



SWAT EARTHQUAKE RELIEF PROJECT

Phase II: Health Clinic Third Morbidity Report

Reporting period: September 1, 2015 – December 31, 2016
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I: BACKGROUND

1.1. Situational Background

On October 26, 2015, a magnitude 7.7 earthquake hit the Hindu Kush regions of Afghanistan and Pakistan. Due to the depth of the earthquake, the damage caused by its otherwise powerful tremors was controlled. However, the main quake was followed by 87 aftershocks, which along with the winter rains and snowfall, triggered a series of landslides in these mountainous regions, causing weakly structured houses built on hill slopes to collapse. 300 people died, 2,000 were injured, and nearly 59,000 houses were destroyed, rendering more than 600,000 people homeless.

Augmenting the relief work by Pakistan government and military agencies, RMF Pakistan, with collaboration and funding from LDS, launched the Swat Earthquake Relief Project on December 1st, 2015 in District Swat. During Phase I, the first four months of the relief project, 100 households of earthquake victims were provided with winterized tents, blankets, and a three-month supply of uncooked food rations. In Phase II of the project, which began in June 2016 and is currently underway, 46 houses that were damaged or destroyed in the earthquake are to be reconstructed. Provision of quality healthcare services throughout both phases of the project is a constant objective that has now been operational for one year.

1.2. Health Clinic Site Relocations

Our approach in choosing the clinic site has been need-based, since the central focus is our relief project activities. So we have moved the clinic from site to site according to our assessment of need in different localities within the same district.

In Phase I of the project, our clinic was located in the remote village of Laloo Bandee, UC Bandai, Tehsil Kabal, where the nearest health facility is beyond a radius of nearly 20 km. At the end of Phase I in March 2016, having served this village, we moved to an area that was more of need of health care. The next site was determined by gathering information using a snowball technique. The doctor in charge was given this responsibility, and since he is a local resident of the area, people of the surrounding communities would inform him of families or persons who are in need of health care but are unable to travel long distances.

Hence, in early April, the clinic was moved to a makeshift camp in the village of Takhta Banda, Union Council Odigram, Tehsil Saidu Shariff. The clinic remained operational in this makeshift camp for 6 weeks, and then, following the same mechanism mentioned above, it was moved into a more solid structure in the village of Odigram, Union Council Odigram, Tehsil Saidu Shariff. The clinic was operational in this location for 6 months, until September. At the beginning of our last quarter of the year, October 2016, we relocated the clinic to the village of Balogram, Union Council Odigram, Tehsil Saidu Shariff, where we are currently operational.

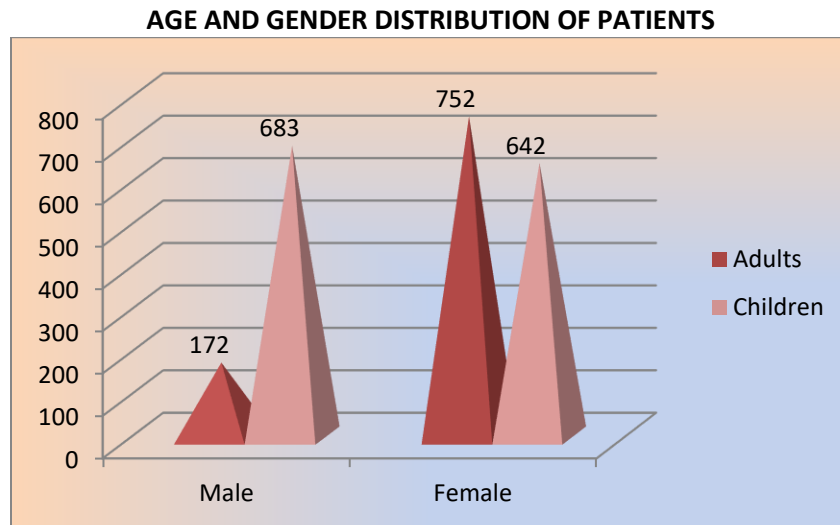
II: MORBIDITY REPORT SEPTEMBER–DECEMBER 2016

The third morbidity report covers a four-month period: September 1st to December 31st, 2016. The daily clinic operating hours were observed: 8:00 AM to 5:00 PM, Monday to Saturday. Sunday is a day off and Friday is a half-day, in line with religious demand for Friday afternoon prayers, which are considered sacred.

