



### HIGHLIGHTS

- Number of displaced people in Burkina Faso rises to over 90 000.
- Over 50% of the capital, Ouagadougou, including key infrastructures, has suffered damage.
- Waterborne diseases remain a major public health risk in affected countries due to stagnant water, flooded water supplies and disrupted water and sanitation systems.
- WHO working with Ministries of Health to strengthen surveillance, conduct joint assessments, coordinate the health response.



### A- Situation in countries

#### 1- Burkina Faso

The United Nations Disaster Assessment and Coordination team (UNDAC) estimates that around 150 000 people in and around the capital, Ouagadougou, have been affected by the unprecedented rainfall of 1 September, when more than one third of the country's average annual precipitation fell in less than 12 hours. Around 93 000 people have been displaced (UNDAC report, 16 September 2009), 40 000 of whom are thought to be staying with host families. Another 53 000 have found temporary refuge in schools, churches and public buildings. Many of them will need to be resettled before the schools re-open at the beginning of October. The fire service reports that 50% of the city, including key infrastructure, has been damaged. The rain is continuing to fall. The Burkina Faso Red Cross and the national emergency agency (CONASUR) will shortly begin assessing the situation outside Ouagadougou.

Almost US\$5 million to help the flood victims has been received following the National Solidarity Week campaign launched by the President of Burkina Faso. The United Nations Flash Appeal launched on 12 September calls for over US\$18 million, of which over US\$2.2 million is needed for the health response. WHO has mobilized almost US\$200 000 to date. Emergency health kits and other medical supplies donated by WHO have been handed over to the Minister for Social Action and National Solidarity.

#### 2- Sierra Leone

Since the onset of the rainy season, torrential downpours have flooded the capital city and upcountry, killing 103 people, destroying hundreds of houses and flooding over 2,400 acres of farmland. Over 750 people have been displaced. The country

has mobilized local resources for rescue operations, with support from WHO and other agencies. More funds will be needed for the emergency response.

According to the Office of National Security, a boat carrying almost 300 people from Shenge to Tombo capsized on 9 September. So far 39 people have been rescued, 40 are confirmed dead and 200 are missing.

### 3- Niger

Niger has appealed to the international community for support following the heavy rainfalls that have caused the Dabaga dam to break, flooding Agadez city and causing major infrastructural damage. More than 100 000 people have been affected. The government is preparing temporary shelters at four different sites to house those displaced by the flooding. Four districts in Agadez Region (Agadez city, Dabaga, Tchirozérine and Tabelote) have been affected by the flooding.

### 4- Senegal

Almost 350 000 people in Dakar, Saint-Louis, Kaolack, Kaffrine, Thiès and Sédhiou have been affected by the heavy rainfalls. Four people have died (three by electrocution) and seven health centres have been cut off. Despite efforts by the national fire services, many people are still living in flooded houses, surrounded by stagnant water. The country has activated its emergency plan and appealed for international support.

### 5- Ghana

Heavy rains in Burkina Faso and northern Ghana have resulted in the flooding of the White Volta basin. Burkina Faso has opened the waters of an overfilled dam on the border to the north of Ghana, exacerbating the situation. The homes of around 8000 people have been destroyed, drinking water and sanitary facilities have been overrun by flood waters, and farm lands with ripening crops have been flooded. A female farmer is reported to have died following an attempt to harvest by canoe. The two most affected communities are in West Mamprusi district, 80km north of Tamale.

### 6 – Mali

Around 20 000 people, mainly in Kayes region, have been affected by floods, with 25 killed and another 16 injured. Farms have been flooded and houses destroyed, representing a major economic loss. Around 62 metric tons of food have been distributed to the affected population, together with other non-food items.

**Table 1: Flood affected areas in Mali**

REGION	Victims		Affected Families	Number of people affected	Destroyed houses
	Deaths	Injured			
BKO	0	2	17	150	7
KAYES	4	0	844	12193	3583
KOULIK.	8	4	90	880	169
SIK.	5	5	15	150	20
SEGOU	1	0	252	4961	401
MOPTI	1	0	175	1741	42
TOMBOUCTOU	1	0	17	170	30
GAO	5	5	21	145	36
<b>TOTAL</b>	<b>25</b>	<b>16</b>	<b>1431</b>	<b>20390</b>	<b>4288</b>

## **7 – Cape Verde**

Barlavento Island in northern Cape Verde and Santo Antão, São Nicolau and São Vicente Islands have been affected by several weeks of heavy rains that have washed away roads, flooded farms and killed livestock. São Nicolau Island is the most affected, with many villages cut off and electricity supplies disrupted in Ribeira da Brava city. Three people were killed on 19 September following a landslide.

