



BRIEF

“BUILD BACK BETTER”

RECONSTRUCTION AND REHABILITATION POLICY

HEALTH SECTOR

**Government of Pakistan (GOP)
Earthquake Reconstruction and Rehabilitation Authority (ERRA)
Prime Minister Secretariat (Public)**

BUILDING BACK BETTER: Reconstruction and Rehabilitation Policy for the Health Sector in Earthquake Affected Areas

1. ERRA's health policy delineates guiding principles, guidelines and a strategy for reconstruction in the affected districts. The health component of GOP's '**Build Back Better**' policy is based on the Humanitarian Charter for Minimum Standards for Health Care, including the right to 'health for all' and respect for the dignity of the population affected by the disaster. The policy has been constructed on the key principles of equity, access to essential health care, timeliness, results, accountability, placement of strong local leadership and strategic coordination of the effort. The strategy also envisages addressing the needs of vulnerable populations, especially women, children, and persons with disabilities and psychological trauma.
2. The reconstruction and rehabilitation effort provides a unique opportunity to improve the functioning and performance of the health system. The implementation of the reconstruction strategy will be used as a means to explore management options for strengthening the health system to address key issues faced by the sector including under performance, inadequate quality of care and poor availability of human resources. The policy will also support development and implementation of an emergency preparedness and disaster response system in the health sector.

Critical Challenges

3. Key challenges faced by the health sector in earthquake affected areas include:
 - a. Rationalized reconstruction and rehabilitation of health infrastructure, making them seismically safe and user friendly;
 - b. Revitalization of the health care delivery and management system;
 - c. Effective coordination to ensure availability of essential health service during transition phase;
 - d. Availability of human resource for health services;
 - e. Access to an integrated and essential services for vulnerable population especially women and children and disabled (physical and psychological rehabilitation);
 - f. Prevention of epidemics and operationalization of surveillance system; and
 - g. Preparedness for disaster management.

Vision

4. The purpose of the policy is to ensure that essential health care services are accessible and available to all in support of the overall government policy of "**Build Back Better**". The vision for the health sector in quake-affected areas is

“a revitalized health care system which is financially viable and ensures provision of an integrated and essential package of health services, which is accessible, effective, efficient and responsive to the health needs of the affected population and contributes to improved health status of the population”.

5. Objectives:

- To restore health care infrastructure through rationalized reconstruction / rehabilitation of seismically safe and user friendly health infrastructure;
- To ensure availability of an integrated and essential services package at different levels of health care delivery system covering preventive and curative services including rehabilitation program with improved access for the disabled;
- To strengthen the management and organizational system to revive and sustain health services; and
- To devise an institutional mechanism in the health sector to operationalize a rapid effective emergency and disaster response whenever required

Key Principles of “Building Back Better” Health Care Delivery System

6. ERRA will oversee, coordinate and monitor the overall reconstruction and rehabilitation programme of health care delivery based on the following key principles.
 - A. **Reconstruction & Rehabilitation based on Essential package of health services**
 - B. **Rationalized reconstruction considering access, utilization and population**
 - C. **Strategic Integration of smaller units (FAP, MCH units, TB clinic and FWCs of Ministry of Population Welfare) of service delivery into primary health care facilities**
 - D. **Seismically safe and supervised reconstruction**
 - E. **Emphasis on the needs of vulnerable population (women, children and disabled)**
 - F. **Collaboration and Coordination**

Strategies for ‘Building Back Better’ Health Care Delivery System

Rationalized reconstruction and rehabilitation of health facilities:

7. Out of 796 health facilities in the eight affected districts of NWFP and AJK, about 48.7% (n=388) of health outlets have been completely destroyed during the earthquake whereas 24.8% (n=197) need retrofitting. Remaining 26.5% (n=211) of health facilities, which have no obvious damage, also need to be assessed for safety because of possible future seismic activity in the area. However, the destruction presents a good opportunity for developing a more rationalized health care delivery system in the area based on essential package of health services, integration of small units, making user friendly health outlets and seismically safe buildings.

Provision of health care services and disease control.

8. The Federal Relief Commission is coordinating earthquake relief activities including health care in the earthquake-affected areas. During reconstruction and rehabilitation phase, a ‘Transition Cell’, within ERRA would be established for coordination of relief activities including provision of essential health services, till the system is rebuilt.

Rehabilitation program and improving access for the disabled.

9. As per available information, the total spinal cord injury patients after earthquake were 741, received at major hospitals and field hospitals in different parts of the country. In addition, 713 amputations were also carried out. Different public and private sector organizations have registered 582 cases for provision of Orthosis and Prosthesis, out of which 135 amputees have been fitted with Prosthesis and sent back to home after rehabilitative training. The need for rehabilitation for the disabled will be an ongoing priority and work will be closely coordinated with MoH and Ministry of Social Welfare for rehabilitation of disabled in the society. The strategy will include meeting all needs for provision of rehabilitative services, provision of supportive/ assistive devices and facilitating the disabled into the society.

Strengthening health system management:

10. The management capacity especially at district level will be built through provision of consulting services, technical assistance and in-service training. One of the key areas necessary for the strengthening of health care delivery system is the availability of required human resource.

Emergency preparedness and disaster management at the federal, provincial and district level.

11. The health sector in Pakistan has inadequate arrangements to respond to emergencies and disasters needing health care actions. It will be important to learn lessons from the response to this disaster and establish a system, which can initiate a well-coordinated response and disaster relief efforts

at the earliest. This would need a full review of the present mechanisms, lessons learnt from the existing relief effort, building capacity of health sector and devising an institutional arrangement for the health system within the national set-up for disaster management with focus on earthquake affected areas. An institutional mechanism would be developed in the health sector to operationalize an effective emergency response within 24 hours.

Phases of Reconstruction

12. The Reconstruction and Rehabilitation work of health sector in earthquake-affected areas will be completed up to June 2009, in three yearly phases. Different projects will start based on prioritization exercise considering needs for health services, utilization rate, staff availability, geographical rationalization & accessibility and time required for the construction work etc.

Monitoring and Evaluation

13. ERRA will set the standards for monitoring requirements for all levels. District Reconstruction Units and PERA will undertake routine monitoring in collaboration with Departments of Health and District Health Offices. ERRA will engage external structural engineering firm's services to monitor progress and implementation of standards.

Financial Outlay

14. The total financial implication for reconstruction and rehabilitation for the health sector is about **US\$ 305 million**.

Physical Targets

15. The physical targets include:
- Reconstruction of **237** health facilities/ hospitals.
 - Repair and Retrofitting of **105** health facilities/ hospitals. Assessment of about **110** health facilities (not damaged) for safety and seismic retrofitting of the recommended health facilities.
 - Construction of **1** DGHS office and **7** district health offices. Repair of **1** district health office.
 - Construction of **2** Nursing Schools and **3** training centers/ paramedical schools.
 - Provision of equipment, furniture to **all** mentioned above health outlets.
 - Establishment of "**Transition Cell**" within ERRA for continuation of relief services including health till the completion of Reconstruction and Rehabilitation phase.
 - **Strategic plan for Rehabilitation services of disabled and up gradation of selected hospitals** for provision of services for disabled along with community rehabilitative program.
 - Strengthening of **health system management** through consulting services, provision of technical assistance and capacity building of staff.
 - **Strategic plan for Emergency preparedness** and disaster management.