

# Post Earthquake Rapid Field Assessment

Neelam and Panjkot Valleys Pakistani Administered Kashmir

13-16th October 2005

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## **Executive Summary**

The Merlin assessment team has concentrated on the Panjkot and Lower Neelam Valleys, where destruction levels post earthquake approach 100%. The assessment indicates that this earthquake has produced a time critical emergency and within days a second major emergency, with a major increase in morbidity and mortality, is expected from untreated injuries and a lack of primary healthcare services. The window of opportunity for treating trauma cases is closing fast and a field hospital is needed immediately. All wounds seen are already infected and cases of pneumonia and diarrhoeal disease have started appearing. The field situation is dynamic and is changing for the worse on a daily basis.

Critical issues needing careful consideration include:

#### Logistics

- Access only possible by air or hazardous walk at present, and careful logistic planning will be key
- Communications and power are down and satellite phone or army wireless are the sole methods of contact at present
- o This is likely to worsen as winter deepens
- o Roads will be inaccessible for 1 month minimum and possible much longer

#### Weather

- Winter is approaching rapidly and snow is expected in the villages in the upper valleys in 2 weeks
- The vast majority of people still having no shelter, food or access to health care.
  This situation will progress as the winter deepens.

## • Shelter and food provision

 This will have a massive impact on the ultimate outcome of the health of this population where virtually 100% of dwellings have been destroyed

#### Summary immediate medical needs

- o Advanced trauma care with the provision of a field hospital in Panjkot Valley
- o Primary healthcare services in Panjkot Valley
- o Primary healthcare services with additional basic trauma capability in healthcare units in the Lower Neelam Valley

## Summary longer term needs

- Rehabilitation and reconstruction of destroyed healthcare facilities and systems in Panjkot and Lower Neelam Valleys
- o Capacity building of public sector health workers
- Development of CHW networks
- o Disaster preparedness and response capacity building

## **Detailed Findings**

Village: Nauseri

District: Muzaffar Abad

Coordinates:

Mira Kalsi Lat N 34 22 44.43, Long E 73 42 54.23 Bandi Pukrat Lat N 34 22 26.20, Long E 73 43 01.86

Accessibility: No road access. Accessible from Muzaffar Abad either by helicopter or walk only. The villagers have designated and marked areas for helicopter landing in Mira Kalsi and Bandi Pukrat. There is an army helipad in Nauseri

Date of assessment: 14th October 2005

Total population: Nauseri 2000, Bandi Pukrat 1200, Mira Kalsi 2000, Total population of the cluster: 17000 to 20,0001. Population data for other villages could not be obtained.

Source of information: Nauseri: Sardar Muhammad Iqbal

Mira Kalsi: Muhammad Akram

Bandi Pukrat: Muhammad Akram (village chairman)

Number dead: Nauseri = 51

Mira Kalsi = 61 Bandi Pukrat 41

Number Injured: Nauseri: 12 severely injured evacuated by helicopter.

Mira Kalsi: More than 150 injured. Three severely injured shifted to

Nauseri army base.

Bandi Pukrat: Four shifted to Nauseri army base. 13 seriously injured still

at the village. There is no one to carry them.

No. persons migrating in: None

No. persons migrating out: three families had left Bandi Pukrat.

Health facility infrastructure: There is only one army clinic in the area. No public health facility in these villages prior to earthquake. There was one private clinic in Nauseri which was run by a nurse from Charsadda.

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<sup>&</sup>lt;sup>1</sup> Pak army estimates

Shelter:

% destruction: 95% of the houses completely destroyed. No one in any of these villages is sleeping under a roof. Although some of the buildings appear standing, closer examination reveals dangerous cracks in the walls and roof, rendering them impossible to use. 5–10 families stay together under temporary shelters built from corrugated roof tops of the destroyed buildings.

Plastic sheet distribution: No plastic sheets or tents distributed till date.

Food security:

Current diet: The villagers are using dig-out stocks (piled for winter) from the ruins currently. Additionally, maize crop is also ready.

Cooking utensils: Scarce

Food stock availability (weeks): Maize will last 1-3 weeks. Other food will last only up to three days.

Last food distribution date: No distribution yet.

