The South-East Asia Regional Health Emergency Fund (SEARHEF):

Making a Difference
Introduction

• The request to set up an emergency fund to concretely demonstrate the solidarity of the Member States of the WHO South-East Asia Region during emergencies was discussed in various fora with particular reference to the lessons learnt from the 2004 earthquakes and tsunami. It was noted that before financial resources are mobilized following an emergency, several weeks may have passed and, in the meantime, the health needs of the affected population continue to grow.

• The request to establish an emergency fund was formally made at the Twenty-fourth Meeting of Ministers of Health of Countries of the South-East Asia Region in Dhaka, Bangladesh in August 2006. Member States recommended the creation of what was initially called an emergency solidarity fund. The Regional Office, through the Emergency and Humanitarian Action unit took several steps to: 1) estimate the main corpus of the fund vis a vis vulnerability of the region 2) develop the business rules and guidelines of the fund and 3) convene meetings of representatives from Member States in the process. After several discussions in the Regional Office, with WHO Representatives and Member States, the South-East Asia Regional Health Emergency Fund (SEARHEF) was formally established at the Sixtieth Session of the WHO Regional Committee for South-East Asia, held in Thimphu, Bhutan, in 2007 through resolution SEA/RC60/R7.

• At its establishment, the Royal Government of Thailand donated US$ 100 000 for the VC component of the fund. In 2009, the Democratic Republic of Timor-Leste also made a donation of US$ 10 000.

• As per the resolution, a working group for SEARHEF comprising representatives nominated by all the 11 Member States of the Region was set-up to formalize the guidelines and policies of the fund. These procedures developed initially continue to remain efficient when applied to the various emergencies where the fund was used.

• The fund’s resources have been successfully managed and utilized in respect of the following nine emergencies since it was made operational in January 2008. All requests for funding support from SEARHEF were responded to within 24 hours of the request.
• Indeed, mobilization of resources from SEARHEF has proven that the speed with which they are released supports surge capacity to fill in critical gaps that otherwise may have caused further morbidity and mortality. The fund remains true to its intent that it is not a resource for bulk relief, long-term recovery, reconstruction or rehabilitation work. It does not replace existing mechanisms such as Flash Appeals, the Consolidated Appeals Process (CAP) and the Central Emergency Response Fund (CERF), but complements them.

This report contains descriptions of various emergencies and the support provided by the fund since it was established.

SEARHEF has proven to be a rapidly mobilized resource that enables WHO and Member States to meet the surge of needs especially in the first few days of an emergency.
Cyclone Nargis
May 2008, Myanmar

The emergency
On 2-3 May 2008, Cyclone Nargis rampaged through 47 townships of the Ayeyarwady and Yangon divisions of Myanmar, with winds at 160 kph and 15 hours of torrential rain. The storm left more than 130 000 dead or missing and 19 350 injured according to official figures – one of the worst natural disasters in the Region.

Funds allocated
A total of US$ 350 000 – the maximum allowed under SEARHEF regulations – was allocated. Of this amount, US$ 175 000 was released as per policy, within 24 hours of an official request by the WHO Representative to Myanmar.

How it made a difference
The cyclone blew away houses, tore down trees and ripped off roofs – including those of some health centres, rendering many non-functional just when their services were most needed. Vital lifelines for the community, such as village ponds, the main source of fresh water were contaminated by sea water that surged inland. Stagnant pools of water, ideal for breeding mosquitoes, added to the risk of malaria and dengue. The thousands rendered homeless had little protection.

Procuring essential medicines
Within hours of the emergency, SEARHEF enabled the health sector in Myanmar to procure hundreds of tonnes of basic medicines and equipment to treat the sick and injured, including antibiotics, emergency medical kits, bandages and surgical equipment. These potentially saved thousands of lives.

Health staff mobility
The funds were also used to mobilize health workers from other parts of the country to serve health clinics in the affected areas.

Safe water
Chlorine tablets and bleaching powder were procured to purify water supply. Consequently, although some water-borne diseases were reported, there were no major outbreaks.
Preventing vector-borne diseases
Fogging machines and insecticide-treated bednets helped in protecting the affected people from vector-borne diseases like malaria and dengue.

