This Situation Report is issued by the World Health Organization-Solomon Islands Country Office and highlights the health update related to the flash floods in Solomon Islands on 3-5 April 2014. This covers the period 19-23 April 2014. Data provided is based on the information gathered within the reporting period.

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**HIGHLIGHTS**

- The health and nutrition component of the draft Humanitarian Action Plan (HAP), which covers a three-month time period and aims to facilitate coordination of the humanitarian response and early recovery had been prepared. The key activities for the health and nutrition cluster focus on the restoration of access to health care services; strengthening Early Warning and Response Systems (EWARS); provision of child health and nutrition services; provision of minimum initial service package on Sexual Reproductive Health; provision of essential mental health and psychosocial support; and addressing the public health risk associated with food, water and sanitation.

- In line with the Government’s thrust to start the repatriation of internally-displaced persons (IDPs), assessments are ongoing to find out if people can now return to their homes. These assessments include identifying the general condition of the infrastructure, the water, sanitation and hygiene conditions as well as the health risk factors in the communities.

- Nutrition assessment is also ongoing especially to investigate clinical malnutrition. Trainings are also provided to those conducting the assessments.

- The Health Promotion Division of the Ministry of Health and Medical Services has heightened its health campaigns and dissemination of key messages to flood-affected communities. A health promotion forum and training of volunteers were conducted on 23 April 2014.

*Solomon Islands Flash Floods Media Forum on Health Promotion conducted on 23 April 2014 fostered a dialogue between the health sector and the media to work together to disseminate health messages to the communities affected by the flash floods.*

*Photo: WHO/S. Chapman*
Updates on the Response

The Humanitarian Action Plan on Health and Nutrition

- The draft Humanitarian Action Plan (HAP), a three-month plan developed by the Government of the Solomon Islands and humanitarian and development partners in response to the flash floods in the country, has been prepared.

- The health and nutrition cluster/sectoral response plan is aiming to undertake the following activities:
  - Restoration of access to health care services to affected communities and evacuation centres;
  - Strengthening Early Warning and Response Systems (EWARS) in health facilities;
  - Provision of child health and nutrition services to affected communities and evacuation centres, including mass measles immunization and nutritional assessment and education;
  - Provision of minimum initial service package on Sexual Reproductive Health (SRH) to affected communities and evacuation centres, including safe motherhood, maternal and child health, newborn care, HIV/AIDS and Sexually Transmitted Infections, and Gender Based Violence (GBV);
  - Provision of essential mental health and psychosocial support (MHPSS) services to affected communities and evacuation centres; and
  - Addressing the public health risk associated with food, water and sanitation in affected communities and evacuation centres where food safety and water quality is an issue.

Community assessments

- The Ministry of Health and Medical Services (MHMS) conducted an Initial Rapid Assessment and is leading assessments of health facilities, with data analysis ongoing. People living in affected communities in Guadalcanal Province (currently 64 communities identified) are at risk, specifically the catchment area of the 21 affected health facilities. The population of the catchment areas of the three health facilities in Honiara City Council (HCC) are also at risk, including affected communities in outer areas of HCC.
• The cluster has identified most at risk populations, including women of reproductive health age (in particular pregnant and lactating women), children under-5, women-headed families, the elderly and people living with disabilities.

• A multi-sector team assessed 22 communities in Burns Creek in preparation for the repatriation of IDPs initially residing in this area. Result of the assessment as of 21 April highlights the following:
  o 82% of communities have significant amounts of standing water as a result of the flood;
  o 91% of communities have >50% of food gardens destroyed as a result of the flood;
  o 14% have access to food for pregnant/breastfeeding women;
  o 73% have access to bed nets;
  o 14% of communities are suitable for return (the key issues here are food shortage and water)

• The assessment continues until all the evacuation centres have been cleared. A recommendation on the suitability of return of IDPs to Burns Creek will be submitted to the National Disaster Management Office (NDMO).

Disease surveillance

• After flooding, the number of cases of diarrhoea in the National Referral Hospital increased; the number of cases has doubled each of the last 2 weeks.

• This last week, 225 cases of watery diarrhoea and 16 cases of dysentery were counted. Most of the cases were treated with oral rehydration.

• A line listing with the place of origin of the cases will allow the WASH team to implement specific measures to slow down the evolution of the number of cases.