2.1 Demographic Distribution

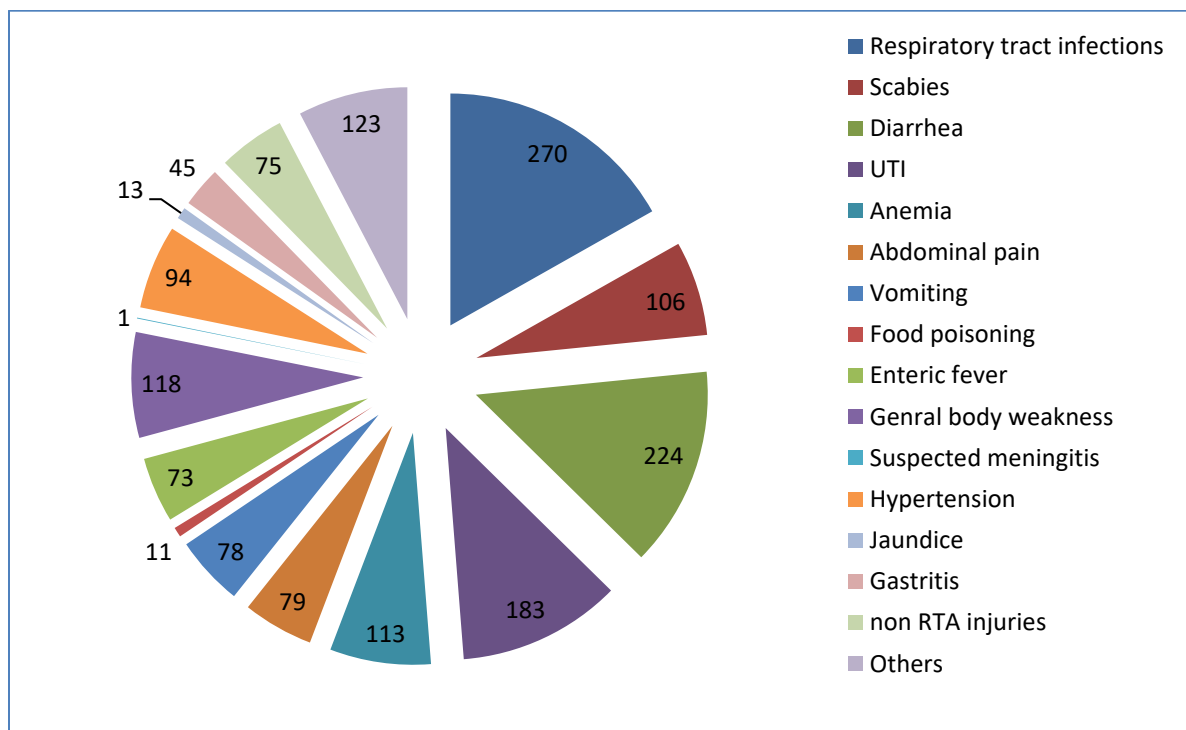
Over this period of four months, with an average daily OPD of 25-30 patients, a total of **2,249 men, women, and children** were provided with primary health care (PHC) and maternal and child health care (MCH) services.

The clinic treated 924 adults (41.1%) and 1,325 children (58.9%). Women constituted the majority of adult patients, at 752 (81.4%), as compared to men at 172 (18.6%). Among the children, the number of female and male patients was somewhat equal, at 683 (51.5%) and 642 (48.5%) boys and girls, respectively.



2.2. Primary Health Care Statistics

A total of 1,606 men, women, and children sought primary healthcare services. The most commonly presented illness was respiratory tract infections at 16.8%, in keeping with the onset of bitter winter months. The second most commonly presented illness was diarrhea at 13.9%, with UTIs in third place at 11.4%. This community also had a substantial number of women who were clinically anemic, at 7%, along with nearly 7.3% of men and women complaining of general body weakness. The rest of the common illnesses presented at the clinic are summarized in the pie chart below. Rare or occasional illnesses presented are categorized as “other.”



