TYPHOON YOLANDA

- In a handover ceremony in Tacloban city on March 20, UNICEF and WHO officially gave details of their respective donations of cold chain equipment to help in the restoration of the cold chain system in regions VI, VII and VIII.

- Responding to requests from OCHA and other humanitarian partners, WHO visited Biasong Tent community (San Isidro Municipality) to commence support of healthcare services.

- Rehabilitation of Tacloban city health office and Marasbaras Women centre is completed

ZAMBOANGA CONFLICT

- WHO closely collaborates with the Psychological Association of the Philippines (PAP) and Association of Psychologists and Helping Professionals (APHP) in providing non-pharmacologic treatment sessions/interventions to patients.

- The Zamboanga City Medical Center setup a medical clinic manned by health professionals to serve the Badjao community.

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TYPHOON YOLANDA SITUATION OVERVIEW

<table>
<thead>
<tr>
<th>16 078 181</th>
<th>4 095 280</th>
<th>28 689</th>
<th>6 283</th>
<th>1 061</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLACED</td>
<td>INJURED</td>
<td>DEATHS</td>
<td>MISSING</td>
<td></td>
</tr>
</tbody>
</table>

Source: National Disaster Risk Reduction Management Council (NDRRMC) of the Philippines

**Situation**

The last weekly quad cluster meeting chaired by Region VIII DOH, focused on the need to build more capacity and information gathering on partners involved in health facility rehabilitation so that it can be incorporated into the Region VIII activity workplan. Dr Dico, DOH HEMS, asked all INGOs to submit a list of trained and certified staff, this information will be used to identify training needs. DOH welcomed the commitment of WHO to support the mapping of damaged sites and provide training for mapping as needed.

The Reproductive Health sub-cluster, chaired by Dr Gloria Fabrigan from the LGU, was held to foster collaboration among partners and discuss progress in and around Tacloban city.

Other relevant matters discussed were the need for Barangays to prepare for the control of dengue and chikungunya. This includes working with the community to clean up, search and destroy activities and an intensive campaign at Barangay level.

**RESPONSE**

**Health care Facilities**

A meeting of health partners was held at the Department of Health (DOH) compound in Manila on 26 March 2014. WHO presented reports on the completion of quick fixes on Main Health Centre (Tacloban city health office) and Marasbarba Women’s centre. Quinapondan community hospital is still undergoing rehabilitation and a solar fridge installation has occurred at Carigara RHU.

It was also noted that UNDP has been funded actively to collect clinical / hospital waste of both public and private hospitals around the city of Tacloban and nearby municipal hospitals, but this funding is due to run out in 2 weeks, with no transition plan currently in place.

**Ormoc / West Leyte Hub**

The health cluster coordination meeting was conducted as scheduled on Thursday, 4 April, 2014. Participants include OCHA, DOH, CHO and other partners working in Health (SCI, World Vision, and Mercy Malaysia).

A transition plan on rehabilitation and / or reconstruction of health facilities has been finalized and approved by all partners in Ormoc/West Leyte. This includes making clear which health facilities are being supported, where, and by whom.

The Health cluster discussed a strategy to tackle the dengue cases reported and shared the preliminary results of the vector surveillance assessment done in the last week of March to April.
All partners have suggested finalizing a Dengue Contingency Plan by June/July in order to be prepared at the city level, in case of a sudden increase of reported cases during the peak season.

Following the request from OCHA and humanitarian partners, WHO is currently taking part in an interagency intervention in Biasong (San Isidro) to support a tent community that has no BHS.

Ormoc Nutrition cluster had asked WHO support on the management of malnutrition in children with underlying neurological conditions and WHO expert has been put in contact with the local coordinator (IMC) to provide technical mentoring.

### Partners and Foreign Medical Teams

MSF-Belgium has two staff in Guiuan, however a transition strategy is in place.

Humedica Germany, operating at the Mother Mercy Hospital, Tacloban city will phase out by May-June. There is still an insufficient capacity at local level for service delivery and the community is also worried about returning to fee-paying services. There is need to identify another partner to take over prior to the exit of the FMT.

Korean Military medical team continues to provide support in Tacloban until December 2014, while Project Hope being operational in Region VI indefinitely.

### Surveillance and communicable disease control

WHO is currently supporting the Center for Health Development (CHD) in the follow-up, monitoring and technical assistance of local health staff which include the Rural Health Units and District Hospitals in the different municipalities of Leyte and Eastern Samar.

