

Health Cluster Joint Plan of Action in Response to Cyclone Nargis in Myanmar July 2008

I. Background and rationale

Cyclone Nargis struck Myanmar on 2 and 3 May 2008, sweeping through the Ayeyarwady delta region and the country's main city and former capital, Yangon, with winds up to 200kph. The authorities initially declared five states and divisions (Yangon, Ayeyarwady, Bago, Mon and Kayin) to be disaster areas, and on 6 May revised this to only Ayeyarwady and Yangon Divisions. Damage was most severe in the delta region, where the effects of extreme winds were compounded by a sizable storm surge. An estimated 2.4 million people are affected by the Cyclone.



The extent of the damage remains difficult to assess as well as the number of casualties. As of 17 May, the official figures stand at 77,738 dead and 55,917 missing. Unofficial figures are considerably higher. Several hundred thousand are estimated to be without shelter and safe drinking water. Current difficulties surrounding access to the affected areas, the largely administrative difficulties in bringing further relief supplies and expertise into the country, and the uncertainty over the degree and type of in-country capacity to implement relief programmes casts a shadow over planning and coverage of relief efforts. As of 4th June the UN estimates that only 1.3 million of the 2.4 million affected have been reached with only basic assistance.

The damage of health facilities and loss of health personnel in the affected areas represents a sudden loss of access to health services and major factors of risk for death and illness. Displacement of population, overcrowding in IDP sites and loss of access to safe water will increase the risk of communicable diseases. Vulnerabilities of women may increase related to difficulties or possible exploitation around access to relief supplies, conditions in settlement sites, and any increases in poverty. The humanitarian needs can be expected to continue at least in the medium term.



It is in this context that national and international health partners in Myanmar have agreed on this joint plan of action that addresses the humanitarian and

health needs of the communities affected by cyclone Nargis in Ayeyawady Division and in Yangon Division, with special focus on those in temporary shelters and relocation sites. The plan serves as a living document that will help coordinate work to save lives, reduce suffering and reactivate local systems during the coming six-months, and it will be updated as the situation demands.

II. Beneficiaries

This plan is based on reaching the estimated 2.4 million populations affected by cyclone Nargis in Ayeyawady Division and in Yangon Division, particularly those who are in temporary shelters and temporary relocation sites.



III. Objectives

The overall objective is to prevent excess mortality, morbidity and disability for the population affected by Cyclone Nargis.

The specific objectives are:

- To engage national and international health partners in the effective collaboration and coordination of the health sector response
- To assess and monitor health needs and strengthen disease surveillance
- To respond to health needs and threats including outbreaks, strengthen disease control and identify and respond to gaps that are critical to the delivery of health care
- To restore the functionality of the health system and build the capacity for effective service delivery.

IV. Strategies

The Strategy adopted by the Health Cluster hinges on four principles:

- Agreeing on one implementation plan for health response
- Aligning activities with national efforts to restore health in the affected areas and with the recovery strategy of the Ministry of Health.
- Adopting an inclusive Cluster approach that will harmonize and coordinate activities of the Health Cluster partners.
- Maximizing resources and comparative advantages of partners in the health cluster.

The health cluster response to Cyclone Nargis is based on international norms and standards for an emergency response under the framework of Myanmar national health policies and guidelines. As such it encompasses, in stages of the response: assessment; immediate emergency clinical care; disease surveillance and preparedness; special immunization activities (polio, measles) and vitamin A administration to populations at risk; emergency supplies to support ongoing health services; treatment of malnutrition; psychosocial support; reproductive health and HIV services in line with Minimum Initial Service Package for sexual and reproductive health; public health interventions and programmes (e.g. distribution of ITNs; TB control); community outreach and health promotion; and rehabilitation and revitalization of health services.

Furthermore, as Lead and thus Provider of Last Resort for the Health Cluster, WHO, in collaboration with its three levels (country-regional office-HQs), will put in place mechanisms and resources on stand by to respond to major outbreaks that should exceed the current capacities of the Health Cluster in Myanmar.

V. Joint Health Plan Activities

1. Support to coordination of health activities



The Health Cluster is the forum for central coordination among partners involved in responding to the health needs of the affected population. Overall central level coordination will be complemented by the establishment of regional hubs in the township of Labutta, Bogale and Patheingyi and at township level. The health cluster will post health liaison officers in each of the coordination hubs in townships to support the coordination and management of health activities and ensure liaison with local health authorities. In addition, coordinated support to integrated township planning for early recovery and revitalization of the township health system will be ensured. Information on activities of Health Cluster partners will be

compiled and shared on a regular basis to facilitate joint planning, identification of gaps and avoid overlap. The Health Cluster will coordinate activities with other clusters, in particular, nutrition, water and sanitation, logistics, protection of children and women and early recovery.