Protecting against snakebites
Snake anti-venom was also purchased, as the risk of snakebites increased for those exposed to the elements by the cyclone.

SEARHEF thus covered the Myanmar Ministry of Health’s needs for the affected population, weeks ahead of the bulk funding mechanisms of the United Nations, such as the Flash Appeal and CERF.
Flash Floods
June 2008, Sri Lanka

The emergency
On 2 June 2008, heavy monsoon rains triggered flash floods in southwest Sri Lanka. The water swept over five districts (Kalutara, Ratnapura, Colombo, Galle and Gampaha), killing 16 and affecting 173 778 people, according to official estimates. Landslides further added to the emergency.

Funds allocated
Immediately after the disaster, the Sri Lankan Ministry of Health and Nutrition requested 2 500 000 LKR (around US$ 23 500) from WHO, for distribution to the five most-affected districts. The funds were for procurement of essential items as well as fuel for mobile health care services. WHO released the amount for equal distribution to the five districts.

How it made a difference
Clean water for communities becomes a problem when the flood waters seep into village wells. Lack of clean drinking water leads to an increased risk of water- and food-borne diseases like diarrhoea. Pools of water left behind by the receding rivers provide an ideal breeding ground for mosquitoes that transmit dengue and malaria. And, as the people forced out of their homes by the water and the mud crowd into refugee camps, there is the danger of an epidemic. The challenge in this emergency was to prevent these health issues from spiralling out of control. That is where SEARHEF funds made a difference.

Essential medicines
Funds were used to purchase basic drugs and chemicals to treat the wounded and sick, and to procure food for volunteers and the displaced alike.

Clean water
Disinfectants were bought and wells were cleaned so that people could have access to safe water.

Disease surveillance
SEARHEF funds allowed disease surveillance systems to be set up, so that communicable diseases could be tackled early before they became epidemics.

Vector-borne disease
SEARHEF supported work to clean up vector-breeding places.
Health education

To successfully manage public health in emergencies, however, the support and cooperation of the affected people is vital. SEARHEF played a vital role in funding health education activities to make the public aware of the potential dangers and how they can be prevented. Leaflets, posters and banners were used to communicate these messages.

The outcome of such prompt action: no disease outbreaks were reported.
Conflicts in Northern Sri Lanka
September 2008/February 2009

The emergency

The over two-decade conflict between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE) separatist group finally ended in May 2009. More than 65,000 deaths have been reported according to humanitarian agencies. As the conflict escalated in September 2008, thousands were displaced in the strife-ridden northern provinces of the country. By February 2009, as the Sri Lankan military forces made further inroads into LTTE-dominated territory, the number of displaced people in welfare camps exceeded 150,000. At the end of the armed conflict, about 280,000 people had been displaced from their areas of origin and accommodated in welfare villages in Menik Farm. Physically and mentally shattered by the war, they needed urgent medical attention.

Funds allocated

The Government of Sri Lanka requested funds twice to provide healthcare to those affected, during the period of the conflict - in September 2008, and again in February 2009. Each time, the total amount of SEARHEF funds for one emergency - US$ 350,000 - was released in two tranches, with the first tranche of US$ 175,000 being allocated within 24 hours.

WHO through SEARHEF supported MoH to immediately mobilize medical doctors, nurses and other health staff to provide health services to the IDPs.
How it made a difference

Tens of thousands of civilians made their way to the internally displaced persons (IDP) camps in northern Sri Lanka. They had lost their homes, livelihoods and loved ones. Many were seriously injured or sick. Pregnant women, young children and the elderly were particularly vulnerable. To meet the health demands on such a large scale was a big challenge and needed resources that were partially met by SEARHEF.

Human resources

Doctors, nurses and other health staff were urgently needed to cope with the health requirements of more than 280,000 displaced people. SEARHEF helped to provide the budget for salaries, accommodation and transportation of health staff to hospitals, and for operating mobile clinics, so that as many people as possible could have access to their services.

