South Asia Earthquake
Health Situation Report # 22
12-15 November 2005

Highlights

- Population movements from the mountains to below 5,000 feet elevation are reported.
- Several families settling spontaneously are crowded into unplanned camps where safe water and latrines are not available.
- The outbreak of acute watery diarrhoea (AWD) in the Old University Camp in Muzaffarabad is under control and a decreasing number of patients are admitted for dehydration. No deaths related to AWD are reported.
- Ministry of Health teams have been dispatched to provide basic health care in several areas.

WHO response

- WHO and the MOH have designed kits for lady health workers (LHW) and identified primary health care (PHC) kit contents for use at Basic Health Units (BHU).
- A WHO reproductive health (RH) expert will assess implementation of the Minimum Initial Standard Package (MISP) of RH interventions.
- There are now 11 and 19 operational tuberculosis centres in affected areas in NWFP and AJK, respectively. Work on services re-establishment at other sites continues.
- Mansehra health facilities assessment is ongoing. WHO will recruit and train five to seven teams (four persons per team) to undertake assessment of quality of care and coverage of essential services in all health facilities. WHO have also supported training of vaccination supervisors in Mansehra.
- Phase 2 of the vaccination campaign in Mansehra started on 17 November and includes of diphtheria (DPT) and tetanus (TT) in addition to measles and Vitamin A.
- In Allai Tehsil, Batagram, the MOH completed a mass vaccination campaign against measles in collaboration with WHO and UNICEF. More than 39,000 children were vaccinated.
- In Kuzabanda, 10 km south-west of Batagram, a team from WHO and MOH, FHP and PHC met with 50 LHW in Rural Health Centre (RHC) on 14 November, to discuss the revitalization of the LHW system.
- In Balakot 10,229 consultations took place of which 24% were under five years old.
- 20 government staff from the Punjab will support the re-establishment of a BHU at Shawalisis, Balakot, for six months on a rotational basis. Two tents for an outpatient department (OPD) and two tents for an operation theatre (OT) were established. The OPD sees more than 150 patients daily,
many of whom have skin infections. The OT is not yet functioning and all necessary equipment is expected to arrive soon. There is neither water nor latrines at the BHU and the NGO ACF will assist. BHU electricity is provided by the City supply.

- Two national health teams were sent to the RHC in Khawai and another to the BHU in Sangar. A further team will be recruited and sent to Hangarai. Poor living conditions and lack of essential drugs were reported and WHO will provide mattresses, blankets and a BHU kit which covers 10,000 people for three months.
- 135 mobile vaccination teams were sent to the field by MOH/AJK/UNICEF and WHO. Vaccination continues in four camps in Muzaffarabad. The total number of individuals vaccinated (reported by 48 out of 62 teams) were: 2,748 for polio (OPV); 3,298 for diphtheria (DPT) and 6,597 for measles (MMR).
- 21 fixed Expanded Programme on Immunization (EPI) centres in 21 internally displaced persons (IDP) camps in Muzaffarabad will be established. Vaccination teams will be transported by helicopter to reach inaccessible areas, such as Punchkot, Behri and Matchara.
- In Bala Kot, cold chain items (fridge and vaccines) have been shifted to the Tehsil HQ Hospital where the District Health Officer will recommence EPI activities.
- In Mansehra, 21 of the 37 tuberculosis (TB) centres received tents and generators from WHO. The NGO GTZ is providing microscopes to four centres and furnishings to all centres. WHO will continue mapping TB facilities with their levels of functionality and gaps to prioritise interventions.
- WHO has provided surgical kits to requesting field hospitals.
- In Mansehra, WHO met with a Cuban delegation of 434 medical staff that provides services in the area. WHO encouraged them to participate in the Health Cluster meetings and to liaise further with the relevant district health authorities. Five more Cuban medical teams are on stand-by in Cuba for rapid deployment of: reconstructive, plastics, orthopaedics, rehabilitative and prosthetic specialists.

### 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.

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### 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.

