

HIGHLIGHTS

- Over 22 percent of households experienced psychosocial problems due to the effect of cyclone according to the preliminary findings from the Village Tract Assessment component of the Post-Nargis Joint Assessment (PONJA).
- Rain water is the main source of drinking water for over 30% of the population in the affected areas. The international community has provided and installed 50 water treatment units to supply 250 000 people with 3 litres of clean water per person each day.
- The Ministry of Health has reported 25 suspected cases of measles in Labutta in June. In response, over 23 000 children in Ayeryarwady and Yangon divisions have been vaccinated.

HEALTH ASSESSMENT AND SITUATION UPDATE

- Preliminary findings from the Village Tract Assessment (VTA) component of Post-Nargis Joint Assessment (PONJA) indicate that more immediate, life-saving relief needs remain to be provided.
- The Village Tract Assessment (VTA) focused on five areas in the health sector: disease prevalence, availability of drugs, health personnel available, health care requirements and sanitation.
- Preliminary findings from the household survey for the VTA suggest the following:
 - Around 7 % of households surveyed reported one or more deaths in the family.
 - Over 22% of households suffered from psychological problems, due to the cyclone.
 - Rain water is the main source of drinking water for 30.5% of the population, as ponds have become salinated. The international community has provided and installed 50 water treatment units to supply 250 000 people with 3 litres of clean water per person each day.

- Open defecation has more than doubled, from 10.9 % before the cyclone to 24.3 % post-Nargis. This poses serious risks for potential disease outbreaks.
- Diarrhoea prevalence among those interviewed was reported as 22 %, fever has been reported by 26.8 per cent, and another 26.3 % admitted to suffering from coughs and colds.
- The Logistics Cluster reports that more than 480 metric tonnes of health, nutrition and water and sanitation material have been dispatched to the affected areas by road and boat since 20 May 2008.

HEALTH CLUSTER RESPONSE

1. Disease Surveillance

- Nineteen partners have reported to the informal reporting system.
- Acute diarrhoea (1173 cases) and Acute Respiratory Infections (1288 cases) were the most widely reported diseases in the affected areas between 15-21 June 2008.
- The total number of cases of acute diarrhoea has decreased since the first surveillance bulletin based on the Early Warning, Alert and Response System (EWARS) for disease surveillance. However, two townships, Kungyangon and Mawlamyaingyun, have reported increases in the week of 15-21 June. To help combat water-borne diseases, WASH cluster will send routine water quality and quantity data from the areas most affected by diarrhoeal diseases.
- MOH has reported 25 suspected cases of measles in June from camps and villages in Labutta township, in children aged four months to 18yrs. Laboratory specimens from 7 cases have been diagnosed as positive for IgM by the NHL. In response the MoH has reported vaccinating over 23 000 children in the two affected divisions.
- The number of cases from ARI has shown a decreasing trend since the beginning of June.
- Greater laboratory accessibility for samples for acute jaundice is being planned.

2. Health Action

- MOH has reported vaccinating more than 14 000 children in Ayeryarwady and 9894 in Yangon division for measles.
- A team consisting of four WHO international and one national staff and senior officials from MoH have been in the field in Labutta, Bogale, Pyapon and Pathein for five days to assess the conditions in health facilities and provide technical assistance in recovery plans.
- WHO organized a first joint MoH and Health Cluster partners workshop aiming to share activities, plans and way forward.
- UNFPA are currently providing:
 - Mobile clinic and Maternity waiting home (MMA)
 - Clean Delivery (CD) kits
 - Dignity kits
 - MISIP training
- The MMA are currently working in five townships and 17 Villages. They plan to visit seven townships in Ayeryarwady, 12 townships in Yangon division and three townships in Mon State.
- UNFPA is distributing CD kits to INGOs, NGOs, CBOs and DMR.
- UNICEF is supporting the Township Medical Officer (TMO) and partners in vector borne disease control through training, spraying and larva control activities as well as supplies. It organized a training session in Labutta on vector control methods for NGOs, the community and DoH staff on the 19th June, followed by a demonstration of using larvicide "Abate".
- UNICEF is supporting the function of eight frontier outposts by providing medicine, vaccines, transportation and additional health manpower. In Bogale the organization provided roofing sheets for the repair of six rural health centers (Aunk Hle Seik RHC; Sein Haing RHC; Ma Ye Ywa Thit Sub-RHC; Kan Gyi Sub-RHC; He Man RHC; Pharyar Thone Sub-RHC).
- To help meet the human resource gap in health in the affected areas, UNICEF deployed 20 Health Assistants, six nurses and four midwives to Bogale to assist Township Medical Officers (TMOs). Others are involved in

mobile outreach activities for health and hygiene education, covering around 700-900 families every day. Nurses are assisting at the hospital.

- UNICEF has distributed more than 300 000 copies of health and hygiene education booklets and 50,000 copies of dengue prevention pamphlets/posters to the affected people through MOH as well as NGO partners.

3. Funding

- The Health Cluster has submitted 24 projects for the consolidated action plan (CAP).
- A revised UN appeal is likely to be launched on 10 July.

HEALTH COORDINATION

- The technical working groups of the health cluster reported the following:
 - **Early Recovery:**
 - Highlighted the overlap in activities regarding rehabilitation and reconstruction of health facilities.
 - The MOH has produced a list that identify the number of damaged health centers and their location by township and the number of health facility kits needed at each level.
 - Increased coordination with the TMO is needed to obtain 'bottom- up' information to feed into the MoH information.
 - **Vector Borne Diseases:**
 - MOH clarification is needed on the role of INGOs in the implementation of larviciding.
 - The action plan requires more insecticides for the second phase.
 - **Psychosocial Mental Health:**
 - The Myanmar language version of the TOR is now ready to be distributed.
 - Two flyers detailing the guidelines of Psychosocial support have been distributed.
 - **VTA/DALA**

- The Health Cluster meeting on 1st July will focus on the results from the Joint Assessment.

NEXT STEPS

- The new WWW (Who what where) will be presented on Friday.
- The analysis of the findings of PONJA will form the basis of future actions.