Hospitals and health infrastructure

In three districts, the funds helped build semi-permanent wards and emergency medical care units. Four temporary wards with a bed capacity of 40 each were constructed in collaboration with NGOs, as well as two primary health clinics in Vavuniya. Facilities at other hospitals such as in Mannar District were also scaled up.

Mental health

For those traumatized by the conflict, mental health support was a pressing need. WHO had supported training for building a mental health workforce at the community level, called Community Support Officers (CSOs). SEARHEF funds enabled this to continue and provide much-needed assistance to the internally displaced people.
The outcome for such prompt action: 280 000 people had access to essential health care services. Medical doctors, nurses and other health staff were available in health facilities. Medical equipment, supplies and other medical items were available. Mental health and psychosocial health needs were met through CSOs. No disease outbreak was reported in Menik Farm.

**Medical supplies and health interventions**

Bandages, antibiotics, emergency medical kits and surgical kits were urgently needed to treat the wounded and sick. As camps got increasingly crowded, chlorine tablets were needed to ensure clean water. Overcrowded hospitals were provided equipment including catheters and mattresses. SEARHEF helped provide medical supplies quickly so that more lives could be saved.

**Disease surveillance**

SEARHEF funds enabled WHO to support the MoH to establish a disease surveillance and response system in the six welfare villages hosting 280 000 IDPs. Potential outbreaks of communicable diseases were followed up and addressed immediately.
Support for post-conflict health needs
Conflict in Northern Sri Lanka

The emergency
As 280,000 IDPs accommodated in Menik Farm began to resettle in their areas of origin, the Ministry of Health was faced with the challenge of providing essential health services to the remaining IDPs in Menik Farm and to the people who had resettled in their areas of origin in the northern province.

Sri Lanka submitted a Joint Plan of Action to be funded by donors directly or through funding mechanisms such as CAP or CERF; with the continuing need for provision of public health services.

The Ministry of Health requested for assistance of US$ 175,000 from SEARHEF in January 2010 and US$ 175,000 in February 2011 to address health priorities until longer-term funding facilities were available.

Funds allocated
At the request of the Ministry of Health, Sri Lanka, supported by the WHO Representative to Sri Lanka, US$ 175,000 were allocated for the emergency from SEARHEF in January 2010 and another US$ 175,000 in February 2011.

How it made a difference
The SEARHEF assistance in 2010 supported the Ministry of Health to revitalize health systems in the five districts of the northern province, damaged during the armed conflict.

The assistance from SEARHEF in February 2011 in addition to continuing to help the Ministry of Health to rebuild the health system, more importantly, supported the Ministry’s efforts in responding to the health needs of 1.2 million people affected in 18 districts by severe flooding as a result of heavy monsoon rains in January and February 2011.
Procuring essential medicines
In 2010 and 2011 with SEARHEF support, essential drugs and supplies were speedily procured and distributed to strengthen primary health care services, including rehabilitation of damaged health facilities, provision of medical equipment, disease surveillance and control of communicable diseases in the resettlement areas.

In 2011 SEARHEF was also able to support the MoH in providing essential health care services to the 18 most severely flood affected districts including replacement of damaged critical equipment in health facilities

Rapid assessment
Rapid assessment of the situation and follow-up assessments were carried out to evaluate the impact of the flood and the gaps that had to be filled for health care response.

Provision of essential health care
Supplies and drugs mobilized by the Ministry of Health were provided to rapid response teams during the floods of January and February 2011 to extend essential health care services to the displaced population.

The outcome for such prompt action:
Critical medical equipment and other medical items were available in the health facilities in the resettlement areas.
Health needs and gaps in the 18 flood-affected districts were addressed.
No disease outbreak was reported in the resettlement areas.
No disease outbreak was reported in the flood-affected districts.
Koshi River Floods
September 2008, Nepal

The emergency
On 18 August 2008, the furious waters of the Koshi river, fed by heavy monsoon rains, burst through the eastern retaining wall of an embankment about 10 km north of the Koshi barrage. The wall of water that gushed out totally inundated Shreepurjavdi and Shreeharipur, and portions of Lohaki and Kusahapaschim in Sunsari District. Thirty four people died, and 49 000 were displaced. One sub-health post was completely destroyed, and two others suffered partial damage.

