

EMERGENCY AND HUMANITARIAN ACTION

News update
July / August 2008



World Health Organization

Regional Office for South-East Asia

BANGLADESH

Training and Capacity Building

- Since Bangladesh is vulnerable to frequent natural disasters, such as floods and cyclones, WHO has emphasized the importance of undertaking training and capacity building initiatives for emergencies and has been assisting the Ministry of Health in this area.
- Hospital staff at both primary and secondary levels has recently been trained on providing Psychosocial Support and on Mass Casualty Management.
- A multi-sectoral core group formation plan is now in place, and training modules with training of trainers (TOT) will be updated through workshops from October 2008.
- WHO and the Bangladesh Red Crescent Society (BDRCS) will conduct joint simulation exercises in most of the cyclone-prone districts in October-November 2008, in collaboration with MOF&DM, UN Agencies, and INGOs & NGOs.
- Another training, on search, rescue, evacuation and first aid post-disaster, began in August 2008 in collaboration with BDRCS and the local communities.
- Consultative meetings with the Government and other stakeholders are being held from August 2008 on EHA benchmarks, Standard Operating Procedures for Emergencies and development of an earthquake/Infrastructure collapse response plan for the Health Sector.
- A workshop on Food & Nutrition in emergencies will be held in September 2008.
- Preliminary discussions are on going to formulate an action plan on information and control regarding poison at all levels. Activities in this area will begin in November 2008.



Cyclone Sidr Recovery Activities

- In order to establish the Emergency Medical Services, health personnel at all levels are being trained on 'The Principles of Emergency Health Care '. Four such 'Training of Trainers' (TOT) sessions were held for master trainers, followed by implementation training on EPR, in Barisal and Khulna divisions. More training sessions will be held in the remaining districts & Upazilas.

- In order to create greater awareness of the three basic principles of EMS & on response to emergency, triage & mass casualty management, communications material such as short video films, manuals, booklets, placards & posters are being prepared. The films will be broadcast through national TV channels, radios, cinema houses as trailers. The print material will be distributed at all levels.
- Emergency medical equipment and drugs are being procured to replenish buffer stock, so that they can be readily available if a disaster occurs.
- Further training on psychosocial support will be conducted. To disseminate basic messages for psychosocial support, specific IEC materials like posters, leaflets, audio cassette/CD and training manuals in both English and Bengali, are being designed.
- Caregivers are being trained on grief counseling techniques, so that they can extend psychosocial support to all who need it, through counseling and proper referral systems, in the Sidr affected areas.
- A handbook for identifying vulnerable areas by category, and for assessing the environmental impact on human health, will be prepared for the health managers and health workers of governments, NGO and INGOs. It is expected to help in formulating preparedness plans, and in efficient resource management.

Preparedness for Floods

- WHO Bangladesh is monitoring the the flood situation regularly. Civil Surgeons in all districts that are likely to be affected have been kept on alert to combat any possible occurrence of communicable diseases.
- Control rooms at district & Upazila levels have been made operational and regular reporting to the central level have been established.
- WHO is maintaining regular liaison with other UN agencies through UN-DER subgroup meetings. Apart from the Emergency and Humanitarian Action unit, other WHO programmes (CSR, IVD, EH, VBD) have also been involved.
- Public health situational reports (sitrep) will be prepared on a regular basis.

DPR KOREA

Preparedness for Disasters

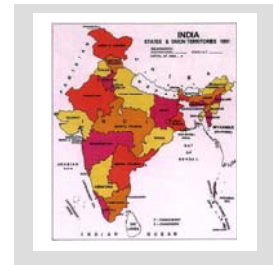
- The Inter-Agency Contingency Planning Working Group (IACPWG) has been formed to develop a Contingency Plan and support a common contingency planning exercise. A need for such a plan has been felt since DPRK is vulnerable to natural disasters. Working group was established following recommendations of a joint review of the response to the 2007 floods by the Health and Nutrition, Water and Sanitation, Food and Agriculture clusters. An inter-agency contingency planning workshop was organized in Pyongyang with the support from OCHA Regional Office in Bangkok.



- The main goals of the Inter-Agency Contingency Planning Working Group are:
 - To provide access to basic healthcare including reproductive health to the people living in the flood affected areas.
 - To prevent outbreaks of communicable diseases.
 - To prevent and address severe malnutrition of children below the age of five.
 - To support emergency rehabilitation of health facilities in affected areas.
- In the health sector, the main activities for the Contingency Plan are to:
 - Pre-position Inter-Agency Emergency Health (IAEH) Kits, Reproductive Health kits, measles vaccines, nutritional items ;
 - Rehabilitation of 50 clinics damaged by the floods of 2007;
 - Rehabilitation of the two most affected Provincial Medication Warehouses;
 - Assist Ministry of Public Health (MOPH) with the development of a Strategic Preparedness Plan;
- Emergency supplies will be stocked at the Central and some Provincial Medical Warehouses. Individual agencies will authorize distribution to the agreed recipient institutions. Information on distribution will be collected and integrated by cluster leads.

