

EMERGENCY AND HUMANITARIAN ACTION

News update
October & November 2007

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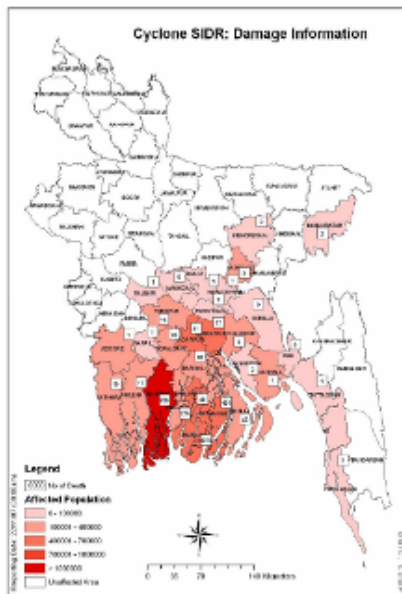


World Health Organization

Regional Office for South-East Asia

BANGLADESH

CYCLONE SIDR



- With wind speeds of up to 250 km an hour, the cyclone Sidr made landfall on the Bangladesh in the late afternoon of 15 November. As the cyclone swept across Bangladesh, electricity, power lines and telecommunication infrastructure were disrupted in many parts of the country, crops were destroyed and there was extensive damage to housing in the southern districts.
- As of 30th November, MoFDM reported that the number of deaths caused by the tropical cyclone had risen to 3274, and the number of affected families had increased to 1.9 million. MoHFW reports indicated the 12979 people were injured out of which 418 were hospitalized. The nine most severely affected districts are: Khulna, Bagerhat, Satkhira, Barisal, Borguna, Patuakhali, Pirojpur and Jahlokhati & Bhola. Since the 26th November, the DGHS / MOH&FW have been concentrating medical relief in these 9 most affected districts.

- Key public health concerns in the immediate aftermath relate to the scarcity of safe drinking water, poor sanitation and the lack of shelter. Cases of diarrhoea and typhoid, acute respiratory diseases and pneumonia as well as eye and skin infections have been reported from some districts. Medical services are provided to affected communities by field teams deployed by the Government of Bangladesh, Non-governmental organizations and other first responders.



- WHO has deployed 6 Coordinators and a Consultant to facilitate district level health coordination, assist the districts and Upazila health officials in collecting public health information from the non government sector as a part of intensified disease surveillance and to enhance health promotional activities.
- The Health Cluster has been activated and held its first meeting on Sunday 25th November to share information and set up coordination mechanisms. The meeting was co-chaired by WHO and Ministry of Health and Family Welfare (MoHFW). 21 agencies consisting of donor agencies, UN agencies, Government of Bangladesh and national and international NGOs participated in the meeting. At the second meeting on the 28th, 31 organisations and agencies participated, and it was agreed to map out all humanitarian health activities to improve coordination and gap-filling. For more information on the health cluster activities, visit:

<http://www.humanitarianreform.org/Default.aspx?tabid=441>

- Anticipated key public health needs in the coming months relate to intensification of disease surveillance for acute respiratory infections, water and food related diseases, vector borne diseases, as well as to water quality assurance, sanitation, human waste disposal in coordination with other partners. Other needs are to intensify health promotion, to meet reproductive and psychosocial needs, to replenish buffer stock and medical equipment and to initiate reconstruction of damaged health facilities.

THAILAND

FLOODS

- Several provinces were affected by flash floods in recent months. The Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI) and the local government official have been active in the relief operations following the flash floods in the Southern, Northern and Central provinces in August this year. In the past two months, the RTG provided support in developing emergency relief centres in each of the affected provinces and provided disaster relief packages to disaster affected communities. In addition, the Thai Red Cross provided funds to manage dead persons and reconstruction of affected houses. Vehicles were deployed to support the provision of water and re-establishment of electricity, and temporary shelter was constructed in the affected provinces. As reported by the DDPM, in October, 32 Provinces in North and North East of Thailand, 227 districts, 1308 sub-districts, 10112 villages, and 510265 residents were affected. The total number of people affected by floods was 1941383, and 17 people had died.
- Towards the end of October, heavy rain and sudden floods affected two provinces (19 districts, 86 sub-districts, 567 villages) in Southern Thailand. The local government provided relief bags and first aid services to the affected communities. As of 20th November, two Provinces (two districts, five sub-districts, and 20 villages) in Southern Thailand were affected, and the Government supported with relief bags, fresh water, water pumps and trucks.

