

EMERGENCY AND HUMANITARIAN ACTION

News update
June and July 2007

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BANGLADESH

MONSOON LANDSLIDES AND FLOODS



- Bangladesh experienced above average rainfall due to an active monsoon. As of 1 August, 34 out of 64 districts were partially inundated. Water born diseases like acute diarrhoea and skin diseases had been reported from 31 districts. Three rainfall peaks occurred on 11th June, 1st July and 19th July respectively. At the end of July, the water levels in the majority of rivers were still rising.

- The monsoon events started on the morning of 11 June 2007, when torrential rain triggered a series of devastating landslides and flash floods in different areas of the hilly Chittagong district. The continuous heavy rainfall also created flash floods in different part of the country. The low-lying areas of Netrokona, Sunamgonj, Habigonj, Bogra, Kurigram, Chandpur and Feni districts were flooded due to incessant rain for three days. A total of 120 people were killed.
- The North-Eastern & South-Eastern parts of the country experienced flash floods while the flood situation in the lower portion of North-Eastern and upper portion of South-Eastern part continued to deteriorate. Heavy and incessant rainfall in the capital Dhaka paralyzed traffic and life from the middle of June. The continued rainfall submerged roads and stranded hundred of vehicles triggering serious disruption of normal city life.
- This year, the weekly seasonal diarrhoea cases have averaged 3-4 thousands up to the 17th week. Since week 18 (May 15), a weekly average of 8,000 cases have been reported with 27 deaths (CFR=0.02%) in the country (mainly focused in 28 districts). In the period of 25-31 July, a total of 11383 diarrhoea cases were recorded country-wide with two deaths occurring in Jhainadah district (CFR= 0.02%). The extremely low CFR indicates a good preparedness by the health sector. The DGHS has directed all Civil Surgeons to take necessary steps to provide health education, especially about maintaining personal hygiene, ensuring safe drinking water for use at the household level, as well as to keep buffer stocks of WPT/ Clotac drops, ORS & IV cholera saline at all levels. Apart from Diarrhoeal diseases, a total of 28 cases of 'dengue fever' were reported in Dhaka City since 1 July 2007 with no deaths reported.
- The Bangladesh WHO EHA programme is providing technical support to special advocacy meetings on flood preparedness and response to the Government health sector throughout



the country in order to tackle emergency flood situation and strengthen communicable disease surveillance for any possible outbreaks of seasonal and disaster related diseases. Essential medicines and supplies were pre-positioned at district level prior to the monsoon.

NEPAL

FLOODS AND LANDSLIDES



- In most of the country, the monsoon started late with real onset starting from the 10 July. By the end of July, 28 districts had been affected by floods and landslides. Based on preliminary assessments, the Nepal Red Cross Society reported that 69 people had been killed and 48 injured while four were missing. More than 46799 families had been affected throughout the country. According to Ministry of Home Affairs data, 86 people had been killed.

- The continued rain fall water-logged settlement areas and farmland. Communication systems and transportation network were damaged, which hampered relief and rescue operations. Immediate needs identified were shelter, clean drinking water and food assistance.
- Reported injuries mainly consisted of small lacerations or punctures due to the presence of glass debris and nails. While no flood-related communicable disease outbreaks had been reported at the end of July, a high risk of increased mortality and morbidity in the coming weeks were assessed likely if immediate and appropriate public health measures were not put in place. Anticipated possible disease outbreaks include acute respiratory infections, diarrhoeal disease, vector-borne diseases and snake bites.
- The Ministry of Health and Population (MOHP) formed a high-level committee for mitigation of health impacts of the on-going floods and landslides under the chairmanship of the Honourable Minister of Health and Population. The high-level committee established six health teams to coordinate field response and provide emergency medical care and public health guidance. Each team consisted of a coordinator from MOHP / DHS, a doctor, paramedic and nursing staff. The teams will be dispatched to the field from the first of August and will be assisted by WHO field staff.
- The Epidemiology and Disease Control Division (EDCD) deployed three public health teams to Birtnagar, Birgunj and Nepalgunj, and the Department of Health Services dispatched a team to Janakpur. The teams worked together with the DHO / DPHO and the Rapid Response Teams in the respective districts to provide public health guidance and epidemiological support. The public health teams conducted rapid health assessments, worked with the regional medical stores to ascertain medical stocks and identified priority needs.
- WHO EHA mobilised the Emergency Health and Nutrition Working Group to assist in data collection and emergency response. Regular flood and landslide meetings took place with all partners in the working group to coordinate responses and share information. WHO IPD Surveillance Medical Officers conducted joint health assessments with government officials and other health stakeholders in selected districts. In addition to pre-positioned emergency medical kits, WHO supported the local and central health authorities with additional emergency medical supplies.