INDIA

Floods in Bihar



- On 18 August 2008, heavy monsoon rains caused Nepal's biggest river, the Kosi river, to breach an embankment in Kushaha in Nepal, close to the border with India. The breach occurred at a distance of 7 km from Kosi Barrage at Birpur, Supaul district in Bihar. This has caused severe floods both in Sunsari district in Nepal, and in 16 districts in the state of Bihar.
- The river has changed course in the process and moved 120 km eastwards, flooding areas of Bihar that are not usually inundated.
- The four worst affected districts are: Supaul, Araria, Madhepura and Purnea.
- According to the Indian Ministry of Home Affairs, at least 45 people have died. About 2.66 million people from 1598 villages in 16 districts have been affected, as of 28 August.
- No disease outbreaks have been reported so far. However, there is a risk of water- and vector-borne diseases due to the hot climate, the pools of stagnant water, and relatively poor hygiene levels.
- More than 31 000 people are currently in 155 temporary shelters.

- 117 Health Centres have been opened in the flood-affected areas.
- At the request of the state government, the central government has provided chlorine tablets for water purification.
- Measles immunization will begin for children up to the age of 5 years in the affected areas.
- Due to the large numbers of displaced people, long-term displacement is expected.
- WHO is in daily contact with the Ministry of Health and Family Welfare and is ready to provide technical assistance as requested.

INDONESIA

Earthquake in West Nusa Tenggara Province

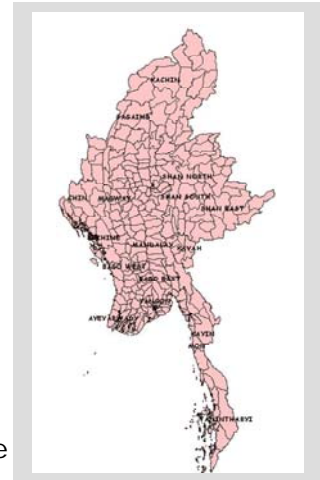
- A 6.6 magnitude earthquake shook Dompu Regency, West Nusa Tenggara Province, Republic of Indonesia, at 5:41 a.m. local time on 7 August. The epicenter was located approximately 37 miles northeast of Sumbawa, Tenggara province at a depth of 6.2 miles under the seabed. A second tremor of 5.5 magnitude occurred at 06.07 am local time the same day. Indonesia, located on the boundaries of four moving tectonic plates, fault lines and ring of fire is prone to seismic and volcanic activities.
- The earthquake affected 10 villages in Pekat Salabai Sub-District, Dompu District and Sumbawa Island in West Nusa Tenggara Province.
- There were no deaths, and five persons suffered minor injuries.
- Two supporting community health posts, Pustu Kadindi and Pustu Nangamiro, and a Pharmaceutical warehouse in Puskesmas Pekat, were damaged. So were three buildings that housed one medical personnel and two paramedical staff.
- MOH in cooperation with WHO has implemented the following emergency relief operations in the affected areas:
 - Injured victims evacuation and provide medical services.
 - Established health posts and activated mobile clinics in the affected areas.
 - Coordination with the Provincial Coordination Units for Disaster Management (SATKORLAK PB) and District Coordination Units for Disaster Management (SATLAK PB).
 - Closely monitoring the situation through operation units at central, province and districts.
 - National Board Disaster Management (BNPB) has sent the Rapid Assessment team including trained health personals from central, province and districts.



- For most vulnerable groups, Dompou District Health Office had provided 10 boxes of hi-energy biscuits, porridge and breast milk substitutes. Breast feeding is encourage in emergencies and breast milk substitutes are only for children who's mothers are injured or separated temporarily under medical staff supervision.

MYANMAR

Cyclone Nargis Recovery



- Cyclone Nargis hit Myanmar on 2-3 May 2008, causing large-scale death and damage. According to official estimates, more than 130 000 people had died or were missing following the event, and another 20 000 were injured. The Ayeyarwady and Yangon divisions were worst affected.
- WHO and Merlin have led the health cluster response to the disaster. The Who What When Where (WWWW) system, which maps the area and kind of work being done by each organization in the health cluster, has ensured the most effective use of resources and no duplication of work.
- WHO assisted in the Post-Nargis Joint Assessment (PONJA), the most comprehensive assessment of the disaster, led jointly by the Government of Myanmar, ASEAN and the United Nations.
- According to the Post-Nargis Joint Assessment (PONJA) report, released on 21 July, 75% of health facilities suffered some damage and one out of five was totally destroyed. Access to healthcare, particularly primary and preventive health services, has been significantly affected due to destroyed facilities and disrupted supplies of drugs and equipment, according to the PONJA findings. Consequently, there was a 5% decline in antenatal services provided by health institutions. Facilities providing delivery care declined by 9% and those offering immunizations declined by 16% after the cyclone.
- Rebuilding and restoring health systems destroyed by the cyclone is now a priority for health partners in Myanmar.
- The conditions due to the cyclone have led to an increased risk of vector-borne diseases. To prevent such outbreaks, WHO has been working closely with the Ministry of Health in larviciding activities in both Yangon and Ayeyarwady divisions. The Organization has provided practical guidelines, more than 4000 kg of the larvicide 'Abate', as well as technical support in training MOH volunteers.
- WHO had led the health cluster work in establishing an Early Warning, Alert, and Response system of disease surveillance based on data from NGOs in the field.