- In Muzaffarabad an interagency mission comprised of OCHA, WFP, UNICEF, WHO and UNHCR visited the Lepa Valley for an urgent needs assessment. Apart from the 1,200 earthquake-injured people, no change in the pattern of diseases was noted compared to previous years (especially in Banmullah Council). New Emergency Health Kits (NEHK) have been delivered via the Department of Health to Lepa Hospital. More NEHK kits are needed to meet the needs of approximately 40,000 people in Lepa Valley for the winter.
- Health authority and WHO teams have identified the "priority health facilities" which will be re-established with temporary structures.
- In Muzaffarabad, re-establishment and support to new health management teams at tehsil level is essential to ensuring the sustainability of any intervention. Prefabricated buildings and equipment has been requested to construct a new tehsil health management office.
- Population movement from high in the mountains continues. On a daily basis, over 1,000 people reach Kaghan Valley and over 500 people reach Allai Valley. Health facilities and winterised shelters need to be identified and prepared urgently with appropriate water and sanitation equipment. An emergency response group has been established by WHO and will be led by MSF. WHO will make available prefabricated shelters to set up ten temporary BHUs.
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- Health related information received from the MOH indicates there is good cooperation between the military and health partners in the field. It also indicates that information on spontaneous camps is difficult to obtain.
- Following a workshop in Abbottabad, a mid term strategy for re-establishment of health services was agreed. Actors pledging for an appeal made by the District Health Authorities will sign a MOU with the Government of Pakistan to re-establish services in six BHUs, one RHC, two Council Hospitals and one Tehsil Headquarters Hospital. Criteria used to select health services include: activity reported pre-quake, access and catchment area. WHO will use more national medical teams to replace the decimated workforce at other health facilities.
- In Batagram the Emergency District Health Officer chaired the first public health cluster meeting together with WHO and UNICEF (15 November). These meetings will be held every Tuesday and Thursday at 5:30pm at the UN Humanitarian Hub to improve coordination and public health interventions.
- A suspected outbreak of acute diarrhoea in a spontaneous settlement at the Old University grounds in Muzaffarabad has been adequately controlled by the Ministry of Health. The MOH erected a rehydration treatment centre and WHO provided appropriate medical supplies. Patients with diarrhoea at this site total 621 to date. There have been no recorded deaths related to diarrhoea or dehydration in this camp.
- At the New University Camp in Muzaffarabad there is a decrease in the number of cases of Acute Watery Diarrhoea (AWD) with severe dehydration reported. Four severe AWD cases were reported during 12-13 November and no deaths have been reported or rumoured. Beds, mattresses, sheets, IV poles and medical materials, such as antibiotics and rehydration materials, are on site, provided by WHO. WHO will continue to monitor this situation closely.
- The surveillance system is being reinforced with additional MOH teams. Currently there are seven operational teams in Muzaffarabad, four in Bagh and four in Balakot. Three more teams will be sent to Rawalakot.
- A rumour of 100 cases of diarrhoea in Dewan Salman Camp in Muzaffarabad was investigated by a WHO team. Providers there confirmed that diarrhoea was a major complaint comprising roughly 30% of consultations. There has been no recent increase of AWD and no cases of AWD with severe dehydration.
- Three more cases of acute jaundice were reported in adult males in Muzaffarabad. About ten cases of acute jaundice are observed weekly.
- Evidence of high levels of coliform bacteria was found in one of the tanks in Muzaffarabad. Through the swift action of an Islamic Relief / UNICEF team, the problem was rectified.
- Merlin reported suspected diphtheria of an eight-year-old female and a 40-year-old male in Deolian. The patients were airlifted and admitted to MASH Hospital in Muzaffarabad.
- A rudimentary cold chain was established in the Tehsil Headquarters Hospital in Balakot. It will be reinforced soon to resume EPI activities.
- With the presence of a WHO epidemiologist in Balakot an apparent increase in the number of cases of both bloody and watery diarrhoea has been noted. The high prevalence of scabies found denotes weak hygiene standards in the camps.

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**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 5 field offices (Muzaffarabad, Manshera, Bagh, Balakot 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.

**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.
• District Health Authorities in Batagram have identified four sentinel sites for disease surveillance. These are: Kuzabanda Rural Health Centre (RHC), Allai RHC, District Headquarters and Thakot. WHO is training MOH staff in disease surveillance.