2.3. Maternal and Child Health Care Statistics

A total of 765 women and children sought MCH services. Antenatal care was provided to 107 pregnant women (13.9%) and postnatal visits were sought by 67 lactating mothers (8.7%). Family planning services were offered to 14 women (1.8%).

The remaining complaints of a general gynecological and obstetric nature are summarized in the table below:

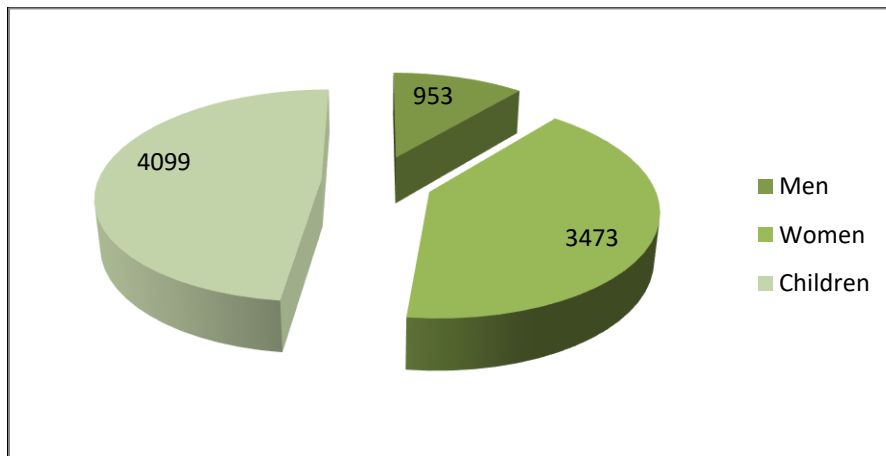
MCH Problem	No. of Women	Percentage
Amenorrhea	22	2.8%
Dysmenorrhea	60	7.8%
Leukorrhea	119	15.5%
P/V Discharge	58	7.5%
P/V Bleeding	38	4.9%
Irregular Period	134	17.5%
Pelvic Inflammatory Disease	59	7.7%
Infertility	23	3.0%
Other	64	8.3%

For additional details, please refer to the Annex.

