Lao PDR: Flooding in Sanamxay District
Office of the UN Resident Coordinator Situation Report No. 04
(as of 28 July 2018)

This report is produced by Office of the UN Resident Coordinator in Lao PDR in collaboration with humanitarian partners.

Highlights

- Tropical storm Son-Tinh has affected several provinces, the most severe being Sanamxay District, Attapeu Province. This is the largest flood the country has seen in the past ten years.

- Staff from several UN agencies participated in the initial rapid response with government staff and is finalizing their response plans.

- The UN activated five clusters, namely WASH, Health, Food Security and Nutrition, Shelter and Logistics. The clusters met to draft a detailed matrix showing needs, response and gaps.

- The consolidated menu for support for the disaster response from the UN agencies, INGOs and development partners was highly appreciated by the Government.

- Floods from Attapeu Province have inundated 4 communities in Siem Pang District, Stung Treng province, Cambodia. According to the National Committee for Disaster Management of Cambodia, at the moment, the extent of disaster occurrence is within the internal Government capability.

- Moderate to heavy rains have been forecast across Laos for the coming days. General public and humanitarian partners are advised to monitor Mekong River Commission Report on water level.

- The Government has issued Agreement on the appointment of the focal point of Emergency Operation Centers for assistance coordination at central and local levels and the National Disaster Ad-hoc Committee.

<table>
<thead>
<tr>
<th>7,324</th>
<th>19</th>
<th>16,256</th>
<th>131</th>
<th>586</th>
<th>243</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displaced people</td>
<td>People killed</td>
<td>Directly affected people</td>
<td>In need of search and rescue</td>
<td>Families in need of temporary emergency shelter</td>
<td>Damaged houses</td>
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</tbody>
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Situation Overview
• The flash floods have caused severe damages to properties by submerging basic infrastructure, roads, bridges, schools, hospitals, cultivation fields and irrigation system. This has long term socio-economic impacts as it disrupt the livelihoods and well-being of the local communities.

• Roads to Sanamxay District and access to natural water resources are cut off. School buildings in affected areas are used as evacuated centers.

• There are 13 affected villages comprising 2,836 HHs, 13,067 people of whom 6,406 are women. There are 6 severely affected villages comprising 1,611 HHs, 7,324 people of whom 3,452 are women.

• The following needs continue to be highlighted:
  o Rescue boats
  o Mobile toilets
  o Packaged and canned food
  o Mosquito nets
  o Personal Hygiene Kits
  o Set of housing repair kits
  o Command post tent with operations and support equipment
  o Psychosocial support

Funding

UNDP Crisis Board met on 26 July and has approved the Declaration of Level 1 Crisis. Initial fund allocation of USD$ 100,000 has been approved to support humanitarian and recovery needs assessment and coordination. UNDP Administrator has written to H.E. Prime Minister of Lao PDR reiterating UNDP support and the letter was officially handed over to the Ministry of Foreign Affairs on 27 July 2018.

UNICEF received a 100,000 USD contribution from USAID to respond to the crisis with the focus on WASH and Child Protection.

WHO released emergency funding of 5,000 USD within 48hrs to ensure the initial rapid risk assessment teams were deployed into the field. An additional 5,000 USD is planned to be released to support requests from MoH for mental health training of field staff and response. Initial funding for enhanced surveillance of 30,000 USD is being finalized with WPRO.

Humanitarian Response

The provincial and district Disaster Prevention and Control Committee are continuing with the response actions. Incident Command Posts have been set in the districts to control the situation in an effective and timely manner.

