



HIGHLIGHTS

- **The Health Cluster plays an important part in the Post-Cyclone Nargis Joint Assessment (PoNJA). WHO experts are assisting in training, planning, management and logistics of the assessment.**
- **The availability and quality of water in the affected areas remains a major health concern. The Health Cluster will work closely with the water and sanitation (WASH) cluster. With increasing rains, more fresh water in local ponds could improve the situation.**
- **The Health Cluster and the Ministry of Health will conduct assessments of psychosocial distress in the six most affected townships.**

HEALTH ASSESSMENT AND SITUATION UPDATE

- The Post-Cyclone Nargis Joint Assessment (PoNJA), coordinated by the UN, ASEAN and the Government of Myanmar, has begun with two advance teams being sent to Laputta and Pyapon to check coordination and piloting of the instrument. The data collection process will take place between 9 – 21 June 2008, and the preliminary report is expected by 26 June 2008. More than 20 UN teams are expected to participate.
- The Health Cluster plays an important role in the assessment.
 - A WHO information officer is assisting training, planning and management of the assessment. Questionnaires are ready to use in both English and the local language. A WHO logistician will assist with the logistics for the assessment.
 - World Vision has agreed to commit six national staff to be part of the data collection team.
 - The Health Cluster will provide enumerators for the PONJA assessment. More than 200 enumerators have been trained.
 - Merlin has been approached to be the coordinator of the assessment.
- The government has started health infrastructure rehabilitation under which health centres are being repaired with the help of local corporations. Most rural primary health centres have been destroyed and will need to be rebuilt. But, all township hospitals have survived and are being repaired.
- Approximately 1800 Mt of cargo have been moved by the Logistics Cluster in Myanmar to date, an average of 410 Mt per day.

- The Ministry of Health stressed the need to ensure effective coordination at township level. MOH requested all NGOs to work with the township medical officers to ensure that there is effective coordination of who is doing what, where in the townships.
- There is a new vulnerable group, migrant workers, that could be overlooked in the official aid.
- ICRC reported that there are some communities south of Dedaye which have still not been reached with any form of assistance.
- A medical team comprised of dentists of the International College of Dentists, Myanmar and the Directorate provided dental care to the affected people in Maubin, Ayeyawaday Division, on 31 May.

HEALTH CLUSTER RESPONSE

1. Disease Surveillance

- The WHO epidemiologist is in the delta region to help ensure that the disease surveillance system is working effectively.
- World Vision has been conducting health surveillance in hospitals and health centers located in the four townships in Yangon Division where it has existing Area Development Programmes. This activity was conducted to support WV's intervention to provide medicines through existing health structures.
- Lab services are intact in Yangon, although provision of the culture media is a problem. Only Carey-Blair media is being made locally.

2. Health Action

- Seven IOM mobile health teams have been operating in 33 villages in Bogale.
- Three additional WHO experts have arrived to assist the WHO country office.
- A WHO team headed by the WHO representatives to Myanmar and comprising of various public health experts (epidemiology, TB, malaria and information) and a senior MoH Officer are visiting the affected areas of Labutta, Bogale and Myaungmya in Ayeyawady Division for a week. They have taken two trucks of medical supplies for distribution.
- Three joint MOH/ WHO mobile Health Teams will go next week to Labutta, Ngaputaw and Bogale. They have two objectives: to trace TB patients with interrupted treatment and provide general curative and public health services (non TB). Each team will subdivide into 3 sub-teams and go to camps and villages. Based on their findings, active patient tracing teams will then be sent out to trace back patients. WHO will assist in data compilation and analysis and then convene the TB working group (week of 16 June 2008).
- This week doctors from the Myanmar Medical Association are joining mobile service teams funded by UNFPA to provide emergency reproductive health services including safe delivery. The first team will visit two villages in Phyapon Township, and the second will visit Nyaungpintha village in Kungyangone Township.
- UNFPA is providing 'dignity kits' of soap, clothing and sanitary supplies to help displaced women and men maintain personal hygiene. These

