

EMERGENCY AND HUMANITARIAN ACTION

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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.



CONTENTS

[BANGLADESH](#)

Updating Standard Operating Procedures
Development of a Hospital Emergency Preparedness Response Plan
Development of a Health Sector Earthquake Response Plan
Capacity Building

[INDONESIA](#)

Earthquake in West Sumatra
Aceh Health Insurance Meeting

[THE MALDIVES](#)

Developing Standard Operating Procedures for Natural Disasters

[NEPAL](#)

Contingency Planning Exercises at the District level
Logistics for Emergencies
Hospital Preparedness for Emergencies (HOPE) training
Consolidated Appeals Process (CAP)
2010-2011 Workplan
International Strategy for Disaster Risk Reduction
Mainstreaming mental health and psychological support
First Aid Training
Mapping Health Facilities
WHO Nepal Emergency Preparedness and Readiness Workshop

[SRI LANKA](#)

Post-Conflict Situation in North Sri Lanka

[TIMOR-LESTE](#)

Simulation Exercises on Emergency Preparedness and Response

[SEARO](#)

Review Meeting : Republic of Korea- funded project for Improving Women's and Children's Health in the Democratic People's Republic of Korea (DPRK)

Inter-Country Workshop on Disaster Health Information System

The EHA Team Expands

'Hotspot': the SEARO EHA Blog

BANGLADESH

Updating Standard Operating Procedures

- Bangladesh, which frequently faces natural disasters, prepared Standard Operating Procedures (SOPs) for management of health in emergencies in 2004. However, recent experience with disasters showed that these SOPs needed to be reviewed and updated, and three consultative meetings were held in October 2009. These were attended by officials at various levels of the health services in the country.
- Recommendations for updating the SOPs include the following:
 - SOPs should be more precise, simple and user-friendly.
 - Some common definitions should be included.
 - A specific glossary of terms should also be placed in every relevant chapter.
 - Principles of universal control of infection should be added.
 - Instead of 'Statement of Policy', there should be an 'Objective'.

Development of a Hospital Emergency Preparedness Response Plan

- Very little systematic activity has taken place in hospital and pre-hospital disaster preparedness and planning, although hospitals are lifelines in emergencies.
- The Bangladesh health sector has 589 hospitals and 38 171 beds. The public hospitals' capacity to handle the extra load in a disaster situation, in terms of service providers, space for services, logistical support, quality of service, proper planning for response, may not be adequate.
- To address this, a series of consultative meetings were held in October 2009, with more than 40 participants from various levels of the health services. The Programme Director of EHA, WHO Bangladesh, the Director-General of Health Services and others from WHO acted as overall supervisors.
- A new hospital emergency preparedness plan is being developed based on the consultative meetings. This document will include hazard vulnerability, incident command system, establishment of an emergency operation centre, planning model, mass casualty management, waste management, job action sheets, and other areas focused on the development of an effective system to respond to any kind of disaster.

Development of a Health Sector Earthquake Response Plan

- As Bangladesh is vulnerable to earthquakes, a series of meetings were held in October 2009 in Dhaka to prepare an Earthquake Response Plan with a focus on the health

sector. These were organized by the Directorate General of Health Services and EHA, WHO Bangladesh.

Capacity Building

- A series of workshops on tabletop simulation exercises on disaster management and response were held for senior-level health and disaster-related professionals in Patuakhali (5-7 September 2009), Cox's Bazar (26-28 September 2009), Chittagong (26-28 September 2009), Mymensingh (27-29 October 2009), Rangpur (8-10 November 2009) and Kishoreganj (8-10 November 2009).
- More than 200 senior health professionals participated in these workshops.
- The participants were made familiar with concepts such as UN humanitarian reforms, the health cluster concept, mechanisms and tools for Joint Action, communicating effectively in emergencies, resource mobilization, early warning systems in health disaster management. At the end of the workshop, the participants drew up short-, mid- and long-term plans for emergencies.

INDONESIA

Earthquake in West Sumatra

- On 30 September 2009, an earthquake registering 7.6 on the Richter scale occurred at a depth of 71 km below sea level, off the coast of Padang in West Sumatra at 17:16 pm local time.
- According to the Ministry of Public Health, more than 1117 people died, 788 suffered from major injuries, while another 2727 were treated for minor injuries.
- Of the 375 000 damaged buildings were 10 hospitals, 53 community health centres (Puskesmas), 137 Supporting Community Health Centres (Pustu), 15 Village Clinic (Polindes), six official buildings for health staff, 69 official houses and two pharmaceutical warehouses.
- Five hundred and sixty-two inpatients and 32 832 outpatients were treated in 15 hospitals in seven districts.
- More than 4810 health workers were deployed by MOH to the affected sites.
- The health cluster was activated in Padang on 2 October and involved 51 international and national organizations. The cluster worked together to ensure the most efficient utilization of resources, in the following areas:
 - Assessments of health situation and health facilities in affected districts
 - Early warning and surveillance.
 - Provision of medical supplies.