CHOLERA OUTBREAK

- The environmental conditions in the summer season are favourable for water and food born diseases, and since April, Nepal faced several diarrhoeal outbreaks including cholera and food poisoning. The districts of Dhading, Kalikot, Rautahat, Makawanpur, Bhaktapur, Lalitpur, Kathmandu, Arghakhanchi, Dolpa, Dailekh and Achham were all affected.



- The Epidemiology and Disease Control Division (EDCD) is the government focal agency to manage outbreaks and public health emergencies, and it has been carrying out the response to the outbreaks supported by WHO and other partners. A high-level outbreak committee was established, daily hospital-based active surveillance started from 29 June 2007, and there were daily briefing meetings at EDCD.

- An Emergency Health and Nutrition Working Group meeting took place in EDCD on 10 July to share information and ensure adequate coordination with different stakeholders such as UN agencies, I/NGOs and donors. WHO EHA provided three diarrhoea kits to the remote Kalikot district, and continued to support pre-positioning of medical kits in Nepalgunj and Biratnagar. WHO supported the collection of samples, and the coordination between the health authorities and the Water Supply and Sewerage Corporation (WSSC).

INDIA

MONSOON FLOODS

- The South-West monsoon has been active in most parts of the country since June. A number of districts in the southern states of Andhra Pradesh, Kerala, Maharashtra, Goa, Karnataka, and Orissa started experienced flooding and landslides following heavy rainfall of more than 25 cm from 21 June 2007. In Andhra Pradesh, Kerala and Karnataka the heavy rain caused flash floods.
- In Orissa, heavy rains and release of water from the upper catchments of Jalaka and Subarnarekha river basin in the middle of July, affected 6 districts (Balasore, Bhadrak, Jajpur, Keonjhar, Mayurbhanj and Sundergarh) Balasore. 114 GPs and 1185 villages were affected of which 86 GPs and 784 villages were marooned. The total affected population in the district was 844,211 out of which 589,853 were marooned.
- Gujarat also saw heavy flooding with extensive damage to electricity supply systems. 6 feeders, 163 transformers and 5357 electricity poles in affected villages were disconnected due to heavy rains in the middle of July.
- At the end of July, 12 districts in Bihar experienced continuing flooding with 1615 villages affected. In Assam 13 districts (2088 villages) were affected, while five districts in Uttar Pradesh and Arunachal Pradesh respectively were flooded. Kerala also continued to struggle with flood waters.
- State authorities responded to the floods with search and rescue teams and emergency shelter and food, and relief camps were opened to accommodate displaced persons. Response operations were supported by a number of INGOs such as Oxfam and Save the Children and local organizations working in the affected communities.

THAILAND

TRIAMS

- WHO Thailand collaborated with various partners including the Department of Disaster prevention and Mitigation (DDPM), the Ministry of Public Health (MOPH), Mahidol University, and other agencies (UNDP, UNICEF, and IFRC) in Thailand to follow up on TRIAMS (Tsunami Recovery Impact Assessment and Monitoring System). This included a 'Follow-up workshop on TRIAMS' on 26 June 2007 and a 'Consultative Meeting for Policy Makers on TRIAMS' on 27 June 2007 in Karabi, Thailand. The workshop and meeting was jointly organised by the DDPM, the MOPH, Mahidol University and WHO. The Deputy

Governor of Krabi Province formally opened both the workshop and the consultative meeting.



