

Highlights



- As on 20 April the Government initiated operations in the “No Fire Zone” at the coast of Mullaitivu. The government troops have invaded the LTTE controlled area, only 8 Sq Km is still remaining under LTTE control with an estimated number of 15,000 -20,000 civilians still trapped.
- 100, 265 civilians have escaped during from the LTTE controlled area. Majority of these IDPs are currently screened and registered by the GOSL in the Vanni.
- Approximately 70,836 IDPs are in the government controlled areas in Vavuniya, and 10,100 in Jaffna district. UN agencies INGOs and NGOs assist government to provide basic facilities like shelter, food, health care, water supply and sanitation facilities.
- Wounded civilians have been evacuated to Vavuniya Hospital, Pulmudai field Hospital and Padaviya hospital by the SL army using ships, helicopters and ambulances. In addition ICRC has evacuated IDPs by ship.
- All the Schools in Vavuniya have been closed to provide accommodation for IDPs and with the increasing number of new IDPs, other public buildings will be used for the same purpose.

- Ministry of Health is providing comprehensive curative and preventive health services for the IDPs by expanding capacity of main and small hospitals in the area and through mobile health teams, through already overstretched health services in the district with the support of WHO and other agencies.



Health assessment & situation update

General Information

Internally Displaced People

According to the government sources with the initiation of Government Operations Mission “about 72 hours ago in the No Fire Zone in Mullativu, the government troops have rescued about 100,265 civilians from the grip of LTTE .About 15,000 - 20,000 people are still trapped with in 8 Sq Km in the eastern costal belt in Mullativu district. Majority of the IDPs rescued by forces are still undergoing registration and other search activities in Vanni. The total number of IDPs in Vavuniya is 70,836 as of 22nd of April 2009. They are housed in 15 centers. Another one opened today afternoon at Poovarasankulam School of which details are not yet available. The intention of the government is to bring all the IDPs to Vavuniya.

In addition 10,100 IDPs have moved to Jaffna peninsula from Vanni and located in four welfare centers in Kopay, Gurunagar, Mirisuvil and Kodikamam in Jaffna district.

The injured people are being evacuated to Vavuniya hospital by the SL Army using helicopters , ambulances and other modes of transport and over 6500 patients have been transferred from the un-cleared areas by sea with the help of the ICRC; to Pulmudai field Hospital and to newly upgraded Padaviya base Hospital. Some of the Critical patients are being transferred to GH Anuradhapura, National Hospital in Colombo for tertiary care

and chronic cases are transferred to GH Vavuniya, GH Mannar and few other institutions in order to increase bed space for new patients.

Health Situation

Curative care services

There are three allopathic and one Aurvedic hospitals in Vavuniya, Field Hospital in Pulmudai , Padaviya Base Hospital and Mannar General Hospital mainly providing curative health care services to the IDPs. The hospitals are severely stretched HR wise as well as on other needs.

	GHV	BHC	DHP	PAH	GH Mannar	BG Padaviya	FH Pulmudai
Bed strength	448	131	10	100	314	469	35
Midnight total of Patients 22 nd Apr	1257	520	518	119	900	293	35
IDP patients	1110	471	518	108	850	223	35

GHV= GH Vavuniya, BHC= BH Cheddikulam, DHP= DH Poovarasakulam, PAH= Pampaimadu Aurvedic Hospital

Consultants, operating theater, blood bank and diagnostic facilities are available in the GH Vavuniya, GH Mannar and in GH Padaviya. Poovarasakulam Divisional Hospital is the isolation site for the Chickenpox patients. Aurvedic hospital is used to house post operative cases, elderly and post natal mothers with their neonates. BH Cheddikulam serves mainly for the IDPs located in there and emergency cases were transferred to the GH Vavuniya. BH Padaviya is a newly upgraded hospital with operation theater facilities and necessary HR to cater for large number of war casualties brought by ICRC ships to Pulmudai port. The Indian Field hospital established in Pulmudai has only about 40 beds and the capacity is insufficient to treat large number of casualties. The visiting mobile teams do the referrals and other forms of treatments in the IDP camps during the day time. Arrangements have been made to transfer patients to hospitals during 24 hours a day.

Preventive care services

The Medical Officer of Health provides the ANC, FP, Immunization, and other preventive care services at the sites on a regular basis. A health post is being established in each camp and the area Public Midwife and the Public Inspector works there from morning till late afternoon. They attend to WASH activities, Training, health education, environmental sanitation, disease surveillance etc. In most of the sites they are assisted by the trained health volunteers. The health workers have issued mothers cards to all and immunizations were provided irrespective of the coverage when the records were not available. Two rounds of OPV were given to all children under the age of 15 years as

instructed by the Ministry of Health Officials. All pregnant mothers were given TT appropriate doses. And pregnant mothers were screened for anaemia, VDRL and Blood grouping.

Mental Health

The Mental & Psycho-social forum has established a committee at the district level and a formal mapping on who is doing what, where and by who is being recorded under the chairmanship of the Government. A Technical Committee has been established under the leadership of the Medical Officer in-charge at the GH Vavuniya to prepare an action plan. A mental health ward will be opened in Vavuniya hospital on 25th April mainly targeting patients among IDPs.