• The cases of influenza-like illness and dengue-like illness have moderately increased.
Nutrition

- Forty volunteers from the Secretariat of the Pacific Community program "Youth at Work" and 10 team leaders, including MHMS and the National Referral Hospital (NRH) staff working in the areas of child and maternal health, nutrition and dietetics held a nutrition assessment training day on 23 April 2014. Participants went through the seven-page questionnaire and learnt how to take Middle upper arm circumference (MUAC), weight and height assessments.

- The assessment will be carried out in one week in the affected population of HCC and GP to gather baseline evidence of nutrition habits, knowledge and assess for malnutrition in under-5 years of age. A follow up assessment and focus groups will be carried out 6 weeks post to determine the impact of the floods on children’s health.

- WHO is working with NRH and Director of Maternal and Child Health to investigate clinical malnutrition and provide training and assistance.

- Women’s groups continue to provide hot meals to care centres (as of 19 April).

Environmental health and WASH

- An assessment of the water, sanitation and hygiene (WASH) facilities was made on the affected communities in Honiara City Council (Burns Creek, White River and Mataniko River Side from Tuvaruhu and downriver) to determine suitability for the IDPs to go home.

- The assessment findings indicate that although most houses in Burns Creek and White River could be used, the environment along the Mataniko River is generally not suited for return. Some water is available but drinking water is an issue in most areas. People are also doing open defecation.

Health promotion and risk communications

- The Health Promotion Division of the Ministry of Health and Medical Services has heightened its health campaigns and dissemination of key messages for flood-affected communities. A risk communications plan is now in place and a health promotion forum was conducted on 23 April 2014 where health cluster team leaders were provided an opportunity to address the questions from the media.

Audrey Aumua, Acting WHO Representative in Solomon Islands talk to the media about the health challenges in the aftermath of the April 2014 flash floods. Photo: WHO/J. Rivaca
WHO RESPONSE

- The World Health Organization supports the MHMS at the central and provincial levels in coordinating the health response to this emergency.

- WHO collaborates closely with development partners and the donor community in supporting the MHMS in both the initial response as well as health system recovery stages.

- An emergency fund of US$10,000 was provided by WHO to the MHMS to support the emergency health response operations.

- WHO technical specialists have been working closely with the various departments of the MHMS in the areas of preventive and curative services, health cluster coordination, public health, vector control, food safety and nutrition, strengthening surveillance system, water and sanitation, conducting risk assessments, and risk communication. Some of these actions include:
  - Regular participation in the MHMS emergency operations meeting for updating and decision-making
  - Coordination of the activities of the health cluster partners and facilitating the regular meetings
  - Initiation of the event-based surveillance system and outbreak response planning with MHMS
  - Rolling out the indicator-based surveillance system and early warning disease surveillance
  - Development of diarrhoea management guidelines for Solomon Islands
  - Development of a proposal for the improvement of the nutritional quality of food provided to the affected population with particular emphasis on vulnerable populations.
  - Preparation for nutrition assessment in the affected areas and food safety training for women’s groups tasked to prepare and distribute food evacuation centres
  - Distribution of bed nets and conduct of vector control activities
  - Assessment of water quality and waste management in affected areas
  - Risk communication planning and conduct of health promotion and communication activities with the MHMS
HEALTH PRIORITIES

- Solid waste collection at evacuation centres is still posing a challenge and additional latrine installations at current evacuation centres have been stopped. The internally displaced people (IDP) are expected to be repatriated or relocated to a single evacuation centre within the week.

- The health priorities, to date, are on the provision of safe and nutritious food, safe drinking water, appropriate sanitation, shelter, and other essential non-food items including fuel for cooking; provision of medicines and medical supplies; implementing post-disaster early warning disease surveillance and outbreak response; prevention of vector-borne diseases; and risk communication.

CONTACT

For more information about the WHO Situation Report, please contact:

JOY RIVACA CAMINADE  
Communications Officer, WHO Solomon Islands  
Email: caminadej@wpro.who.int  
Phone: +677-7690603

AUDREY AUMUA (PhD)  
Acting WHO Representative  
Country Office, Solomon Islands  
Email: aumuaa@wpro.who.int  
Phone: +677-7494568