

UNDAC Field Situation Report #2
May 15, 2006

I. SITUATION

More rain is expected in the near future. For the most affected areas, however, no more than 30 mm of rainfall is expected. Logistics, fuel, and drinking water are key issues.

Water level in some villages in the east is still rising. The situation of the displaced in these areas is serious; unlike the situation in the upper Suriname area, it is more difficult to flee to higher grounds in the east. Many villages are built on small islands in the river, which are now completely flooded. A member of the NGO Interior Network reported to having registered 925 displaced families in this area, some of them sleeping in the open air. Water level in the upper Suriname area continues to decline.

An increase in incidents of diarrhea in two villages (Tepoe and Sipaliwini) has been confirmed by Medical Mission (MM). Both are Amer-Indian villages near the Brazilian border. But there are no suspected outbreaks at the moment. MM is flying in oral rehydration salts. Food and drinking water in those areas is in short supply in those areas as well.

An increase in the number of respiratory infections has been reported.

It has been reported that stored rainwater is quickly diminishing. (Note that the flooding has primarily been caused by rains in the upper catchment areas, as opposed to rains in the flood-affected region).

The Government of Suriname (GOS) has reported that the amount of boat travel along the rivers by the local population is less than would be expected, which hampers the further distribution of food and water from main distribution points. The reason is not known at this time.

A water use survey conducted in 2001 found that in the affected region, 18% had access to piped water, 60% used river or stream water (considered unsafe), and the remainder collected rain water. About 30% used sanitary means of excreta disposal (primarily pit latrines), while the remainder used rivers, bush, and fields. PAHO reports that this situation has likely improved since 2001, due to several water and sanitation projects. However, updated data will not be available until August 2006, when census data from last year is published.

It has been reported that a water treatment plant (slow sand filter) in Bendekondre along the Upper Suriname River has been repaired, including the UV disinfection installation. However, PAHO has reported that UV disinfection is considered insufficient in emergency situations when people are transporting and storing water in open containers.

Many teachers have left the affected areas for Paramaribo. If the situation continues to improve in the upper Suriname area, the Ministry of Education will try to bring them back to their villages as soon as possible. Efforts are being made to continue education in the schools that also serve as temporary shelters, but this is not an ideal situation. The Ministry of Health is also looking into options for education in the areas where displaced persons have gone.

II. NATIONAL RESPONSE

Delivery of food packages continues; the total as of Saturday was 7,277 food packages delivered in five days. Most villages in the affected areas have received a food package, with assistance from the extensive network of NGOs in the affected region and utilization of existing local government and traditional authority structures. But the need for food will remain; people have lost their crops, and there will be a sustained need for food until their agricultural plots are producing again.

The contents of the food packages are being modified to improve their usability by affected people (given fuel constraints) and to improve their nutrient content. Distribution occurs via nine GOS nodes in the affected region, and is done based on a prioritization system of needs. The priority area is switching from the upper Suriname region to the southern and eastern regions. Distribution in the eastern region continues to be difficult. Air drops by helicopter are being considered.

The Ministry of Health (MOH) has activated five task forces: Disease Surveillance, Medical Supply, Water and Sanitation, PR, and Quick Response. MM is the focal point for Disease Surveillance, and began active surveillance this weekend. They will report on incidences of respiratory track infection, diarrhea, malaria, fever, hepatitis, and paralyzes in children.

MM has an existing agreement with the MOH to provide basic health care services and maintain medical records of the interior population. A recent MM survey counted 37,000 people in the affected areas of the interior of Suriname. As stated in the previous UNDAC report, of the 52 MM clinics, 51 are operational (three of which had to be relocated to higher ground). According to PAHO, all medical supplies and medications have been rescued from the flooded clinics. All medical personnel have been recalled from leave. MM operates several river boats in order to access areas inaccessible by road or air. A week before the flooding began, a child vaccination program, including yellow fever, was completed in the eastern part of the affected region (information on coverage is pending).

A daily medical surveillance system is in place. A quick response team has been established to do quick epidemic investigations in the case of outbreaks. The biggest constraint is getting to the clinics, as transport is disrupted by the flooding. The national coordination team has requested boats from the local population and the military.

MM has initiated a health and sanitation public information campaign. MM plans to mobilize volunteers for additional outreach for malaria, diarrhea, and other water-borne disease prevention.

Malaria testing, which is routinely provided by trained microscopists, is fully operational. The treatment is Coartem, which is provided by MM as part of a WHO-funded program. Between 1,500 and 1,600 impregnated mosquito nets are in stock, with an additional 35,000 on order.

The medical emergency team is working to ensure that staff deploying to the region receive necessary vaccinations and prophylaxis against malaria, yellow fever, Hepatitis A and B, Typhoid, and rabies.

III. INTERNATIONAL RESPONSE

Two PAHO water and sanitation engineers are working with the MM, local engineers, and the Suriname Red Cross on water and sanitation interventions.

WFP has activated its regional emergency response mechanism, LACERN (Latin America & Caribbean Emergency Response Network). Two staff are being deployed to Suriname on today: a logistics specialist (with civil-military coordination experience) and a food security assessment officer.

The SRC has received 4,000 hygiene kits from the IFRC; distribution begins today. 4,000 food parcels from IFRC are scheduled for arrival on May 19.

The Dutch Government has reported that it is sending a DC-8 with 30 MT of cargo: 2,000 blankets, 2,000 stretchers, tarpaulins, and mosquito nets. The goods are to be consigned to the NCCR.

Six IFRC staff have arrived, with water-sanitation and shelter expertise.

Three UNDAC assessments were recently concluded – two via land (in the Upper Suriname and in the east) and one via helicopter (in the east). Summaries of these missions will be included in the next situation report (this evening).

IV. ASSISTANCE NEEDS

Shelter materials in the east have been identified as a critical need.

Safe drinking water, food, and sanitary measures for excreta disposal are considered priority areas.

The MOH is updating its inventory of medical supplies and pharmaceuticals; details are expected today. At this time, only a shortage of Hepatitis A vaccine has been reported.

V. LOGISTICS

The transport situation is improving somewhat. The main road to the south (to Atjoni) is being repaired.

Relief workers should be aware that, according to PAHO, malaria is endemic in the interior of Suriname. Malaria prophylaxis and bed netting are recommended. Also recommended are yellow fever and hepatitis vaccinations.