

EMERGENCY AND HUMANITARIAN ACTION

Update
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**World Health
Organization**

Regional Office for South-East Asia

This e-bulletin provides a snapshot of the activities of WHO South-East Asia in Emergency and Humanitarian Action, at the country and Regional levels.

BANGLADESH

Cyclone Aila

- Cyclone Aila hit Bangladesh and India on 26 May 2009, bringing heavy rains and winds at over 120 km per hour.
- With the first warnings of the cyclone forming over the Bay of Bengal, approximately 40 000 people were evacuated to cyclone shelters.
- According to the Disaster Management Information Centre, 14 districts were affected by the cyclone. Eighty one people were reported dead. Many areas of the affected districts were inundated and houses, roads and embankments were damaged.
- A total of 686 medical teams (doctors, health assistants) are working in Satkhira, Khulna, Bagerhat, Barisal, Patuakhali, Bhola, Barguna, Pirojpur and Patuakhali districts and providing emergency medical care, mostly first aid.
- The Directorate General of Health services (DGHS) Control Rooms at the central level and coastal districts have been made operational on a 24-hour basis.

WHO Action

- WHO will provide technical support to the DGHS in conducting a Rapid Needs Assessment (RNA) to assess the impact and needs of the health sector.
- Providing safe water is a priority. SEARO and WHO headquarters are mobilizing water treatment plants for the use of health facilities and the communities as was done during cyclone SIDR.

(For more information, please go to <http://www.cdmp.org.bd>, www.dmb.gov.bd)

DPR KOREA

Access

- Since the summer of 2008, access for UN Agencies has expanded to 165 counties out of 207, including the Northeast, which did not allow humanitarian agencies in from late 2005. WHO swiftly launched interventions in the Northeast with Rapid Response funding from the UN Central Emergency Response Fund (CERF).

Seasonal Floods

- Following the August-September 2007 flash floods, an Inter-Agency Standing Committee was created with four clusters. WHO is leading the Health/Nutrition cluster with the MoPH.
- Based on the lessons learned a Country Emergency Response and Preparedness Plan was drawn up, which includes having pre-positioned emergency stock within the country.
- The Health/Nutrition Cluster Contingency Plan was updated in March 2009. Emphasis was put on availability and validity of pre-positioned humanitarian items, logistic support to the government especially during an emergency and emergency management capacity-building at the community level.
- The cluster coordinators have updated the inter-agency contingency plan (CP) ahead of the next rainy season. CP simulation exercises are planned to be conducted in Pyongyang during the third week of June, with support from OCHA and UNICEF Regional Offices in Bangkok.

WHO Regular Activities

- In April-May 2009, a WHO team visited the two provinces of Ryanggang and North Hamgyong in the Northeast to monitor the implementation of projects funded by CERF and other bilateral agencies.
- Even though it was springtime, the team faced difficulty in reaching Chongjin due to heavy snowfall and an accident in the mountains. The harsh weather, especially in winter, affects the regularity of supplies.
- The team found that:
 - The medicine stock out during the last 3 months ranged from 30-50%, especially antibiotics, consumables, anaesthetics, steroids, IV fluids and haemostatics.
 - The most common causes of under-five deaths are diarrhoeal diseases and Acute Respiratory Tract Infections, especially pneumonia.
 - The most common cause of maternal mortality is postpartum haemorrhage.
- Medical supplies funded by CERF in 2008 are being distributed to 10 county hospitals, one provincial paediatric hospital, a provincial maternity hospital, two provincial blood centres in Ryanggang and North Hamgyong provinces. This has benefited around 22.6 million people.

INDIA

Cyclone Aila

- Cyclone Aila hit the states of West Bengal and Orissa, including the eastern city of Kolkata, on 26 May, bringing heavy rains and winds up to 120 kph.
- The cyclone claimed the lives of 96 people and affected 5.1 million in 16 districts of West Bengal as of 28 May 2009, according to the damage impact assessment conducted by the Government of West Bengal and UNDP.
- The worst affected districts are South 24 Pargans, North 24 Pargans, East Medinipur, West Medinipur, Howrah, Hooghly and Kolkata.
- Around 60 000 people rescued have been accommodated in 393 government-run relief camps.
- Seventy-five health camps are providing medical care.
- Safe drinking water and sanitation facilities are the most urgent health needs.

WHO Action

WHO works in close coordination with the Ministry of Health, and will provide support as requested .

INDONESIA

Recent Emergencies

- Plane crash in Madiun, East Java Province
 - On 20 May 2009 a military plane carrying 97 passengers and 11 crew crashed and erupted in flames in Madiun.
 - Ninety people died, 15 were injured, with three missing.
 - Hospitals were alerted and the Ministry of Health, the Regional Crisis Centre of West Java, the Provincial Health Office and the District Health Office were prepared for the emergency.
- Landslide in Toraja, South Sulawesi Province
 - On 29 May 2009, at about 22:00 pm, heavy torrential rains triggered landslides in six sub-districts in Tana Toraja, South Sulawesi Province, killing four people.
 - The Ministry of Health, Regional Crisis Center of South Sulawesi, Provincial and District Health Offices worked in close collaboration with WHO Indonesia, to provide integrated emergency health services according to standard operating procedures.
- Floods in Pohuwato, Gorontalo Province
 - Over 8000 people were displaced, and one person died when floods inundated five villages in Popayato and Pahuwato sub-districts, Gorontalo

Province on 13 May 2009, at about 06:00 am. Water levels reached up to 1.5 meters high.