Most of the health workers have recently attended the PIDSR training that was conducted in February and March 2014. The monitoring visits conducted by WHO and CHD staff will identify problems and issues encountered by the health workers in the implementation of PIDSR and provide technical assistance in teaching/coaching on data encoding and data analysis.

Increasing numbers of admission of suspected measles cases were reported recently at the Eastern Visayas Regional Medical Centre (EVRMC).

### Measles

A total of 14 suspect measles cases were admitted from 28 March to 4 April 2014, their age ranged from 8 months to 21 years old (Median: 5.5 years old). Seven (50%) were from Tacloban City, 2 were from the same barangay, 59-A Sampaguita. Eight (57%) were males, 13 (93%) of the cases are not vaccinated with measles vaccine and no deaths were reported. Dried blood specimens were collected from 8 patients for laboratory confirmation. The current admissions brings a total of 401 suspect measles cases reported from 1 January to 4 April, 2014 in Eastern Visayas with 8 deaths.

Although cases came from different Barangays further investigations are ongoing to be sure that there is no clustering of cases. The EPI Program and local Health authorities were also informed of the cases to increase vigilance for early detection of cases and initiate response immunization activities.
Dengue and Vector Control

A total of 856 cases, 3 deaths (CFR– 0.4%) were reported from different disease reporting units (DRUs) in Region VII for the period January 01– March 29, 2014. This is 83.3% lower than compared to the same period of last year with (5,123 cases, 12 deaths and CFR of 0.2%).

Ages of cases ranged from 1 month – 87 years old. Both sexes almost equally represented (male=53%).

Majority of the cases were from Cebu City (20.6%) followed by Lapu - Lapu City (13.6%), Dumaguete City (9.7%), Sibulan (4.3%) and Minglanilla (3.9%).

A campaign on dengue prevention and control activities is ongoing in the region.
A total of 1,352 suspect dengue cases were reported to the Regional Epidemiology and Surveillance Unit in Region VIII from 1 January to 29 March 2014. This is 7% lower as compared to the same period of last year. Ages ranged from 2 months to 85 years old (Median: 15 years). Five deaths from Tacloban City, 1 from Ormoc City and 1 from Sogod. Four hundred and twenty (31%) were tested with dengue rapid test kits of which 70% were positive. Majority of the cases (80%) came from Leyte.

DOH and the Regional Office are taking the lead to fight dengue by applying 3D.

3D
Detect – detect cases early, seek, consult; detect mosquito breeding sites

A two day preliminary dengue vector assessment was conducted on 31 Mar to 1 Apr in selected areas of Ormoc with a high number of suspected cases during latest weeks.

Gaps have been identified in current vector surveillance procedures. The City Health Office, with support from WHO, finalized a training plan for Dengue Vector Surveillance and Vector Control.

The training will be conducted 14 -15 April, 2014. Identified participants are the Ormoc Sanitary Inspectors and community leaders from the two bunk houses sites in Ormoc.

Water, Sanitation and Hygiene (WASH) and Environmental Health

Typhoon Yolanda wreaked havoc on the environment affecting water, air, soil and food in the region.

Water in the affected regions was significantly contaminated. To ascertain this, the Department of Health (DOH) in collaboration with WHO, conducted water quality testing in Leyte and Eastern Samar region between November – December 2013. Findings revealed that 30 – 40% of the drinking water in these regions was contaminated. It was also observed that some areas had their water supply and storage infrastructure damaged.

WHO consultants conducted capacity assessments of LGU’s in Region VI, VII and VIII. Water quality monitoring findings show that there are adequate numbers of LGU staff carrying out monitoring but the staff may require refresher training. There is insufficient equipment and logistics. Some water laboratories are damaged and are not functioning.

Figure 3: Dengue fever cases by Morbidity week, comparing 5 years past with 2014 data

Destroy – destroy breeding areas for mosquito
Defend – defend self from mosquito bites by applying mosquito repellents, wearing of light colored clothing
On health care waste management assessment, our data shows that out of the 1800 kg of healthcare waste generated daily:

- 47% contains medical waste that is disposed of in open waste dump sites.
- 69% of these Health Facilities (HF) have no wastewater treatment plant nor wastewater treatment system.
- 52% of HF staff have never had training on health care waste management.
- 7% of the HF are using mercury devices despite DOH ban since 2009.
- 30% of HF do not practice segregation of waste at source.
- 27% of HF have no PPE, 47% have partial PPE, and 28% have complete PPE.

