

EMERGENCY AND HUMANITARIAN ACTION

Update
September- November 2008



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.

DPR KOREA

Building National Capacity for Health in Emergencies



- Following recent emergencies such as the flash floods that occurred in August-September 2007, WHO has been assisting the Government of DPRK in building greater national capacity in health, at the local, provincial and central levels. An Inter-Agency Standing Committee comprising four clusters was created to respond to emergencies in 2007. WHO leads the Health/Nutrition cluster within the UN support team to the country and works closely with the Ministry of Public Health to discharge the health and nutrition sector responsibilities.
- The Ministry of Public Health has established a disaster preparedness nucleus at the national level comprising of early warning for disease outbreaks, health information and policy/planning units. Additionally, the MOH has also established the two regional logistic supply hubs located in the western and eastern part of the country.
- An analysis of the event and county-level flood response revealed that the response was good considering the limited warning period. One of the lessons is that additional preparedness activities will facilitate improved response mechanisms in future emergencies. For this purpose, a Country Emergency Response and Preparedness Plan needs to be developed. WHO will provide technical inputs on the health aspects. This plan includes in-country pre-positioning emergency stock.
- An emergency health expert from the WHO Regional Office for South-east Asia (SEARO) visited DPRK to facilitate the development of the National Health Sector Disaster Contingency Plan and provide technical support to the Emergency Preparedness and Response programme of the Government. The recommendations from his consultations with key DPRK health professionals in emergencies emphasize capacity focussed at the local level and include:
 - Developing a local contingency plan and a model county-level preparedness and response plan

- This will be supported by a provincial level plan, and a national plan.

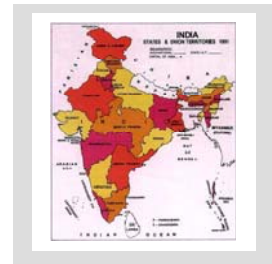
Other WHO Activities

- Dr. S. Puri has assumed the responsibilities of acting WHO Representative to DPRK, following the demise of Dr. Tej Walia.
- The country's Essential Medicine List was reviewed by WHO with IFRC, UNICEF and UNFPA. The next step will be to update and to print the Essential Medicine Guidelines (2005 Version) in collaboration with other agencies.
- WHO provided raw materials for the local production of Mebendazole and Propranolol for use in MoPH's health facilities and for the de-worming campaign with UNICEF in November 2008.
- WHO DPRK received more than US\$ 10 million in funding from the Republic of Korea in 2008 for Maternal and Child Health and malaria. It also received more than US\$ 1.3 million in CERF funding.
- WHO was involved in facilitating the Coordination Meeting between UN agencies and IFRC in DPRK, and South Korean NGOs. The meeting was held in Seoul 23-24 October 2008.

INDIA

Floods in Bihar

- Although the waters have receded in many areas after the Kosi river changed course and flooded large areas of Bihar in August 2008, meeting the health needs of the thousands of displaced people remains a challenge. WHO worked closely with the UN Disaster Management Team, the Union Ministry of Health and Family Welfare, and with the Bihar State Department of Health in responding to this emergency.



- WHO's immediate assistance included the provision of:
 - Emergency health kits to treat up to 60 000 people over three months.
 - Approximately US\$12 000 to the Indian Red Cross for logistical support in order to facilitate the prompt delivery of relief material, including safe drinking water, tents and clothing.
 - Two hundred and seventy five chloroscopes for testing water quality.
 - Nearly 10 000 insecticide treated bed nets to be used by the flood victims as a protective measure against vector borne diseases.
- In addition to the WHO staff located at the centre, around 100 WHO-National Polio Surveillance Project (NPSP) personnel working in the state have assisted the district health officials in day-to-day planning and monitoring of medical relief and collecting information about the existing relief camps and functional health care centers.
- In addition to its normal role, WHO-NPSP is carrying out communicable disease surveillance for early detection of outbreaks in the affected areas. It is also assessing medical needs at the relief camps to plan and ensure adequate stocks and supply of medicines and are monitoring presence of doctors, availability of food, drinking water conditions and sanitation.
- WHO-NPSP staff is assisting in organizing immunizations for Measles, Polio and Tetanus Toxoid, and administration of Vitamin A supplement and ORS at the relief camps. They are assisting district administration in planning, implementation and monitoring of polio vaccination of children in transit. WHO has provided immunization and various technical guidelines and IEC materials to the state.
- WHO has also assisted the state in planning and monitoring of chlorination campaigns in coordination with other agencies, using the polio vaccination micro-plans to identify village and community workers. The NPSP is also training health workers in reaching out to the community on general health and sanitation issues.
- WHO-NPSP officials are assisting in distribution of the WHO emergency health kits to the most affected districts, utilization of the basic units of the kits at the large relief camps and supplementary units at the district and referral hospitals catering to the relief camps.
- WHO is planning to collaborate with VIMHANS and Darbhanga Medical College for training Community Level Workers in providing psycho social support to affected people.

