RMF
REAL MEDICINE FOUNDATION

SWAT EARTHQUAKE RELIEF PROJECT

KPK, PAKISTAN

2nd PROJECT MORBIDITY REPORT

1st – 29th February 2016

REAL MEDICINE FOUNDATION, Pakistan
328, Main Service Road, St 67, Sector E-11/3
Islamabad, Pakistan, rmfpakistan@gmail.com

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I: BACKGROUND

1.1. Situational Background

An earthquake of magnitude 7.7 Richter scale hit the Hindu Kush regions of Afghanistan and Pakistan on October 26, 2015. Due to the depth of the earthquake the damage impact of this otherwise powerful earthquake was controlled, but the main quake was followed by 87 aftershocks, which along with the winter rains and snowfall, triggered off a series of landslides in the mountainous regions causing weakly structured houses built on hill slopes to collapse.

With 300 dead and 2,000 injured, nearly 59,000 houses were destroyed rendering more than 600,000 people homeless. The initial face of the response was relief services carried out by the National Disaster Management Authority of the government, the Pakistan Army and local NGOs. International assistance was not sought for security reasons as these areas had been Taliban infested a couple of years ago but were now under the security of the Pakistan Army.

RMF, in collaboration and with funding from LDS, launched the 'Swat Earthquake Relief Project' on December 1st 2015 in District Swat. The two project sites were Mohalla Bhakharawan, Union Council (UC) Kabal, Tehsil Matta and Mohalla Akhonbaba, UC Shagai, Tehsil Saidu Shariff, District Swat, and the project objectives were:

1. To provide immediate relief shelter in form of winterized tents and blankets to 100 families in need.
2. To provide immediate relief food to 100 families over the next three months.
3. To provide immediate health care to the people residing in the project site of UC Kabal.
4. To assist in rebuilding of destroyed homes both the project site UCs.

1.2: Progress so far

Objective I of distribution of winterized tents and blankets was conducted on 10th December 2015 to 50 families. The remaining tents and blankets were distributed to 50 families over the next couple of weeks. Families were identified on a snow balling manner and assessed individually by the RMF ground staff. This objective has been achieved successfully by the end of January 2016.

Objective II of providing food rations was carried out along with Objective 1. The one-day distribution of tents and blankets to 50 families also included the food ration distribution. The rest was distributed to the above mentioned deserving families identified over the month of December and January. This objective is ongoing on a monthly basis.

Objective III was initiated on 21st December 2015 in Mohalla Laloo Bandee, UC Kabal, Tehsil Matta, District Swat where the RMF health clinic was inaugurated by the local councilor and began operations on the same day.

II: SECOND MORBIDITY REPORT

2.1: Clinic administration

The RMF health clinic is located in a centrally placed house in Mohalla Laloo Bandee, UC Kabal, Tehsil Matta. It is the only health facility for a radius of 20 Km. The infrastructure of the clinic is that it is composed of two rooms that overlook a shared compound which is divided by a curtain into two gender segregated waiting areas. One room is for the female patients and the other room is for the male doctor as well as the pharmacy stand.

The 5 member clinic staff is composed of a male doctor (Dr Nasar Khan), a female doctor (Dr Fatima Nasar), a medical technician (Mr Adnan Khan), a cleaning lady (Ms Shahida) and a night security guard (Khan Lala). As per RMF's protocol of giving employment opportunities to the local community, all the clinic staff members are from UC Kabal.

In line with our keen eye for quality care service, our medical supplies are procured from our Peshawar-based vendor who has been supplying us with medicine for our Nowshera health clinic for the last two years. He happily agreed to transport the monthly medical supplies directly to the clinic.

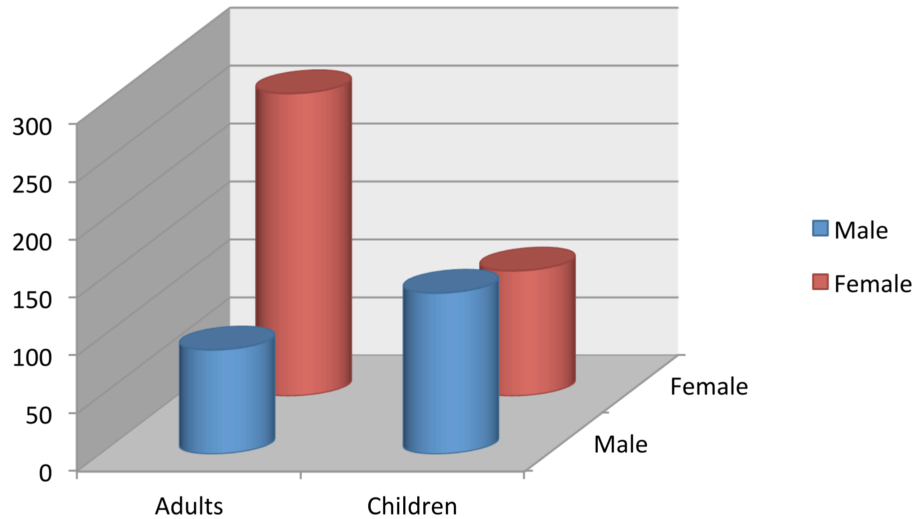
The clinic operating hours are 8.00 to 5.00 pm Monday to Saturday. Sunday is a day off and on Friday a half-day is observed in line with religious demands for the Friday afternoon prayers which are considered sacred.

