



AFGHANISTAN: EARTHQUAKE ***Focus on the delivery of health care activities*** ***and emergency relief items***

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This Bulletin is being issued based on the information available at this time. The Federation is not seeking international assistance to assist the Afghan Red Crescent Society (ARCS) in its relief operation.

The Situation

A strong earthquake, 6.2 on the Richter scale, occurred in Baghlan province in northern Afghanistan in the Hindu Kush mountains at 7:30pm local time on 25 March 2002. Aftershocks continued on 26 March and 27 and caused further damage. The epicenter of the earthquakes was southeast of Nahrin in Baghlan province, about 160 km east of Mazar i Sharif. The affected area extends to 12-15 km around Nahrin, with about 40 villages and an estimated population of 80,000 affected. The death toll is estimated at 800, and 10,000 people were left homeless. Access to the affected area is difficult due to bad roads, and is also hampered by mines laid during several battles in recent years.

Earthquakes are relatively frequent in the Hindu Kush mountain range. In 1998, two earthquakes killed thousands of people and destroyed tens of thousands of houses in Takhar and Badakhshan provinces.

Latest events

The emergency phase is winding down. Relief distributions are still ongoing to some remote villages that report moderate damage. Almost all immediate needs have been covered by the relief distributions. The focus of humanitarian assistance is now shifting towards establishing a rehabilitation plan for the area. The distributions of non-food and food items have reached over 14,000 families. 1,200 metric tonnes of food has been distributed.

The number of mobile health teams has been reduced. The ones that remain are still identifying small numbers of health problems related to the earthquake. According to the reports of the mobile teams, the most prevalent cases are respiratory infections. Their occurrence may have increased due to the exposure of people to the weather conditions. The WHO has started household surveys to collect data on the health status of the population. Initial feedback is that no increased number of cases of malnourished or unaccompanied children has been found. The water situation has improved. Seven distribution points in different affected areas have been established.

UNICEF sent tents to cover the needs of four schools in the area. Continued distributions of tents and supplies will ensure that all the schools in Nahrin and Burka could open in the coming week. Halo Trust continues mapping out mines and training relief workers in mine awareness. General food distributions will continue as before the earthquake implemented by the NGO ACTED.

Red Cross and Red Crescent action

ARCS relief teams arrived on the site within 24 hours after the first earthquake. With the support of the delegation of the Federation in the country, 17 trucks loads of relief goods, including tents, blankets, tarpaulins and jerry cans, were distributed over the following days in the most affected villages.

The recently created Emergency Medical Units of ARCS, with support of the Federation, deployed to the affected area together with the relief teams. As of today three teams provided emergency medical care to 1,760 people. One of the teams remains working in the area to follow up the patients treated during the emergency phase. The activities of the medical teams were focused on prevention and treatment of illnesses, and on health education through outreach workers.

ICRC distributed food and non-food items for 3,400 families during the emergency phase. ICRC deployed 5 delegates to assess the situation. The Federation field assessment and coordination team (FACT) worked on the site during 48 hours to assess the further needs in a number of villages. They also coordinated the relief distributions implemented by ARCS.

The following tables reflect the health and non-food item activities undertaken and assistance delivered to date:

PATIENTS TREATED IN THE ARCS EMU HEALTH CLINICS IN NAHRIN

| Date | <i>No. of patients treated in new city clinic</i> | <i>No. of patients treated in old city clinic</i> | <i>No. of patients treated by mobile clinic</i> | Total no. of patients | <i>Types of cases</i> | No. of referrals to hospital | <i>Types of referrals</i> |
|--|---|---|---|------------------------------|--|-------------------------------------|---|
| Tuesday & Wednesday 26-27 March | 30 | 168 | | 198 | Injuries | 8 | Fractures, deep wound and head wounds. |
| Thursday 28 March | 81 | 94 | | 175 | Injuries also: ARI 29 cases, diarrhoea 8, dysentery 2 . | 6 | As above |
| Friday 29 March | 58 | 92 | 177 | 327 | Injuries and ARI 33 cases, diarrhoea 30, dysentery 40 cases. | 2 | a 5 year old child with dislocation and a man 30 years with a head wound. |
| Saturday 30 March | | 102 | 86 | 188 | Injuries ARI: 41 cases, Diarrhoea: 6, Dysentery: 5 cases. | | |
| Sunday 31 March | 2 | 179 | 159 | 340 | | 1 | Pneumonia In a 3 year old girl |
| TOTALS | 171 | 635 | 422 | 1,228 | Injuries ARI :103 cases Diarrhoea: 44; Dysentery: 47 cases. | 17 | |