Funds allocated
At the request of the WHO Representative to Nepal, US$ 325 000 was allocated for the emergency from SEARHEF.

How it made a difference
SEARHEF quickly provided substantial funds to mount an appropriate response to the emergency. Indeed, SEARHEF and CERF were the only two funding sources Koshi river emergency response in the health sector.

Procuring essential medicines
With SEARHEF funds, essential drugs and supplies were speedily procured and distributed to ensure the health of the people, and prevent desire outbreaks.

Rapid assessment
Rapid assessment of the situation and follow-up assessments were done to understand the impact of the flood and the gaps that had to be filled for health care response.

Teams of WHO and UNICEF visited and provided feedback to the MoHP for response support and identification of gaps.
Provision of essential medicines and supplies

Supplies and drugs were provided to rapid response teams that were mobilized by MoHP to provide health care services to the displaced population. Ten mobile clinics were initiated.

Provision of timely deployment of health/medical personnel to the field specially to the Internally Displaced People (IDP) and host community sites for rapid response including surveillance and essential health care services.

Immediate procurements of essential drugs and supplies for response for continuation of services helped the Ministry of Health and Population (MoHP) during the response.

WHO assessment/monitoring mission
The emergency

On 30 September 2009, a strong earthquake registering 7.6 on the Richter scale, 71 km under the sea, southwest of Pariaman, struck off the coast of Padang in West Sumatra at 17:16 pm local time. The tremor was felt in Jakarta, Pekanbaru, Duri, Riau, Singapore and Malaysia. As a result the event left:

- 1 117 dead and a total of 3 515 people injured (788 major and 2 727 minor injuries);
- 563 general and orthopaedic surgeries were performed and 32 832 received ambulatory treatment;
- No significant IDP due to the unique characteristic of the earthquake;
- Several buildings were damaged and affected by fires. Damage to health facilities included 10 hospitals, 53 community health centres (Puskesmas), 137 supporting community health centres (Pustu), 15 village clinics (polindes) and two pharmaceutical warehouse collapsed.

EHA-WHO and Crisis Centre MOH were deployed to the site for rapid health assessment as well as to support the public health interventions.

The Regional Crisis Centre of Medan, North Sumatra - Provincial Health Office and the Regional Crisis Centre, Palembang, South Sumatra PHO and District Health Office in close collaboration with WHO Indonesia, sent health teams and provided emergency health services according to standard operating procedures.

Early organization of mobile health teams and provision of essential medicines supported the health needs of the affected population.
Funds Allocated
US$ 175 000 mobilized through SEARHEF.

How it made a difference
Essential medicines and supplies were provided to the injured and the health services in the affected areas. Mobile health teams were deployed to a total of nine severely affected districts. Early psychosocial, first-aid and mental health interventions were started. Lastly, support for coordination with various health actors was also facilitated by the fund. The Health Coordination cluster that was led by MoH/WHO comprised 53 international organizations and NGOs and up to 5 000 health workers were mobilized from other areas.
Fire accident in Dhaka
June 2010, Bangladesh

The emergency
A devastating fire broke out at Nimtali, Dhaka city on June 3, 2010 at 8:45 pm. Some people at the site stated that an explosion in electric transformers started the fire which spread to a storeroom containing chemicals and gas canisters. Fire raced through several apartment complexes which killed over 100 and over 200 people suffered moderate to severe burns. Stocks of blood products and emergency medicines diminished rapidly and needed immediate attention. Many injured needed specialized treatment like skin grafting and repair following burn.

Funds allocated
At the request of the Ministry of Health & Family Welfare, supported by the WHO Representative to Bangladesh, US $ 175 000 was allocated for the emergency from SEARHEF to provide health care support to the burn victims.

How it made a difference
SEARHEF quickly provided substantial funds to mount an appropriate response to the emergency.

Procuring essential medicines and equipment
With SEARHEF support, essential drugs, equipment and other medical supplies were speedily procured for effective management of burn victims and delivered to the ‘Burn and Plastic Surgery Unit’ of Dhaka Medical College Hospital, thereby reducing disability and mortality amongst the victims. In particular, antibiotics critically needed for burn victims were augmented by using the fund.

