

# Post-emergency phase health plan for beravania

[Health & Medicine](#)



**ASSIGN  
BUSTER**

## **INTRODUCTION**

Republic of Beravania is victimised by man-made and natural devastation. Such emergencies are responsible for immediate and long term effects in low income countries. In addition to deaths due to such catastrophes, disruption of the basic services such as shelter, electricity, water and healthcare leads to increased morbidity and mortality amongst the victims during and after the calamity (Kruk et al., 2010, Jean, 1999).

Considering the country profile for Beravania and the information available, this is a strategic national health plan for post emergency situation for 2009-14. It is divided in two parts. In the first part, the current situation is analysed and four broad areas of priority health needs are identified and justified. In the second part strategic approaches have been recommended to deal with this priority health needs and further appropriate interventions are planned.

## **SITUATION ANALYSIS**

Republic of Beravania is an ancient country victimised by man-made and natural catastrophes. These emergencies have worsen the poor health status of the population to such an extent that it could not recover till date. The deteriorating health status of the people especially of the vulnerable group (children and women) call for an urgent need to concentrate the efforts of national and international agencies in planning and strengthening the current health system by a need based health plan for the country.

Country has subtropical to cold climate with moderate to heavy rain. In spite of that there is great constraint in access to clean and safe drinking water to

majority of population due to poor infrastructure for storage and supply causing direct impact to the health and physical development of the people especially children. Beravania is one of the poorest country facing great economic difficulties, political and ethnic crisis that further depreciate the situation.

Analysis of health indicators of the population reveals that there is very high infant as well as under five mortality rate. The leading causes identified for mortality are diarrhoeal disease, acute respiratory infection, dengue fever, vaccine preventable diseases, and protein-energy malnutrition and micronutrient deficiency. Communicable diseases such as HIV, TB and Malaria are a great threat to all age group causing high rate of morbidity and mortality. Disease surveillance system is comparatively well-organized and functional. Health service delivery is inadequate, inaccessible and unaffordable for such a large population due to human and financial resource constraints and unequal allocation of available resources.

#### KEY PRIORITY AREAS

The key priority areas identified based on the assessment information for health plan are:

##### 1) Food Security and Nutrition

Food shortage and malnutrition are common problems during and after emergencies. Food shortage occurs mainly due to unexpected substantial decline in food availability and accessibility (Korf, 2002, Jean, 1999). In the current scenario, despite of good climate and rainfall suitable for fairly good

amount of food crop production, food shortage and malnutrition are most prevalent due to urbanisation, socio-economic reforms, civil conflict and natural calamities like flood and famine (Messer, 2001).

It has been proved by various researches that prevalence of malnutrition is much higher among these people as compared to common population. Protein Energy Malnutrition and micronutrient deficiency are commonly identified nutritional problems which are major cause of increased morbidity and mortality in these situations and similar pattern is observed in Beravania also (Jean, 1999). Improving the nutritional status has a positive impact on health status, resistance to disease and psycho-social well being which justifies it to be on the priority list.

## 2) Health Service Strengthening

Post emergency period is most convenient for improving the healthcare services that has been ruined by the catastrophes. Healthcare is a basic necessity and so during emergency main focus is on quantity of health service provision while in post emergency adequate health service provision and strengthening is important to be considered. Health services established during emergency phase can be reoriented, restructured and reinforced based on needs assessment (Alonso, 2006).

In the post emergency phase healthcare programmes requiring stable circumstances with long term treatment and follow-up such as T. B, HIV, Mental health and maternal and child health programmes can be restructured and implemented effectively (Kruk et al., 2010). Community health services can also be reorganised.

<https://assignbuster.com/post-emergency-phase-health-plan-for-beravania/>

### 3) Communicable Disease Control

There is an increased risk of epidemic of communicable diseases even in the post emergencies period. Some of the common contributing risk factors are deprivation of basic needs such as food, clean drinkable water, healthcare as well as increased risk due to deficiency of nutrition and immunity, lack of shelter, sanitation and hygiene. Communicable diseases are primary cause of disease related morbidity and mortality during these situations. Most prevalent communicable diseases during this situation are diarrhoeal disease, acute respiratory infections, T. B, HIV and malaria (Speigel, 2004). Similar condition is observed in Beravania in the post emergency phase. Hence it requires an immediate attention.

### 4) Water, Sanitation and Hygiene

Water is the basic necessity that is impacted severely during emergencies and even in post emergencies if problem is not resolved by long term sustainable alternatives. “ Water and environment plays a major role in spread of communicable diseases and epidemics” (Jean, 1999). In Beravania in-spite of having good rainfall it is facing scarcity of clean drinking water and also spread of diarrhoeal disease which is one of the leading causes of child morbidity and mortality post emergency. Hence it is considered as a priority for planning and maintaining minimum risk threshold for water, sanitation and hygiene related morbidity and mortality (Richards, 2004).

two

## REFERENCES

<https://assignbuster.com/post-emergency-phase-health-plan-for-beravania/>

ALONSO, A. 2006. Rehabilitating the health system after conflict in East Timor: a shift from NGO to government leadership. *Health Policy and Planning*, 21, 206-216.

JEAN, R., E. SONDRUP, F. VAULTIER (ed.) 1999. *Refugee Health – An approach to emergency situations*.

KORF, B., E. BAUER. 2002. *Food Security in the Context of Crisis and Conflict: Beyond Continuum Thinking*. Gatekeeper Series No. SA106, 1, 1-25.

KRUK, M. E., ROCKERS, P. C., WILLIAMS, E. H., VARPILAH, S. T., MACAULEY, R., SAYDEE, G. & GALEA, S. 2010. Availability of essential health services in post-conflict Liberia. *Bulletin of the World Health Organization*, 88, 527-534.

MESSER, E., M. J. COHEN, T. MARCHIONE. 2001. Conflict: A Cause and Effect of Hunger. In: ECSP (ed.).

RICHARDS, P., K. BAH, J. VINCENT. 2004. *Social Capital and Survival: Prospects for Community-Driven Development in Post-Conflict Sierra Leone*. In: BANK, W. (ed.) *Community Driven Development, Conflict prevention and Reconstruction*. World Bank.

SPEIGEL, P. B. 2004. HIV/AIDS among Conflict affected and displaced populations: Dispeclling Myths and taking action. *Disasters*, 28, 322-339.