TYPHOON YOLANDA

- An outbreak of typhoid fever in Aguiting, Region VIII with ten probable cases including one death is currently being investigated and responded to.
- After the implementation of the vector reduction activities for dengue in Ormoc City over the last two weeks, the number of cases is in decline.
- More than 10 organizations have committed to assist in the physical rehabilitation of 49 health facilities in Leyte, Western and Eastern Samar.
- An acute watery diarrhea preparedness and response plan and training for hospital, regional and provincial health staff for region VIII was completed.
- An inter-cluster assessment report on the status of humanitarian service-delivery and requirements in geographically isolated and disadvantaged areas (GIDA) in Eastern Samar was finalized.
- Roxas sub-national office has been relocated to Iloilo. The hubs main function is as a technical body offering support to the DOH

ZAMBOANGA CONFLICT

- An additional transitory site for IDPs has been identified and the transfer of IDPs is expected to take place by the end of February.
- The Community Integrated Management of Acute Malnutrition program is being scaled up in 16 barangays with high prevalence of malnutrition.

Inside this bulletin:

- Typhoon Yolanda page 2
- Zamboanga conflict page 9
- Health Cluster Partners page 11
On 31 January Tropical Depression Basyang made landfall over Siargao Island and traversed the Central Visayas, causing landslides and floods in regions VII and VIII. 10,482 families / 47,740 persons were affected, 1,130 families / 5,646 persons were displaced and served inside 9 evacuation centers.

According to the Tacloban City Mayor Office, the evacuation centers in Tacloban have decreased to 8 sites with a total of 1,348 families. Relocation of internally displaced persons to bunkhouses is ongoing.

An inter-cluster assessment report on the status of humanitarian service-delivery and requirements in geographically isolated and disadvantaged areas (GIDA) in Eastern Samar was finalized, following a monitoring mission in late December. Organizations participating from the health cluster include WHO and the Philippines Department of Health (DOH). About 19,500 people are living in the GIDA areas of 10 municipalities in Eastern Samar, including the mildly affected municipality Llorente. Ongoing requirements for humanitarian assistance across most sectors were identified. While humanitarian assistance had been received in all surveyed areas, many hard to reach communities reported bearing significant economic costs in order to receive assistance. Many of them were assisted through secondary transport. The report will be publicly available on the Humanitarian Response Website in the coming days.

Tacloban’s recovery is ongoing. Operations in the airport are still limited. According to the Department of Education, school enrolment rates in Tacloban City remain low – 43% in elementary and 31% in secondary schools (as of 29 January). This is thought to reflect the high impact and proportion of damaged schools in the area.

Current challenges in Panay Island include providing health services especially to 42 barangays situated in the 20 small islands of Iloilo (Carles and Concepcion) as these areas are accessible only by small boats.

**RESPONSE**

**Health care facilities**

The interest of partners to assist in the physical rehabilitation of health facilities in Leyte, Western and Eastern Samar has increased in recent weeks. The organizations that have committed so far to assisting rehabilitation include Save the children, Americares, ICRC, ICAD, Humedica, MDM Spain, MDM France, Shoemart, IMC and USAID.

The delivery of critical services such as immunization, facility-based deliveries, antiretroviral treatment, and TB detection and treatment remains a challenge as the Regional Health Units and other Health centers are not fully operational.

Quick fix rehabilitation of the main health center in Tacloban city as well as the construction of a tent for processing and identification of dead bodies was completed by WHO on 9 February in Tacloban.

An outreach / mobile clinic providing medical services twice a week at the Motorcross bunkhouse has been established by Humedica in Tacloban.

In Eastern Samar, a planning meeting with all stakeholders on the rehabilitation of the 17 fully and 15 partially destroyed Barangay health stations was held on 4 February. Several partners, including Plan International and Health Future Int. were able to commit to provide assistance to specific health facilities. Rehabilitation of the Regional health units is ongoing.
Partners and Foreign Medical Teams
As of 10 February 2014, there are now 16 foreign medical teams operating in Regions VI, VII and VIII. Ten teams provide basic outpatient care (type I) and 2 teams (MSF Belgium in Guiuan and MSF France in Tacloban) provide more advanced health services including surgeries (type II). Please refer to maps A, B and C for further information on the exact locations. Four teams provide mobile health clinics and mental health and psychosocial support.

Surveillance and communicable disease control
Highlights from the EWARN report is as below. For more in-depth information please refer to the weekly EWARN report that is available online under: http://www.wpro.who.int/philippines/typhoon_haiyan/reports/en/index.html

This week, 79 health facilities reported 16,483 total consultations in typhoon-affected areas of Region VI and VIII by SPEED. Acute respiratory infection accounts for 33% of total consultations. Suspect measles cases continue to be reported from Region VIII. A total of 93 suspect measles cases with 1 death have been reported between 1 to 26 January 2014. Among the cases under 5 years of age, 66% were not vaccinated. A measles immunization campaign is on-going in the region.

