

# Rapid Assessments, WHO undertook

- A. Health Facilities in Balakot December 2005
- B. Situation of PHC package in 10 functional BHUs in Mansehra December 2005
- C. UNHCR/ WHO/ IR Joint Assessment of Primary Health Care Activities in, Mansehra and Muzafarabad 18-25 December 2005
- D. Protection and Vulnerability Assessment Survey (UNFPA) to start soon

# **A). Rapid Assessment**

**Health Facilities in Balakot Tehsil,  
Mansehra District; NWFP**

**By**

**WHO Balakot**

**Department of Health**

**December 2005**

# Objective of Rapid Assessment

- To assess the severity of infrastructural damage of all health facilities,
- To determine the functional status of the health facilities and types of services provided if any,
- To assess the availability of human resources in the health facilities,
- To identify revitalizing activities undertaken by other partners,
- To identify gaps and undertake immediate action.

# Methodology

- An assessment tool was prepared, tested and modified accordingly
- Geographic Positioning System (G.P.S) device was used to determine the exact location of each structure.
- Joint field visits (WHO and MoH staff) to all accessible health facilities.
- WHO guidelines for assessment of health infrastructures after earthquakes were used (WHO, 2005. Communicable Disease Control in Emergencies. A Field Manual. Ed. Connolly, M.A, Geneva).

## Health Facility Status.

Total No. of Health Facilities were 23

Functioning now 11

Tehsil Head Quarter Hospital (THQ) 01

- Civil Hospital 02 (02)
- RHC 0 (01)
- BHU 07 (15)
- Civil dispensaries 01 (03)

Services provided: Mostly OPD, MCH, EPI

## Types of health services

- Mostly OPD ; Limited Primary Health Care services.
- EPI and some MCH services in THQ, one CH and 2 BHUs
- Secondary Health Care - PIMA hospital in Hassa camp; MoH field hospital in Gahri Habibullah 5 field hospitals of the Cuban Medical Contingency in Garry Habibullah, Bassian, Balakot, Ganhool and Jareid.
- Complicated cases are referred to Ayub Medical Complex Abotabad or to District Headquarters Hospital in Mansehra.

## Human resources

- Many staff and/or their families injured, killed or their houses destroyed, moved to other areas of the Tehsilar even other Tehsils within Mansehra District.
- Currently working staff in the functional health facilities is less than the standards established by the MoH for each level.
- Many of these staff relocated to other functioning health facilities or not working.

# Health facilities' manpower

Sanctioned Strength for 1 RHC & 15 BHU (MoH)	Available Staff currently	Requirement
Medical Officer - 17	None	17
Lady Health Visitor- 17	02 +1 midwife	15
EPI tech/vaccinator - 16	01	15
X-ray/OT tech. RHC- 02	None	02
dispenser/MT/pharmacy tech - 17	17	02
supportive staff - 18	13	05
Driver – 01 (RHC)	None	01

## Needs for the coming 6 months:-

- Structural revitalization of the destroyed health facilities
- Human resources
- Capacity building;
- Refreshing training of health staff will be facilitated by WHO

## Recommendations

- The Needs to be discussed with all the partners headed by the department of health in Mansehra to coordinate the efforts, and resources needed to complement MoH plan.
- Follow-up of the activities to be continued through the weekly Health Cluster Meeting in Balakot.
- Monitoring and evaluation of HF to assess the progress of improvement in the infrastructure and the quality of care.

# Recommendations

## Capacity building:

- Refreshing training of health staff in PHC
- Standard Case Management of ARI in children, EPI.
- Newborn care.
- Reproductive health:
  - Emergency Obstetric Care.
  - Antenatal, natal and postnatal care.
  - Family planning.
- Communicable Disease Control, T.B, surveillance and Disease Early warning system.
- Refreshment courses for LHWs and on community linkages

**B). WHO/UNHCR/IR Joint  
Assessment of PHC Activities in  
Muzaffarabad and Mansehra Camps**

**Dec. 18 – 24, 2005**

**Status of Camp Management,  
Health, Nutrition, Watsan ,  
RH, and Referrals**

# The Team and Camp types

- Team: 4 member; WHO (2), UNHCR and Islamic Relief (IR)
- 16 camps: Muzaffarabad and Mansehra 8 each,
- Camps of 50 or more tents targetted
- Managed by various agencies:
  - Army, NGOs, political parties, religious organizations, community leaders, etc.