Activity Summary

26-27 March: the EMU team, together with the Federation and ARCS health officers, arrived with two vehicles in Nahrin (new city) at 8:00 pm. The composition of the team was 3 doctors, 2 nurses, 2 pharmacists, and 1 health educator. The ARCS health clinic was set up in a tent in the new city. The emergency medical unit (EMU) worked all through the night treating injured people. In the morning of 27 March after a coordination meeting,

the EMU formed a second ARCS health team to work in the old city of Nahrin which was 100% ruined, with no other NGO providing assistance. The following data shows the patients treated from 26 to 27 March.

28 March: the ARCS and Federation health officers together with the EMU team decide to start a mobile clinic for outreach activities to 17 villages surrounding the old city. The aim is to assess the health situation of the people and their needs, educate them about the ARCS clinic in the old city and conduct health education to prevent the outbreak of disease.

29 March: the team decides to increase the staffing of the mobile units in order to increase the quantity and the quality of the services. The composition now is 1 doctor, 1 nurse, 1 pharmacist, 1 health educator. The ARCS mobile visited 12 villages far from the old city in order to assess and treat people. The ARCS mobile team was the first to visit the shorcha village and treat the injured people as soon as the road was cleared.

30 March: the work continues in the two static clinics and in the mobile which visited 8 more villages. The main focus now is to start health education in order to prevent the outbreak of diseases.

31 March: the work continues. The 2 extra health educators have been asked to join from Samangan and PiK ARCS clinics.

Outstanding needs

Physical rehabilitation

Assessments have revealed that in the affected area stretching about 15 km around Nahrin, 25% of buildings have collapsed and another 60% are seriously damaged (either a collapsed roof or wall). The houses are made of mud bricks and are very vulnerable to tremors. Little rebuilding is taking place as more aftershocks are feared. Most families will be able to rebuild their homes on their own during the summer. In the meantime they are living in the tents provided as part of the relief distributions. Technical improvements for building design to make them more earthquake resistant appear to be difficult to implement.

The Ministry of Public Health (MoPH) has secured a commitment from an NGO to rebuild the MoPH clinic in Nahrin. Beside the Swedish Committee for Afghanistan (SCA) clinic, this is the only physical health infrastructure in Nahrin district.

There are 12 primary schools in Nahrin district and nine in Burka district. Similarly with private houses, they are traditional constructions made of mud bricks. Many have been damaged or destroyed. UNICEF is providing basic equipment, as well as tents, to serve as temporary accommodation for the schools in Nahrin. Assessments regarding the rebuilding of schools are ongoing, but so far with little NGO interest. The rebuilt schools will have to be made with more earthquake resistant design and materials.

Water

The affected area has sufficient water coming from local springs and rivers. However, there are problems regarding the quality of drinking water because some springs have been blocked by the earthquake and river water has become cloudy because of landslides. Wells will need to be dug. Several agencies are interested in this.

Health

Even before the earthquake health care needs were not being covered. In the mid term, post emergency phase a number of additional needs remain. They are mostly related to the follow up of trauma cases (fractures etc.) and their rehabilitation, prevention and treatment of communicable diseases, and post traumatic stress disorders. ARCS mobile teams are partly addressing these needs, but they need to be reinforced and supplemented until the population's living conditions recover.

External relations Gov./UN/NGOs

During the whole operation continued contacts were maintained with the local authorities, UN structure and the different NGOs involved. As an example, the FACT team met the Minister of Public Health of the Afghan Interim Authority on 3 April.

For a full description of the National Society profile, see www.ifrc.org

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