<table>
<thead>
<tr>
<th>Region</th>
<th>Provinces (#)</th>
<th>Municipalities (#)</th>
<th>Health Facilities and Reporting Sites (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI</td>
<td>2</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>VII</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>VIII</td>
<td>3</td>
<td>45</td>
<td>68</td>
</tr>
</tbody>
</table>
On 28 January 2014, the Regional Epidemiology and Surveillance Unit for Region VIII, supported by WHO, launched an investigation into an alert of a suspected typhoid fever outbreak in barangay Aguitang in the municipality of Kananga. There were a further seven cases suspected. Water obtained from a nearby military camp was suspected to be the source of the outbreak. Control measures, including the distribution of jerry cans, water purification tablets and hygiene kits and a hygiene promotion campaign were initiated.

As of 5 January 2014, ten probable cases from three sites have been identified, including two patients admitted to Ormoc District Hospital and one death. Eight cases reside in three households in Nangka, one case resides in Madapao and one case resided in Avocado. The water sources in the three sites are not shared and investigations into the different water sources are ongoing. The case who died resided in Avocado and tested positive using a Typhi-dot test but had other comorbidities.

The Municipal Health Officer, the Regional Sanitary Inspector and the Department of Health representative for Kananga are monitoring cases and have conducted door-to-door visits in three sites to provide treatment and health education, and conduct a clean-up campaign. There were no cases with onset of symptoms after 10 January 2014 have been identified.

Water samples have been collected by Save the Children from five locations and there is ongoing analysis for total coliforms. The water in Barangay Aguiting is not chlorinated. Preliminary test results indicate low levels of fecal contamination. However, the environmental assessment suggests that water quality differs depending on rainfall. Save the Children will continue conducting weekly testing of the water. Although the investigation is ongoing, environmental investigations indicate significant weaknesses in the water and sanitation infrastructure which will require long-term solutions in order to ensure the residents of barangay Aguiting have reliable access to potable water.

An investigation of one death from severe dehydration, which was suspected to be due to acute watery diarrhea (AWD) was conducted by WHO, the Municipal Health Office and the Regional Epidemiology and Surveillance Unit in Jaro Municipality. Test results were negative for Vibrio cholera and water samples were negative for fecal contamination.

An acute watery diarrhea preparedness and response plan for region VIII was completed by the Philippines Department of Health CHD VIII – Eastern Visayas, WHO and UNICEF on 8 February.

Vaccination and cold chain
A rapid coverage survey of the measles outbreak response immunization campaign, that was conducted in Tacloban between 24 and 27 January 2014 covering all barangays with suspected or confirmed measles cases and all areas with suspected measles in the municipalities Palo, Tanaan, Santa Fe, Albuera, Baybay, and Kananga between 28 January and 7 February 2014 is currently ongoing and will possibly be extended to the areas covered by the mass immunization campaign in November.

As of the end of January 2014, dog bites to 35 individuals were reported in Tacloban city. Anti-rabies vaccines were provided on 6 February in response to a stock shortage.

In Eastern Samar, a total of 46 suspect measles cases were reported with one death from 9 municipalities, including 45 suspected and 1 laboratory confirmed case between 29 January and 6 February 2014. Immunization with measles mono vaccines started 25 November 2013 in Eastern Samar, targeting 26,508 children. As of 5 February 2014, 17,721 children in 11 municipalities in Eastern Samar were vaccinated. No adverse effect after immunization was reported. Clustering of measles suspects was noted in Barangay Paypay-on, Oras with 3 measles suspects noted between 2 and 3 January 2014 and increasing to 4 cases between 15 and 19 January 2014.

In Roxas, a cold chain assessment was completed by WHO and UNICEF and 18 refrigerators were provided.

Dengue and vector control
After implementing the plan of action for dengue fever in Ormoc city over the last two weeks, the number of cases is declining. Vector control and intensive environmental clean-ups in the 5 identified priority barangays has been conducted, followed by targeted fogging. The clean-up campaign is still continuing, with
man power being provided through a cash for work program by UNDP. Most of the cases are children between 10-14 years old indicating that schools might be sources of infection. Fogging was conducted in schools as well.