Nutrition

A training programme on emergency feeding, therapeutic feeding, use of BP -100, and other food supplements was conducted by the Ministry of Healthcare & Nutrition with the assistance of the UNICEF country office. There was an issues raised by a UN official on provision of bottles by some INGOO and distribution of infant formula on the request of government officials by some INGOO. This was discussed in the Nutrition Coordination meeting as well in the Inter-agency meeting. It was decided to hold a discussion with all stake-holders on these issues and to make them fully aware of the possible unwanted outcomes of these practices. It was also decided to discuss the International Code on Inappropriate feeding practices and marketing of breast milk substitutes adopted by the WHA in 1981.

Communicable Diseases

The only communicable disease outbreak which occurred and continues is the Chickenpox. The cumulative total as of 22nd of April 2006 was 7149. The daily admissions are less now and the number of inpatients is currently decreasing. The numbers may rise again as more IDPs are coming in the near future. The patients were isolated at a Divisional Hospital and kept there for a few days. They all were given appropriate treatment of Acyclovir tablets.

The other communicable diseases seen in all IDP the sites were Watery diarrhea (112), acute RTI 47), Skin infections (50), few cases of conjunctivitis and viral fever. No cases of Measles, mumps were been reported to date. The daily disease surveillance mechanism has helped greatly to prevent outbreaks of communicable diseases.

Water and sanitation

Water sanitation and Drainage have become a sever issue in most of the IDP sites The total number of permanent toilets available in all 15 sites was 553. The total number of temporary toilets available is 408 only in two temporary sites. The required number of

latrines is 1217. There is an issue in distribution of toilets according to the international standards among IDP sites.

The main issues were cleaning, human excreta disposal by gully sucking on a regular basis, damage to structures and repair. The agencies working on WASH were given the responsibility of sites and blocks of sites and they are planning to improve the conditions in the near future with the leading government agencies.

Water supply is mainly done by the National Water Supply and Drainage Board, supported by the WASH cluster agencies. Though there is no major shortage of water at the moment, with a large influx of IDPs there is a possibility of experiencing shortages and water-related diseases. Even to date the main method of water supply is by bowsering. (Nearly 2.2 million liters a day). There are issues in drainage systems in some sites and may lead to bread flies and mosquitoes.

Solid Waste Disposal

Solid waste collection is supported by many UN and other agencies. The collection from the sites and disposal at selected sites is done by the local government authority. The main issues are shortage of labour, tractors and other forms of garbage collectors, irregular timing of collection and disposal and method of disposal which is dumping. Collection of solid waste

In the IDP site will lead to breeding of stray animals, flies and related food and water-borne diseases.

Ministry of Health & WHO Response

Since September 2008 WHO and the MOH have been working together to provide for the health needs of IDPs that move out of the controlled area.

The Disaster management unit of the ministry of health has been converted as the main operations unit operated 24 hours a day with more human resources and facilities to communicate with IDP sites. There are coordinators appointed by the MOH to expedite the action in each IDP site and to increase the response capacity.

MOH coordinates with WHO, other UN agencies, INGOs and NGOs to get support for the MOH response in the current situation. Ministry of health has taken action to deploy health staff to hospitals and to the field, vehicles, medicine and equipments to operations areas.

WHO Country Office and the Vavuniya Field Unit

The WHO field unit was established at the District of Vavuniya since January 2009 to coordinate and participate with all related meetings such as Health Coordination, Nutrition Coordination, Wash Cluster as well as Hygiene Promotion Technical Group and Inter-agency meetings. The main function of the WHO field mission is to coordinate the health cluster in the field. The following activities are conducted with all partners:

joint assessments with; provide technical assistance to the local health authorities; assist in monitoring and evaluation of ongoing activities.

Although informally WHO has been conducting health cluster coordination meetings since last year. It was only last March 2009 that the cluster approach was activated. Since then WHO has coordinated with MOH and partners in the efforts needed for the situation in Colombo and Vavuniya.

WHO has also provided:

- essential medicines and medical equipment to treat the injured and prevent outbreaks,
- support construction of semi permanent wards field clinics and provide the necessary medical equipment and utilities support (eg communications) to increase the surge capacity of hospitals
- support to health staff deployment and mobility

The WHO shares the information with the government as well as other UN and international agencies on a regular basis.

The support for these activities has come from funds of the following:

- *WHO South East Asia Regional Health Emergency Fund (WHO SEARHEF)*
- *Italian Government*
- *UN Central emergency Response Fund (UN CERF)*

Next steps

Through the MOH mechanism WHO will:

- Assist the MOH in coordination of the Health cluster and mobilize health partners to increase access for health care
- Continue to support regular assessments, surveillances and capacity development gap filling and coordination
- Support to up-grade health facilities that care for the IDP communities
- Supply life saving equipments and drugs including emergency health kits
- Provide assistance for operational costs mobile health services to the IDPs
- Strengthen response capacity at national level and at Vavuniya operational hub