2. Assessment and monitoring of health needs and health threats

Rapid assessment of the health needs of the population and of the status of health infrastructures and performance of health services will be done to help partner agencies plan and support the delivery of emergency and essential health services to the affected population. Several partner agencies have already undertaken rapid assessments immediately after the cyclone and substantial information has been gathered. A joint tripartite Government, ASEAN, UN/IASC Post Nargis Joint Assessment (PONJA) will start field work on 9th June and will include an macro economic assessment of damages and losses and an assessment of immediate needs of those affected by the cyclone. Information from these assessments will be shared with the Clusters and consolidated and analyzed for information and action to plan for restoration of health services in the medium and long term.

In order to detect and respond to potential disease outbreaks, disease surveillance will be strengthened. This will be based on an informal daily system of telephone contact with those health cluster partners who provide clinical care and supported by a formal system of weekly data reporting from all clinical teams in the field.



This mechanism is being set up in close collaboration with MOH to verify rumours and consolidate the official information collected by MOH and the informal information collected by health partners.

A logistics monitoring system will be developed to track drugs, medical supplies and equipment. This will support the development of a preparedness plan for disease outbreak.

3. Responding to existing gaps

Support will be provided to local health authorities through Cluster partners to ensure adequate and immediate provision of and access to critical clinical and preventive services for affected populations at health facilities, temporary health service delivery points in relief camps, temporary shelters and relocation sites, through mobile clinics and outreach services. In this, special attention will be given to the most vulnerable population including children, women, elderly and disabled. Mechanisms to improve access to referral centres will be put in place. Community access to services and outreach for health promotion will support these essential clinical services. Special immunization activities and vitamin A administration will be provided to children in temporary shelters and amongst displaced persons. Safe infant feeding will be supported through the promotion of exclusive breastfeeding, identification of vulnerable infants and community involvement in identification of dangerous feeding habits and sound feeding strategies.



Sexual and reproductive health services will be strengthened and expanded through fixed and particularly mobile clinics in line with the Minimum Initial Service Package to prevent maternal deaths, HIV transmission and sexual violence. Awareness of the potential for increased gender-based violence and appropriate responses will be promoted through cluster partners. HIV will also be addressed by the provision of clinical services for opportunistic infections and RTI/STIs, and by medical teams' utilization of Universal Precautions. A coordinated approach to psychosocial support will be developed and implemented.

Efforts will be made to ensure that, drugs, medical supplies and equipment provided by Health Cluster partners are in line with the needs; unnecessary donations, wastage and problems of disposal of unwanted supplies are avoided; and timely delivery of logistics to health service delivery points is ensured

Epidemiological evidence shows that natural disasters such as this cyclone *are not* always followed by disease outbreaks. However, Myanmar and more specifically the areas affected by Nargis are endemic for a number of communicable diseases - malaria, dengue, acute diarrhoeas etc - and distress displacement and concentration of people in camps, accompanied by increased breeding of mosquitoes, etc, disruption of water and sanitation systems do increase the risk for these conditions, right when local health systems are weakened. Subsequently, as Provider of Last Resort for the Health Cluster, WHO will set in place contingency plans, mechanisms and dedicated surge capacity on stand-by, ready to support national and international health partners, should they be confronted by any outbreak that exceeds their current capacities

4. Strengthening and revitalizing systems and building capacities

By its own efforts and by coordination with other clusters on the ground, the Health Cluster will support the immediate repair and provision of water and power supply to critical facilities like hospitals and central medical store depots, and to operate temporary health service delivery points. Damaged health and medical equipment of affected health facilities will be replaced, including e.g. cold chain and waste-disposal infrastructures.



The national and local Primary Health Care system and network will be reactivated through training and community health promotion and by mobilizing and supporting community health workers and voluntary workers. Special attention will go to provide orientation (including psychosocial response) of new doctors and other health staff to be deployed to the affected areas

Through WHO and working with MOH the Health Cluster will support the ASEAN and other international health teams ensuring orientation and training on specific emergency health issues and national guidelines. Alignment of efforts with national plans and policies will be key to successful emergency health response and "building back better" will be the guiding principle in the relief and early recovery efforts. This includes strengthening capacities of national health partners and integrating them in the delivery of humanitarian assistance.

Support to the revitalization and expansion of existing programmes such as EPI, HIV and TB will be ensured including training and capacity building of basic health staff in integrated planning at township level.

VI. Outputs and impact



The expected **outputs** of this plan in line with the objectives and are:

1. Effective coordination of health activities
2. Health needs and threats assessed and monitored
3. Gaps identified and responded to
4. Systems strengthened, revitalized and capacities built.