In Eastern Samar a total of 192 suspect dengue cases were reported from 13 of 23 (57%) municipalities, including 154 suspected and 38 probable dengue cases between 3 December 2013 and 6 February 2014. 118 (61.5%) cases were mild and consultations were in outpatient departments, 74 (38.5%) cases were admitted to the hospital for treatment. The median age of cases was 13 years with a range of 1 to 61 years. 10 clusters of dengue cases were reported.

Vector control interventions are on-going and have been intensified in selected areas in Tacloban who have reported suspected cases of dengue.

A SPEED Technical Assistance and Response Team (START) visited 11 municipalities in Leyte to identify issues, gaps and needs with regard to SPEED reporting. Based on the findings, recommendations were provided to the focal persons as well as to the DOH.

Mental health and psychosocial support (MHPSS)
The Tacloban sub-national Health Cluster reports, that the mental health and psychosocial support group developed and agreed on a concept note for harmonizing training material for psychosocial support. Identified municipalities not covered by partners started working on strengthening the referral system. Two psychiatrists from MSF-France are currently working for an outreach program in hospitals and schools of Tacloban City.

A training on trauma and releasing exercises as part of the capacity building plan for MHPSS was conducted in Tacloban andOrmoc.

In Leyte, psychotropic drugs have been procured through the medicine access program to be distributed to the health facilities in need. This is expected to ease the shortage of medicine.

Region VI’s recommendation following the transition was to undertake a regional mental health assessment to understand the gaps and needs within Panay Island.

Reproductive Health (RH)
In the next 3 months, more than 70,000 births are expected, of which about 8,500 (12.1%) are from adolescent mothers under 19 years old.

Two emergency maternity care units are set up in Palo, Leyte and Balangiga, Eastern Samar to ensure safe deliveries and respond to obstetric complications.

UNFPA donated 10 ambulances to referral facilities and 24 motorized tricycle ambulances to municipal health centers to facilitate transport of emergency obstetric cases to the facilities.

Since December 2013, a total of 56 reproductive health medical missions have been conducted in Leyte, Eastern Samar, Capiz and Iloilo serving 8,948 female beneficiaries, including 3,711 pregnant and 3,992 lactating women, through pre- and post-natal checkups, health information sessions, and hygiene kit distribution.

In Roxas City UNFPA donated three ambulances to referral facilities to facilitate transport of emergency obstetric cases.

Water, Sanitation and Hygiene (WASH) and Environmental Health
An assessment on Local Government Unit (LGU) capacity for water quality monitoring was conducted in Cebu on 6-8 February 2014. Based on the assessment, a project proposal was finalized to establish LGU water quality monitoring teams through capacity building, provision of staff support and the procurement of water testing kits. After a series of trainings due to be conducted in February and March 2014 in key hubs to strengthen the capacity on water quality testing and analysis, risk assessments, recording, reporting and planning, the teams will be able to conduct water quality monitoring and provide input for databases as well as for mapping.

A health care waste management system assessment was completed in Capiz, Aklan and Iloilo between 5 and 7 February 2014. Findings will be incorporated in a project proposal that is being developed to support the health care waste management activities in the affected areas. The main objective of the project is to re-establish and improve the waste management systems to prevent the occurrence of relevant infectious diseases in priority hospitals affected by Typhoon Yolanda. The project includes capacity building, procurement of supplies and equipment, demonstration of appropriate health care waste treatment facilities, design of sanitary landfill, and development of guidelines for health care waste management in emergencies.
A WASH Cluster health & hygiene technical working group meeting was held on 3 February 2014 in Guiuan. The current response and future plans of the agencies active in hygiene promotion were discussed and the standardisation of information, education and communication (IEC) materials used by the different organizations was initiated.

Nutrition
Since the beginning of the response, 57,291 children have been screened in Leyte with 191 cases of severe acute malnutrition (SAM) and 1,161 cases of moderate acute malnutrition reported. The rate of combined acute malnutrition in the screened population is under three percent in Leyte.

For further information please see the Nutrition Cluster Weekly Update available online under: https://philippines.humanitarianresponse.info/document/nutrition-cluster-region-viii-weekly-update-02062014

A Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutritional assessment has been started this week in Tacloban.

In Eastern Samar, a second round of Middle Upper Arm Circumference screening is currently ongoing and a SMART survey is scheduled for late February.

IMC has opened a stabilization center in Ormoc for children with SAM with medical complications.

The nutritional situation needs continued monitoring in Region VI due to the livelihoods and food security situation. WHO and UNICEF will work together to provide SAM and MUAC training to Aklan and Antique province.

DONORS
Major WHO donors: Australia, Canada, Norway, Japan, the United Kingdom and the UN Central Emergency Response Fund (CERF), Russian Federation, Sweden and the United States of America, and from the European Commission Humanitarian Aid and Civil Protection (ECHO).
FUNDING STATUS OF ACTION PLAN

As of 13 February 2014, OCHA has updated the action plan, which is now 52% funded for the health sector (table 2).

