

POST – EARTHQUAKE RAPID NEED ASSESSMENT DISTRICT HARNAI, BALOCHISTAN

OCTOBER, 2021



Conducted by National & Provincial Disaster Management Authorities in coordination with the District Administration and the technical support of UNFPA & UNICEF



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ACRONYMS

ANC	Antenatal Care
BemOC	Basic Emergency Obstetric Care
BHU	Basic Health Unit
BRSP	Balochistan Rural Support Program
DC	Deputy Commissioner
DDMA	District Disaster Management Authority
DEO	District Education Officer
DHO	District Health Officer
DHQ	District Head Quarter
DSM	District Support Manager
EPI	Expanded Program on Immunization
FC	Frontier Corps
FGDs	Focus Group Discussions
FP	Family Planning
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GCC	Gender & Child Cell
GoB	Government of Balochistan
HR	Human Resource
LHV	Lady Health Visitor
LHW	Lady Health Worker
MC	Municipal Committee
MCH	Mother Child Health
MNCH	Maternal Newborn Child Health
MS	Medical Superintendent
NDMA	National Disaster Management Authority
OPD	Outpatient Department
PC	Provincial Coordinator
PDMA	Provincial Disaster Management Authority
PNC	Postnatal Care
PPHI	Peoples Primary HealthCare Initiative
PRCS	Pakistan Red Crescent Society
RHC	Rural Health Center
RH	Reproductive Health
R&R	Response & Recovery
SAM	Severe Acute Malnutrition
SRH	Sexual Reproductive Health
UC	Union Council
UNFPA	United Nations Population Fund
UNICEF	United nations Children's Fund

BACKGROUND

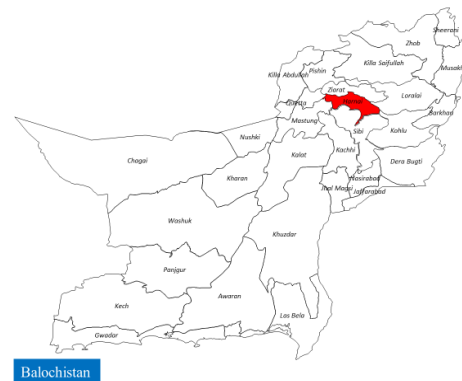
Balochistan is the largest province of Pakistan by land area (44%) with 2017 provisional census results indicating a population growth to est.12.3M and is administratively divided into 35 districts. The province is sparsely populated with an average population density of 35 persons per square kilometer¹.

District Harnai is the third smallest district in Balochistan with an area of 3075 square kilometers. The district consists of 02 Tehsils (Harnai and Shahrag) and 11 union councils. As per Polio program micro plans district is divided into 14 union councils (Beli-1, Beli-2, Harnai Rural, Harnai Town, Nakas, Spin Tangi-1, Spin Tangi-2, Gurmi, Khost, Shahrag, Shahrag Rural -1, Shahrag - 2, Zardalo, Zarghoon Ghar). Harnai was separated from Sibi and got district status in 2007. The district is bordered with districts Mastung, Quetta, Loralai, and Ziarat. According to 2017 census, total population of the district is 97017 and as per EPI and Polio program data the population is 113412 with 53.50% male and 46.50% female. Urban population of the district is only 25%, whereas the remaining 75% resides in the rural areas. Main sources of income for the communities in Harnai are agriculture and coal mining. As per Multi-Dimensional Poverty Index, incidence of poverty in district Harnai is above 70 percent.

SITUATION OVERVIEW

On October 07, 2021 at 03:02AM (Pakistan Standard Time), a magnitude 5.9 earthquake was recorded in the southern parts of Balochistan province including Quetta caused damages in district Harnai mainly affecting the town and few peripheral union councils within the radius of 15 – 25 KMs.

National Nutrition Survey conducted in 2018 revealed that GAM (Global Acute Malnutrition) rate for Harnai was 15.8% with the SAM (Severe Acute Malnutrition) rate of 9.9% in children under 05 years of age. Rates are well above the threshold set by World Health organization and the severity of the situation is of high public health concern. Effective services delivery (health, education, nutrition included), in the district remains a remote reality due to a myriad of operational and services delivery bottlenecks. Progress is challenged by widespread poverty, scattered populations, rough and rugged terrain, inadequate and dilapidated health infrastructure, shortage of skilled health workforce, low literacy, and insecurity, among others.