### **B- Response activities**

#### **1-Coordination**

Emergency coordination mechanisms have been activated in all countries. WHO is supporting Ministries of Health (MoH) and convening humanitarian partners in order to coordinate the health response (including in those countries that have not formally activated the cluster approach). WHO is also working closely with the UN country teams in the overall emergency response.

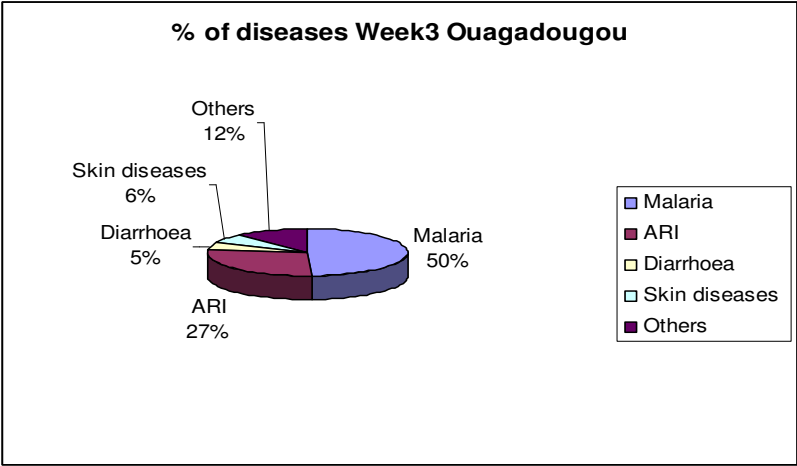
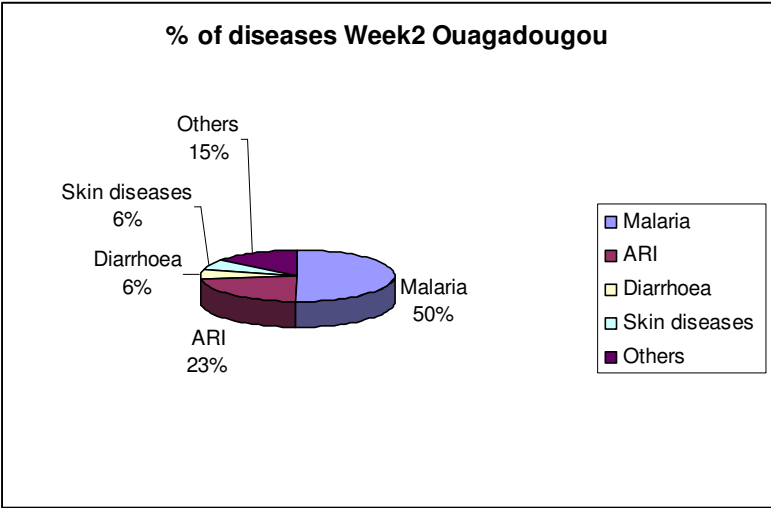
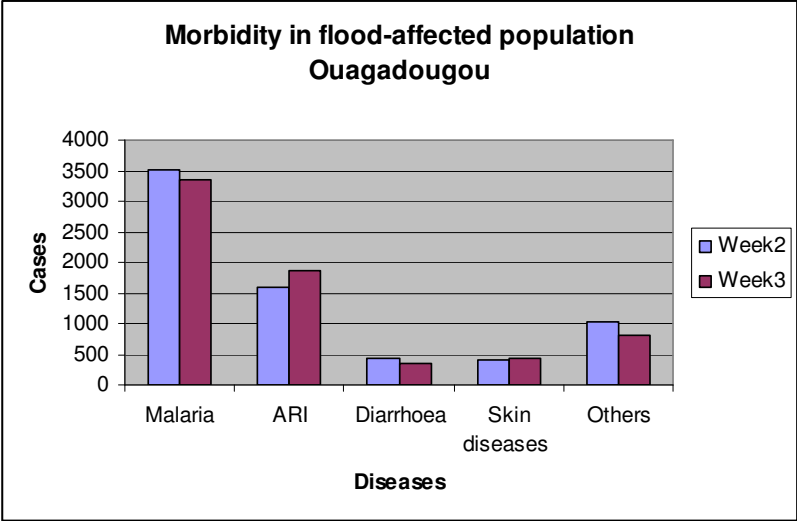
WHO country offices in Burkina Faso, Cape Verde, Ghana, Mali, Niger, Senegal and Sierra Leone are heavily involved in joint health assessments, planning and implementing the emergency response, mapping the activities of health partners, and supporting inter-sectoral coordination.