2.2: Morbidity Statistics

2.2.1: Demographic Distribution

Over the period of 1st February to 29th February 2016, a total of 598 men, women and children were provided with primary health care (PHC) and maternal and child health care (MCH) services. This month the ratio of adults to children was skewed towards the adults whereby the distribution was adults (351) and children (247). The gender distribution amongst adults was similar to the previous months' trend of predominantly women at 74.3% (261) with men at a low 25.6% (90). Amongst the children, boys were more in number at 56.3% (139) and girls at 43.7% (108).

AGE AND GENDER DISTRIBUTION OF PATIENTS



2.2.2: Primary Health Care Statistics

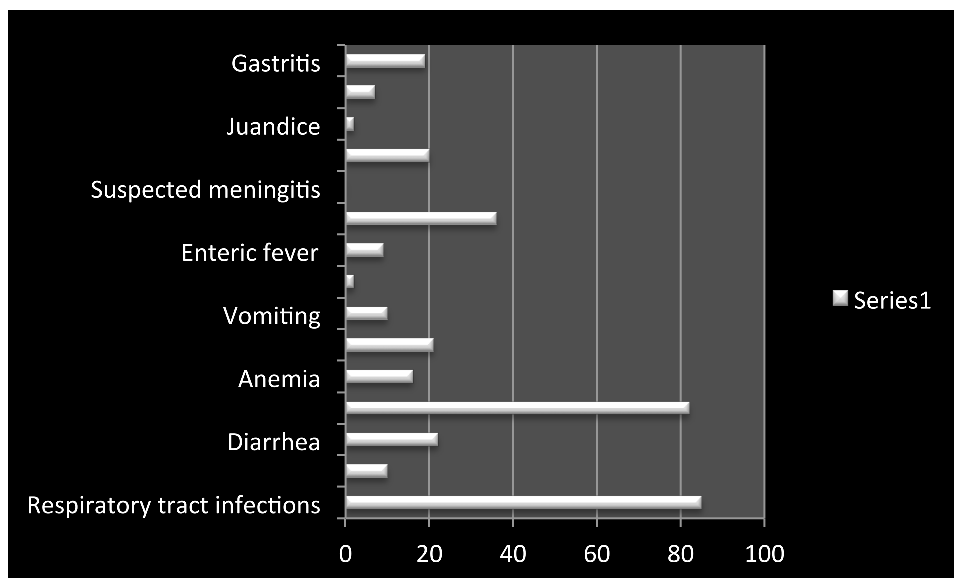
A total of 361 men, women and children sought primary healthcare services. The most commonly presented illness was Respiratory Tract Infections at 23.5%. Naturally, the winter season was still at its peak but the good news was that the complaints dropped by half in the month of February. Unfortunately, the majority of respiratory illness cases were children, a trend similar to the previous months.

The second most commonly presented illness was Urinary Tract Infections (UTI) at 22.7%, a figure that increased from last report. Our project does not have an outreach component for health and hygiene awareness as it is an emergency response project of only 3 months duration.

General body weakness was again presented at third place by 9.9% of patients. As described in our earlier morbidity report, this is not an actual category of illness but with our experience of health services in Pakistan over the past 10 years, this is a commonly presented symptom. Often such cases have no accompanying symptoms. Our conclusion is that psychological stress is manifested in many ways and local colloquial vocabulary lacks the words for depression. The closest word that can be used is 'sad'. So depression, as a result of our patients' experience of trauma and loss of their normal living conditions, is often presented at the clinic as 'general body aches and weakness' with the hope that a medicine may cure them. Our response to this, over the years, has graduated from initial rejection of the complaint to using the placebo effect whereby we prescribe multi-vitamins as a cure. This has been quite successful in the past. Hence such patients are issued vitamins which improve their health.

The complete primary health care presentations are summarized in the table below and their distribution is graphically presented.

Primary Health Presentation	Number of Cases
Respiratory Illness	85
Scabies	10
Diarrhea	22
UTI	82
Anemia	16
Abdominal Pain	21
Vomiting	10
Food Poisoning	2
Enteric Fever	9
General Body Aches & Weakness	36
Suspected Meningitis	0
Jaundice	2
Non-RTA Injuries	7
Gastritis	19
Others	20
TOTAL	**361**



2.2.3: Maternal and Child Healthcare Statistics

A total of 237 women and children sought MCH services. Antenatal care to pregnant women was provided to 52 women (21.9%) and postnatal visits by lactating mothers were sought by 26 (10.9%) women. Family planning services were sought by again a low number of only 7 women.

Of the Gynecology/Obstetrics pathologies presentations, the most commonly presented complaint was of abnormal leucorrhea at 60 women (25.3%) followed by the second most common complaint of irregular periods and dysmenorrhea at 30 (12.6%) and 21 (8.8%), respectively. The trends of these three complaints are similar to our previous morbidity report. Case presentations of primary or secondary infertility were again a similar 6.7% as compared to our previous month.

The cases presented for MCH care are summarized in the pie chart below