After shocks continued to occur intermittently since the day of the earthquake. 19 Deaths (07 – Male, 04 – Female – 08 – Children); 223 Injuries (55 – Male, 75 – Female, 93 – Children) In the badly affected union councils people lost their houses/shelters, livestock etc: There are major and minor damages reported for

¹ Preliminary result 2017 Population Census

Health facilities, schools, and offices. There might be some un-reported deaths/casualties/damages from the areas that might not be reported due to the absence of network/connectivity. The aftershocks are continued and according to the Pakistan Meteorological Department light magnitude aftershock of 4.2 hit the district on 2nd time on Sunday, October 10, 2021.



Total population of Harnai district is 113,412 and it is estimated that 19,280 children have been affected. Out of 11 UCs, the three UCs including Saddar-1, Saddar-2 and Municipal Committee (MC) Harnai are severely affected, the six (6) UCs including Babihan-1, Babihan-2, Nakus-1, Nakus-2, Shahrag (Urban) and Shahrag (Rural) as moderately affected and the two UCs including Khost and Zarghoon Ghar are slightly affected. As per the latest updates of PDMA, 315 HHs are fully damaged and 5,662 HHs (31,707 approx.) are partially damaged in the three most affected UCs. Destruction in Harnai town and surrounding areas including Harnai rural, Beli 1, Nakas & Gurmi is severe with large number of mud houses destroyed and cracks/damages noted in the concrete buildings including hospital/health facilities and schools etc:

In terms of health facilities there is 01 District Headquarter Hospital (25 bedded), 01 MCH Center/Zanana Hospital, 01 Rural

Health Center, 07 Basic Health Units and 07 Civil Dispensaries. Of these there are 10 EPI static sites in the district for proving routine immunization services. There is also a school for training of the community midwives in the district which is damaged and have cracks in the building. With regards to the human resource, there is an acute shortage of skilled human resource for health sector in the district. There is 01 District Health Officer, 01 Medical Superintendent, 01 District Coordinator for LHWs Program, 05 medical officers (all are posted at DHQ Hospital), 01 Dental Surgeon, 01 Lady Medical Officer, 08 Lady Health Visitors, 20 vaccinators, 64 lady Health Workers, 03 Lady Health Supervisors and total qualified Community Midwives in the district are 98 (55 received the diploma, remaining 43 already completed their training and diplomas yet to be issued).

There is lack of provision of services under the complete package of Primary Health Care. District Headquarter Hospital is only providing daily OPD and routine immunization services. There are no Reproductive Health Services including Labor room and Operation Theatre due to the shortage of supplies, human resource (Gynaecologist, Anaesthetist etc) and financial resource. No Newborn & Child Health Services due to the non-availability of pediatrician, equipment, supplies etc: and no Casualty/Trauma services. There are no in-patient services. There are very few centers in the district providing BEmONC services. The number of women of reproductive health age group is 29,487, who are in dire need of RH services, and the number of approximately 1180 pregnant women need ANC, PNC, and delivery services at district Harnai.

According to the District Education Officer of Harnai, the district has 02 Higher

Secondary schools' one each for boys and girls, 43 Girls Primary Schools, 101 Boys primary Schools, 07 Girl High Schools and 10 Boys High Schools and 80 madrasas. The educational institutions are also hit hard, roofs and walls of classrooms got cracks

and are in shaky condition. To avoid further human lost or injury, the DC, as precautionary measures closed all the schools till further orders to avoid any causality.

METHODOLOGY

A team led by NDMA, reached Harnai on October 11th, 2021. The team was comprised of the following members:

1. Ms. Tania Humayun, Advisor/Program Manager, Gender & Child Cell (GCC), NDMA
2. Mr. Salman Ahmed, Director, R&R NDMA
3. Ms. Faiza Rahman Syed, Programme Coordinator NDMA
4. Mr. Muhammad Ali Shah, Program Officer NDMA
5. Ms. Sana Arzak, Gender Specialist PDMA Balochistan

On request of NDMA the team was joined by the following representatives of UNICEF, UNFPA, and NADRA for providing technical support.