- The key objectives of the workshop were: 1) To share the preliminary results of the Mahidol University / WHO Tsunami projects implemented by Mahidol University and discuss these findings and possible implications for the recovery process in Thailand; 2) To present and discuss TRIAMS indicators for 2006-2007 and review the indicators and adapt them in Thai context; 3) to share and update the TRIAMS draft action plan for 2007-2009; and 4) To prepare the recommendations from the workshop to update the Policy Makers about the TRIAMS process in Thailand.
- The key objectives of the 'Consultative Meeting for Policy Makers on TRIAMS' were: 1) To present the outcome of the utilization of TRIAMS indicators in 2006 and 2007 and the key areas identified as priorities for the last effort of the tsunami recovery in Thailand; and 2) To present and discuss the 'TRIAMS action plan for 2007-2009', with priority activities, and reach consensus on the way forward.
- The workshop and the subsequent consultative meeting were attended by officials from the government and international agencies from central and provincial level. From the provincial level, officials participated from 6 Tsunami-affected provinces representing key sectors such as health, education, social and human security, labour, and the Provincial Disaster Prevention and Mitigation Office (DPMO). The Deputy Governor of Pangha province, the Deputy Governor of Phuket province, Chief Medical Officer (CMO), Provincial Health office (PHO), Trang province, and Deputy Provincial CMO, Phuket PHO all attended the consultative meeting. From the central levels, officials attending one or both days came from the DDPM of the MOI, Chief of DDPM Inspector, Social Security Office of the Ministry of Labour (MOL), the MOPH (Department of Health Service Support, Department of Health, Department of Disease Control and the Department of Mental Health), The Thai Red Cross, and Tourism Authority of Thailand. Delegates from WHO (Geneva and Thailand) and IFRC also attended the workshop.

TIDAL WAVES

- In early July, unusually high tides prompted authorities in Phuket to close the beaches to visitors. The Provincial Disaster Prevention and Mitigation office (DPMO) reported that tides had peaked at three to four metres at all beaches, ruining beachside shops and residences. Officials were sent to help people move to higher ground and to warn tourists at attractions not to swim or play in the ocean. The authorities confirmed that the waves were unrelated to seismic activity and were just the result of normal tidal conditions and strong monsoon winds.

EMERGENCY PREPAREDNESS ASSESSMENT

- A pilot project on 'Assessment of Current Situation on Emergency Preparedness for the Health Sector and Communities in Phuket' is almost completed. The assessment was conducted by Phuket Provincial Health Office (PHO) with technical support by EHA WHO Thailand. The preliminary results concluded that overall the current emergency preparedness situation in Phuket province is good. However, some important issues still needs to be strengthened, including co-ordination, health information system, disaster laws including the rules for medical treatment in disaster, management of the dead and the missing in disaster (MDM), rehearsal/simulation exercise, and capacity building/training.

OTHER ACTIVITIES

- EHA WHO Thailand joined the meeting on 'Public Health Emergency Response' (PHER) from 19 to 20 June 2007. The meeting was held in Nakorn Pratom Province and was organized by the Bureau of Epidemiology, Department of Disease Control of the MOPH. EHA assisted with

the development of the curriculum for a training of trainers on PHER for Surveillance and Rapid Response Teams (SRRT).

- Thailand's national disaster warning centre (NDWC) conducted Southeast Asia's largest tsunami evacuation drill and tsunami warning system test in the Andaman coastal provinces (79 locations in 6 Tsunami affected provinces) on 25 July. The drill was financed by international organisations who also observed the drill as an example for other countries.

SRI LANKA

IDPs

- The focus has been upon assisting the mass resettlement of 160,000 IDPs who were formerly settled in parts of Batticaloa, Ampara and Trincomalee. The 50,000 IDPs remaining in camps in Batticaloa are routinely covered by visits from the Government clinics, WHO, and NGO mobile clinics.
- WHO is supporting the process of evaluating the immediate health needs of the resettled people under the aegis of the sub committee on health and nutrition of the CCHA (Coordinating Committee for Humanitarian Assistance), with the Ministry of Resettlement. Needs include reconstruction and refurbishing of several health care facilities and the urgent recruitment of health care personnel, especially physicians and nurses.

EMERGENCY HEALTH SYSTEMS SUPPORT

- Supported by CERF funds, WHO, in partnership with the INGO Northwest Medical Teams International, sponsored an acute training course in Colombo for six medical teams, each consisting of a physician, nurse and ambulance driver selected from the larger hospitals in Batticaloa and Trincomalee. This proved such a success that WHO and the MOH are interested in expanding the program throughout the entire North of Sri Lanka.
- Upon request from UNDSS Sri Lanka, a physician from WHO Sri Lanka visited and made a thorough assessment of the four major hospitals in the North East Districts. The purpose of the visit was to evaluate each facility's mass casualty management capacity.
- Based on a WHO assessment of eight hospitals in Batticaloa and Trincomalee, WHO CERF funds were used to furnish essential and emergency equipment to the Batticaloa Teaching Hospital, thereby upgrading its Emergency Room and Intensive Care Units. CERF funds were also used to procure essential and emergency equipment for various other health care facilities in the Batticaloa district.