There is an increase in the incidence of diarrhoea and typhoid fever in the Kananga and Leyte communities. The damage done to the water supply system and the existence of crude chlorineators have resulted in poor disinfection.

As an immediate intervention, WASH cluster partners have assisted LGU's in providing jerry cans and chlorine disinfectants to affected households. WHO has also provided some jerry cans, water purification tablets, and water quality test kits.

In partnership with DOH, WHO conducted a series of training for 140 sanitary inspectors on water quality for LGU's in Region VI (Aklan, Antique, Capiz, Iloilo), VII (Bohol, Cebu) and VIII (Tacloban, Eastern Leyte).

Similar trainings were held by other WASH cluster partners in Eastern Samar and Ormoc City. In addition, a series of training on health care waste management has been conducted for Leyte and Eastern Samar. Hygiene promotion was introduced as part of the training modules.

**Vaccination and cold chain**

In a joint handover ceremony in Tacloban city on March 20, UNICEF and WHO officially shared the details of both organisations’ donations of cold chain equipment with the aim to restore the entire cold chain system mainly in regions VI, VII and VIII.

UNICEF has started the process of installing 16 walk-in cold rooms (including 7 dual cold room / freezer) mainly at CHD level and some in selected provinces, while a total of 50 solar powered fridges, 200 electric compression fridges, 150 dual fridge/ freezers, 804 cold boxes and 10,000 vaccine carriers and 2000 temperature monitoring devices have been procured to assist 6 regions directly and indirectly affected by the typhoon.

UNICEF had earlier procured and delivered 3 million doses of MR vaccine. UNICEF, in coordination with DOH and in collaboration with WHO, completed a 4 day orientation training in Manila on the new cold chain equipment to EPI and cold chain managers of 6 regions on March 14.

WHO has completed cold chain equipment distribution in Bohol after it was affected by the earthquake and again by the Typhoon Yolanda. The cold chain equipment, based on a WHO needs assessment, included generators, ice lined refrigerators and freezers, cold boxes, vaccine carriers, icepacks, safety boxes and temperature monitoring devices.

This was based on a request from the PHO to assist in the restoration of the cold chain system in the 10 worst affected RHUs, some referral hospitals and in the PHO.

WHO is currently procuring cold chain equipment for regions VI, VII and VIII to fill in the gaps after UNICEF cold chain procurement. A total of 60 icepack freezers, 300 vaccine carriers and 88 cold boxes have been ordered. 16 solar powered refrigerators, earlier donated by DFID to WHO, have all been installed in region VIII.

WHO had earlier procured and delivered 1 million doses of MR vaccine and ancillary products to vaccinate more than 2 million children to replace stocks used for the measles catch-up activities. MSF provided cold chain equipment (2 refrigerators), including temperature monitoring devices in Guiuan, Eastern Samar.

**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 11 April 2014, OCHA has updated the action plan, which is now 60% funded for the health sector (table 1).

<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>SC</td>
<td>4,707,706</td>
<td>800,000</td>
<td>17%</td>
</tr>
<tr>
<td>Ensuring Access to Reproductive Health Services in the Aftermath of Typhoon Haiyan</td>
<td>UNFPA</td>
<td>10,000,000</td>
<td>2,434,773</td>
<td>24%</td>
</tr>
<tr>
<td>ORIGINAL FLASH APPEAL Provision of emergency health services to typhoon affected populations</td>
<td>WHO</td>
<td>15,000,000</td>
<td>14,748,701</td>
<td>98%</td>
</tr>
<tr>
<td>Immediate assistance to injured and vulnerable persons affected by Haiyan Typhoon in Philippines</td>
<td>HI</td>
<td>240,000</td>
<td>237,417</td>
<td>99%</td>
</tr>
<tr>
<td>Emergency Health Care, Public Health and Referral Initiatives for Displaced &amp; Affected People ‘On The Move’ &amp; their Vulnerable Host Communities</td>
<td>IOM</td>
<td>1,810,511</td>
<td>431,232</td>
<td>24%</td>
</tr>
<tr>
<td>Provision of life-saving interventions for health to children 0-59 months affected by Typhoon Haiyan (Yolanda) emergency</td>
<td>UNICEF</td>
<td>19,000,569</td>
<td>21,479,078</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 system.</td>
<td>IHP</td>
<td>806,000</td>
<td>578,803</td>
<td>72%</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>3,960,422</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>727,961</td>
<td>98,728</td>
<td>14%</td>
</tr>
<tr>
<td>Ensuring the health needs of older people in typhoon affected areas are met</td>
<td>HelpAge International</td>
<td>465,000</td>
<td>465,000</td>
<td>100%</td>
</tr>
<tr>
<td>Health Care Support for Typhoon Haiyan-Affected Populations</td>
<td>IMC</td>
<td>3,865,225</td>
<td>270,000</td>
<td>7%</td>
</tr>
<tr>
<td>Enhancing coordination within and outside the health sector</td>
<td>WHO</td>
<td>1,816,100</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Surveillance, outbreak prevention and vaccination</td>
<td>WHO</td>
<td>3,929,850</td>
<td>5,399,304</td>
<td>137%</td>
</tr>
<tr>
<td>Local health system recovery for social and economic protection</td>
<td>WHO</td>
<td>4,061,800</td>
<td>300,000</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>3,524,500</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>Typhoon Haiyan Emergency Health Response</td>
<td>WV Philippines</td>
<td>400,000</td>
<td>400,000</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>955,500</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>2,700,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Saving Women’s Lives in Typhoon Haiyan affected provinces through Reproductive Health</td>
<td>Saúde em Português</td>
<td>1,150,800</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>310,000</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Sub total for health