INDONESIA

Floods in North Sumatra Province

- Two people died and 91 others were injured in floods in Batu Bara and Tebing Tinggi District,



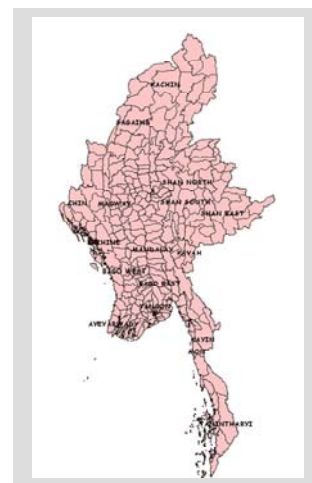
North Sumatra Province, Indonesia, on 23 October 2008. The floods occurred when heavy rains and collapse of an embankment caused rivers to overflow.

- The Ministry of Health with assistance from WHO Indonesia evacuated victims, established health posts and activated mobile clinics in the affected areas.
- The Ministry of Health deployed three doctors, three nurses, 22 midwives and one sanitarian to promote hygiene and sanitation.
- WHO has been in close communication with MOH in monitoring the situation through the Regional Crisis Center of North Sumatra, as well as District and Provincial Health Office.

MYANMAR

Cyclone Nargis Recovery

- Six months after Cyclone Nargis hit Myanmar on 2-3 May 2008, causing large-scale death and damage, the health sector in the affected divisions of Yangon and the Ayeryarwady are on the road to recovery.
- From 3-7 November, a six member team composed of representatives from UK's Department for International Development (DFID), The European Commission Humanitarian Organization (ECHO), Merlin and WHO (at headquarters and Regional levels) conducted a joint field visit to Myanmar to review the health cluster response to the disaster in the affected areas of Yangon, Labutta and Bogale. The team also visited the SEARO office in New Delhi to learn more about the back-up support the Regional Office provided to the work of WHO Myanmar and the Health Cluster.
- **Early Recovery:** A Joint Plan of Action has been prepared for early recovery of the health system in the cyclone-affected areas. An Early Recovery concept paper has been drafted under the leadership of Tripartite Core Group (TCG), which includes the Myanmar Government, the United Nations and ASEAN. This will assist the Ministry of Health in implementing the Joint Plan of Action and Early Recovery Plan.
- **Coordination** among health agencies, through the Health Cluster approach has led to optimisation of skills and resources in responding to the different health



challenges in the six months. The Health Cluster, led by WHO and co-chaired by Merlin at the national level, is now functional at the township level as well as the divisional and central levels.