SOUTHERN CONFLICT-AFFECTED DISTRICTS

- The UNFPA Representative is the new chair of the UN Working Group on the 5 southernmost provinces. A sub-group consisting of UNICEF, UNFPA, OCHA, UNDP and WHO has been assigned to design a consultation process and come up with recommendations for how to improve work with health issues in the five provinces. In November, WHO THA EHA had an introductory meeting with the Director, Health Systems Research Institute (HSRI) of the MOPH to explore possibilities of WHO EHA's collaboration with the MOPH in responding to the crises in conflict-affected Southern Thailand. Subsequently, WHO THA EHA joined the Conference on Knowledge Management for Peace and Well Being in the Southern Thailand held from 7 to 8 November 2007 in Bangkok, organised by the HSRI, in collaboration with other nine organisations, including the MOPH, Thai health promotion Foundation, Thai Research Fund, National research Council of Thailand, National Health Security Office, National Health Commissions Office, Prince Songkla University and Chulalongkorn University. The specific objectives of the conference were: (i) to synthesize policy recommendations that enable to improve health situations in the conflict-affected Southern Thailand; (ii) to shape up research directions among the co-host organisations; and (iii) to empower domestic researcher's skills in conducting research and knowledge management.

INTER-COUNTRY COLLABORATION AND CAPACITY BUILDING

- WHO THA EHA coordinated with WHO colleagues in DPR Korea and Myanmar in capacity building of the Ministry of Health (MOH) delegates on emergency related issues. From 18 September to 13 October 2007, four MOH delegates from DPR Korea went on a study tour in Thailand organized by WHO THA EHA and ADPC. The study tour included a field visit to WHO Collaborating Centre (WCC) for Injury Prevention and Safety Promotion, Khon Kaen Regional Hospital, Khon Kaen. The delegates were informed about the health care delivery system and policy and WHO's structure, role, and functions including EHA.
- WHO THA EHA and ADPC also planned an 8-week fellowship program for a MOH Myanmar official, who joined the programme 31 October 2007. The fellowship covers: (i) Training on

capacity assessment to manage health risks of emergencies and disasters, including the deliberate use of biological, chemical and radiological (BCR) agents; (ii) Participation in the National Public Health and Emergency Management in Asia and the Pacific (PHEMAP) Coordinators' Course (12-16 November 2007); (iii) Strengthening of health emergency preparedness and response in Myanmar; (iv) Development of training courses for Myanmar based on training materials provided by ADPC; and (v) Visits to Bangkok-based institutions such as WHO, Thai MOPH, health care facilities, and research institutes in Bangkok to address their interests.

INDONESIA



MOUNT KELUD ON HIGHEST ERUPTION ALERT

- On Tuesday 16 October, Indonesian authorities raised the status of Mount Kelud to the highest alert level and recommended immediate evacuation as they feared an eruption could be imminent. Mount Kelud is on the island of Java, approximately 620 kilometres east of the Indonesian capital Jakarta. The volcano is one of Indonesia's most active ones, and last erupted in 1990 killing 5160 people.
- Authorities ordered the evacuation of more than 100,000 people from a 10 km zone near the volcano. EHA participated in a joint mission to assess the status of emergency preparedness in the areas threatened by a possible eruption. For the time being, the evacuation has been called off and the alert level lowered again, but an eruption in the near future is still likely according to experts. Two other volcanoes, the Baby Krakatoa in the Sunda Strait and Mount Soputan in North Sulawesi also showed signs of increased activity in the period.

SUMBAWA EARTHQUAKE

- On 25 Nov, a 6.8 RS earthquake shook Sumbawa in the West Nusa Tenggara (NTB) Province and caused the deaths of 2 people and approximately 100 injured. Structural damages to health infrastructure included: 1 Community Health Post, 10 Secondary Health Posts, and 17 houses for health personnel were moderately to heavily damaged. MoH delivered 5t of supplementary feeding, 2t of emergency-meals and emergency medical supplies. No request for international assistance was issued. Main needs for assistance from the Government of Indonesia were shelter and food.