79,431,944 47,643,036 60%

Source: http://fts.unocha.org/reports/daily/ocha_R32_A1043___11_April_2014___(03_01).pdf
There are 26,546 IDPs (5,014 families) in 7 evacuation centers (ECs) and 5 transitory sites (Bunkhouses), as of 24 March and as reported by the DSWD. 50.93% of these IDPs (13,520) are at the Joaquin F Enriquez Memorial Sport Complex. Furthermore, there are remaining 39,763 home-based IDPs (6,055 families). These on-site and home-based IDPS are in need of accessible health services, including some 3,488 children aged below 5 years, who are currently served by the local health staff and other interim arrangements.

The Bunkhouses are located at Tulungatung, Taluksangay, Rio Hondo, Grandstand, and PTSI (Philippine Tuberculosis Society, Inc.). Distribution and current occupation/population (as of 24 March) of these sites as stated in Table 2.

### Table 2: Distribution of displace population into the Bunkhouses as of 24 March, 2014

<table>
<thead>
<tr>
<th>Site</th>
<th>Capacity (Families)</th>
<th>Families Transferred</th>
<th>IDPs Transferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rio Hondo Elementary School</td>
<td>132</td>
<td>69</td>
<td>438</td>
</tr>
<tr>
<td>Tulungatung</td>
<td>935</td>
<td>401</td>
<td>2,320</td>
</tr>
<tr>
<td>Taluksangay</td>
<td>248</td>
<td>373</td>
<td>1,824</td>
</tr>
<tr>
<td>Grandstand</td>
<td>282</td>
<td>254</td>
<td>1,442</td>
</tr>
<tr>
<td>PTSI (Philippine Tuberculosis Society, Inc.)</td>
<td>108</td>
<td>111</td>
<td>484</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,597</td>
<td>1,208</td>
<td>6,508</td>
</tr>
</tbody>
</table>

The City Health Office continues to provide primary health care services to the IDPs of Joaquin F Enriquez Memorial Sports Complex and Cawa-cawa Shoreline through its four (4) transitional health stations. These transitional health stations operates from Mondays – Saturdays. Transitory sites/camps with no nearby health facilities are seen regularly by the group of Physicians Across Borders (PAB) and other interim mobile medical missions organized by the City Health Office.

Philippine Red Cross emergency unit continues to operate 24/7 and provides emergency care to medical conditions that needs immediate attention.

The Zamboanga City Medical Center setup a medical clinic manned by health professionals along Cawa-cawa Shoreline to specifically cater the Badjao tribe along the boulevard.

The Zamboanga City Health Cluster continues to provide mental health and psychosocial support to the IDPs of Joaquin F Enriquez Memorial Sport Complex and Cawa-cawa Shoreline through its four (4) transitional health stations. These transitional health stations operates from Mondays – Saturdays. Transitory sites/camps with no nearby health facilities are seen regularly by the group of Physicians Across Borders (PAB) and other interim mobile medical missions organized by the City Health Office.

Philippine Red Cross emergency unit continues to operate 24/7 and provides emergency care to medical conditions that needs immediate attention.

The World Health Organization closely collaborates with the Psychological Association of the Philippines (PAP) and Association of Psychologists and Helping Professionals (APHP) in providing non-pharmacologic treatment sessions/interventions to patients referred for MHPSS specialized services monthly until August 2014.