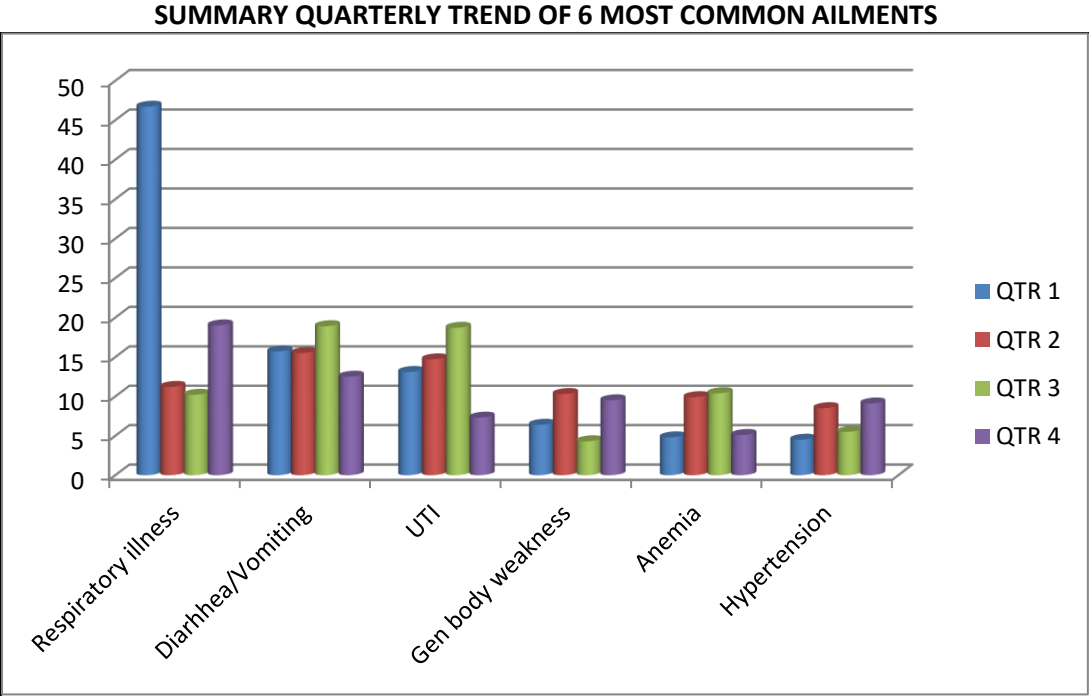
III: ANNUAL MORBIDITY TRENDS

The health clinic has been operational for a little over a year: December 16th, 2015 to December 31st, 2016. It has been located in 4 different villages, all within the same district of Swat. The changes of location mean that we have been serving different communities, but since all come from the same cultural, socioeconomic, and geographical background, the morbidity patterns and statistics have remained quite consistent, with the expected seasonal variations.

Over the course of this year, we have provided a total of **8,525 patients** with primary health care and maternal and child health care. The majority of our patients were children, at 48% (4,099), followed by women at 40.7% (3,473). Men constituted the smallest group of patients at 11.3% (953). Among the children, the number of boys and girls has remained somewhat equal, at 51.8% (2,125) and 48.2% (1,974), respectively.



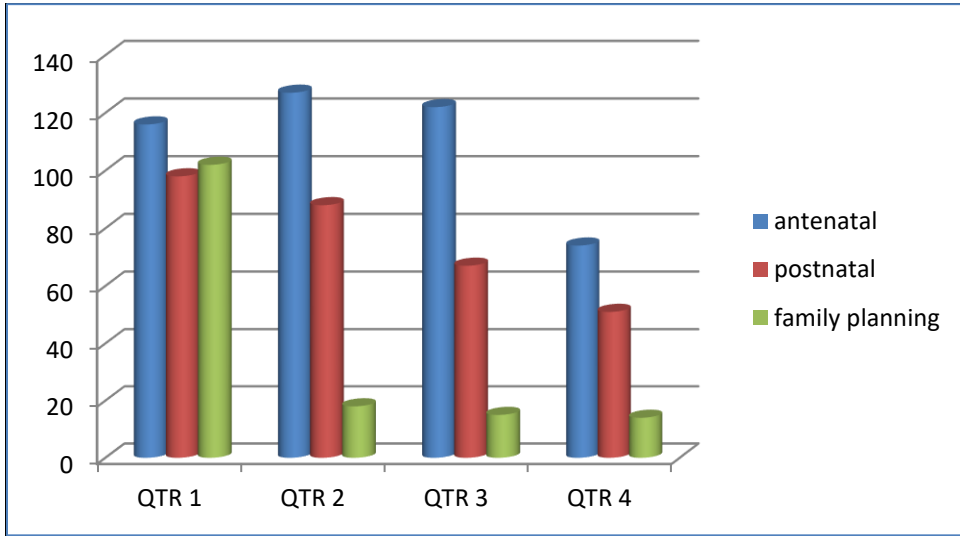
Out of these 8,525 patients, 5,812 sought primary healthcare services (PHC) and 3,204 women and children benefitted from maternal child healthcare services (MCH). The most common PHC complaints were respiratory related illnesses, diarrhea & vomiting, urinary tract infections (UTIs), hypertension, anemia, and general body weakness. When we look at the annual trend as per the quarterly data analysis, the complaints tend to follow seasonal variations. In winter months, respiratory related illnesses constitute the majority of patients' complaints, while during the summer months, diarrhea and vomiting dominate the charts. These six most common complaints have been summarized in the chart below:



When we examine the annual trend, we see the first quarter (QTR 1) had the highest number of complaints of respiratory related illnesses, which did not repeat in the fourth quarter, the following winter. This can be best explained by the fact that in the first quarter, the earthquake had destroyed many houses, leaving a large number of families without shelter and living in makeshift arrangements under tents. Exposure to the bitter winter elements resulted in a high number of respiratory related illnesses. As exposure was lower the following winter, reported cases of respiratory related illnesses were lower as well.