These are shown in the log frame which includes core indicators at purpose and output levels to monitor impact. These are the core indicators for all partners of the health cluster.

VII. Risks and assumptions

This joint plan is based on a number of risks and assumptions which are reflected in the log frame. Key assumptions include:

- No additional natural catastrophe compounds the affects of Cyclone Nargis
- No significant changes in the number of affected population
- Regular and reliable access to at need population by national and international staff
- Analysis of gaps provides timely and accurate information to establish a response, particularly for mobile populations
- Effective partnership of "Coordination, collaboration and no duplication" with MoH and other actors
- Supply and logistics chain is reliable
- Health Cluster response encompasses public and private sector health service provision



Title of the Action	Joint Plan of Action-Health Cluster as of 24 June 08			
	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Risks and Assumptions
Purpose	Excess mortality, morbidity and disability prevented for the population affected by Cyclone Nargis	<ul style="list-style-type: none"> - Crude mortality rate maintained at below 2/10,000 per day for U5 - Excess morbidity and disability prevented as indicated by <u>incidence</u> rates of: <ul style="list-style-type: none"> o Diarrhoea o ARI o Malaria o Suspected dengue 	MOH and implementing agencies MIS & disease surveillance data In depth health needs assessment	<ul style="list-style-type: none"> - No additional natural catastrophe compounds the affects of Cyclone Nargis - No significant changes in affected population - Demographic data available from in depth assessment - Heavy rains do not impede implementation - MOH data available
Outputs	1. Effective coordination of health activities.	<ul style="list-style-type: none"> - % Health Cluster participants that find coordination mechanisms effective - Comprehensive Who does What Where database maintained 	Evaluation of coordination mechanism www mapped effectively	<ul style="list-style-type: none"> - Sufficient funding to implement the health cluster response - Regular and reliable access to at need population by national and international staff
	2. Health needs and threats assessed and monitored	<ul style="list-style-type: none"> - % of teams reporting disease surveillance weekly - Case fatality rates for Cholera 1% or lower 	-Disease surveillance bulletin -Assessment reports	<ul style="list-style-type: none"> - Supply and logistics chain is reliable
	3. Gaps identified and responded to	<ul style="list-style-type: none"> - Total number of consultations by township provided by health cluster - Utilization rate of health services by township at least 1.5/person/year 	-Disease surveillance bulletin -Household surveys - (# new visits in 1 week x 52)/Total population	<ul style="list-style-type: none"> - Analysis of gaps provides timely and accurate information to establish a response, particularly for mobile populations
	4. Systems strengthened, revitalized and capacities built	<ul style="list-style-type: none"> - >95% 6 month-10 year olds receiving measles vaccination - 1 equipped health centre providing basic EOC for every 30,000-40,000 people - Number of affected health facilities rehabilitated (physical infrastructure, equipment and staff) 	-Vaccination reports -Health in-Depth Assessment -M&E evaluation reports	<ul style="list-style-type: none"> - Effective partnership of "Coordination, collaboration and no duplication" with MoH and other actors - Health Cluster

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Activities Output 1	1.1 Convene regular action-oriented coordination meetings at central, regional/hub level and at township level (including local health authorities and township medical officers)	<ul style="list-style-type: none"> - Frequency of coordination meetings held at central level (national or regional) and at field level within the health cluster, and between health and other clusters - Number of organizations consistently participating in Health Cluster coordination at each level 	Health Cluster documentation: e-mail communication, meeting minutes, reports, action plans, guidelines, Flash Appeal	
	1.2 Develop tools to facilitate coordination of activities	<ul style="list-style-type: none"> - Joint Health Cluster Action Plan developed - Project and financial tracking information shared - Donor commitments and disbursements to the health response tracked 		
	1.3 Development of joint fundraising proposals	<ul style="list-style-type: none"> - Health Cluster inputs to Flash Appeal 		
	1.4 Inter cluster coordination of activities related to health for optimal health results	<ul style="list-style-type: none"> - Health inputs visible in other Cluster plans and activities 		
Activities Output 2	2.1 Review, compile and disseminate existing demographic and health data of the affected areas.	<ul style="list-style-type: none"> - Availability of health data on HIC websites and other information sharing points - Analysis of communicable disease risk assessment and interventions for Cyclone Nargis produced and disseminated 	Health Cluster documentation: internet websites, e-mail communication, meeting minutes, activity reports, guidelines, M&E reports	
	2.2 Adopt the existing common tool for Rapid Health Assessment including information on status of available facilities, services, referral sites and their capacities.	<ul style="list-style-type: none"> - Critical health information is included and analyzed in the Rapid Health Assessment 		
	2.3 Estimate needs and gaps based on results of the assessment and develop a mechanism for updating health assessments including needs and gaps.	<ul style="list-style-type: none"> - Need and gaps analysis completed, updated and shared regularly 		