- **Reconstruction:** Through collaboration with the Shelter cluster, the MOH and MOSW, new designs based on national parameters for the reconstruction of sub-rural and rural health centres have been finalised.
- **Early Warning, Alert and Response System (EWARS):** To help detect and prevent any potential outbreaks, WHO led the initiative to establish an Early Warning, Alert and Response System for Disease surveillance among health partners, which has subsequently been integrated with the Ministry of Health's disease surveillance system. This EWAR system has become a key source of information on disease morbidity and mortality from the field.
 - It has been producing reports of morbidity and mortality from priority diseases and verifying the rumours for any reported health diseases.
 - It is creating awareness of the health status of the cyclone-affected people by region, by severity and over the period of time and thereby helping health authorities to take timely and appropriate measures.
 - To date WHO has provided two EWAR trainings in Yangon, three in the field and organized 26 surveillance sub-group meetings.
 - WHO is also assisting in reinforcing the surveillance system by establishing field laboratories and building human resources in this area.
- **Vector-borne Disease Control:** WHO has assisted in vector-borne disease control through the various stages of the emergency, from assessment of the dengue situation immediately after the cyclone to preparation of a draft prepared for prevention and control of dengue, and logistical and technical assistance and training for fogging and health promotion measures undertaken by the township governments. WHO developed and distributed IEC materials on malaria and dengue prevention, distributed bed nets and developed curriculum for training of volunteers. A massive larviciding campaign was conducted through the network of health workers and community workers of government, UN agencies and NGOs of the health cluster. It has planned to provide technical support to MOH for implementation of operational plan to control malaria and dengue. It has also provided 200 fogging machines and 2000 litres of malathion, and drugs for treatment of malaria.
- **Water and Sanitation:** A possible scarcity of clean water in the delta is recognized as a key issue in the dry season, and WHO, along with the Health Cluster, is working with the the Government of Myanmar and the WASH clusters to meet this challenge.
 - The Ministry of Health and health cluster partners plan to strengthen the disease surveillance system to help prevent any water-borne disease outbreak.
 - Township Medical officers and health cluster partners will jointly assess the water situation in the different townships, such as the number of clean ponds, and the availability of potable water.
 - WHO has provided technical inputs to WASH cluster and supported the development of guidelines for water, sanitation, hygiene and solid waste management in emergencies. It has mobilized 300 rapid diagnostics kits for cholera crystal VC kits, two units of water purification system, 35000 water purification tablets, provided bleaching powder for disinfecting

wells, which had been contaminated by surface waters during the cyclone. WHO has also facilitated the donation to MOH of three water purification plants to be installed in affected areas.

- There have been 11 WHO/National TB Programme assessment missions for Tuberculosis to different locations. Three joint MOH/WHO missions went to remote affected areas to trace back missing TB patients after the cyclone, to avoid the emergence of drug resistance TB.
- Efforts are ongoing to provide support to basic health staff in damaged health facilities. Procurement is ongoing for Kits for Rural Health Centers, Sub-rural Health Centres and health personnel.
- **Mental Health:** WHO is supporting the Ministry of Health in addressing mental health and psychosocial challenges in affected areas by :
 - Providing manuals on psychological care for medical officers and for basic health workers and community level workers respectively.
 - Assisting in assessment of psychological distress in six affected townships
 - Conducting training of medical officers on mental health and psychological care in four townships in Ayeyarwady Division, as well as training of nurses on psychological interventions.
 - Assisting the Post-Disaster Mental Health Team from MOH for continuous surveillance and management of the affected community. Outreach teams consisting of a psychiatrist and clinical psychologist were deployed in Labutta, Bogale, Pyapon and Mawlamyaingyun townships.
- **Infant Feeding in Emergencies:** WHO in close collaboration with nutrition cluster, is working to promote appropriate Infant Feeding in Emergencies (IFE). This includes promotion of exclusive breastfeeding for the first six months and of promote relactation in cases of separation, and prevention of inadvertent use and donations of infant formula. WHO is taking a leading role in the translation and editing of *Infant and Young Child Feeding in Emergencies Operational Guidelines*. These guidelines will be distributed to the Ministry of Health and the NGOs and other cluster members. A "Joint statement of WHO, UNICEF, Save the Children, IFRC, ICRC on appropriate Infant and Young Child Feeding in Current Emergency" has been translated into Myanmar language. WHO has been involved in their translation, and in providing further information for the public.

NEPAL

Floods in Nepal

- Floods occurred in both eastern and Western Nepal in 2008. In the east, the Koshi river broke through and embankment in Sunsari district in August 2008, causing widespread flooding. In the West, incessant rain caused floods and landslides in September 2008.
- WHO has been coordinating/monitoring the situation closely with Epidemiology and Diseases Control Division, Department of Health Services, MOH Teku, Kathmandu.



