvements and community management of water and sanitation facilities. The training was organized by WHO, UNICEF and the Ministry of Health.

Rawalakot

- The construction of four units of combined latrines and washrooms was completed at the Combined Military Hospital (CMH) in Rawalakot as well as the hangar for the District Health Officer's building.
- To ensure proper disposal of medical waste, safety boxes for the disposal of sharp instruments have been distributed to the CMH.