6. Mr. Arzak Khan, Director Special Project Division, NADRA, Balochistan
7. Dr. Aamir Akram, Health Specialist UNICEF Balochistan
8. Dr. Rasheed Ahmed, Humanitarian Analyst UNFPA Islamabad
9. Ms. Aneeta Ahooja, Program Coordinator SRH Humanitarian UNFPA Balochistan

AUDIENCE

- Senior Government officials from the district administration, health, and education sectors
- District level managers from DDMA, PPHI, health and education sectors
- District staff of local/national NGOs
- Community members

DATA COLLECTION

- Primary data collection was made through key stakeholder interviews, focus group discussions, direct observations, and household interviews.
- Rapid Needs Assessment tools (GBV and Health Facility Assessment) were used as a primary source for understanding the situation in the district.
- Secondary data from NDMA, PDMA, Deputy Commissioner Officer, Departments of Health & Education, PPHI, BRSP and other organizations were collected.

On October 11th 2021, the team met with the Deputy Commissioner Harnai, Mr. Sohail Rehman Hashmi at his office, and briefed him about the objectives of the visiting team which are as follows:

1. To assess the situation in the affected areas of the vulnerable groups for baseline.
2. To map the vulnerable groups and do the initial assessment of the needs for immediate response and rehabilitation afterwards.
3. Area/s to include for immediate needs as basis for intervention and planning specially related to RH for women of reproductive age groups.

4. To assess the needs and plan services / interventions with gender mainstreaming.
5. Conduct focused group interventions and key informant interviews to assess the on-ground needs and support required by the communities.



Meeting with the Deputy Commissioner

DC informed the mission that administration is struggling to provide immediate relief assistance to the people most affected by the earthquake. Due to aftershocks, people are reluctant to stay inside the partially damaged houses and are requesting shelter/tents. Moreover, NFIs and food items demands are also increasing. The existing hospitals' only capacity is to provide first aid and for severe cases patients are referred to Quetta which is at 4 hours' drive distance and the road condition is not good in patches. Women and children are among the most affected in terms of casualties and injuries as at the time of the earthquake, they were sleeping indoor whereas men were either away for labor or were sleeping outside due to warm weather. The DC appreciated NDMA's prompt action and Chairman's visit too, he shared a brief update on the on-going rescue and relief efforts and gaps and requirements.

Soon after the meeting with the DC, Harnai, the mission split into teams to conduct the assessment. The NDMA and PDMA teams decided to visit the community whereas the UNFPA and UNICEF teams were tasked to visit the facilities for assessment. The areas assessed during this survey are as follows:

Infrastructure:

Housing, Educational Institutions, Health Facilities, Water & Sanitation

GBV & RH:

Interviews and FDGs with the vulnerable groups/Women of reproductive age group

Service Delivery:

Interviews with health managers/staff/vaccinators /LHWs etc.

On 12th October, the team visited the DHQ hospital and had a meeting with the Secretary Primary & Secondary Health Care Department, GoB. The meeting was also attended by representatives from UNFPA, MS DHQ Harnai, DHO Harnai, representatives from Indus

Hospital Karachi, PPHI and PRCS. On same day team visited Tehsil Shahrag and met the commandant of FC Col. Jawad.

On October 13th, 2021 meeting was held with DEO, Harnai and Girls High School Harnai was visited. The team also visited the Frontier Corps (FC) office in Harnai for information and updates.



Interview with a Lady Health Worker at MCH Center

COMMUNITY VISITS, FOCUSED GROUP DISCUSSION AND KEY INFORMANT INTERVIEWS

NDMA team conducted community's visits and met the affected population. Shuhadas homes in Kali Mirza and Babu Mohalla were also visited. The team also conducted individual interviews and groups discussions with women, children, and people with disability, and gathered information on urgent needs and concerns of vulnerable groups. The team also visited health facilities and educational institutions, which were severely affected due to the earthquake. The team held short meetings with the office of DHO, PPHI to get the statistics on initial data on damages.