# Objectives of the Assessment

- To improve community based approaches to reduce morbidity and mortality in the area.
- To develop new arrivals health screening protocol and tent to tent for ARI and severely sick persons.
- To re-organize, restructure and integrate PHC into existing health services.

## Methodology of Assessment

- A quantitative and qualitative type of assessment.
- The team collected information on the camp management and watsan from the camps managers
- Visited health facilities that are available in the targeted camps and some of those available around some of the camps and gathered information on health problems, health services, nutrition and referral.

# Team Visits

- Tents in the camps to observe space and cleanliness
- Talked with women and men about their living conditions, food, health services, vaccination and pregnancy and delivery issues.
- Referral health facilities in each of the two districts such as BHUs, RHCs and DHQs to assess the situation of the referral sites.

# Main Findings of the Joint Assessment

- Number of people living in tents vary between 5 to 12 persons.
- Residents of most of the camps are only active in food and non-food materials distribution.
- Residents of camps that are managed by the military, are more involved in building, cleaning, etc.
- All camps have health facilities in the form of dispensaries, BHUs, and health posts.
- Two camps in Muzaffarabad have BHUs, one inside the camp and the other nearby the camp and one camp in Mansehra.
- The Ministry of Health vaccination team provide regular vaccination services. Observed active in Mansehra.
- All pregnant mothers in labor are referred to the DHQs.

## Main Findings (contd.)

- All visited camps have good water supply.
- Disposal of wastes and sanitation is not satisfactory. Residents of the camps are not active in keeping latrines clean.
- Few camps have LHW that conduct tent to tent visits providing preventive services.
- The three top health problems among children and adults are:
  - ARI, scabies and diarrhea.

# Main Recommendations

- Improving the capacity of HFservice providers in the provision of preventive services including outreach activities.
- Initiating and/or improving the recording and registering of patients utilizing the health facility in the camp.
- Improving the referral system in terms of recording and reporting and follow-up of the patients who were referred.
- Developing a proposal to establish a health post in camps where there are no health facilities and a network of volunteers in all camps to link the community to the first level of the health service delivery.

# **C). PHC Rapid Assessment in Mansehra District**

**WHO Field Office  
December 2005**

## The Health Facilities that were assessed:

10 BHUs (out of 46 functioning HF) for PHC activities,

- Jabba                      Trappi                      Chandoor
- Arbora                      Bherkurd                      Pano Dehri
- Gandhian Attarshisha Sandesar
- Baobandi

# Situation of Drugs and Treatment Protocol

- There is acute shortage of essential drugs in all BHUs that were assessed.
- Treatment protocols are not available
- Bad Storage condition
- Drugs for tuberculosis were available in all visited BHUs

# Activities that were assessed

- Activities assessed were:
  - Outpatient services
  - Drugs
  - Tuberculosis, Malaria, EPI, RH
  - Health Education

# Expanded programme of Immunization

- All EPI vaccines (OPV, Measles, DPT, and TT) available in almost all the visited BHUs
- Disposable syringes are available in all health facilities..
- Containers for vaccines available
- Some gaps relating to the cold chain:
  - Power interruption
  - Lack of temperature chart in some BHUs
  - Lack of refrigerator thermometer in some BHUs
  - Vaccines were not organized as will within the refrigerators

## D). Protection and Vulnerability Assessment Survey

- To be Started soon
- By Population Council
- UNFPA Sponsored
- WHO participation in identifying RH Indicators
- One day Training of Survey team completed yesterday
- 28 day survey time

# Summary of Camps/HHs/Population

Area	Number of camps	Estimated families	Assessed population
Bagh	19	1,100	5,988
Muz.bad	36	8,168	46,346
<b>AJK</b>	<b>55</b>	<b>9,268</b>	<b>52,334</b>
Battagram	146	8,279	51,580
Manshera	171	13,887	80,546
<b>NWFP</b>	<b>317</b>	<b>22,167</b>	<b>132,126</b>
<b>OVERALL TOTAL</b>	<b>372</b>	<b>31,435</b>	<b>184,460</b>