Rapid assessment
A rapid assessment of the situation and follow-up assessments were done to understand the impact of one of the worst fire accidents in Dhaka city and
the gaps that had to be filled for health care response. A health cluster meeting was held in this regard where utilization of SEARHEF was discussed.

Provision of essential health care
Supplies and drugs were provided to rapid response teams that were mobilized by the Ministry of Health & Family Welfare to provide essential health care services to the burn victims.

Timely allocation and appropriate use of SEARHEF reduced long-term disability and death among burn victims.

The nation observed national mourning day on 5 June 2010 in memory of the victims of Nimtali fire tragedies.

Fire hit the area like a bomb blast, without warning, when the city’s residents were going for dinner.
Mt. Merapi Eruption
November 2010, Indonesia

The emergency
Mt. Merapi had multiple eruptions on and after 26 October 2010, causing many casualties and disruption of the health system in the affected areas of Central Java and Jogjakarta province. Almost 3.5 million people (including 6438 children under five, 472 pregnant women, 19 lactating women and 9375 elderly) living in the four districts/municipalities of Sleman, Klaten, Magelang and Boyolali were mainly affected. A safe zone was demarcated at a 20 km radius from the volcano where the displaced were relocated in camps managed by the national and sub-national authorities.

By 8 December 2010, the disaster had caused 379 deaths and the admission of 2760 patients; 61284 were treated at the outpatient units and almost 280000 were internally displaced. One hospital and 291 buildings were damaged. The main health problems were: burns and acute respiratory tract infections. The influx of patients was beyond the capacity of the hospitals. The medical supplies necessary to manage such cases were exhausted.

Funds allocated
At the request of the Ministry of Health, supported by the WHO Representative to Indonesia, US$ 175 000 was allocated for the emergency from SEARHEF to procure the necessary medical supplies and equipment to provide health care support to the victims.

How it made a difference
SEARHEF was swiftly mobilized not only to meet the urgently needed interventions but also to strengthen the capacity of Dr Sardjito Hospital to meet any similar emergency in the future. During the period 20 November 2010 to 18 January 2011, a total of 294 patients were admitted and 476 were treated at the out-patient clinics.
Procuring essential medicines
With SEARHEF support, essential drugs and supplies were speedily procured and distributed to ensure the speedy recovery and health of the people, and prevent disease outbreaks.

Rapid assessment
Rapid assessment of the situation and follow-up assessments were done to evaluate the impact of the eruption and the gaps that had to be filled for health care response.

Provision of essential health care
Supplies and drugs were provided to rapid response teams that were mobilized by Ministry of Health and to the Dr Sardjito Hospital to provide essential health care services to the victims.

SEARHEF supported prompt delivery of needed interventions and strengthened the capacity of Dr Sardjito Hospital for future emergencies
Torrential rains in DPR Korea
August 2011

The emergency

North and South Hwanghae provinces of DPR Korea experienced heavy rainfall and repeated storms during June - August 2011.

Over 80,000 people were affected and 40,000 displaced. In addition, 10,600 houses were completely and 760 were partially damaged; 24 health facilities were submerged and partially damaged; 34 deaths and 887 injuries were also reported.

Hygiene and sanitation facilities for the affected population was a major concern. Increased incidences of diarrhoea, acute malnutrition, respiratory infection and skin diseases were recorded.

Water supply was extremely limited and wherever available, the quality was compromised.

Shortage of essential medicines and laboratory consumables in health facilities made management of cases very difficult.

Funds allocated

The Government of DPR Korea declared an emergency situation. An Inter-agency UN assessment was conducted followed by health cluster activation. US$ 310,000 from WHO SEAR-HEF was provided to the two most affected provinces – North and South Hwanghae. The funds were allocated for procurement of six IASC\(^1\) Emergency Health kits for replenishment, distribution and stockpiling, 900 blankets, 20 kits of basic equipment, essential medicines and essential tools for ri-hospitals and 30 bicycles for mobility of household doctors. Funds were also provided also for strengthening surveillance control systems at provincial, county and primary levels through provision of four

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\(^{1}\) IASC: Inter-Agency Standing Committee
rapid diagnostic test kits and five kits of laboratory consumables for provincial anti-epidemic stations and printing of reporting forms on infectious diseases control.