#### **2- Health monitoring and surveillance**

Waterborne diseases remain a major public health risk due to stagnant water, flooded water supplies and disrupted water and sanitation systems.

WHO is helping MoHs strengthen surveillance systems in flood-affected areas. WHO's support includes providing logistic and financial assistance through existing surveillance programmes, and briefing district surveillance teams. WHO is also participating in joint assessments with the MoH and humanitarian partners. (In Senegal, WHO and its partners are awaiting MoH clearance of a joint assessment.)

No disease outbreaks have been detected to date, although there have been the usual seasonal increases in malaria, diarrhoeal diseases and acute respiratory infections with the onset of the rains. In Agadez (Niger), mobile clinics in IDP sites reported about 435 consultations in week 37, with diarrhoea the most common cause of consultation (20% of all visits). IDP sites in Burkina Faso reported 6993 consultations between 7 and 13 September (second week of the disaster) and 6801 consultations between 14 and 20 September 2009 (third week of the disaster). Around 50% of consultations were for malaria, followed by acute respiratory infections. Medical supplies have been assessed and adjusted to meet these needs.



### 3- Filling critical caps and building capacity

NGOs are supporting fixed and mobile clinics and conducting health education activities. They are also supporting secondary health facilities and have set up tents to increase hospital capacity.

WHO is conducting refresher training for health workers in all countries. The training includes emergency health services, disease surveillance and alert systems and response to outbreaks of waterborne diseases.

WHO is supporting the rehabilitation of critical health services. For example, in Burkina Faso WHO is advising MoH on the relocation of critical services in the flood-damaged referral hospital.

WHO is also supporting resource mobilization efforts in several countries.

### 3- Urgent needs

Medical supplies for primary health care are urgently needed. The tables below list the emergency medical supplies donated by WHO so far and those that are still urgently needed.

UN Country Teams have requested non-food items including tents, water pumps and generators for Burkina Faso and Senegal.

#### Supplies provided by WHO

	Burkina Faso	Ghana	Niger	Senegal	Sierra Leone	Mali	Cape Verde
<b>Medical supplies</b>	- 1 inter-agency emergency health kit (IEHK) - 2 diarrhoeal disease kits (DDK) - 20 malaria modules - 2 more IEHKs being sent from stocks in Ghana	Needs not yet identified.	- Essential medicines - 20 basic kits- 20 malaria modules (enough for (20,000 people for 3 months)	- 1 IEHK (enough for 10,000 people for 3 months)	3 basic kits - 3 malaria kits	- 15 basic kits - 15 malaria modules being dispatched	Needs not yet identified
<b>Other items</b>	Tents, sanitation items for cholera management		Therapeutic milk, insecticide-treated bed nets, disinfection supplies, 1000 health education leaflets				

#### Remaining Gaps

Burkina Faso	Ghana	Niger	Senegal	Sierra Leone	Mali	Cap Vert
Expert for field hospital implementation++  Medical supplies and basic medical equipment	Needs not yet quantified by WCO but likely to include medical	Medical supplies for additional 20 000 people  Immunization	Technical support for joint assessment with humanitarian partners	1 IEHK  1 DDK	No additional request from the WCO	Needs not yet quantified by WCO

<p>for health posts for 34 new resettlement sites in CERF project</p> <p>Laboratory reagent: in CERF project</p> <p>Equipment and supplies for secondary hospitals hosting patients transferred from the CHU.</p> <p>Equipment (tents...) and supplies for field hospital to host patients while referral hospital is refurbished.</p>	<p>supplies for primary health care and potential outbreaks of communicable diseases</p>	<p>campaign for measles targeting 20,000 children</p> <p>8,000 bednets</p> <p>Water purification tablets</p>	<p>Support for laboratory reagents</p>			
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