- are packed in buckets for collecting water. Youth volunteers have been mobilized to help assemble the kits, which various partners are distributing.
- World Vision plans to provide assistance to over 68 000 families in more than 190 cyclone-affected village tracts/wards located across Yangon and Ayeyarwady Divisions.
 - World Vision has distributed medicines in five hospitals and another five rural health centres in Hlang Thar Yar, South Dagon, Dagon Seikkan, Hmawbi, Patheingyi and Ngapudaw in Ayeyarwady Division.
 - World Vision is also involved in basic health education activities covering prevention of diarrhea, personal hygiene, safe drinking water and sanitary latrines. They have reached 532 people in three townships in Yangon.
 - The World Vision health team has dug five tube wells in Hlang Thar Yar to provide clean water to one hospital and temporary shelters with 1200 people. They have also built latrines in hospitals and temporary shelters in South Dagon.
 - Malteser (a NGO) has been in Labutta since 11 May. Their activities include:
 - Provision of medical services for 32 000 IDPs in two camps and the resident population in Labutta
 - Running of two clinics in two camps, one clinic providing 24hr emergency triage assessment and triage
 - Referral system from camps to the station hospital in Labutta
 - Cooperation with the hospital on MCH and ANC
 - Provision of two water purification plants, one at Labutta hospital, the other in Labutta Town, ward 1, serving a population of 32,000 people
 - Construction of 120 latrines in the camps
 - Setting up 16 elevated tanks with 80 tap stands in camps
 - Construction of temporary rain water collection tanks in camps
 - Provision of safe drinking water through chlorination and distribution of *Water-Guard*
 - Health Education and Hygiene promotion activities
 - Distribution of plastic sheeting, blankets, NFIs, mosquito nets, dignity kits, family kits, hygiene kits

3. Supplies

- IOM has distributed 9 000 LLIN and 594 hygiene kits along with water containers and water treatment units.
- UNFPA, the United Nations Population Fund, continues to send provisions to Myanmar to enable health providers to ensure that pregnant women can deliver safely. These shipments (ranging from rubber gloves for midwives to hospital equipment) are packaged in kits ready for distribution to community health facilities, and include supplies for preventing HIV infection and unwanted pregnancies and responding to sexual violence. Two batches, intended to serve a population of approximately 450 000, have been delivered to the Ministry of Health. A third shipment, sufficient to meet the

reproductive health needs of an additional 500 000 people, is expected to arrive this week.

4. Mental Health

- The mental health programme for the cyclone affected regions is likely to be divided into distinct but complementary activities:
 - Mental health (focusing on doctors and nurses)
 - Psychosocial support programme (focusing on community outreach programmes)
 - Specifically targeted programmes (focusing on children, women, teachers etc)
- A training programme in managing select mental illnesses is being developed for general duty medical officers. The SEARO training CD will be one of the technical materials to be used, supplemented with other locally developed material. Initially, 50 medical officers from general hospitals and universities in Yangon and Mandalay will be trained.
- Fifty nurses of Yangon Mental Health Hospital will be trained on psychosocial interventions after a disaster. SEARO technical material, already translated into the local language, will be used.
- WHO and MoH will conduct an assessment of psychological distress in the six most affected townships. This assessment will be done in one camp in each township, on a sample size of 400 to 500 people.
- Psychotropic drugs, on the WHO essential drug list, will be provided to all in need in the affected area.
- The needs of vulnerable groups, such as children, will be addressed.
- There seems to be a gap in referral services for mental illness

HEALTH COORDINATION

- Clusters feel that an effective coordination is needed at Township level.
- The health cluster will have greater representation in the six humanitarian hubs. WHO has a representative in the Labutta hub.
- As provision of safe water remains a critical concern, WHO is collaborating with the WASH cluster, which is led by UNICEF, to provide assistance in water quality management through practical field guidance. This guidance is developed together with Save the Children/Oxfam. Cluster members have so far been able to distribute point-of-use treatment to most of the affected areas. This will be sufficient for the next 4-6 weeks, after which re-supply should be ensured either through support agencies or through local vendors. Assistance is needed for cleaning of ponds, for simple rainwater collection and basic sanitation. WHO is supporting the WASH cluster through relevant advice and provision of situation-specific guidelines.
- The Health Cluster meeting held on 6 June was well attended.

- The subgroups reported the following:
 - Early Recovery
 - Strengthening the existing health system through GAVI would provide an approach which would be consistent with early recovery in the affected areas. The focus is on effective planning and coordination at township level.
 - The group have requested a meeting with MOH to ensure that this approach is consistent with MOH plans and to make sure that this is acceptable to all organisations working in the field and engaging in early recovery for health.
 - A representative from the Early Recovery Cluster encouraged the mainstreaming of early recovery within the cluster activities with a focal person attending the ER cluster meetings.
 - Disease Surveillance.
 - Informal system is working well.
 - WHO reminded the group that the deadline for reporting is Monday noon so that the brief could be produced by Tuesday.
 - HIV and AIDS
 - The HIV and Reproductive health sub-groups will combine to form one sub-group.
 - TB
 - MOH requested support from the Cluster to conduct a TB assessment in affected areas

NEXT STEPS

- Joint Plan of Action
 - The document was presented and feedback requested from Health Cluster by Monday afternoon.
 - The document will be the basis of the Flash Appeal. It needs to be budgeted so WHO requests general information from NGOs about their plans and requirements for period of the Joint Plan (0-6 months)
 - Indicators in the document are the main indicators for tracking progress of the Health Cluster
- A long-term plan in mental health is to set up a Mental Health Recovery Centre, to provide appropriate care and to assist with re-integration into society.