Floods, Flash Floods and Landslides in Myanmar – 2015

**Highlights**

- Heavy seasonal rains since end June superimposed by storm winds from Cyclone Komen when it made land fall in Bangladesh on 30 July 2015 resulted in flooding in 12 States and Divisions out of 14 in Myanmar. Worst hit areas are in Chin, Rakhine Sates, Sagaing and Magway Regions.
- Death toll has risen to 117 persons as of 31st August. 1,615,000 persons and 399,913 households were directly affected based on government sources.
- A total of 247 health facilities were damaged of which 195 were sub-health centers in 38 townships of 7 States and Regions.
- The flooding has inundated more than 1.2 million acres of farmland; damaged 485 schools and 16,741 homes.
- WHO has provided emergency support funds and re-purposed programme funds to cover 100% of the MoH request to cover at least three months of emergency health operations.
- WHO has been assisting the MoH to organize regular health cluster / sector meetings with health partners to coordinate and mobilize resources for the affected population.

**Damage to Health Infrastructure**

Out of 247 damaged health facilities, 195 were Sub-rural Health Centers which are managed by midwives and situated in or close to the villages. Two State Health Department buildings, seven township hospitals and 10 station hospitals were partially damaged but functional. The estimated cost of reconstruction is USD 1,274,773 and includes the cost of replacing essential medical equipment damaged by the floods. The table below provides the break-up of the health infrastructure damaged by state / region.

<table>
<thead>
<tr>
<th>State / Region</th>
<th>State Health Department</th>
<th>Township Hospital</th>
<th>Station Hospital</th>
<th>Rural Health Center</th>
<th>Sub-rural Health Center</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chin State</td>
<td>2</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Sagaing Region</td>
<td></td>
<td>1</td>
<td>2</td>
<td>17</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Pago Region</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>30</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Mague Region</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>19</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Rakhine State</td>
<td>4</td>
<td>3</td>
<td>15</td>
<td>47</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Shan State</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ayeyarwady Region</td>
<td></td>
<td>1</td>
<td>7</td>
<td>77</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2</strong></td>
<td><strong>7</strong></td>
<td><strong>10</strong></td>
<td><strong>33</strong></td>
<td><strong>195</strong></td>
<td><strong>247</strong></td>
</tr>
</tbody>
</table>

**Challenges**

- As rains are expected till end of October there is a possibility of occurrence of floods.
- Delay in transportation of relief commodities to the remote villages in the flood affected areas due to damaged roads and bridges.
- MoH needs additional human resources to support its emergency operations.
- Limited donor interest to support this disaster compared to Cyclone Nargis.
- Private, religious and media sectors were very active. Greater synergy in action among these partners is required for better coordination with the government to avoid overlapping and duplication of efforts.
• Need for setting up institutional base for rapid capacity building of all levels of staff involved in response.

**Emergency Response**

**Government**

The Government of Myanmar is leading the response in different parts of the country. Emergency Command Center is open 24/7 at the Ministry of Relief and Rehabilitation.

**MoH and WHO**

With the technical and financial support of WHO, MoH has been able to assess damages and impact; replenish food and medicines; provide transportation for health workers; and organize referral and mobile clinic services for the affected communities. WHO has participated in the Multi Cluster / Sector Initial Rapid Assessment (MIRA). The initial findings are available at: [http://themimu.info/emergencies/floods-2015](http://themimu.info/emergencies/floods-2015)

**Health Partners**

Most of the international health partners especially INGOs are located in Rakhine State and not in other parts of the country.

UNICEF has provided lifesaving health supplies and medicines to state/regional/townships health departments of different affected areas.

UNFPA has coordinated with the Maternal and Reproductive Health [MRH] Division of MoH for the distribution of Emergency Reproductive Health Kits [RH] and Kits to support provision of safe delivery at health facilities in the affected regions/states.

Myanmar Medical Association has provided health and reproductive health services through mobile clinics in Rakhine State and distributed clean delivery kits to pregnant women in the affected area.

Marie Stopes International has distributed clean delivery kits in Kalay Township of Sagaing Region as part of their mobile clinic activity.

IRC has deployed two emergency mobile clinics providing emergency PHC services following the floods in many affected townships in addition to the normal pre-flood PHC and RH services provided in camps and villages. As of 25th August 2015, IRC'S emergency mobile clinics have provided more than 800 consultations to flood-affected communities.

Relief International has distributed Basic Medicine kits at many affected health facilities in Rakhine state.

Premire Urgence – Aide Medécine International is providing health professionals and medical supplies to the Ministry of Health and Department of Public Health to support health facilities and mobile clinics in Kale, Sagaing.

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**Contact Address**

<table>
<thead>
<tr>
<th>No.</th>
<th>Organization</th>
<th>Name and Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
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</tr>
</tbody>
</table>
Sources of Information

Information from the following sources was taken as references. The information provided may not be accurate and could be changed accordingly. It is for internal use and not to be quoted.

1. National Disaster Management Committee (NDMC), Government Ministries and MoH
2. State Health Departments
3. UN, INGOs and Donors
4. Media websites and internet
5. WHO

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