This was successfully integrated with the Myanmar Ministry of Health surveillance data in July.

- WHO has also shifted the focus of its relief and recovery work closer to the ground by establishing three field offices in Labutta, Bogale and Pathein. This will help meet the local health needs of the affected people more effectively.



NEPAL

Floods in Sunsari District

- Floods in Sunsari district in eastern Nepal, which occurred when the Koshi river broke through an embankment on 18 August 2008, has displaced an estimated 150 000 people.



- The worst affected areas are Haripur, Shripur, Laukihi, Paschim Kushaha. The floods have also rendered the East-West highway impassable.
 - District health officials have provided a health team, including a health assistant and an auxiliary health worker, to each shelter. A mobile rapid response team has also been organized.
- WHO has provided three emergency health kits to cover 30 000 people for three months; a malaria kit (for 10 000 people for three months); 50 outbreak response/ emergency medicine for 5000 severe cases; as well as three diarrhoea kits which can cover 5500 people.

TIMOR LESTE

Coordination with International Agencies

- WHO in Timor-Leste has been working closely with other international agencies. The Organization has contributed to developing monitoring tools for the returned Internally Displaced Persons (IDPs) in Dili developed by International Organization for Migration (IOM), by providing inputs on appropriate health-related indicators.
- WHO provided information on the health sector for the Humanitarian Report submitted to the Office of the Coordination for Humanitarian Assistance (OCHA) Timor-Leste's website.
- The Organization also participated in the Humanitarian Coordination Committee (HCC) meeting held fortnightly and chaired by the Deputy Special Representative of the Secretary General (DSRSG) of the UN and Coordinator of the United Nations Country Team (UNCT) in Timor-Leste.



Coordination with the Ministry of Health

- WHO participated in the Ministry of Health midterm review of all the activities implemented by the departments under the Directorate of Community Health. This included the EHA programme, implemented by the Unit Officer for Specialized Services of the Department of Non-Communicable Diseases.
- WHO also attended a meeting for MoH Annual Planning for 2009, held on 28-31st July 2008, which was organized by the Department of Planning. The main objective was to support the Ministry of Health, the District Health Services and particularly the Community Health Centers to provide inputs on EHA activities, including those to be supported by WHO.
- On being informed by WHO-SEARO on the possibility of funds being available through the Central Emergency Funds (CERF) for 2008, WHO discussed possible activities relating to global food crisis under the Nutrition programme with the Ministry of Health and UNICEF.
- The Organization has liaised with the MoH's Malaria Unit to procure the ACT drugs for malaria due to the shortage of the drugs in the country. The funds were part of the proposal submitted by WHO Timor-Leste for the Transitional Strategy and Appeal (TSA) for 2008 under epidemic preparedness and response which was later funded by the Republic of Korea through the Korean Foundation for International Health Care – Dr Lee Jong-Wook Memorial Fund.
- The implementation status of activities under the Strategic Objectives 5 (SO5): Emergency and Humanitarian Action's activity in WHO Timor-Leste Biennium Plan 2008-2009 has been reviewed through a teleconference with the Technical Officer of the EHA Unit and the Planning Unit of WHO/SEARO:
 - Prepared a draft for the possible programme change under SO5.

- Revised the plan and consulted with other units at WHO TLS: Communicable Diseases and Control and Avian Influenza to plan for an integrated programme implementation across the units, particularly on capacity building exercises covering: trainings, table top exercises and simulations on emergency preparedness and response.

SEARO

Assisting with Cyclone Nargis Response

- The EHA unit at SEARO has provided assistance as required, including technical and logistical support to the WHO office in Myanmar in the response to Cyclone Nargis.
- SEARO staff have been sent to support various areas of work for the response operations such as coordination, information management, communications, supply and logistics, water and sanitation, psychosocial and mental health and early recovery plans.

First SEARHEF Working Group Meeting

- The first meeting of the Working Group for the Governance of the South-east Asia Regional Health Emergency Fund (SEARHEF) was held in New Delhi on 5 July 2008. The working group is composed of a representative nominated by each Member State of the South East Asia Region.
- A review of the recent cases in which SEARHEF was used was conducted. Subsequently policies and guidelines were also reviewed.
- The following items were identified as next steps for the SEARHEF:
 - SEARO will develop advocacy packages for the SEARHEF, to be distributed to countries for fundraising purposes at country level
 - Countries that have received funding from the SEARHEF will monitor implementation of activities and fill in the agreed reporting form
 - The "carry over" of the fund will be discussed in the RC, EB and WHA.
 - Revisions in the guidelines will be circulated to the Members of the SEARHEF Working Group members.

For more information, 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 news update of events and activities of countries of the region. This note, which is not exhaustive, is designed for internal use and does not reflect any official position of the WHO Secretariat.