- The Organization has supported health sector coordination, working closely with UN HC and the Government of Nepal's Ministry of Health.
- To assist in monitoring any potential outbreaks, the Organization shared rapid health assessment forms, Post-disaster Syndromic Diseases Surveillance form to DHO/DPHO offices.
- WHO was active in assessments of the response to the emergencies. WHO staff were part of the MOHP Central Level Assessment Team which left Kathmandu on 20 August for Biratnagar with essential medicine, and with UNICEF assessment team which left for Saptari on 3 September for emergency health coordination. WHO also participated in the Koshi Flood Impact assessment that was held on 12-17 September 2008. The WHO Representative, SMO, NPOs monitored the flood response activities in Koshi Flood affected area (Sunsari and Saptari).
- A WHO National Professional Officer assessed the flood affected areas of FID and the Far Western Region on 26-29 September 2008.
- Among medicines provided by WHO to Nepal's Epidemiology and Disease Control Division (EDCD) were
 - 4 Interagency emergency health kits (IEHK) which can cover 40,000 population for 3 months.
 - 1 malaria kit to cover 10,000 population for 3 months.
 - 1 diarrhea kit to cover 400-500 patients.
 - 50 outbreak response/emergency medicine (can cover 5000 severe cases).
- WHO also provided one tent and 60 mattresses for health facilities set-up in Saptari District (Koshi Flood Affected District).
- The Organization was involved in conducting a successful Mass Casualty Management Simulation Drill Exercise in Bheri Zonal Hospital on 25 September, and a orientation session for the modification of hospital plan.
- MOPH requested support from SEARHEF on 8 September 2008 and applied for a first installment of US\$ 175 000, for medicines and other essential supplies.
- On 11 September 2008, MOPH further requested SEARHEF support for human resources.

THAILAND

Floods

- A sudden downpour in September led to flash floods affecting several provinces in North and Northeast, and parts of the Central region of Thailand.
- According to the Department of Disaster Prevention and Mitigation (DDPM) of the Ministry of Interior (MOI), a total



of 31 provinces, 246 districts, 1,566 sub-districts, 12,092 villages, 454,304 households, 1,597,371 persons were affected. It is estimated that the damage caused due to the flash flood is approximately USD 16,394,132.

- The Ministry of Public Health (MOPH) in Thailand immediately responded in providing assistance to the affected communities. According to the MOPH, 24 persons lost their lives in 11 provinces, and one person was reported to be missing. As of 3 October, the MOPH attended to 96,139 patients and common ailments were diagnosed as Athlete's foot, common cold, skin rashes, muscular disorders and Alimentary tract disorders.

Inter-Agency Activities

- As agency/cluster/sector lead focal point for health for WHO (SEARO and WPRO) at the Inter-Agency Standing Committee (IASC) Humanitarian Network for Asia-Pacific, the EHA focal point participated in the IASC Sri Lanka Coordination Workshop held in Colombo, on 11 September 2008 to share WHO's regional perspectives and experiences. The workshop was organized by OCHA Sri Lanka, with support from the OCHA Regional Office for Asia and the Pacific and the OCHA Humanitarian Reform Support Unit in Geneva.
- The WHO EHA focal point also attended the ***Asia-Pacific High-Level Meeting on International Migration and Development***, held on 22 - 23 September 2008 at the United Nations Conference Centre (UNCC) in Bangkok and jointly organized by the Royal Thai Government (RTG), International Organization for Migration (IOM), United Nations Population Division of the Department of Economic and Social Affairs (DESA), and UNESCAP. Representatives of 22 member states attended the meeting and seven (Bangladesh, Bhutan, India, Indonesia, Nepal, Sri Lanka and Thailand) member countries are within WHO's SEA region. Several UN agencies joined the meeting.
- ***The First Session Committee on Social Development*** was held on 24 - 26 September 2008 at the United Nations Conference Centre (UNCC) in Bangkok, organized by UNESCAP. Representatives of 25 member and associate member of ESCAP attended the meeting. Seven (Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, and Thailand) member countries are within WHO's SEA region. Several UN agencies joined the session.
- The meeting on ***Inter-Agency consultation on DevInfo for Decision-making*** was held on 22 September 2008, organized by UNICEF APSSC/EAPRO, Bangkok. The consultation was attended by the several representatives from UN agencies and DevInfo NYHQ, DevInfo New Delhi, and IFRC.
- WHO shared its experience in a Regional Training of Trainers meeting, held in Bangkok from 9 to 13 October 2008. Two EHA country focal points (Nepal and Thailand) joined the workshop. The tool belongs to UN. The tool can be used in emergencies, specific reference were made on UN Humanitarian Reform, IASC cluster approach etc.

