must be developed. Sensitivity to real-time tracking, and discrete methods of identification should be considered. Use of smart technologies including biometrics and photo identification should be investigated.

Keywords: disaster; displaced persons; humanitarian crises; identification; tracking
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Developing Health Indicators in Forgotten, Protracted Refugee and Internally Displaced Populations

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Objectives: Refugee health program indicators were designed for short-term emergencies yet 7 of 12 million refugees live in protracted circumstances (>10yrs). We developed indicators to evaluate long-term refugee health programs (LTRHP).
Methods: Five, protracted refugee settings were studied in Kenya, Colombia, Pakistan, Tanzania, and Thai/Burma. Diverse stakeholder focus group and key informant interviews yielded triangulated data on three indicator domains: contextual (factors external to the program that directly influence the ability of the health system to deliver care); process (the way health system goods and services are delivered); and outcome indicators (end measures and impacts of a health system/program).
Results: Long-term refugee health programs lack continuous quality improvement including the supervision of refugee health care providers, community health workers, and health educators and measures of effectiveness to evaluate the health system's impact; focus on human resource development—continuing medical education, equitable benefits for local staff, and quality feedback—improves morale. Long-term refugee health programs also lack surveillance and curative services for chronic diseases (hypertension, diabetes, mental health, nutritional deficiencies, palliative care, terminal illness); mechanisms for horizontal coordination and data sharing between sectors on linked indicators (e.g. food distribution linked with nutritional status of youngest children, water/sanitation data with diarrhea incidence); and equitable access between groups. Aditionally, educational programs do not expand as health problems emerge (nutritional counseling for non-breast-feeding HIV-positive mothers, family planning, occupational integration of the disabled).
Conclusions: Current emergency indicators are not adequate for protracted refugee populations. Implementing agencies of LTRHPs require validated and standardized, long-term indicators across three domains to be effective.

Keywords: disease; displaced population; health; indicators; refugee;
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Disasters, Women's Health, and Conservative Society: Working in Pakistan With the Turkish Red Crescent Following the South Asian Earthquake

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Background: Analysis of the health disparities that women face following disasters has prompted organizations to adjust their efforts at targeting vulnerable populations such as women, children, and minority groups.
Objective: The aim of this research was to analyze and provide practical solutions for the barriers of women's health encountered in Pakistan following the 7.6 magnitude earthquake of October 2005.
Discussion: Recent disasters in Iran, Pakistan, and Indonesia have presented challenges to the international health community in providing effective, gender-balanced relief in culturally conservative societies. Assessment teams must be gender-balanced, composed of relevant specialists, and should engage the population in a culturally acceptable manner. Response strategies should be compliant with community meetings conducted in the local language to foster local participation and feedback. Gender balanced outreach groups should include local civilians. Camp geography should foster both the privacy and security of patients. Men's and women's treatment areas should be geographically separated, and camps should seek to employ women to assist in the care of women. If the physician is a male, a female nurse or translator should be present during the examination. Women's health supplies must include an appropriate exam table, basic obstetric and midwifery supplies, and sanitary and reproductive health supplies. A system of referral must be established for patients requiring a higher level of care.
Conclusion: The lessons learned in Pakistan show that simple adjustments in community outreach, camp geography, staff distribution, and supplies can greatly enhance the quality, delivery, and effectiveness of the care provided to women during international relief efforts.

Keywords: cultural respect; disasters; response; treatment; women's health
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Evaluation and Rebuilding of Health Care After Population Displacement

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Introduction: Numerous up-rootings and resettlements have caused the culture and infrastructure of the three million 1 Kurdish population of Northern Iraq to deteriorate considerably, including its healthcare facilities. During the "Anfal" in 1988, 4,000 villages were destroyed, and up to 100,000 people were killed.
Methods: During a four month stay in the Governorate of Erbil, Northern Iraq, in 1998, a survey of the healthcare facilities was performed while working with United Nations Children's Fund (UNICEF) as a health advisor, in