OTHER EVENTS

- High tides in West Sumatra damaged 70 houses on 17 October, while heavy rains in Tapaktuan Sub-district, South Aceh District, NAD Province affected 6 villages and inundated hundreds of houses on 6th November. Two days later, in Tabalong Regency, South Kalimantan 300 houses were inundated. However, it was assessed that good emergency preparedness measures had succeeded in mitigating the impact. Parts of Jakarta, Deli Serdang District in North Sumatra and Yogyakarta also experienced flooding in the middle of November.
- In November, storms and whirlwinds caused damage to houses and infrastructure in parts of West Sulawesi, Bali, West Java, Jakarta and West Sulawesi. One person was killed, and hundreds of houses were damaged.

INTERNATIONAL TRAINING COURSE ON EMERGENCY AND DISASTER MANAGEMENT

- The first international training course on emergency and disaster management (EDM) was organised from the 26th November – 8 December by the Regional Crisis Center, MoH supported by EHA Indonesia. The training was part of the activities of the Training Consortium on Disaster Risk Reduction (ITC-DRR), a new initiative that had been launched in Makassar, Indonesia in September 07. In the training course, participants were trained in a broad scope of issues related to disaster management and crisis situation assessment. They received information regarding technical and financial resources available that could help in setting up and implementing emergency response as well as training in emergency communication enabling them to address appropriately and comfortably public media.

DPR KOREA

FLASH FLOODS EMERGENCY OPERATIONS

- The government of DPRK was quick to respond to the devastating floods of August-September 2007. After assessing the situation, priority needs were identified and an appeal for international assistance was issued. A committee was formed to lead the response, the National Defense Committee (NDC), and all available resources were mobilized to repair roads, telephone lines and damaged public buildings. It is estimated that 80% of the rehabilitation work has been completed. The international organizations (resident and non-resident in DPRK) responded immediately by assessing the situation, mobilizing their stocks and launching a flash appeal. However, the mobilization of funds was slower than anticipated. During October and November, WHO received 95% of the funds it had appealed for (CERF US\$ 800,000, Republic of Korea US\$ 1 million, Norway (in-kind) US\$ 387,573, Poland US\$ 50,000 and AUSAID US\$ 402,225).
- In response to the crisis, five clusters were created including the health/nutrition cluster in order to coordinate the response. The Health/Nutrition cluster is lead by the WHO and comprises the MoPH and all the agencies involved in health and nutrition in DPRK namely UNICEF, IFRC, UNFPA and two NGOs: Premiere Urgence and Save the Children Funds UK. Initially, the cluster was convened on a weekly basis and from November at a fortnightly basis.
- Monitoring activities are regularly carried out and show that the aid reached the targeted health facilities. There were no reported restrictions on the field visits. It is estimated that more than 7 million people of the population in the flood-affected areas were reached. Given the large amount of supplies, IFRC, UNFPA, UNICEF and WHO supported the logistic capacity of the MoPH in order to expedite the delivery of supplies. The monitoring activities were well-coordinated between all the agencies through the weekly health cluster meetings.
- The MoPH mobilized teams to the affected counties to monitor the disease surveillance. Based on the information provided by the MoPH and the information collected during the field visits, it was concluded that there was an increase in the number of respiratory tract infections and skin diseases and a spike in the number of diarrhoeal diseases estimated at 30-40% above normal. By now, the situation is getting back to normal. No outbreaks were reported thanks to the vigilance of the MoPH.

NEPAL

EMERGENCY PREPAREDNESS AND RESPONSE TRAINING



- A three day training module was developed and conducted as part of the EHA South Korea funded 'Transitional Support' Programme in Baglung district from 9-11 October. Baglung district (situated in the hill zone) was chosen as one of the two pilot districts due to its hazard profile. The district is vulnerable to recurring natural disasters and a recent landslide had killed 29 people and displaced 50 families. Furthermore, during the conflict, the district was adversely affected, and Baglung is considered to be under-served in terms of development.
- The training on emergency preparedness and response included topics such as vulnerability mapping and risk analysis, information management, identification of key role of health staff, coordination, environmental health, post-disaster disease surveillance, rapid health assessment, hospital emergency preparedness and mass casualty management. A total of 68 participants (including the District Hospital staff, District Rapid Response Teams and District Disaster Relief Committee members) attended the workshop.