- o MOH, Regional Crisis Center of Gorontalo, Provincial and District Health Office worked in close collaboration with WHO Indonesia, to provide integrated emergency health services according to standard operating procedures.

WHO Regular Activities

- A meeting on 'Development of a Contingency Plan for Emergency & Disaster Management Training Guidelines' was held in Jakarta on 7-8 May 2009. It resulted in a draft Contingency Plan for Emergency & Disaster Management Training Guidelines being developed.
- To prepare for the V-SAT movement from Banda Aceh to Jakarta, a meeting was held in Banda Aceh on 17-21 May 2009. The meeting also discussed how to follow up on EHA Banda Aceh's field office operation modalities. It was agreed that coordination with UNICEF Banda Aceh was needed for technical input regarding installation of VSAT and to re-install the operational modalities of SOP in the field office.
- A WHO team visited Mt. Slamet, Banyumas District, Central Java Province, to conduct an operational assessment on preparations for Mount Slamet (volcano alert level 3), including evacuation route assessment, a visit to Baturaden I Community Health Center, Margono referral hospital and Indonesian Red Cross (PMI) Blood Bank.
 - o Follow-up actions to be taken include: strengthening hospital preparedness for emergency training, ATLS and BTLS for health staff in the high-risk area, reviewing the evacuation route in volcanic high risk districts, and strengthening blood safety management using the PMI blood storage as a model.
- An Orientation Training on emergency and disaster management was conducted for medical students in Yogyakarta on 27-31 May 2009. A circular module was developed by the students, self-assessment conducted, and a coordination mechanism among University, Sardjito hospital staff as well as WHO-MOH was established.
- A 'Human Resource Development Training on Utilizing Rubber Boat for Disaster Victim Evacuation' was conducting in Sanur, Bali on 28-30 May 2009. Participating health staff was made aware about the basic technical issues on rubber boat management and victim evacuation.
- On 22-23 May, WHO and MoH conducted training on 'Emergency Preparedness and Response in Case of Natural Disaster'. The objective was to facilitate the training, including classroom-based Teaching and Presentation Techniques, and Policy Planning and Participatory Planning for the mid-level Health Manager. Participants shared experiences on public health issues, Disaster Preparedness, Risk Management, and were able to practice in the operational room of the MoH Crisis Center.

NEPAL

Preparing for Emergencies

- The Inter-Agency Standing Committee (IASC) country team conducted a simulation exercise of an earthquake scenario.
- The Health Cluster has updated its contingency plan for all hazards.
- Contingency plans for natural disasters are being prepared in five districts of the country: Siraha, Mahottari, Nawalparasi, Jumla and Bajura.
- The Health Cluster is putting together www (who what where) and logistics tracking sheets to see what supplies are there.
- A list of all trainings conducted is being compiled, in order to produce a roster for human resources and organize them for future response operations.
- Trainings are being conducted for hospital preparedness in emergencies and rapid response, in Kaski and Nuwakot respectively. The District Public Health Office (DPHO) and District Health Office (DHO) staff was trained on how to work as Rapid Response Teams.
- WHO guidelines for Dead Body Management are being revised so they are adapted to the Nepal context.

SRI LANKA

Conflict in North Sri Lanka

General Health Situation

- Approximately 286 500 persons have been moved from Vanni to the IDP (internally displaced persons) camps in Vavuniya, Chettikulam, Jaffna and Trincomalee.
- The Ministry of Health has developed an operational plan to intensify and coordinate health action in all the IDP settings. WHO is providing leadership in the MoH coordination strategies to provide the health needs of IDPs.
- With such large numbers of displaced people there is a severe shortage of trained medical staff, medicines and equipment in hospitals.

Current Priorities

- Scaling up of both preventive and curative health services:
 - The hospital facilities are being scaled up but are still severely overstretched in terms of human resources as well as on other needs. Seven hospitals in Northern Province and seven hospitals outside the province are providing healthcare for the sick and injured. 232 medical

officers and approximately 200 nurses are being permanently posted in the affected areas.