FINDINGS

DEATHS & INJURIES

According to the PDMA-Balochistan a total of 2 Tehsils, 6 Union Councils and 25 villages were affected by the earthquake. As per the daily sitrep report issued by the Dc Office Harnai dated 14/10/2021 a total of 17 deaths reported with 32 critical injured and 200 minor injuries. The data on the deaths is as under:

Address	Deaths
Killi Shore	3
Killi Mirzai	3
Killi Ghareebabad	2
Goda Ghoza	3
Killi Jalalabad	2
Killi Isphaghani	2
Killi Mian Kach	1
Shahrag	1

A total of 25 critical injured were referred to Quetta, 10 in Heli and 15 by road in ambulance. The injured were treated at DHQ hospital at Harnai. Out of dead or injured 41% are children, 34% are women and 24% are men.

STRUCTURAL DAMAGES

Damage assessment survey is still in progress.



DISTRICT HEALTH SYSTEM

Assessment team visited the District Headquarter Hospital (25 bedded), MCH Center/Zanana Hospital, RHC Shahrag, BHUs Khidrani and Gurmi. The team also met with the high officials from the Department of primary & Secondary Health Care including, Secretary, Provincial Coordinators for MNCH and LHWs Programs, District Health Officer, Medical Superintendent, District Support Manager PPHI etc. Status of the health sector in the district is as under:

Available Human Resource	<ol style="list-style-type: none"> 1. District Health Officer – 01 2. Medical Superintendent – 01 3. Medical Officers – 05 (all are posted at DHQ Hospital) 4. Lady Medical Officer – 01 at DHQ Hospital 5. Dental Surgeon – 01 at RHC Shahrag 6. Lady Health Visitors – 08 7. Vaccinators – 20 (08 – Government & 12 – PPHI) 8. Lady Health Workers – 64 9. Lady Health Supervisors – 03 10. Community Midwives – 98 (55 received diplomas and 43 are still waiting)
Health Facilities/Hospitals	<ol style="list-style-type: none"> 1. District Headquarter Hospital – 01 in Harnai Town 2. MCH Center/Zanana Hospital – 01 in Harnai Town 3. Rural Health Center – 01 4. Basic Health Unit – 07 (Ghurmi, Khidrani, Belli, Gochina, Suzo, Zardalo and Zarghoon Ghar) 5. Civil Dispensaries – 07
Services available @ these health facilities	<ol style="list-style-type: none"> 1. <u>District Headquarter Hospital (25 Bedded):</u> <ul style="list-style-type: none"> - General OPD - EPI Vaccination Site - No Reproductive Health Services including Labor room and Operation Theatre due to the shortage of supplies, human resource (Gynaecologist, Anaesthetist etc) and financial resource - No Newborn & Child Health Services due to the non-availability of pediatrician, equipment, supplies etc: - No Casualty/Trauma services - No 24/7 services – Doctors usually are on call - No in-patient services - Latrines with water – available - No electricity back up 2. <u>MCH Center/Zanana Hospital:</u> <ul style="list-style-type: none"> - OPD services for children

	<ul style="list-style-type: none"> - Labor room established but not functional - EPI Static site - COVID19 vaccination site - No 24/7 BemOC services - No newborn health services <p>3. <u>Basic Health Units:</u></p> <ul style="list-style-type: none"> - General OPD - EPI static Sites <p>4. BEmOC services available at very few and rest of the centers are only providing ANC, PNC services</p> <p>5. <u>RHC Shahrag:</u></p> <ul style="list-style-type: none"> - General OPD - EPI static Sites - No BEmOC services (Only ANC, PNC services are available) <p>6. <u>Civil Dispensary:</u></p> <ul style="list-style-type: none"> - General OPD - EPI static Sites
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RELIEF OPERATION

As of October 14, 2021, according to the office of Deputy Commissioner, Harnai, the following relief items distributed among the affected communities of Tehsil Harnai and Shahrag.