- Restoration of function of health facilities.
 - Provision of referrals and mobile clinics.
- The primary disease threats in the initial days following the earthquake were watery diarrhoea, measles and acute respiratory infections.
- By 5 October, WHO provided US\$ 175 000 through the South-East Asia Regional Health Emergency Fund (SEARHEF) to support the field hospital operations.
- WHO facilitated the establishment of an information room in the Provincial Health Office (PHO), field hospitals, integrated mobile clinics and mobile teams, and activated the Early Warning and Response System (EWARS).
- WHO also collaborated with the World Food Programme (WFP) to set up the mobile warehouse to distribute the drugs.
- With thousands of people traumatized by the event, UNFPA and WHO supported the psychosocial and mental health training for 25 Puskesmas' staffs in West Sumatra Province, including Mentawai Island to develop a platform for creating a system for mental health and psychosocial support within the provincial strategic plan.
- UNFPA and WHO also developed a comprehensive community mental health care at the district level.
- By December, as the emergency entered the recovery and rehabilitation phase, WHO attended the BNPB (Badan Nasional Penanggulangan Bencana/ National Body for Disaster Management) evaluation meeting on 22 - 24 December 2009 in Hotel Pangeran Beach, Padang.
 - BNPB will send a technical team to help the West Sumatra government in reconstruction and rehabilitation phase.
 - The lessons from the evaluation of disaster management in West Sumatra can be used by other regions for their disaster preparedness.

Aceh Health Insurance Meeting

- WHO and the Provincial Health Office, Aceh, conducted a meeting in Bandung on 18-20 December 2009 on the implementation of the Health Insurance Scheme (JKA) as part of the health rehabilitation in Aceh. The idea behind this scheme is to provide health insurance to Aceh citizens, such as free medical services and medicines, irrespective of their financial or social status.

THE MALDIVES

Developing Standard Operating Procedures for Natural Disasters

- The Maldivian National Disaster Management Center (NDMC) is in the process of drafting a 'Standard Operating Procedure' in case of a natural disaster such as a tsunami. It focuses on creating awareness on saving lives in such disasters, and on building its capacity to cope in emergencies.

- New measures include
 - Designating mosques as the place where people should gather for safety when an emergency occurs.
 - Constructing water storages underneath mosques.
 - Affixing communication antennas to the minarets.
- The National Meteorological Services has installed an earthquake detecting mechanism and a mechanism to gauge the tides, so that tsunamis can be detected early. These will be linked with tsunami early warning systems in the US and Japan. The Maldives's tsunami early warning system would be operational once the necessary communication networks are installed.

NEPAL

Contingency Planning Exercises at the District level

- The Epidemiology and Diseases Control Division (EDCD) of the Ministry of Health and Population (MoPH) and WHO-EHA, Nepal, pilot-tested the district level contingency planning exercise in Rupandehi district in September 2009. Based on the feedback received, the training package was modified.
- The team then conducted a Training of Trainers (ToT) on district level contingency planning in Kathmandu. Sixteen participants from three regional health directorates participated, and then further conducted the exercise in four districts: Bajura, Surkhet, Sihara and Mahottari.
- EHA-WHO Nepal prepared a draft training manual to accompany the training of trainers, and after further review it will be published in both English and Nepali.
- The district level plans that were subsequently developed are being further reviewed, and the exercises may be conducted in eight more districts, with a focus on those that are flood-prone.

Logistics for Emergencies

- EHA-WHO Nepal rented a new warehouse in Kalanki, Kathmandu to store its emergency supplies. EHA recently received three international emergency health kits (IEHK) supplementary units, five diarrhoeal kits, a 24-bed Rofi tent, body bags, and B-gan for emergency communication to support the Ministry of Health and Population (MOPH) during emergencies.
- In October 2009, WHO EHA handed over eight additional diarrhoeal kits to the Ministry of Health and Population to support the diarrhoeal response activities throughout the country.

Hospital Preparedness for Emergencies (HOPE) training

- EHA-WHO Nepal conducted the HOPE training in collaboration with the Tribhuvan University Teaching Hospital in January 2010, for 24 participants from different hospitals, to help prepare a hospital emergency plan which will be useful for mass casualty management during emergencies.