The modular based training was well received and will be replicated in Salyan district in mid December.

EMERGENCY HEALTH AND NUTRITION WORKING GROUP MEETING

- The 13th meeting of the EHNWG was organised by EHA on the 7th of November to discuss the response of the health stakeholders to the diarrhoeal outbreak in the country, brief the members about the CAP 2008, finalise the member profile publication and develop a mechanism to give more focus to nutrition issues during future meetings.

CHAP 2008 NEPAL

- WHO and UNICEF is leading the health sector in the OCHA led CHAP 2008 for Nepal. EHA is drafting two humanitarian proposals related to psychosocial support for conflict affected people and a 'health interventions in crisis' project to expand its field activities in order to strengthen health service delivery during disasters.

OTHER ACTIVITIES

- The EHA communications officer assisted the CSR unit at WHO to conduct a Training of Trainers workshop on outbreak communication for media personnel. A facilitator's manual has been prepared for future trainings to be conducted in all 5 regions of the country. EHA has supported a number of outbreak response activities. During the recent diarrhoea outbreak in Siraha, WHO EHA donated one of the pre-positioned Diarrhoeal kits upon the request of the government to Siraha via the regional medical store in Biratnagar.

INDIA

2ND ASIAN MINISTERIAL CONFERENCE FOR DISASTER RISK REDUCTION

- The Government of India hosted the 2nd Asian Ministerial conference for disaster risk reduction on the 7-8 November in New Delhi. The conference was supported by ISDR, UNDP and a number of other partners including WHO. The overarching goal of the conference was to review the implementation of the Hyogo Priorities of Action in Asia in the context of various initiatives taken by the national, regional and international governments during the past two years and share the experiences of Asian and Pacific countries in Disaster Risk Reduction. Furthermore, the conference provided an opportunity to share and exchange best practices and lessons learned from disaster risk reduction in various fields including application of science and technology, community based disaster preparedness, and public-private partnership. It also discussed the outcome of new international initiatives such as the Global Platform, Regional Platforms and Global Facility for Disaster Risk Reduction; and aimed to further develop the vision and roadmap for disaster risk reduction in Asia. More information about the conference is available on the official website at <http://www.amcdrrindia.com>.

SEARO

WHO PRESENTATION AT 2ND ASIAN MINISTERIAL CONFERENCE FOR DISASTER RISK REDUCTION



At the 2nd Asian Ministerial Conference for Disaster Risk Reduction in New Delhi, India, the SEARO Deputy Regional Director, Dr. Poonam K. Singh presented WHO's perspective in the high-level round table on enhancing public-private partnership in disaster reduction. She drew attention to the importance of the 12 benchmarks for emergency preparedness adopted by Member-countries in the Region as a tool to measure their level of health sector emergency preparedness. The gradual achievement of the benchmarks would help countries build capacity, secure inter-sectoral linkages, improve planning and legislation and reduce the vulnerability of communities and systems. The full presentation is available at www.searo.who.int/eha

PHEMAP COURSE COORDINATORS WORKSHOP

- The First National PHEMAP Course Coordinators Workshop was held in Bangkok from 12 to 16 November 2007. The bi-regional workshop was organised by ADPC and WHO, and WHO THA EHA supported the participation of four delegates from the MOPH. It is expected that the national PHEMAP course coordinators / facilitators will take the lead in organising PHEMAP in their respective countries, while WHO EHA will provide support including technical assistance.

OTHER ACTIVITIES

- The IASC (Inter-agency standing committee) Humanitarian Network for Asia and the Pacific meet in October. As health Cluster lead, WHO THA EHA represented WHO SEARO and WHO WPRO and updated on WHO's activities in Asia and the Pacific region. The IASC Humanitarian Network for the Asia and the Pacific has endorsed five focus countries in Asia and the Pacific for 2007 – 2008. Two of these countries (Myanmar and Timor-Leste) fall within the WHO South-East Asia Region. Task Forces were formed for the identified countries and WHO THA EHA joined the Task Force meeting on Myanmar.
- From 25 to 27 October 2007 the Joint Asia Pacific Informal Meeting of Health Emergency Partners and Nursing Stakeholders was held in Bangkok. The meeting was organised jointly by WHO and the International Organisation for Migration (IOM).

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<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.