S. NO	Item	Quantity
1	Tent (Normal)	1290
2	Tent Small (Family Size)	665
3	Tent Folding	150
4	Water Cooler	1300
5	Blankets	1130
6	Quilts	423
7	Tea	15 bags (70 KG)
8	Soap	500
8	Sugar	100 Bags (50 KG)
9	Pulses	200 bags (25 KG)
10	Rice	200 bags(25 KG)
11	Jerry Cane	750
12	Grams (30 kg bag)	167 bags
13	Plastic Mats	1300
14	Gas Cylinders	423
15	Buckets	400
16	Mosquito Nets	1270
17	Solar Lights	423

18	Ration Bags	1102
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ASSISTANCE BY NDMA

Till the reporting date NDMA has provided the following relief items:

S. No	Items	Total
1	Tents	3350
2	Tarpaulin	150
3	Mosquito Nets	750
4	Blankets	5250
5	Food Hampers	1000
6	Hygiene Kits	3000
7	Quilts	105
8	Soaps	10000
9	Aqua Tabs	15000
10	School tents (China 5pcs)	100
11	Sleeping Bags	1000

RESPONSE FROM PRIMARY & SECONDARY HEALTHCARE DEPARTMENT

- Government of Balochistan has sent 09 ambulances, 04 medical doctors, 07 paramedics and emergency medicine/equipment on day one by involving adjacent district Pishin, Ziarat and Quetta.
- Government also declared emergency in the tertiary care hospitals in Quetta.
- Essential medicines released from the government MSD and handed over to the District Health Officer and Medical Superintendent in the district.
- Medical camps organized by Pakistan Pediatric Association, Indus Hospital Karachi, Balochistan Institute of Psychiatry, Jam -e Shifa Hospital and several other organizations in close coordination with the department.
- Director General Health Services Balochistan and Balochistan Institute of Nephrology provided medicines to the DHQ Hospital on urgent basis.
- 01 Gynaecologist and 01 General Surgeon are posted on temporarily basis at the District Headquarter Hospital in Harani town.
- Quick visits done by the Secretary to P&SHC Department, DG Health Services, Vertical Program Managers etc, for assessing the situation and ensuring timely response
- Population Welfare Department deployed 02 Lady Medical Officers, 02 family workers, male assistant and 02 psychologists form BRSP for 02 weeks for providing reproductive health services and psychosocial support.
- DoH engaging 08 already trained Community Midwives in the district.
- PPHI is supporting for proving a MSU from Saranan.
- 01 Mobile health unit deployed in the district form Loralai and staff from Loralai medical college also deployed for treating the injured people.
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RECOMMENDATIONS

SHELTER

- There are no reports of displacement from areas hit by the earthquakes. Community and government officials informed that the affected families are living under open skies in the vicinity of their damaged/partially damaged houses. There is a shortage of NFIs in the district for the affected populations.
- Each household comprises of around 25-30 members predominantly women, adolescent girls and children.
 - **PDMA, district administration and other actors are providing relief and shelter materials to the affected populations. Depending upon family size and numbers, additional tents should be distributed to the affected households. Each household is also in desperate need for non-food items. PDMA and NDMA to assess actual need of tents for shelter. Additional need assessment must consider the size of the family members in each household.**
 - **Non-food items such as hygiene kits, sanitation kits, medical kits, blankets and warm clothes for children are required.**

HEALTH & NUTRITION

- Vulnerable groups are exposed to pneumonia, malaria, gastroenteritis, influenza, respiratory tract infections, COVID-19 and other communicable diseases .
- Malnutrition rates for women and children are high in the district and the current disaster may worsen the situation. In addition, there are possibilities for the distribution of Breast Milk Substitutes for the newborn and children up to the age of 02 years.
- There is a shortage of skilled HR in the district due to which services for RH are not available at the health centers. There is no proper referral mechanism for the complicated cases from Harnai to Quetta or any other adjacent district having Comprehensive EmOC services. Deployment of community midwives remains a challenge in the district.
- There is a dearth of essential medicines, clean delivery kits, newborn kits and family planning services.
- Majority of the women have around five-seven live births two to three miscarriages and/or children with disabilities. During the assessment it was observed that a number of families have children with disability and the one of the reasons could be non-availability of trained staff to handle the complication during deliveries and culture of home-based deliveries by traditional birth attendants.