Market prices: No market. All shops in the villages have collapsed.

Cash availability: Scarce.

Nutrition:

MUAC survey done: No

Marasmus / kwashiorkor: Not observed while surveying the village.

Water:

Access to water point: Nauseri: 10 kilometres pipeline supplying the whole

village destroyed. Villagers now use water from stream

(One km away)

Mira Kalsi: Pipeline supplying 1/4th of the village

damaged. These people will have to walk for one hour to

get water.

Bandi Pukrat: No damage. Spring at 10-15 minutes

walking distance.

Source: Nauseri: Stream

Mira Kalsi: Army water supply pipeline.

Bandi Pukrat: Spring Water

Container	availability	at	home:	Scarce
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Chlorine tablet availability: None

Sanitation:

Latrines: No latrines.

Waste disposal: Open air defecation.

Diseases observed during the last seven days: Children suffering from ARI and diarrhoea. No signs of any disease outbreak.

Security issues: Reports of sporadic stealing.

Proposed interventions: Shelter 25002 tents, Food, Medicines

 $<sup>^{2}</sup>$  Assuming one tent will be sufficient for a family of 8.

Village: Panjkot

District: Muzaffar Abad (Neelam Valley)

Coordinates: Panjkot village Lat N 34 21 21.41, Long E 73 43 09.44, Altitude 1305 meters

Panjkot Helipad Lat N 34 21 15.93, Long E 73 43 06.31, Altitude 1435 meters

Accessibility: No road access. Accessible from Muzaffar Abad either by helicopter or walk only.

The villagers have designated and marked area for helicopter landing.

Date of assessment: 14th October 2005

Total population: 50,0003, Panjkot village: 17,229

Source of information: Abdul Rasheed (Incharge Basic Health Unit Panjkot)

Number dead: Estimated death toll in Panjkot cluster is about 2000<sup>4</sup>. Figures for each village could not be obtained as representatives of all villages in the cluster were not available at the time of assessment. Figures that can be obtained are as follows:

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Dakhan Panjkot	39
Bandi Pukrat	22
Tangkas	28
Lerhi Panjkot	14
Hill Panjkot	6
Nari Saeedan	43
Mastana	60
Ali Koh	68
Mohri	30
Butt Nara	103
Chohan Band	150
Gumla	200
Garangan	65
Nari Gujran	200
Kulian	200
Sheer Band	150
Dahra	48
Meli	18
Nambal	17
Rachola	20
Marahan	35

<sup>3</sup> Pak army estimated figures

<sup>4</sup> Source: Pakistan Army and In-Charge BHU Panjkot

Reech Mar 65 Khattian Kalsi 29 Tatlian 13 Doba 22

Number Injured: A team of medical volunteers comprising seven doctors and four para-medics were in the area near the helipad trying to help injured. They had helped around 80–100 patients needing surgical intervention. The team was facing acute shortage of antibiotics, Plaster of Paris and Anti Tetanus serum. Dr Akmal Hussain (Assistant Professor Neuro Surgery Unit tertiary care hospital Faisalabad) told the assessment team that the estimated number of the injuries is in the range of 5,000, with around 2,000 patients needing urgent surgical intervention.

No. persons migrating in: None No. persons migrating out: None

Health facility infrastructure

Type: One Basic Health Unit in Panjkot village with 2 satellite first aid posts in Ali

Koh and Nari Gujran.

Condition: Fully destroyed

Service status: No services

Staff levels: Staffing of the BHU and its satellite units included one health technician, two female nurses, two dispensers and was supporting eight Community Health Volunteers.

Electricity: No

Communications: No

Water supply: No

Medical equipment: Nil

Drug stocks: Nil

ORS: Nil

Malaria drugs: Nil

Shelter:

% destruction: 95% of the houses completely destroyed. No one in any of these villages is sleeping under a roof. Although some of the buildings appear standing, closer examination reveals dangerous cracks in the walls and roof, rendering them impossible to use. 5–10 families stay together under temporary shelters built from corrugated roof tops of the destroyed buildings. 95%

Plastic sheet distribution: 26 tents distributed.