Consolidated Appeals Process (CAP)

- The United Nations Emergency Health and Nutrition Working Group (EHNWG) finalised the CAP 2010. The health cluster had twelve project proposals from seven partner organizations including WHO, on topics including health sector emergency preparedness and disaster response, health facilities strengthening. The estimated total funds for the health sector is US\$ 5 million, including three WHO projects (approximately US\$ 1.3 million).
- Due to recent political developments, the Ministry of Finance rejected the release of the CAP for Nepal in 2010. As such, the CAP was pulled out of the global release in November 2009 and its release is still pending.

2010-2011 Workplan

- EHA-WHO Nepal developed its bi-annual work plan in the close consultation with Epidemiology and Diseases Control Division (EDCD), MOHP. Most of the activities involve work started in 2009 but expanded to a wider geographical area in Nepal.

International Strategy for Disaster Risk Reduction

- To support the Government of Nepal, an international Consortium of ADB, IFRC, UNDP, UNOCHA, UNISDR, and World Bank was formed in May 2009, to developing a long-term Disaster Risk Reduction Action Plan building on the anticipated new National Strategy for Disaster Risk Management (NSDRM).
- Based on Government priorities and discussions with multi-stakeholder groups, the Consortium members and government in collaboration with respective technical agencies developed a draft proposal which identified five flagship areas of immediate intervention for disaster risk reduction/management in Nepal:
 - School and hospital safety- structural and non-structural aspects of making schools and hospitals earthquake resilient
 - Emergency preparedness and response capacity
 - Flood management in the Koshi river basin
 - Integrated community based disaster risk reduction/management
 - Policy/Institutional support for disaster risk management
- The estimated total budget of the proposed programme is US\$ 32 million.
- The flagship area on school and hospital safety focuses on a selected number of

components that comprise seismic safety for schools and hospitals.

Mainstreaming mental health and psychological support

- The Ministry of Health and Population, WHO and Transcultural Psychosocial Organization (TPO) Nepal, an EHNWG partner agency working in the field of mental health and psychosocial activities, will conduct an assessment in cantonments (there are seven main and 21 satellite camps throughout the country) on mental health and psychosocial support and will develop and submit the project proposal to the MOHP. Based on the project activities, MOHP and WHO will try to mobilize the resources from the Peace Trust Fund.

First Aid Training

- The Nepal Red Cross Society, in collaboration with EHA-WHO Nepal, conducted First Aid training in five districts. The training included a component on initial two-colour triage and managing transportation and referral of patients to nearby health facilities. This training was conducted as part of the overall efforts to create a Mass Casualty Management system in Nepal. It was a continuation of similar trainings which began in 2007.
- In addition WHO provided first aid items, including mannequins (for practice), splints, first aid medical boxes etc, to the trained district chapters so that they may be equipped both mentally as well as in terms of physical means.

Mapping Health Facilities

- EHA continues its collaboration with MoHP's Health Management Information System (HMIS) unit to conduct a health facility mapping survey. Currently, of the 27 districts, 11 districts have finalised collecting information on health facilities, seven districts are reviewing its data, and nine districts are undertaking the surveys.
- The surveys will be finalised by the end of January 2010, and the health facilities in all 27 districts will be fully mapped using GIS application by the end of March 2010.
- EHA also bought additional data layers of meteorological data to see the fluctuation in the rainfall and its impact on the disaster prone districts of Nepal.

WHO Nepal Emergency Preparedness and Readiness Workshop

- As a follow-up to the Regional Public Health Pre-deployment course and requests from WHO Representatives in SEAR countries for assistance in ensuring the Country Offices are ready for emergencies, it was decided that staff in WHO Country Offices would be provided training in this area.
- The EHA team in the WHO Nepal office therefore conducted an emergency preparedness and readiness workshop in Kathmandu, Nepal, on 27-29 January 2010. The aim of the workshop was to put together a concise contingency plan for the WHO Country Office

(WCO) that can be implemented during an emergency. The scenario used for this workshop was an earthquake. It consisted of lectures, table-top exercises on the WHO SOPs for Emergencies and also a full-scale simulation on the last day.

- It was supported by Dr. Roderico Ofrin, Regional Adviser, EHA, and Dr. U.B. Das from SEARO.

(For more information: <http://www.nep.searo.who.int>)

SRI LANKA

Post-Conflict Situation in North Sri Lanka

- **Resettlement of Internally Displaced Persons (IDPs):** An increasing number of IDPs who were in camps have been resettled in different districts of the Northern Provinces. As of 4 January, approximately 10 000 people had been resettled in Killinichchi, 22 000 in Mullativu, and 7000 in Mannar. However, more than 100 000 people remain in IDP camps.
- **Health Facilities:** Seven primary health centres and six referral centres continue to function in the Cheddikukum IDP camps. However, as more people are resettled, there is increasing emphasis on improving the health facilities in the areas of resettlement.
- **Communicable Diseases:** There is a decreasing trend for disease such as diarrhoea, typhoid, hepatitis A and chicken pox. No major outbreaks have been reported.
- **Assessments:** A comprehensive needs assessment and mapping exercise for the resettled areas will be initiated by the Ministry of Health, so that priority needs can be addressed quickly.
- Since 6 January, the A9 road linking the Jaffna peninsula to the rest of the country has been opened for public and private vehicles, 24 hours a day. Travel by Sri Lankan nationals no longer needs security clearances, but such clearances are required for international personnel.