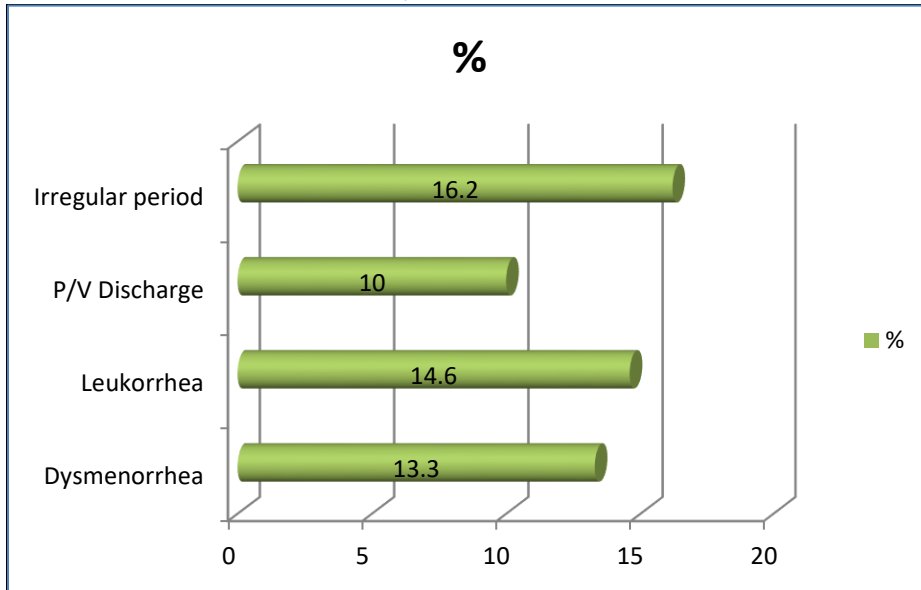
A total of 3,204 women received maternal healthcare services. Pregnancy-related services, such as antenatal care, were sought by 439 women (21%), while 304 lactating women (9.4%) received postnatal care. Family planning services were sought by only 149 (4.6%) women, indicating the cultural preference for large families. A quarterly summary of the annual trend is represented below:

ANTENATAL, POSTNATAL, AND FAMILY PLANNING SERVICES



Sexual and reproductive health concerns were dominated by complaints of irregular periods by 520 women (16.2%), leukorrhoea 470 women (14.6%), dysmenorrhoea 427 women (13.3%), and PV discharge by 323 women (10%). The trend is summarized below:

SUMMARY OF OB/GYN RELATED COMPLAINTS



IV: ANNEX

Swat District Real Medicine Clinic: September 1 – December 31, 2016					
Patients	September	October	November	December	TOTAL
Female	250	154	147	201	752
Male	35	31	67	39	172

Total Adults	285	185	214	240	924
Children (Male)	160	216	172	135	683
Children (Female)	143	205	152	142	642
Total Children	303	421	324	277	1,325
Total Patients	588	606	538	517	2,249
PHC Description					
PHC Description	September	October	November	December	TOTAL
Respiratory Tract Infections	75	60	79	56	270
Scabies	26	29	29	22	106
Diarrhea	96	85	34	9	224
UTI	108	34	23	18	183
Anemia	65	16	8	24	113
Abdominal Pain	33	13	14	19	79
Vomiting	25	15	17	21	78
Food Poisoning	10	0	0	1	11
Enteric fever	25	22	17	9	73
General Body Weakness	20	14	36	48	118
Suspected Meningitis	0	1	0	0	1
Hypertension	18	16	29	31	94
Jaundice	7	2	0	4	13
Gastritis	11	7	9	18	45
Non-RTA Injuries	21	28	15	11	75
Other	29	61	21	12	123
Total PHC	569	403	331	303	1,606
MCH Descriptions					
MCH Descriptions	September	October	November	December	TOTAL
Family Planning	0	1	13	0	14
Amenorrhea	4	6	11	1	22
Dysmenorrhea	12	19	7	22	60
Leukorrhea	14	37	31	37	119
P/V Discharge	1	21	14	22	58
P/V Bleeding	2	9	11	16	38
Irregular Period	21	41	33	39	134
Pelvic Inflammatory Disease	10	20	18	11	59
Postnatal Care	16	14	24	13	67
Infertility	0	8	4	11	23
Antenatal	29	22	22	34	107
Other	5	8	19	32	64
Total MCH	114	206	207	238	765