manual had been consulted with, and agreed by all partners working in Disaster Management in 2007.

- NGOs working in Disaster Management such as Plan International, Concern, CARE International and AusCARE also organized radio spots, drama and TV talk shows.
- The activities were supported with funds received by WHO from the Korean Foundation for International HealthCare (KFIH) – Dr Lee Jong-Wook Memorial Fund.

Humanitarian Reform

- The Timor-Leste government, WHO and the humanitarian agencies attended 1 day workshop on Humanitarian Reform held on 8th October 2008 in Dili, Timor-Leste. The workshop was organized by OCHA Timor-Leste with key speakers from OCHA Humanitarian Reform Support Unit, UNDP - Lead Cluster for Early Recovery and OCHA Regional Office in Bangkok. The purpose of the workshop was to:
 - Raise awareness on general humanitarian reform principles and state of implementation progress.
 - Discuss how the coordination arrangements can be organized to reflect the future priorities in Timor-Leste. A special afternoon session was dedicated to a table-top exercise on disaster response based on current coordination arrangements, using sector approach as well as different scenarios if the cluster approach is applied, instead of all sectors, including the Health Sector.
- 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 Timor-Leste: Communicable Diseases Control and Avian Influenza to plan for an integrated programme implementation across the units, particularly on capacity building covering trainings, table top exercises and simulations on emergency preparedness and response.

SEARO

First Regional Public Health Pre-deployment Course (RPHPDC)

- In order to build Regional capacity for emergencies, EHA SEARO conducted the first Regional Public Health Pre-deployment Course (RPHPDC), in Jaipur, India, on 14-20 September 2008. The target for this course is WHO staff and emergency professionals on the WHO roster.
- The course was adapted to target Regional needs and experiences, and based on the Global Public Health Pre-Deployment Course (GPHPDC) developed by WHO HAC in Geneva. It was re-designed by SEAR and the Institute of Health Management and Research (IHMR), Jaipur.
- The objectives of the course were to ensure that participants:
 - have a common understanding of current public health emergencies faced in the region.
 - describe the ongoing changes in the overall humanitarian sphere, and WHO's role in it.
 - describe one's own role in an effective humanitarian health response to minimise the avoidable morbidity and mortality.
 - acquire clarity on evidence based standard response to these emergencies and adapted guidelines.
 - acquire knowledge and skills in prioritizing health action, program management, proposal development and reporting, and
 - acquire skills in communication and information management.
- Seventeen participants from eight countries of the Region participated. This includes technical staff as well as those from administration and planning.
- The course covered three sections:
 - Humanitarian Context - humanitarian reform, cross cutting issues
 - Public health in emergencies : prioritization and programming ; clarifying public health issues
 - Simulation Exercise - scenario of an earthquake
 A variety of methods was employed to deliver the course such as presentations, case studies, and group work.
- Outcomes included:
 - Recommendations that the course be brought to the country level, and include Ministry of Health and other health partners.
 - Building a network of public health professionals working on emergencies in the Region.



Regional Emergency Fund provides crucial assistance

- The South-East Asia Regional Emergency Fund (SEARHEF), which is designed to provide funds within 24 hours of receiving a request after emergency in the Region, provided funds for medical assistance in two major emergencies in the Region in the past two months:
 - An initial amount of US\$175 000 was disbursed to support the response to the Kosi River Floods in Nepal in September 2008. A further US\$ 150 000 has been released in October.
 - Another US\$ 175 000 was granted to Sri Lanka to meet the health challenges posed by the displacement of people in the North of Sri Lanka, in September 2008 (US\$175,000).

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.