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

TIMOR-LESTE

Simulation Exercises on Emergency Preparedness and Response

- In order to be better prepared to respond to emergencies and its effects on healthcare services, the Ministry of Health, with technical and financial support from WHO Timor-Leste Country Office, organized a two-day simulation exercise. It was held from 5-6 October 2009 at Becora Parish Hall.
- The simulation exercise was conducted by Mr Luis dos Reis (EHA Focal Point, WHO Timor-Leste) and assisted by Mr Mario Serekai (Disaster Management Focal Point, MoH).

It was attended by members of the Health Cluster, government and civil society:

- All 13 Disaster Management Focal point in all districts.
 - Ten staff representing national and international NGOs.
 - Five Managers of Community Health Centres (CHC) in Dili district.
 - Seven staff from Guido Valadares National Hospital and other five regional hospitals.
 - Ten participants representing relevant technical departments of the Ministry of Health: Communicable Disease and Control, Environmental Health, Non Communicable Disease, Health Promotion, Mental Health, Nutrition and Maternal and Child Health.
- Twenty volunteers from the Timor-Leste Red Cross known as CVTL were also present. Their main role was to perform different roles for each scenario.
 - The overall objective of the simulation exercise was to enhance the knowledge and skills of the front line health staff responsible directly to manage and respond to disasters/emergency at the district and sub-district level.

SEARO

Review Meeting on Improving Women's and Children's Health in DPRK

- A review meeting of the Republic of Korea (RoK)-funded multi-year project on improving women's and children's health in the Democratic People's Republic of Korea (DPRK) was held in SEARO, New Delhi, on 4-5 February 2010. The Republic of Korea has provided more than US\$ 50 million for this project since 2005.
- The Review Meeting was attended by the RoK delegation led by Jae-hyok Chang, Director-General of International Cooperation, Ministry of Public Health; the DPRK Ministry of Public Health (MoPH) delegation led by Dr Jang Jun Sang, Director, Department of Treatment and Prevention, Ministry of Public Health; Dr. Poonam Singh, Deputy Regional Director, WHO SEARO; Dr Eric Laroche, Assistant Director General, Health Action in Crises, WHO; the WHO DPRK country team led by Dr S Puri, WHO Representative to DPRK; and the SEARO EHA team led by Dr. Roderico Ofrin, Regional Adviser, EHA.
- Presentations by WHO DPRK and the DPRK MoPH team showed that significant progress had taken place. For example,
 - More than 1500 staff were trained in various areas
 - Four hundred Ri (village) health facilities, 20 county hospital operating theatres and delivery rooms, 10 county hospital blood departments, 10 county laboratories and 30 emergency sections, two medical warehouses and two maternity and paediatric hospitals were renovated.
 - This has led to significant improvements in health outcomes for areas/facilities where the project was implemented: infection rates after operations reduced by

42.5%; number of deaths during operations, and deaths after operations, reduced by 73.4% and 51.8% respectively.

- Apart from recommendations on improving project implementation, the group also agreed on the schedule of activities for the coming year.

Inter-Country Workshop on Disaster Health Information System

- The inter-country workshop on The South-East Asia Disaster Health Information Network (SEADHIN) was held in Jakarta on 8-12 November 2009.
- The objectives of the workshop were:
 - To review options on archiving and retrieving disaster health information.
 - Exchange ideas and experiences on various options on how to take this forward in countries by looking at existing models' feasibility and sustainability.
 - Arrive at a consensus and commitment on the next step in setting up SEADHIN and define roles of EHA and HELLIS focal points.
- The workshop was attended by national emergency focal points and/or staff from health libraries from nine Member Countries.
- Recommendations from the workshop included development of a road map and protocol for establishing and maintaining national repositories for disaster health information.

The EHA Team Expands

- Dr. Shafik Nagi has joined the EHA SEARO team as Technical Officer. Dr Nagi had previously worked in DPRK.

'Hotspot': the SEARO EHA Blog

- The EHA team has been providing a personal perspective of their work in emergencies through the SEARO EHA blog, *Hotspots*. These can be accessed at: www.searo.who.int/ehablog

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.

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