<table>
<thead>
<tr>
<th>Project</th>
<th>Appealing Agency</th>
<th>Amount Required</th>
<th>Funding</th>
<th>% Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merlin &amp; Save the Children Essential Health Services for Preventing Excess Mortality and Morbidity in Typhoon Haiyan affected Population</td>
<td>Save the Children</td>
<td>4707706</td>
<td>800000</td>
<td>17%</td>
</tr>
<tr>
<td>Ensuring Access to Reproductive Health Services in the Aftermath of Typhoon Haiyan</td>
<td>UNFPA</td>
<td>10000000</td>
<td>1539518</td>
<td>15%</td>
</tr>
<tr>
<td>Provision of emergency health services to typhoon affected populations</td>
<td>WHO</td>
<td>15000000</td>
<td>11871062</td>
<td>79%</td>
</tr>
<tr>
<td>Immediate assistance to injured and vulnerable persons affected by Haiyan typhoon in Philippines</td>
<td>HI</td>
<td>240000</td>
<td>237417</td>
<td>99%</td>
</tr>
<tr>
<td>Emergency Health care, public health and referral initiatives for displaced and affected persons ‘on the move and their vulnerable host communities’</td>
<td>IOM</td>
<td>1810511</td>
<td>431232</td>
<td>24%</td>
</tr>
<tr>
<td>Provision of life-saving interventions for health to children 0-59 months affected by Typhoon Haiyan emergency</td>
<td>UNICEF</td>
<td>19000569</td>
<td>21479078</td>
<td>113%</td>
</tr>
<tr>
<td>Provision of quality medicines and developing resilience in the supply chain to avoid gaps by strengthening the department of health medicines stock management systems</td>
<td>IHP</td>
<td>806000</td>
<td>488599</td>
<td>61%</td>
</tr>
<tr>
<td>Prevent increase in maternal, neonatal and child mortality post disaster through ensuring continuity of services for these more vulnerable groups</td>
<td>Plan</td>
<td>3960422</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Promoting mental health and psychosocial well-being of populations affected by Typhoon Haiyan</td>
<td>IMC</td>
<td>727961</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Ensuring the health needs of older people in Typhoon Haiyan</td>
<td>HelpAge International</td>
<td>465000</td>
<td>465000</td>
<td>100%</td>
</tr>
<tr>
<td>Health care support for Typhoon Haiyan affected populations</td>
<td>IMC</td>
<td>3865225</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Enhancing coordination within and outside the health sector</td>
<td>WHO</td>
<td>1816100</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Surveillance, outbreak prevention and vaccination</td>
<td>WHO</td>
<td>3929850</td>
<td>3135870</td>
<td>80%</td>
</tr>
<tr>
<td>Local health system recovery for social and economic protection</td>
<td>WHO</td>
<td>4061800</td>
<td>300000</td>
<td>7%</td>
</tr>
<tr>
<td>Delivery of essential health services to meet the immediate health needs of the affected population</td>
<td>WHO</td>
<td>3524500</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Typhoon Haiyan emergency health response</td>
<td>WV Philippines</td>
<td>400000</td>
<td>400000</td>
<td>100%</td>
</tr>
<tr>
<td>Health assistance for disaster affected communities of inland Leyte and coastal Barangays of Tacloban municipalities of Tacloban City, Jaro, San Miguel and Carigara</td>
<td>RI</td>
<td>955500</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Provision of emergency medical assistance to affected population of the Typhoon Haiyan</td>
<td>MDM France</td>
<td>2700000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Saving Women’s lives in Typhoon affected provinces through reproduction health</td>
<td>Saude em Portugues</td>
<td>1150800</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Restoration of basic health package within Concepcion Municipal Health Office area</td>
<td>AAI</td>
<td>310000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Sub total for health</td>
<td></td>
<td>79431944</td>
<td>41147776</td>
<td>52%</td>
</tr>
</tbody>
</table>

http://fts.unocha.org/reports/daily/ocha_R32_A1043___13_February_2014_(03_00).pdf
As of 29 January 2014, the Department of Social Welfare and Development (DSWD) reports that there are 26,756 internally displaced persons (IDPs) in 10 evacuation centers and 4 transitory sites (Bunkhouses). 49.8% of these IDPs (13,328) are at the Grandstand. In addition, there are 38,062 home-based IDPs (6,055 families).