- Seventeen Primary Healthcare centres (including nutritional screening units at each centre) and five referral centres are currently being developed in the IDP zones. In each site there is an established health post manned by the area Public Health Inspector (PHI) and Public Health Midwives (PHM). PHIs and midwives from other areas are also being brought in to provide further support.
 - Immunizations were provided in the camps. Two rounds of oral polio vaccine (OPV) were given to all children under the age of 15 years according to Ministry of Health directives.
 - All pregnant mothers were given appropriate doses of Tetanus-Toxoid (TT) injections. Pregnant mothers were also screened for anaemia, VDRL and blood grouping.
 - Family planning: condoms were made available to IDPs through the public health inspectors (PHIs) and public health midwives.
- Strengthening disease surveillance and reporting
 - Nineteen communicable diseases are under surveillance in IDP camps.
 - Approximately 8600 cases of chicken pox and 260 cases of hepatitis have been reported. Other diseases reported include watery diarrhea and skin infections.
 - Under-reporting of disease cases is a challenge.
 - Water and sanitation in camps
 - In some camps the water and sanitation requirements do not meet the Sphere standards, and viral hepatitis and typhoid have been reported.
 - Health staff regularly analyze drinking water quality, and advocate for its frequent chlorination.
 - There is a huge gap between available latrines and the number of latrines needed. The control of bowel diseases has been affected due to the inadequate number of latrines and poor supply of safe drinking water.
 - The Water and Sanitation Cluster led by UNICEF is working to improve the situation.
 - Providing mental health and psychosocial support
 - There is an urgent need for increased psychosocial intervention at the IDP-camp level.
 - Community Mental Health programmes have already begun for the medium-term disability rehabilitation programme.
 - Teachers trained in counselling have been mobilized by the education department to work at each IDP camp in the Northern district.
 - Improving Nutrition:
 - Most of IDPs arriving from the 'No Fire' zone have a poor nutritional health status. Providing adequate nutrition to over 286 500 IDPs is challenging.
 - MOH has initiated emergency feeding, therapeutic feeding, use of high energy biscuits BP -100, as well as supplements UNIMIX and Corn Soya Blend (CSB) in all the IDP sites with the support of UNICEF and NGOs. UNIMIX and CSB need to be cooked, and cooking sites have been established in all camps.
 - Breastfeeding is being promoted.

WHO Action

- WHO has an active field unit in Vavuniya, staffed by epidemiologists, public health experts and a logistician.
- WHO's health priorities include provision of adequate healthcare facilities, water and sanitation facilities, prevention of major outbreaks of communicable diseases, as well as providing mental health and psychosocial support to the large number of displaced people.
- WHO has supplied medicines and equipment including emergency health kits with medicines for over 30 000 people.
- It has a leading role in coordinating the work of international health agencies to ensure the most efficient use of resources.
- WHO has trained local community workers on mental health support.
- To help upgrade hospital facilities, WHO has provided a range of medical and other equipment in five affected districts. These include five defibrillators, four ECG machines, 10 diagnostic sets, 30 catheters, two patient monitors and 100 hospital beds.
- WHO has also assisted by providing salaries for more than 50 health staff in seven districts, including medical officers, nurses, and mental health community support officers.
- To prevent malaria and vector-borne diseases, WHO has provided 8700 insecticide treated bed-nets and 250 malaria test kits.
- Nineteen communicable diseases are under surveillance in camps. WHO is assisting with strengthening surveillance as well as providing medicines and equipment to treat reported diseases.

(For more information please visit <http://searo.who.int/eha> or <http://www.whosrilanka.org>)

SEARO

World Health Day 2009

- To mark World Health Day 2009 on the theme of 'Making Hospitals Safe from Disasters', SEARO launched a unique advocacy e-campaign, 'Click a Brick for Safe Hospitals' at www.clickabrick.org. The first brick was clicked by the Regional Director Dr Samlee Plianbangchang. The EHA unit also sent information and advocacy kits on 'Safe Hospitals' to all the countries.

Health as a Bridge for Peace

- EHA SEARO initiated a workshop on 'Health as a Bridge for Peace', attended by four countries: Indonesia, Nepal, Sri Lanka and Thailand. It was held in Kathmandu, Nepal, in April 2009.
- The objectives of this meeting were:
 - To harness the experience of the respective countries to build a common understanding on both the conceptual and programmatic aspects of 'Health as a Bridge for Peace'.

- To provide an overview of the range of evidence-informed and field-validated methodologies and technical tools available.
- To identify key skills and competencies necessary for health professionals to contribute to peace building through their regular activities/interventions, according to the different phases of conflict (Pre-conflict, Conflict and Post-conflict settings).
- The outcomes of the conference included:
 - Identification of key Strategies/Framework of Options in formulating country/context specific tools and frameworks for health as Bridge for Peace action.
 - Methods to effectively follow up the above through action plans at country level.
 - Production of a comprehensive report on the Multi- Country Workshop on Health as a Bridge for Peace.

SEARHEF in Action

- SEARO has released the second tranche of the South-East Asia Regional Emergency Fund (SEARHEF) of US\$ 175 000 to Sri Lanka to assist in the current emergency.

Regular Activities

- In consultation with country focal points and colleagues in SEARO technical units, guidelines for emergencies are being reviewed and updated.
- The EHA unit also held a two-day orientation workshop for SEARO staff on using Standard Operating Procedures (SOPs) for emergencies.
- Three members have joined the EHA team: Dr Vijay Kumar for the guidelines review initiative, Dr Supriya Bezbaruah for communications and information management and Mr Nand Kishore to support the monitoring of our finances and administrative needs.

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

The Emergency and Humanitarian Action programme of the South East Asia Regional Office Of the World Health Organization produces regular 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.