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	2.4 Set up and operate an early warning and response system for communicable diseases that will strengthen existing MOH surveillance system and also enable non-government service providers to contribute.	<ul style="list-style-type: none"> - Guidelines on communicable disease prevention and control distributed - Preparedness plan for communicable disease outbreaks developed and implemented 		
	2.5 Mapping of physical damages in existing public health facilities and inventory of existing and needed equipment	<ul style="list-style-type: none"> - Number and percentage of facilities that require rehabilitation 		
	2.6 Strengthen the system for tracking drugs, medical supplies, equipment and health logistics being provided. Consolidate and analyze the information, identify the needs and the gaps, and provide the information to the partner agencies.	<ul style="list-style-type: none"> - A database for tracking and management of health related commodities established and utilized - Number of Health Cluster partners that contribute information to the database 		
	2.7 Agree on parameters, develop the tools and undertake an in-depth assessment of the health situation including health facilities.	<ul style="list-style-type: none"> - In-depth assessment completed and findings made available 		
	2.8 Monitoring and evaluation of coverage and implementation of the health response	<ul style="list-style-type: none"> - Frequency of monitoring visits accomplished - Use of M&E findings in streamlining of the health response 		
Activities Output 3	3.1 Provide essential emergency medicines, supplies and preventive kits.	<ul style="list-style-type: none"> - Total number of health kits supplied 	Health Cluster logistics reports, Consolidated partner reports, Immunization Reports	
	3.2 Provide critical clinical services in the absence of functional health delivery services including support of emergency referral.	<ul style="list-style-type: none"> - Number of medical teams / medical personnel deployed to the affected areas receiving appropriate orientation - Number of appropriate referrals disaggregated by type 		
	3.3 Ensure community outreach and health promotion and support community access to health services.	<ul style="list-style-type: none"> - Number of village tracts with access to community outreach and health promotion 		
	3.4 Implement disease preventive measures including vector control and ITN distribution.	<ul style="list-style-type: none"> - Number of townships in which larva assessment and vector control was conducted. - Number of ITN distributed among the affected population. 		
	3.5 Preposition stockpiles of medicines and equipment and provide a roster of experts on stand by for outbreak response	<ul style="list-style-type: none"> - Standard protocol for prevention and control disseminated - Quantity of medicines and equipment pre-positioned 		

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	3.6 Provide special immunization activities (polio, measles) and vitamin A administration to children in temporary shelters and amongst displaced persons; promote exclusive breast-feeding.	<ul style="list-style-type: none"> - Measles coverage - Immunization coverage under-1 year of age for polio - Vitamin A coverage, 6 to 59 months of age - Percentage of women exclusively breastfeeding 		
	3.7 Add or strengthen services to respond to sexual and gender-based violence, expand coverage of emergency SRH services particularly through mobile clinics	<ul style="list-style-type: none"> - Number of personnel trained on Minimum Initial Service Package for sexual and reproductive health - Number of service outlets providing appropriate SRH services 		
	3.8 Implement mental health and psychosocial support and services	<ul style="list-style-type: none"> - Number of personnel trained to provide mental health services, psychological or psychosocial support - Number of individuals provided with psychological first aid - Percent of children with access to child friendly spaces 		
	3.9 Ensure the sound management of health care waste and establish a clearing mechanism for drugs and medical supplies that are not in line with the essential drug list.	<ul style="list-style-type: none"> - Number of facilities / clinics / teams included in medical waste management - Essential drug list and the guidelines for donation of drugs and medical supplies are available 		
Activities Output 4	4.1 Orientation, training and provision of guidelines on specific emergency health issues according to national standards.	<ul style="list-style-type: none"> - Number of health professionals receiving orientation or training 	Training reports, Consolidated partner reports, M&E reports	
	4.2 Rehabilitation of critical damaged health facilities including provision of water and power.	Number and Percentage of fully functional health facilities providing appropriate services		
	4.3 Mobilization and support of community and voluntary health workers.	<ul style="list-style-type: none"> - Number of Community and voluntary health workers mobilized 		
	4.4 Ensure the continuity to TB case management (including children) and restore the TB surveillance system to prevent multi-drug resistance	<ul style="list-style-type: none"> - Percentage of TB patients that have completed treatment - TB case notification (nr of infectious patients detected, according gender/ age, including children) 		
	4.5 Ensure the continuity and expansion of HIV prevention (especially for sex workers, clients,	<ul style="list-style-type: none"> - Number of people living with HIV receiving support - Number of cyclone relief organizations with HIV 		

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	mobile populations and humanitarian workers), care and support programmes, including assistance to people living with HIV support groups	workplace awareness programmes.		