Food, Security and Nutrition

• Needs: While there are considerable local food contributions (difficult to quantify), the immediate food needs for the 7,324 displaced people in Sanamxay would amount to approximately 110 tons per month.
  o According to the recent LSIS2 results (2017), Attapeu Province had the third highest wasting rate in the country (15%), and the recent floods can only exacerbate malnutrition to even worse levels. Therefore, there are urgent nutrition support needs.
  o Nutrition screening of children in camps and implementation of treatment/protocols and breastfeeding guidelines. Provision of RUTF and F-75/F-100 as part of the regular health cooperation to hospitals and health posts in the affected areas
  o Counselling of affected populations on infant and young child feeding practices

• Response: WFP is transporting Nutributter, a special nutritious food in sachets for children, and canned fish for affected families from its warehouse in Pakse to be delivered to the local provincial committee. It covers a two-week ration for the 7,324 displaced people in Sanamxay. UNICEF plans to deploy a nutrition team within the next 2-3 days to support the local response and deploy nutrition supplies as per the needs.
**Gaps and constraints:** While WFP is reviewing its current food stocks, no contributions in food assistance have been announced, therefore, there is a gap of 110 tons of food for the next month. In the long-term, affected communities will have lost their harvest and sources of food for this planting season, therefore, long-term recovery efforts will need to focus on supporting communities to become productive again and addressing their food security.

### Water, Sanitation and Hygiene

**Needs:**
- Latrine construction in temporary shelters; around 5-10 per shelter (depending on size), disaggregated by sex.
- Construction of bathing cubicles (4 in each camp – divided by gender)
- Sustainable safe water provision in camps through installation of tube wells with either hand or electric pumps (at least 1 per camp) total 15;
- Procurement and distribution of chlorine tablets in all camps
- Procurement and distribution of hygiene kits.
- Hygiene promotion sessions in all camps

**Response:**
The WASH and Health clusters had joint meeting with the Ministry of Health. UNICEF provided immediate support with WASH supplies (soap, jerry-cans, buckets, tarpaulin) for up to 1,500 households, and 4 electric pumps. Temporary mobile latrines are set up at shelters and current water established point produced about 5,000 liters of water per day of drinking water. Water purification tablets have been sent to the shelter.

**Gaps and constraints:** Personal hygiene remain an issue and the integration with the health cluster ensures that we monitor for communicable diseases outbreak.

### Logistics

**Situation:** the Government has designated the Ministry of Foreign Affirms as the focal point for all humanitarian relief cargo. All organizations wishing to send items into the affected areas must first be cleared by MOFA. In addition, any air cargo must arrive in Vientiane and be handed over and stored by the Government at their military air base. The Government will then transport it themselves to the affected areas.

**Response:** A WFP 4 wheel drive vehicle was able to move from Pakse to Sanamxay District using the northern route through Thateng District. In addition, a WFP contracted transporters was able to delivery good on behalf of the Government using the same route. Thus there is access from Pakse to Sanamxay town. WFP is handing over one Mobile Storage Unit, dimensions 10m x 32m, to the Provincial Government in Sanamxay for storage of relief cargo. WFP will set up the warehouse and provide wooden pallets for cargo storage. The unit will then be managed by the Provincial Government.

**Gaps and constraints:** Remain the same. The major issue is information on where affected person are and how to deliver cargo the final mile. It was informed that all last mile delivery is being done by the Government. Storage is currently not available in Sanamxay town as lots of relief items have already arrived. Additionally, a forward command center needs to be set up in the field, preferably Pakse as organizations are starting to send staff and need to know how to coordinate at the field level.

### Shelter

**Needs:** Situation at shelter remain fluid as family members may move around the different shelter to look for missing members

There is a need to establish Child Friendly Space (CFS) in the evacuation shelter locations, as well as share of Code of Conduct (CoC) for emergency among all partners.
• **Response**: 5 migrant camps for victims have been set up as below:
  o 1. 03 camps in district centre, 3731 people.
  o 2. Paksong camp, 1407 people.
  o 3. Tamoyod camp, 600 people.
  o 4. Donbok, 1086 people
  o 5. Pindong, 500 people.

  UNICEF will join the shelter cluster with a focus on ensuring child protection and in close collaboration with partners is developing a plan to establish CFSs.