Ration Card No.		ORIGION/ LOCATION		Provinc e/ Area		District		Tehsil		Village			
HH Size													
Language													
<b>Government of Pakistan</b> <b>Ministry of Social Welfare</b>		CURRENT LOCATION		Camp Address	District	Tehsil	Village	Tent No.	Identity Document Numbers				
<b>FOR EACH FAMILY USE ONE QUESTIONNAIRE--- START WITH THE HEAD OF THE HOUSEHOLD (HoH)</b>													
Serial No.	Name	Father's Name / Husband's Name	Age	Sex	Relation to HH	Marital Status	Current Occupation	Living Arrangements	Source of Livelihood	Vulnerability		Remarks	
										Type of Disability	RH Needs Women('5-49)		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
<b>Details on Deaths due to the Earthquake</b>													
1													
2													
3													
4													
<b>A. Has there been any Child Birth after the EARTHQUAKE in this family? (Ask only for married couples)</b>								1. Yes	2. No	<b>B. Who assisted the delivery?</b>		1.TBA	2.LHV/Doctor
<b>C. If there was child birth then WHAT was the outcome?</b>			1.Live Birth	2. Still Birth	3. Abortion	<b>Mother Line No.</b>		<b>B. Who assisted the delivery?</b>		3. Family		4.LHW	
<b>D. Intention/ Intended place of return: In case if Assistance Provided, would you be willing to return</b>								1. Yes	2. NO	<b>E. How Much Time required to return:</b>		Days:	
<b>Registered By:</b>						<b>Date</b>		<b>Site</b>		<b>Data Entry By:</b>			
<b>Codes:</b>													
Sex	Marital Status	Relation to HH	Living Arrangements	Livelihood	Disability		RH Needs		Districts	Language	Current Occupation		
1.Male	1.Single	1.Head of HH	1.Both Alive	1.No Source/No support	1.Broken Legs		1.Pregnant-1st Trim		1.Bagh	1.Pushito	1.Laborer		
2.Female	2.Married	2.Spouse	2.Only Father Alive	2.Own land	2.Broken Arms		2.Pregnant-2nd Trim		2.Muzafaraba	2.Hindko	2.Self Employed		
	3.Widow	3.Son/daughter	3.Only Mother Alive	3.Own Animals	3.Spinal Cord Injury		3.Pregnant-3rd Trim		3.Kotli	3.Kashmiri	3.Unemployed		
<b>Province/Area</b>	4.Divorced	4.Brother/sister	4.Both Dead	4.Own Shop	4.Other Physically Disabled		4.Postpartum		4.Poonch	4.Urdu	4.Agriculture		
1.NWFP	5.Separated	5.Father/mother		5.Own House	5.Post Surgical disability		5.Lactating Mother		4.Mansehra	5.Punjabi	5.Live Stock		
2.Islamabad		6.Father/mother in law		6.Government Support	6.Vision related		6.Need FP Services		5.Shangla	6	6..		
3.AJK		7.Other relatives		7.NGO Support	7.No Disability		7.Other RH Needs		7.Battagram	7	7..		
		8.Other		8			8.No RH Need		8.Abotabad		8..		
							9		9.Others		9..		
							0						

# Summary

- 23 Teams
- 3 Members Team
- 50 Households per Team per day
- Total Time Required for Fieldwork: 28 Working Days

**50 HHs X 28 days X 23 Teams = 32,200 HHs**

# RH Needs

1. Pregnant-1st Trim
2. Pregnant-2nd Trim
3. Pregnant-3rd Trim
4. Postpartum
5. Lactating Mother
6. Need FP Services
7. Other RH Needs
8. No RH Need

# Reproductive Health

1. Has there been any Child Birth after the EARTHQUAKE in this family? (Ask only for married couples)
  1. Yes
  2. No
2. Who assisted the delivery?
  1. Dai
  2. LHV/Doctor
  3. Family
  3. LHW
3. If there was a birth then WHAT was the outcome?
  1. Live Birth
  2. Still Birth/Dead
  3. Abortion

### GANTT CHART FOR CENSUS OF CAMPS

