In Battagram district, the return of the earthquake-affected population back to their home villages has been completed by 31 March 2006. Camps like Meira, Maidan and Kund with a population of around 20,000 people, have been emptied. Similar reports are received from Mansehra.

More and more international field hospitals are handed over to the Pakistani army and the Ministry of Health. The level of health care delivery after the earthquake has increased significantly thanks to the presence of these temporary health facilities. The goal is to maintain an acceptable level of health services in spite of lack of funding beyond May.

Many NGOs continue to mobilize medical teams to the earthquake affected population; some even expand their services, such as the IFRC. Other activities like the MSF mental health program in Balakot are discontinued in April.

With many reconstruction works nearing completion and temporary health facilities ready to be operational, staffing becomes a key issue. The number of qualified health staff required is larger than was available even before the earthquake due to the increased level of health care services. The challenges for the Ministry of Health to urgently solve this problem are tremendous.

The Federal Relief Commission was officially merged with the Earthquake Reconstruction and Rehabilitation Authority (ERRA), which is coordinating the reconstruction of all temporary and permanent health facilities. Health is represented within ERRA thanks to secondments of first UNFPA and currently WHO. The joint UN Action Plan from relief to recovery is awaiting full approval of ERRA.

A joint evaluation mission into WHO’s achievements in the earthquake response carried out last week between two donor agencies ECHO and DFID, and WHO, reports satisfactory results. The evaluation team visited Bagh and Battagram, and in a special meeting health cluster partners were given the opportunity to openly share their opinion on WHO performance.

Reproductive health

During the return process in Battagram, trained Lady Health Workers equipped with delivery kits accompanied all pregnant women in their last month. The Lady Health Workers identified an urgent need for midwifery kits and reproductive health care support in the villages where the population returned to.

Training of Trainers on Reproductive Health was organized in Bagh, Muzafarabad and Rawalakot for Lady Health Workers. The training focused on issues such as Mother and Child Health Care, Family Planning and Sexually Transmitted Infections.

Environmental health

Safe drinking water  As the population is returning to their home villages, the need arises for water quality surveillance and monitoring in these areas. In Battagram, WHO is seeking the support of the Pakistani authorities in the compilation of a water quality database in the entire Battagram district, mainly in those areas where the affected population has returned to, such as Allai Valley.

A pilot program for water purification distribution was initiated by Australian Aid International and UNICEF, applying ‘PUR’ water treatment, which is used to remove harmful pathogenic microorganisms (bacteria, protozoan parasites, viruses), and suspended matter (solids and organic matter) from water. The community of Ahkori with 224 inhabitants received 2,100 PUR water sachets and 41 water buckets, good for one month on clean water. Results of the pilot program will be shared as soon as the final results are analyzed.

The NGO IMC is supporting a Village Development Organization (VDO) in Banda Balakot as a means to increase community participation in the provision of clean drinking water.

Other major activities in the provision of clean drinking water are rehabilitation works of water supply schemes, such as at Egdah Lal Banda in Balakot, which was completed by IMC.

Solid waste management To ensure continuous solid waste management in health facilities in Balakot, monitoring systems are put in place in Tehsil Headquarter (THQ) hospital, the PIMA hospital and the two Basic Health Units; cleaning up campaigns are carried out in the District Headquarters hospital (DHQ) in Battagram and Besham Civil Hospital; and a DeMontfort incinerator is being constructed in Besham Civil Hospital. This hospital sees between 300-400 people per day and is the only health facility in Besham, the second biggest city of Shangla District.

In partnership with the Tehsil Municipal Authorities (TMA) in Balakot, solid waste activities are implemented with the distribution of rubbish bins for remote health facilities and the elaboration of a landfill site in Kata Kawas.

Hygiene promotion To increase hygiene promotion and sanitation among the earthquake affected population, a series of workshops for trainers and hygiene promoters, some specifically on PHAST (Participatory Health and Sanitation Transformation) methodology were organized by Australian Aid International and UNICEF in Haveli tehsil, Bagh district, and the NGO IMC in Balakot.

The training workshops aim to increase female hygiene promoters and therefore focus on Lady Health Workers and Lady Health Supervisors, as well as ladies to be trained as Camps Health Workers.

The distribution of over 300 hygiene kits and water purification sachets is an extra incentive to improve the poor sanitary conditions of the earthquake affected population. Additionally, IMC provided 374 PHAST tool kits for training of community trainers.
Disease control

A total of 213 health facilities are now participating in the Disease Early Warning System (DEWS). On average, 99% of these sent their epidemiological findings to WHO in the past two weeks, totalling almost 86,775 consultations, for a population of almost 4 million people in the earthquake affected areas. (Figure 1)

The main causes for consultations remain Acute Respiratory Infection and Acute Watery Diarrhoea. (Figure 2)

Figure 1: Number of Reporting Units and Consultations, Earthquake Affected Areas, 15 Oct-17 Mar 2006

Figure 2: Proportion of Reported Cases, Earthquake Affected Areas, 15 October-17 March, 2006

The number of ARI cases is gradually decreasing since week 6 of 2006, while the number of AWD cases is expected to increase due to changing weather conditions. (Figure 3)

Figure 3: Weekly Distribution of ARI, AWD and Injuries, Earthquake Affected Areas, 15 Oct-17 Mar 2006

Mental health

Training material on mental health and psychosocial support in emergency operations

A series of publications for training on Mental Health for Psychosocial Care Givers has been published by the Ministry of Health and WHO Pakistan, specifically focusing on the situation after the earthquake.

- For facilitators of lady health workers
- For lady health workers
- For trainers of district and Primary Health Care workers
- For district and Primary Health Care workers

Supply Management

Further training in the implementation of the Logistics Support System was conducted in Battagram, where stock managers from the warehouse of the Ministry of Health and WHO were trained in the system which promotes efficient and transparent supply management.

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