

Background:

On 02 January 2010 at 7:15 AM an earthquake with the magnitude of 5.3 hit about twenty villages in two Jamoats of Vanj District in GBAO, Tajikistan. The epicenter of the earthquake was close to the district center. There are no reports of casualties or injuries. The total population of Vanj district is 32,000 people, 11,000 in the affected area of District Center and 6000 in Yazgulam Jamoat.

As results of the earthquake 140 houses (980 people) are fully destroyed, 958 houses (with 6,706 residents) partially destroyed, and a number of administrative and public building were damaged. Currently the displaced people are located in the 2 schools; tents are provided by IFRC and UNDP for the remaining people. There 15 pregnant women among the displaced population.

Current inter-sector priorities: Winterized shelter (tents), Non-food items and cooking equipment.

Health Facilities: the building of the Central District Health Center (on outpatient polyclinic) was completely destroyed. The Central District Hospital (CDH) was not damaged, and is fully operational; additionally taking on the operations of the Health Center. Five (5) medical points were partially damaged, but all remain functioning at previous levels.

The WHO organized a Rapid Health Assessment in conjunction with activation of a REACT – Rapid Response Team (RRT) assessment mission in cooperation with MoH RT, GBAO DoH and UNICEF to assess the health situation in the affected area. The DoH/WHO consultant joined the REACT/RRT mission on January 6, 2010 to travel from Dushanbe to the Center of Vanj district. The RHA was conducted only through the interview with the CDH Chief Doctor.

Findings:

1. District Health Center (polyclinic)

The District Health Center (polyclinic) has been seriously damaged by the earthquake, some walls have been completely destroyed and the building is no longer usable. This is an out-patient facility. No supplies, equipment or medications were lost; all were salvaged and relocated.

The staff of the polyclinic has been relocated to the Central District Hospital and outpatient services are now provided in the CDH by the polyclinic staff. The Chief Doctor of the Polyclinic was not available for interview.

2. Central District Hospital (CDH)

Infrastructure and supplies:

Access to Vanj CDH was temporarily impeded by rock fall. The CDH building has not been affected and continues its “normal functions”. Water, sanitation, electricity and other systems of the hospital remain functioning and are undamaged.

CDH Vanj has 2 generators (64 kW and 100 kW) with 3 days stock of fuel. The hospital uses small boilers for heating in each ward; in addition, wood stoves exist as alternative for heating. There is running water and sufficient water amount for the patients (more than 60liters pp/d).

The hospital itself is sparsely equipped; possessing only sterilization equipment and an ECG machine. The hospital does not possess a ventilator machine. Essential medications are partially available; notably anti-malarial medications, childbirth “kits”, blood products and oxygen are not available.

Staff:

The CDH staff continues provision of their regular range of services. In addition to the normal hospital staff, some community volunteers work with the population.

Morbidity profile:

Apart from need in psychological support (noted and requested to the MoH by the District health authority), the natural disaster did not generate any additional burden on the health system. The morbidity profile has not changed since the event.

In 2009, in the affected area the following major health problems were in place (based on available information:

Population group	Type of illness	% among population Or number of cases
Children	Acute Resp. Inf. (ARI)	70 %
	Malnutrition	30%
	Diarrhea	150 cases
Women	Anemia	65 %
	Post partum bleeding	18/498 cases
Adults	ARI	40
	Cardiovascular disease	30

Referral:

The CDH refers patients to the Oblast General Hospital in Khorog (178 km). Ambulances and private cars are used for transportation. Some patients seek care directly from hospitals in Dushanbe.

Conclusions and recommendations:

- Although there were no direct health effects of the earthquake, the displaced population has led to overcrowded living conditions, this compounded by the cold weather and changes in overall living conditions, may lead to disease outbreaks and worsening of chronic patients conditions. Therefore it is important to monitor the health situation in Vanj, especially with regard to any Influenza Like illnesses (ILI), acute respiratory illness (ARI), diarrhea, and follow-up care for patients with chronic conditions (hypertension, diabetes, etc).
- Support actions for provision of psychosocial support to the affected population in conjunction with programs currently under development by MoH and the WHO. This should draw collaboration of MoH by mental health specialists and volunteers, and NGOs active in the region.
- The affected jamoats in Vanj should be provided with Tamiflu and other essentials for treatment of influenza in order to avoid complications, especially in pregnant women; combined with hygiene and home-care promotion, and active surveillance especially for pregnant women in the area (15 currently registered with the DoH Vanj).
- Follow-up with DoH GBAO and MoH RT on the continuing status of health needs in the region.
- Involve the existing health volunteers in working with the affected population to ensure disease prevention.
- The Polyclinic served as the district health center (provision of primary care), its continued operation is an integral part of health care in the area. Discussions in support of this; through its incorporation into the facility of the CDH or provision of its own structure should be considered in the overall health strategy for the district by MoH and others.