• **Gaps and constraints**: The current focus is still on rescue of those who are still stranded and missing, and assistance to affected people currently evacuated and residing in six temporary shelters. A damage assessment is required for the full shelter response, but this will come later in the post relief phase.

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**Health**

• **Needs**: A medical triage have been set up to group patients according to their needs. Fever, trauma and injuries are the most common health problems. Psychosocial support for post trauma syndrome disease was requested, as well as the Implementation of Integrated Management of Newborn and Child Illnesses (IMNCI).

• **Protracted health risk in affected areas**
  o Dengue and Japanese encephalitis transmission risk is expected to increase post flooding in the area but with higher emphasis on Malaria. Risk of malaria transmission in the affected villages have been high especially since it is currently the rainy season. Following the floods, there is an increased risk of increased malaria transmission due to disruption of control efforts. In addition, residual insecticides may be washed away from buildings and the number of mosquito breeding sites may increase.
  o Risk of waterborne diseases such as dysentery, typhoid and cholera will also be of concern as access to safe drinking water and adequate sanitation (WASH) is an issue. These essential services has yet to be restored to these villages.
  o Areas in Sanamxai District have moderate risk of human exposure to the malarial vector (Anopheles) and moderate to high favourable breeding conditions. Coupling this with current conditions on the ground, there is a likelihood that transmission of malaria will increase over an extended period (likely till early October which marks the end of the monsoon season)

• **Response**: There are 4 mobile health teams with 5 people per team working in the 7 temporary shelters. There are 3 health teams (fixed team) working in the field. Patients continue to arrive at the Sanamxay District Hospital and some were referred to the Attapeu provincial hospital. An expert from WHO will arrive in country to train four clinicians from Mittapharb Hospital to be deployed to affected areas
  o Initial rapid risk assessments are currently being conducted in the affected areas to assess the Health-WASH situation
  o Enhanced surveillance is currently being established in the field at the camps
  o Regular attendance at EOC meetings to address any issues, provide advice or rapidly procure supplies or human resources required for the response
  o Assistance with the establishment of the Incident Management Structure (IMS) at both national and provincial level. This also included outlining clear terms of reference for the function of these IMSs
  o WPRO has deployed a mental health and a risk communication specialist to assist with the response. They will arrive in country on Sunday 29th July. In particular, the mental health specialist will be training a small group of UN national staff and national clinical staff on Monday 30th July and this group, along with the specialist will travel to the affected areas to support the training of provincial staff to work with the affected population.
  o Development and finalization of a situation report template to be used for reporting of the event
• Developed mapping tools with national staff on their human resources capacity and supplies. These tools have been agreed upon at the national level and currently being shared at the provincial level for input, before finalization.

• Overall response plan was developed with national staff and partners. The response plan is currently receiving input from both national staff and partners. The draft plan has been translated into Lao language and once the input from national staff and partners has been collated will be shared with the provincial level for input, before being finalized.

• Assisted with the organization and procurement of supplies needed for response from outside the country.

• Advice on management of dead bodies was provided to ministry to help facilitate their response.

• About 210 people (including female: 131) who had used health service in the field. Foreign medical teams from Korea, China and ASEAN countries work with the local health authority to provide care.

• **Gaps and constraints:** Measles vaccine, vitamin A and therapeutic milk can be made available immediately. Disease surveillance will continue in the field. 3000 personal hygiene kits will arrive in 3-5 days. Health equipment and consumables and emergency health and disease kit can be supplied within 72 hours.

The next cluster meeting schedule will be decided based on the results from the initial rapid risk assessment currently being conducted in the affected areas.

**Response by other humanitarian actors**

• The Norwegian People’s Aid and IFRC is supporting shelter, food, water and logistic in the field. Health Poverty Action will mobilize Emergency Response Fund of USD 25,000 for life-saving support to affected communities.

• Support and assistances have also been received from AHA and the Governments of Japan through JICA, Singapore, Australia, the US through AUSAID, Thailand, Vietnam, China and Canada.