Food security:

Current diet: Maize

Cooking utensils: Scarce

Food stock availability (weeks): less than one week.

Last food distribution date: No distribution

Market prices: No market, all shops destroyed.

Cash availability: Scarce

Nutrition:

MUAC survey done: No

Marasmus / kwashiorkor: Not observed

Water:

Access to water point: Some of the population clusters in Panjkot village have access to spring water. About 200 families have to use stream water which is muddy. Water supply pipeline completely destroyed.

Source: Springs, stream water.

Container availability at home: Scarce

Chlorine tablet availability: None

Sanitation:

Latrines: No latrines

Waste disposal: Open air defecation

Diseases observed during the last 7 days: Diarrhoea and Acute Respiratory Infections

Security issues: Sporadic Stealing

Proposed interventions: Shelter (5500 tents), Food, Medicines.

Village: Dhani

District: Muzaffar Abad (Neelam Valley)

Coordinates: Lat N 34 25 55.09, Long E 73 41 27.89

Accessibility: No road access. Accessible from Muzaffar Abad either by helicopter or walk only.

The villagers have designated and marked area for helicopter landing.

Date of assessment: 15th October 2005

Total population: Total population of the whole cluster is estimated to be around 25,000 by Pakistan Army. Estimated population figures for villages whose representatives could be met

include: Dhani = 570, Balgran = 3000, Kanoor = 8000, Kalgran = 3000.

Source of information: Abdul Rasheed

Number dead: Dhani 25

Balgran 300 Kanoor 325 Kalgran 400

Number Injured: 12 severely injured patients evacuated by helicopter from Dhani.

No. persons migrating in: Nil No. persons migrating out: Nil

Health facility infrastructure

Type: One Basic Health Unit

Condition: Completely Destroyed

Service status: No Services

Staff levels: One Nurse, One Midwife

Electricity: No

Communications: No

Water supply: No

Medical equipment: Nil

Drug stocks: Nil

ORS: No stocks

Malaria drugs: Nil

Shelter:

% destruction: 95% of the houses completely destroyed. No one in any of these villages is sleeping under a roof. Although some of the buildings appear standing, closer examination reveals dangerous cracks in the walls and roof, rendering them impossible to use. 5–10 families stay together under temporary shelters built from corrugated roof tops of the destroyed buildings.

Plastic sheet distribution: Nil

Food security:

Current diet: Maize

Cooking utensils: Scarce

Food stock availability (weeks): One week

Last food distribution date: Nil

Market prices: No Market

Cash availability: Scarce

Nutrition:

MUAC survey done: No

Marasmus / kwashiorkor: Not observed

Water:

Access to water point: About half an hour walk

Source: Stream water. The stream is muddy due to rains and landslides.

Container availability at home: Scarce

Chlorine tablet availability: Nil

Sanitation:

Latrines: No Latrines

Waste disposal: Open Air Defecation

Diseases observed during the last 7 days: Cases of ARI

Security issues: No

Proposed interventions: Shelter (3500 tents), Food, Medicines

Village: Panjgiran

District: Muzaffar Abad

Coordinates: Panjgiran Village: Lat N 34 26 42.40, Long E 73 37 15.90. Altitude 967 meters

Deevlian Ary Camp: Lat N 34 26 23.50, Long E 73 37 53.16

Accessibility: No road access. Accessible from Muzaffar Abad either by helicopter or walk only.

The villagers have designated and marked area for helicopter landing.

Date of assessment: 16th October 2005

Total population: Total population of the whole cluster is estimated to be around 30,000 by Pakistan Army. Estimated population figures for villages whose representatives could be met include: Panjgiran Payin and Bala = 2000, Larhi = 1000, Rajkot = 800, Doba = 1000, Deevlian = 3000, Chamba = 4000, Arlian = 5000, Karhmang = 2500, Shahdara = 1500, Bandi = 3000, Kanoor = 5500, Utar Naka = 800

Source of information: Muhammad Sher (Village Chairman)

Number dead: Panjgiran Payin and Bala = 80, Larhi = 15, Rajkot = 10, Doba = 19, Deevlian = 55, Chamba = No Figures, Arlian = No Figures, Karhmang = 4, Shahdara = 7, Bandi = 7, Kanoor = No Figures, Utar Naka = 3

Number Injured: 53 severely injured patients evacuated by helicopter, another 150 still waiting for help.