How it made a difference

More than 800 doctors and nurses were mobilized for first aid, mitigation and public health measures and 35 non-damaged hospitals were made available to support the affected population.

The Health Cluster was activated and Rapid Health Assessment (RHA) conducted by WHO, UNICEF, UNFPA and WFP. Two IAEH kits were distributed from WHO stockpiles and six new kits procured for further distribution and replenishment of stockpiles.

While the government initiated rehabilitation of hospital buildings, WHO provided blankets, basic equipment and essential tools for health care providers and laboratory diagnostic kits for detection and management of diseases and for prevention of epidemics. All activities were well coordinated with other health cluster partners.

Disease surveillance and management of water-borne diseases

WHO support was provided to two provincial epidemic stations for strengthening surveillance control systems. Rapid diagnostic test kits, laboratory supplies for diagnosis of water-borne diseases and reporting forms for case management and surveillance control in affected areas were provided. WHO provided training for 30 laboratory staff and 120 health care providers on essential diagnostics, management and prevention of epidemic outbreaks.

Outcome of prompt assistance from SEARHEF

Prompt provision of public health services such as disease surveillance, procurement of appropriate medicines and supplies supported the proper management of water-borne diseases. This support also contributed to better preparedness of health facilities for similar future events.
Floods in Thailand
October/November 2011

The emergency
In July 2011 Thailand was hit by cyclone Nok-Ten that caused high-level precipitation in the northern parts of the country. This, coupled with seasonal monsoon rain, caused a large amount of water to course through Thailand. This resulted in large-scale flooding that affected 80% of the country, including 65 provinces and 14 million people. Over 800 deaths were recorded due to the flood and a large number of people were displaced. It was one of the worst disasters to hit the country.

Funds allocated
In August 2011, the national health sector of Thailand requested for the release of the first tranche of SEARHEF amounting to 5.1 million THB (approximately US$ 170 000). A second tranche of 5.35 million THB approximately US$ 180 000 was requested in October 2011.

How it made a difference
Access was one of the main issues during the flood. Many families stayed behind in flooded homes making it difficult for basic services to reach the affected population. Drowning was one of the main causes for mortality as many people ventured into the water without proper equipment or life-saving gear. Access to and procurement of essential drugs was another issue faced by the government as some manufacturing units were flooded. The SEARHEF allowed the government to access funds quickly to address these issues.

Funds were used to procure life jackets. Thirty-five provinces were provided with 150 life jackets.
each. The provinces included not only those flooded but also those that sent medical teams to the flooded areas.

Fifteen thousand sets of basic first aid kits were procured and delivered to affected families via the mobile health units.

Boats were procured to allow access to health care services by the affected population. The boats were also used by mobile health units to access those living in flooded areas.

The fund was used to procure essential drugs that were lacking due to manufacturers being flooded.

Outcome of prompt assistance of SEARHEF

- Access and availability of essential health services was ensured and maintained through:
- Adequate and prompt supply of essential medicines and emergency supplies;
- Mobility of health staff; and
- Provision of protective and safety equipment for medical teams

Boats in the streets ferrying people from one location to another to purchase food and get to dry locations.

MOH and WHO working together to monitor needs
Fire and Explosion
Yangon, Myanmar
January 2012

The emergency
A fire broke out in Mingalar Taungnyunt township in Yangon on 29 December 2011 in which 17 people were killed, 83 injured, leaving 140 households homeless and engulfing 16 warehouses, destroying four fire engines, houses and two monasteries. Five of the dead and 33 of the injured were fire fighters.

The fire started at 1:40 am at a warehouse which stored electronic goods and spread to an adjacent warehouse which stored herbal medicines. An explosion occurred due to chemical reaction of the herbal materials destroying four fire engines. The explosion left a 15-foot deep and 40-foot wide crater.

The injured (65 men and 18 women) were brought to Yangon General Hospital where they were treated at the orthopaedic / trauma ward, surgical ward, neurosurgical ward and intensive care unit.