INDONESIA

FLOODS AND LANDSLIDES

- On Sunday 22 July, floods and Landslides affected the Morowali district of the Central Sulawesi Province. Torrential rains caused floods in Petasia, Sohojaya and Mamosalato sub-districts and landslides in Bungku Utara sub-district of Morowali district. The disaster isolated 10 villages (approx. 16,000 people) in Bungku Utara Sub-district. Initial reports assessed that 57 people had been killed, while 23 were still missing. By the 25th July, at least 5,000 people had been relocated to mosques, schools and houses on high grounds. Access to the affected areas was difficult because of damaged roads and bridges and due to bad weather, which hampered access by boat. An in-depth needs assessment took place at the end of July, and the findings will inform the further response activities.

SEARO

INTER-REGIONAL TRAINING

- The Inter-regional Training Course on Public Health in Emergency Management in Asia and the Pacific (PHEMAP-7) was held from 18 to 29 June 2007 in Bangkok. The course was organized by the Asian Disaster Preparedness Center (ADPC) in collaboration with the WHO Regional Offices of South-East Asia (SEARO), the Western Pacific (WPRO) and the Eastern Mediterranean (EMRO). The course is offered once a year, and covers basic disaster management principles such as: environmental health, communicable diseases control, nutrition, mass casualty management, hospital/health facilities preparedness among others. The course is meant for high level policy makers and programme managers who address disaster and emergency preparedness and response in the health sector.

NEW PUBLICATIONS

- *From Vulnerability to Preparedness: Emergency and Humanitarian Action in the WHO South-East Asia Region* is a new EHA SEARO publication, which details hazard profiles, the national and sub-national disaster management systems and main activities of the EHA programme in the 11 member countries.
- The SEARO Benchmarks form an essential part of the work of the EHA programme in the region, and the publication *Benchmarking Emergency Preparedness* outlines the development process, the key features, and their application by the member states.
- The booklet *Systematizing Emergency Health Management 2005-2007* highlights key events and developments in the Emergency and Humanitarian Action programme in the last three years, and outlines the strategic directions of the programme in the coming years.
- A new magazine, *Focus*, has been developed. Focus takes up specific issues related to emergency preparedness and response. The theme of the first issue is floods. All publications and Focus will be launched at the upcoming Regional Committee meeting in September.



WEBSITE UPDATES

- The SEARO EHA website is reorganized regularly to reflect latest emergencies and events, best practises, and resources for planning and evaluation. The website can be accessed at www.searo.who.int/eha. New updates include a monsoon monitor with emergency situation reports from India, Bangladesh and Nepal, an updated publications list and new updates on regional and inter-country initiatives.

SEARHEF WORKING GROUP MEETING

- As part of the process to outline the guidelines and rules for a proposed South-East Asia Regional Health Emergency Fund (SEARHEF), a working group consisting of members from 6 countries of the Region met in Bangkok on 11-12 June 2007. The meeting was chaired by Dr Sopida Chavanichkul, the Director of the Bureau of International Health, MOHP Thailand, and participants came from Bangladesh, India, Indonesia, Nepal and Sri Lanka. The working group agreed that the fund is designed to provide financial support in the aftermath of an emergency in Member Countries for the first three months. It is meant to meet immediate needs and fill in critical gaps. The working group also discussed the principles guiding the fund, and agreed that it should be equitable, transparent and prompt. The proposal to establish the fund was presented at the joint meeting of Health Secretaries and the Consultative Committee for Programme Development and Management in New Delhi in July. A Resolution at the RC in September will be proposed to: 1) establish the fund based on proposed guidelines; and 2) create the working group to oversee the management of the fund.

For more information on EHA activities, please visit our website:
<http://www.searo.who.int/eha>

Every two months, the Emergency and Humanitarian Action programme of the South-East Asia Regional Office of the World Health Organization produces a news update of events and activities of countries of the region. The note is not exhaustive and does not reflect any official position of the WHO Secretariat.