The Bunkhouses are located at Tulungatung, Taluksangay, Rio Hondo and the Grandstand. Distribution and current occupation/population (as of 29 January 2014) of these sites are as follows:

- Rio Hondo Elementary School: 266 IDP / 38 families
- Tulungatung: 2,261 IDP / 394 families
- Taluksangay: 1,731 IDP / 357 families
- Grandstand: 1,455 IDP / 255 families.

A fifth site has been identified and the transfer of IDPs is expected to take place by the end of February.

Return and resettlement of IDPs in Zamboanga will be facilitated through the “Zamboanga City Roadmap to Recovery and Reconstruction (Z3R Plan).” Preparations for its implementation are on-going and include on-site inspections, land negotiations, road and waterway surveys, and the finalization of house designs.

To support the Local Government Unit (LGU) in responding to the humanitarian needs of IDPs in evacuation centers (ECs) and transitory sites in 2014, the Humanitarian Country Team (HCT) has initiated the revision process of the current humanitarian “Zamboanga-Basilan Action Plan”.

**ZAMBOANGA CONFLICT SITUATION OVERVIEW**

**RESPONSE**

Health care facilities

The International Committee for the Red Cross has agreed to rehabilitate the Barangay Health Stations of Santa Catalina and Rio Hondo as per recommendations of the City Health Office.

Health care facilities Partners, WHO and DOH activities

The Department of Health continues to supplement basic medicines and drugs to the local Barangay Health Stations (BHS). The Philippine Red Cross emergency unit continues to look after emergency cases and medical consultations beyond the City Health Office schedule. Emergency cases are seen 24/7 while medical consultations are done after the office of the Barangay Health Stations of the Santa Catalina Health District. The emergency unit will continue to operate until April 2014.

Surveillance and communicable disease control

Surveillance in Post-Extreme Emergencies and Disasters (SPEED) remains as the main source of information for disease trends.

One Evacuation Centre and 2 hospitals reported to SPEED from Region IX (Zamboanga Peninsula) in the current reporting week (2 - 8 February).

**Figure 1: Proportionate morbidity of select epidemic-prone conditions by week 2 – 8 February 2014**
On 9 September 2013, fighting broke out in coastal villages of Zamboanga city between a faction of the Moro National Liberation Front and the Armed Forces of the Philippines which spread to the nearby island province of Basilan. The clashes displaced more than 120,000 people during the height of the conflict in the most affected barangays of Kasanyangan, Mariki, Rio Hondo, Santa Barbara, and Santa Catalina in Zamboanga.

From 6 to 10 October, the UN Resident and Humanitarian Coordinator and the Cluster Heads of Agencies held a mission in Zamboanga to gain first-hand observation of the conflict-affected areas and have direct contact with the affected people, the local authorities and humanitarian actors. The mission findings revealed congested conditions inside the evacuation centres and pro- longed displacement are increasing the risk of health and protection issues.

An inter-agency common working space was established on 10 October in Zamboanga as humanitarian partners further scaled up the response. Flooding in early October also worsened the living conditions inside the evacuation centres.

Due to persistent insecurity and lack of humanitarian access, information on approximate needs of displaced people in Basilan remains a significant gap.
Health Cluster Partners

National – Manila:

Sub-national – Tacloban:

Sub-national – Cebu:

Sub-national – Illoio:

Sub-national – Guiuan / Borongan:

Sub-national – Ormoc:

Sub-national – Bohol:
UNFPA, Philippines Red Cross Society, UNICEF, MERLIN, IOM, DOH.

Sub-national – Zamboanga:
ACF International, Ateneo de Zamboan- ga University, Brent Hospital and Colleg- es, Inc., Camp Navarro General Hospital, City Health Office - Zamboanga City, Community and Family Services Interna- tional (CFSI), Department of Education IX, Department of Health - Zamboanga Peninsula, Department of Social Welfare and Development IX, Family Planning Organization of the Philippines (FPPO), Holy Rosary Family Center, International Committee for the Red Cross, Katilin- ban - MERLIN, Office of the City Social Welfare and Development, Philippine Red Cross - Zamboanga Chapter, Philip- pine Obstetrics and Gynecology Society - Zamboanga Chapter (POGS), POPCOM IX, Save the Children, UNFPA, UNICEF, Western Mindanao State University, Zamboanga City Medical Center, Zambo-anga Evangelical Disaster Response Network.

Health Cluster Contacts
National - Manila: haiyanhccmanila@wpro.who.int
Sub-national - Tacloban: haiyanhctacloban@wpro.who.int; hcctacloban@gmail.com
Sub-national - Cebu: haiyanhcccebu@wpro.who.int

Health Cluster Website: http://www.wpro.who.int/philippines/typhoon_haiyan/en/