- Primary Health services (MNCH, EPI, Nutrition) must be strengthened and scaled up for preventing the communities and treating of common illnesses for women and children under 05 years of age.
- Hospitals/health facilities have been damaged in the affected areas and there is a disruption of services. There is need to establish hospital setups in the surroundings of the affected populations for ensuring provision of basic primary health care, reproductive, newborn & child health care services to the vulnerable population groups, women & children.
- Keeping view the scattered population and challenges in accessing the health facilities by the populations it is recommended to strengthen the community-based structures including lady Health Workers and Community midwives.
- For addressing the shortage of skilled human resource (Gynecologists, Pediatricians, medical officers, LHVS, midwives etc) to be deployed at the health facilities for ensuring the provision of maternal, newborn & child health.
- There is urgent need for essential medicines and medical supplies. Moreover, contraceptive commodities must be provided to the health centers for uninterrupted family planning practices.
- The counseling and FP commodities need to be made available as family size of 5-7 was observed with least information on family planning.
- Immediate arrangements for mental health and psychosocial support services by deploying trainer counsellors and psychologists.
- To counter the shortages of female doctors in the district, the telehealth medicine services should be promoted. Telemedicine will also greatly serve the purpose of providing virtual services for mental health and psychological issues.
- Strengthening the District Headquarter hospital, MCH Center and RHC Shahrag for serving as referral points for the complicated cases from the adjacent and surrounding union councils. It is recommended to address the HR shortage, ensure the provision of medical supplies, equipment etc for providing PHC, MNCH and Nutrition services.
- Immediate completion of civil work at the DHQ Hospital for Child Unit and bachelor's hostel.
- Involvement of all the relevant stakeholders (Vertical programs (EPI, MNCH, LHWs, Nutrition), Development Partners (UNFPA, UNICEF, WHO, WFP), statutory bodies (Society of Obs & Gynae, Pakistan Pediatric Association) etc for strengthening the health systems and service delivery in the district in the rehabilitation phase.
- Provision of basic PPEs for stopping the COVID19 spread must be ensured.

EDUCATION

- A great need for psychosocial support for children was identified.

- **Mental health and psychosocial support services must be provided to school children**
- **Provision of leisure and recreational services for children to help them cope with post-traumatic stress disorders.**
- **Establishment of Temporary Learning Centers**
- **Alternate shelter arrangements for damaged schools and planning rehabilitation and reconstructions at an early stage.**

WATER AND SANITATION

- Majority of the houses, that is over 70%, had no latrine even before disaster, and remaining households with damaged latrines have resorted to open defecation. Cultural factors are impediment to building latrines.
 - Water and sanitation issues are of concern prior to the earthquakes thus the risk of the spread of waterborne diseases is high.
 - There is no clean drinking water available since the community collect water from a common stream which provides water to that area. Water from main source does not appear clean and households do not treat water before drinking.
 - Lack of personal hygiene practices among women and girls. The reasons are lack of easy access to water and sanitation facilities, women continuous engagement in household's chores, nursing children and affordability concerns of hygiene items.
- **Understanding, cultural factors, installation of new latrines to control open defecation is required where culturally applicable. However, face to face awareness sessions and mass media campaigns are necessary to hygiene related issues and behaviors.**
 - **Rehabilitation of existing latrines (men and women) should be considered a priority specially in town settings.**
 - **Provision of women dignity kits containing hygiene items abreast providing awareness sessions is necessary.**
 - **Provision of insecticides treated bed nets to prevent malaria and other vector born illnesses is mandatory**

CHILD PROTECTION

- Some children can be assumed to have lost their care givers. Children face distress of losing home and belongings. Escalation of domestic violence is a concern.
 - **Supporting the children by establishing child friendly centers with a focus on psychosocial support**



OTHER CHALLENGES

- Humanitarian organizations are facing multiple challenges due to security, remoteness of the area, thinly spread populations, and poor road infrastructures.
- Lengthy procedures for acquiring No Objection Certificate (NoC) from relevant departments is another impediment for aid work