The first two treatment sessions were conducted last 28 February and 28 March 2014 respectively which catered to almost fifty (50) clients mostly IDPs and student hostage survivors.
The preparation for the training workshop based on the WHO Mental Health Gap Action Programme (mhGAP) has started and will be implemented by the Philippine Psychiatric Association (PPA) in coordination with Zamboanga City Medical Center.

An additional 3,059 hygiene kits were provided for women of reproductive age.

Furthermore, community health teams (CHTs) both from on-site and home-based communities were trained on Community Health Information Sessions (CHIS) to do community-level dissemination and education on reproductive health.

Reproductive Health

A total of 1,762 dignity kits have so far been provided during RH medical missions covering a total of 18 evacuation centres and 12 barangays (home-based IDPs) with specialized RH services to 1,532 pregnant women and 1,229 lactating mothers.

Morbidity/Mortality

For the period of 10-23 March, the last 2 morbidity weeks for SPEED reporting before SPEED deactivation, there were a total of 305 consultations recorded from the total IDP population.

The age group of 5 years and above constituted about half of the total of consultation (52%). For the reporting period, it was noted that Acute Respiratory Infection (58%) accounted as the leading cause of morbidity, followed by Fever (16%), and Skin Diseases (13%).

Figure 4: Incidence rate of consultations for AWD, ABD, SDS and CON in Zamboanga city per week (Oct 7 to March 23, 2014)
**Mortality**

For the period of 09 Sept 2013 – 06 April 2014, there were a total of 108 recorded IDP mortalities from camps and transitory sites. Almost half (48%) of which were children under 5 years of age. Diarrhea ranks as the leading cause of mortality. However, mortalities due to AGE (Acute Gastroenteritis) decreased starting Jan 2014 wherein only two (2) deaths are reported which are attributed to AGE.

The overall Crude Mortality Rate (CMR) never reached the emergency threshold (pls refer to Figure I below). The weekly CMR after the crisis till 06 April, ranged from 0.0 - 0.8/10,000/day never reaching the emergency threshold set by the UNHCR (CMR >1 per 10,000 per day). However, the weekly USMR ranged from 0.0 - 2.9/10,000/day which reached the emergency threshold set by the UNHCR (USMR >2 per 10,000 per day) 4 times (pls refer to Figure below).

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**Figure 5**: Crude Mortality rate for all ages

**Figure 6**: Crude Mortality rate for children under 5 years
After the official deactivation of SPEED last 21 March, the Department of Health (DOH) conducted a capacity building activity for local health workers from the Barangay Health Stations on Philippine Integrated Disease Surveillance and Response framework which was attended by health workers from the City Health Office and different Barangay Health Stations which hosts ECs/TSs.

The WHO also donated IT equipment to aid the regular reporting of the disease reporting units.

Nutrition
Community Management on Acute Malnutrition and treatment of the 553 Moderately Acute Malnutrition (MAM) and 160 Severely Acute Malnutrition (SAM) cases are continued in two (2) ECs – JFEMSC and Cawa-cawa - and sixteen (16) scale-up barangays with high prevalence for malnutrition. The setting up of an In-Patient Therapeutic Program (ITP) intended for SAM with medical complications has not yet been established as logistics preparations on the hospital facility is still ongoing (e.g. ITP staff, ITP room).

Water, Sanitation and Hygiene (WASH) and Environmental Health
Latest water quality analysis as of 02 April yielded negative results from all 12 samples from different ECs and TSs. Volunteers from different local NGOs/CSOs were trained on Hygiene Promotion sessions incorporating Islamic perspective to have a more culturally sensitive approach.
Health Cluster Partners

National – Manila:

Sub-national – Tacloban:

Sub-national – Cebu:

Sub-national – Guian / Borongan:

Sub-national – Ormoc:

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

Sub-national – Zamboanga:
ACF International, Ateneo de Zamboanga University, Brent Hospital and Colleges, Inc., Camp Navarro General Hospital, City Health Office - Zamboanga City, Community and Family Services International (CFSI), Department of Education IX, Department of Health - Zamboanga Peninsula, Department of Social Welfare.

Health Cluster Contacts
National- Manila: haiyanhccmanila@wpro.who.int
Sub-national- Tacloban: haiyanhcctacloban@wpro.who.int; hcctacloban@gmail.com
Sub-national- Cebu: haiyanhccebu@wpro.who.int
Health Cluster Website:http://www.wpro.who.int/philippines/typhoon_haiyan/en/