The Vice-President of the Republic of the Union of Myanmar Dr Sai Mauk Kham, on 1 January 2012, inspected the site of the accident and comforted the victims at the relief camp and injured patients at the hospital. He presented cash assistance to the fire victims at the relief camp and at Yangon General Hospital.

How it made a difference
Provision of effective treatment of 83 injured persons was made to alleviate their suffering from the various traumatic injuries that they had received.

Yangon General Hospital was strengthened / equipped to respond to mass casualty management.

The fund was used to procure essential medicines / antibiotics / infusions / bandages / POP to effectively treat the injured patients.

Outcome of assistance from SEARHEF
• Prompt diagnosis and treatment of the injured and burn victims.
• Supported the improved mass casualty management of the Yangon General Hospital.
Updates on the use of the fund

The fund has been used for the following emergencies:

### Table 1: Financial status 2008 - 2012

<table>
<thead>
<tr>
<th>No</th>
<th>Emergency</th>
<th>Period</th>
<th>Allocation in US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cyclone Nargis in Myanmar</td>
<td>May, 2008</td>
<td>350 000</td>
</tr>
<tr>
<td>2</td>
<td>Flash floods in Sri Lanka</td>
<td>June, 2008</td>
<td>23 000</td>
</tr>
<tr>
<td>3</td>
<td>Koshi river floods in Nepal</td>
<td>September, 2008</td>
<td>325 000</td>
</tr>
<tr>
<td>4</td>
<td>Emergency health interventions for internally displaced populations (IDPs) in conflict-affected areas in northern Sri Lanka.</td>
<td>September, 2008</td>
<td>350 000</td>
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<tr>
<td>5</td>
<td>Earthquake in Sumatra province, Indonesia</td>
<td>September, 2009</td>
<td>300 000</td>
</tr>
<tr>
<td>6</td>
<td>Emergency health interventions for relocated IDPs affected by conflict in Sri Lanka</td>
<td>January, 2010</td>
<td>175 000</td>
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<tr>
<td>7</td>
<td>Fire in Dhaka, Bangladesh</td>
<td>June, 2010</td>
<td>175 000</td>
</tr>
<tr>
<td>8</td>
<td>Mt Merapi volcanic eruption in East Java province, Indonesia</td>
<td>November, 2010</td>
<td>139,000</td>
</tr>
<tr>
<td>9</td>
<td>Critical health care services to the resettled population affected by conflict in Sri Lanka</td>
<td>February, 2011</td>
<td>175 000</td>
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<tr>
<td>10</td>
<td>Torrential rains in DPR Korea</td>
<td>August, 2011</td>
<td>310 000</td>
</tr>
<tr>
<td>11</td>
<td>Floods in Thailand</td>
<td>October/November, 2011</td>
<td>350 000</td>
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<tr>
<td>12</td>
<td>Fire and explosion in Yangon, Myanmar</td>
<td>January, 2012</td>
<td>25 000</td>
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<tr>
<td></td>
<td>Grand total</td>
<td></td>
<td>2,697,000</td>
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</tbody>
</table>

2. In all these operations, as specified by the policies, guidelines and principles of SEARHEF, the funds were mainly used for the following:
   - Support to initial and periodic assessments;
   - Procurement and distribution of essential medicines and emergency relief supplies such as tents, bleaching powder and other support materials;
   - Support to coordination activities;
   - Mobility of health staff in affected areas and to displaced populations;
   - Support for the conduct of specific health interventions such as improved surveillance, water and sanitation and psychosocial and mental health.
Annex 2

Reporting format for SEARHEF funded projects

Please fill in one table PER PROJECT.

1. Project Title:
2. Location of Activities:
3. Starting Date:
4. End Date:
5. Amount Received:
6. Allotment Number:
7. Background Information:
8. Overall Objectives (as written in proposal):

<table>
<thead>
<tr>
<th>Specific Objectives (as in proposal)</th>
<th>Activities</th>
<th>Location</th>
<th>Fund Used</th>
<th>Achievements/Expected Results (against indicators, if any)</th>
<th># of People Reached</th>
<th>Start Date</th>
<th>End Date</th>
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