• International Medical Corps (IMC) reported five cases of measles in children under five years at a tent camp in Garhi Habibullah, Balakot. Most of these had been immunized two to five days earlier but had not received immunization cards which would have identified the type of vaccine used. It is most likely that the measles was contracted prior to vaccination considering the children’s date of arrival to the camp. WHO and MOH will ensure that vaccinators distribute immunization cards. IMC is considering mass vaccination to all children under five years.

• The United Arab Emirates Army facility in Balakot reported two cases of profuse watery diarrhoea with severe dehydration. The first case was a ten year old boy who travelled from a mountain village to Balakot for treatment. He was referred to Abbottabad for treatment. The second case of diarrhoea and severe dehydration was a 70 year old man. He received treatment and was discharged the same day. No further cases from the area have been reported.

• Health facilities in Balakot report the following common communicable diseases: ARI (18%), acute diarrhoea (9%), undifferentiated fever (3%) and bloody diarrhoea (2%). Many sites are reporting scabies cases.

• In Muzaffarabad, the Canadian DART team notified WHO of a suspected case of Crimean-Congo haemorrhagic fever (CCHF) of a 12 year old girl who presented and died at their facility in Garhi Dopotta. Samples were sent to the laboratory and results are pending.

• The ICRC reported two cases of AWD in Chenari. Neither were severe. There are currently no cases at the AWD treatment facility. The total number of AWD cases seen at this camp is 66 (this does not include two initial deaths that occurred out of hospital).

• 105 vaccination teams were deployed to various communities in Muzaffarabad: 30 to Neelam Valley, 10 to Lepa Valley, 28 to Hattian Dopotta and 37 to Muzaffarabad Tehsil. Polio (OPV), diphtheria (DPT), measles and vitamin A will be given for vaccination to children under 15 years of age. This is being carried out by the MOH-AJK and is supported by UNICEF and WHO.

• In Muzaffarabad a joint WHO/MOH mission distributed health education material on hygiene and the prevention and management of diarrhoeal diseases in Urdu language.

• Partners in need of chlorine tablets, hygiene kits or vector control guidance should contact WHO and the MOH.

• A workshop was conducted on 12 and 13 November in Mansehra, in cooperation with UNICEF, OXFAM, WHO and local health authorities. The aim was to train instructors for hygiene promotion courses and focused on community mobilization, high risk behaviours, hygiene messages and rapid assessment forms. Participants working in tent villages in Mansehra on hygiene promotion have increased from 28 to 33.

• WHO was requested to support the installation of one septic tank in a hospital camp in Mansehra. WHO will follow up with OCS, UNICEF.

• In Muzaffarabad, UNHCR/WHO/UNICEF/OXFAM health and water-sanitation teams have assessed the health and sanitary facilities in Thury Park Camp. Water, hygiene and sanitation installations are still to be completed. There are plans to transfer IDPs from the Old University Camp among others to this new camp.

• Assessments have been carried out in the Mansehra camps and hospitals: Jubbah, Kashmir Colony and Ghazi Kot.

• WHO team has discussed medical waste collection issues with the authorities in Mansehra and is now exploring the possibility of constructing incinerators.

• In Balakot, water and sanitation continues to be a huge concern. WHO has hired a water tanker that will provide water to camps not currently served by other agencies. As a pilot, 30-50 female volunteers were recruited to visit the camps during three days to identify patients with scabies and provide benzyl benzoate (BBL), soap and health education (verbally and by leaflets). Reports on the prevalence of scabies will be provided to agencies involved in water provision for sensitization and monitoring.
WHO and the MOH have assessed the situation in Muzaffarabad where contaminated water was found. The cause of water contamination was due to mishap in labelling of chlorinated water. As a result, it was decided that all water supplies be chlorinated.
A workshop on mental health issues for master trainers was held from 16 to 18 November. Many national and international organizations participated. The main objective of the workshop was how to integrate mental health services into PHC services more actively.

As a result of the visit by a team of mental health experts to camps in Mansehra and discussions on incorporating mental health issues into PHC services, together with the WHO team and other partners, a mental health working group was established within the Health Cluster in Mansehra. The IMC will lead the working group. Training workshops for MOH staff and community health workers is planned. Volunteers will be organized and trained to address psychosocial issues, stress symptoms and referral possibilities.

**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.*