No. persons migrating in: None

No. persons migrating out: 8 Families

Health facility infrastructure

Type: One Basic Health Unit

Condition: Destroyed

Service status: No services

Staff levels: One Nurse, Two Midwives

Electricity: No

Communications: No

Water supply: No Medical equipment: Nil Drug stocks: Nil ORS: Nil Malaria drugs: Nil Shelter: % destruction: 95% dwellings destroyed. Plastic sheet distribution: No Food security: Current diet: Mainly maize Cooking utensils: Scarce Food stock availability (weeks): 1.5 weeks Last food distribution date: No distribution Market prices: No Market Cash availability: Scarce Nutrition: MUAC survey done: No Marasmus / kwashiorkor: Not observed Water: Access to water point: Water supply system developed by World Bank destroyed. There is a spring at 20 minutes walking distance from Panjgiran village. Source: Spring Container availability at home: Scarce Chlorine tablet availability: No

Sanitation:

Latrines: No latrines

Waste disposal: Open air defecation

Diseases observed during the last seven days: No

Security issues: No issues

Proposed interventions: Shelter, food, medicines

Village: Pateka

District: Muzaffar Abad

Coordinates:

Accessibility: Walking or helicopter

Date of assessment: 16th October 2005

Total population: Total population of the whole cluster is estimated to be around 40,000 by Pakistan Army. Estimated population figures for villages whose representatives could be met include: Doba = 400, Chalian = 300, Samband = 700, Goarhi = 700, Choon = 1000, Arlian = 5000, Chakarh Naka = 300, Pateka village = 1000, Arhama = 1000, Rathrha = 1000, Chanjal = 2000, Mandal = 2000, Sachian = 1000, Darkot = 800, Par Sachian = 3000, Palla = 800 and Panjoor Gali = 1400.

Source of information: Yusaf and other villagers

Number dead: Doba = 20, Chalian = No figures, Samband = No figures, Goarhi = 20, Choon = 50, Arlian = No Figures, Chakarh Naka = No Figures, Pateka village = No Figures, Arhama = No Figures, Rathrha = No Figures, Chanjal = 62, Mandal = 40, Sachian = 34, Darkot = 10, Par Sachian = 65, Palla = 20 and Panjoor Gali = 72.

Number Injured: Doba = 12, Chalian = No figures, Samband = No figures, Goarhi = 20, Choon = 50, Arlian = No Figures, Chakarh Naka = 26, Pateka village = 29, Arhama = No Figures, Rathrha = No Figures, Chanjal = 50, Mandal = 100, Sachian = 50, Darkot = 15, Par Sachian = 80, Palla = 22 and Panjoor Gali = 96.

No. persons migrating in: Nil No. persons migrating out: Nil

Health facility infrastructure

Type: One Basic Health Unit, Leprosy Hospital and a dispensary

Condition: Destroyed

Service status: No services

Staff levels: one medical doctor, seven nurses,

Electricity: No

	Communications: No
	Water supply: No
	Medical equipment: Nil
	Drug stocks: Nil
	ORS: Nil
	Malaria drugs: Nil
Shelter:	
	% destruction: 50-70%
Food security:	Plastic sheet distribution: Nil
	Current diet: Stored Food plus market purchases
	Cooking utensils: Reasonable
	Food stock availability (weeks): Two weeks
	Last food distribution date: Nil
	Market prices: Normal. Though prices in Muzaffar Abad have raised several fold, local merchants in the area were still selling their old stocks as previously. Prices may go high after the current stocks deplete.
	Cash availability: Scarce
Nutrition:	
	MUAC survey done: No
	Marasmus / kwashiorkor: No
Water:	
	Access to water point: 1 Hour walk to stream on average
	Source: Stream

Container availability at home: Okay

Chlorine tablet availability: Nil

Sanitation:

Latrines: Very Few

Waste disposal: No specific arrangement

Diseases observed during the last 7 days: ARI

Security issues: Stealing in market areas

Proposed interventions: Shelter, food, road access and medicines.

