

## HIGHLIGHTS

- **Acute diarrhoea cases show a significant downward trend in both Ministry of Health and INGO data.**
- **Measles vaccination will be extended to children up to the age of 15 years in Labutta.**
- **The Ministry of Health and WHO will conduct a six- township assessment covering individuals above 18 years.**

## HEALTH ASSESSMENT AND SITUATION UPDATE

- According to MoH 229605 and 97139 cases health services consultations took place in the affected townships of Ayeryarwady and Yangon divisions respectively, between 11 May – 30 June, 2008. In Ayeryarwady, Pyapon, Labutta and Bogale camps had most numbers of OPD patients. In Yangon division, The maximum number of outpatients was seen in Kawhmu, Kungyangone and Kyauktan camps.
- According to data reported from the Village Tract Assessment (VTA)
  - Over 14% of health key informants have reported that doctors are available in their facilities.
  - Around 4% health key informants reported that NGOs workers are available in their facilities.
  - More than 80% of health key informants reporting having health care services for treating minor illnesses available in their facilities.
  - Around 60% of the health key informants had essential drugs either available or partially available in their facilities.

## HEALTH CLUSTER RESPONSE

### 1. Disease Surveillance

- MOH data has been included in this week's Health Cluster Early Warning, Alert Response System (EWARS) weekly report, but not integrated with

the INGO data. MOH data and EWARS data remain separate at this stage in order to avoid double entry but will eventually be incorporated.

- In Labutta measles vaccination is being stepped up in response to reports of a measles outbreak. Children up to the age of 15 will be included in the vaccination campaign as most cases were over 5 years.
- Vector control activities are being intensified to address the increase in DHF cases.
- MOH also reported rubella cases in Labutta.
- Acute Diarrhoea cases show a significant downward trend in both MoH and INGO data.

## **2. Health Action and WWW (who what where)**

- CESVI is working in 38 village tracts of Dedaye, providing basic health, outreach activities (mobile clinics), health promotion , reactivation of government health services, vector control and in water and sanitation.
- Maltesar, a German NGO is working in Labutta, Ngapudaw and Hainggyikyun Township of Ayeyarwaddy Division. It focuses on coordination and reporting at the field and country level, infectious Disease Control and Vector Control, provision of medical services through fixed and mobile clinics in camps and remote villages, referrals , provision of water purification plants for hospital and town, provision of safe and domestic drinking water and construction of fly proofed latrines.
- Thirty agencies are currently working on mental health and psychosocial support for the affected population. These agencies coordinate with MoH to provide, protect and improve mental health and psychosocial well being of the cyclone-affected communities.
- Larviciding that was started two weeks ago by MOH and WHO is still ongoing.

## **3. Funds**

- Some patients who are referred to the township hospitals cannot get transportation from their remote villages. IOM is therefore putting forward a proposal on supporting Cluster partners to transport patients who are

referred for treatment or in the case of emergencies. The proposed townships for implementation are: Bogale, Mawlamyinegyun and Pyapon.

- The International Federation of Red Cross and Red Crescent Societies (IFRC) has increased its Myanmar appeal to USD 72.5 million to support a three year emergency and recovery programme for cyclone affected people.

## **HEALTH COORDINATION**

- The HCC Strategic Advisory Group will meet twice a month with the MOH. Interested partners include IOM, UNAIDS, CESVI, Marie Stopes, UNICEF, MERLIN, DFID, IMC and HIV AIDS Alliance.
- The Health Cluster Technical Working Groups reported the following:
  - **Early Recovery/Health Systems**
    - The latest meeting discussed the template for health facility rehabilitation.
    - A special task force will identify different types of Cyclone proof buildings. They should meet two basic criteria: i) that they are wind proof and ii) that they are water-surge proof.
    - Early recovery includes revitalization of services and the quality of the health care, ensuring sufficient human resources for health, promoting an enabling environment for health and strengthening township coordination in this process.
  - **SRH and HIV/AIDS**
    - MOH expressed concern at the lack of information on patients receiving TB/ HIV care or ARV. Suspected TB cases should be referred to TMO. UNICEF highlighted the possible need for training of INGO health staff in this.
    - The sub group highlighted the lack of a data base and expressed an interest in being involved in any Health Cluster assessment.
  - **Malaria/ Dengue**

- MOH surveys on parasites and vectors are still ongoing.
- WASH cluster is distributing water container covers made from tyres. MOH requested that plastic sheeting also be provided to go under the lids to help prevent mosquitoes breeding.
- MOH invited NGOs to participate in larviciding activities.
- **Mental Health and Psychosocial Support**
  - WHO projects 30-50% of affected people experience moderate to severe psychological distress at 12 months and severe disorders are likely to increase in prevalence by 3-4% after a disaster.
  - The short term plan includes training to health professionals, and development of IEC materials. MOH has agreed to training for 200 GPs and medical staff on early recognition of mental health problems.
  - The MOH and WHO will conduct a six- township assessment covering individuals above 18 years.
- Township level coordination
  - Health Cluster partners including UNICEF, Merlin, CESVI and WHO have volunteered to take the lead in health coordination at the Township level in Bogale, Dedaye, Labutta, Mawlamyinegyun, Pyapon and Pathein.
  - Health coordination leaders are needed in the following townships: Kyaiklat, Maubin, Myaungmya and Wakema.
- UNICEF provided an overview from the subnational operational centres (hubs)
  - **Labutta**
    - Over 8800 people are still living in three camps.
    - “EPI PLUS” has been started by UNICEF (vaccines, devices, ice, transportation, DSA) and Maltezer/AZG (transportation of vaccines/BHSs to villages).
  - **Bogale**
    - Over 80 BHSs will try to reach all the villages.

- **Pyapon**
  - Population movement has made headcount difficult. Communication training will be imparted to 54 government and NGO health staff.
- **Mawlamyinegyun**
  - Some areas and pockets remain unreached.
- **Dedaye**
  - CESVI is supporting coordination in Dedaye

#### **OTHER RELATED CLUSTERS**

- WASH Cluster: To reduce the risks of water related diseases WASH has planned immediate activities for 100000 households and long term measures for another 75,000 households in the delta area.
- Nutrition Cluster: With UNICEF as lead organization, the cluster has collected nutrition information on *Protein Energy Malnutrition and Micronutrient Malnutrition*.

#### **NEXT STEPS**

- The Flash Appeal has now been submitted and will be launched in Geneva and New York on the 10<sup>th</sup> of July
- There will be an informal donor meeting on the Flash Appeal on the 11<sup>th</sup> of July.