



PHILIPPINES

HEALTH  
CLUSTER  
BULLETIN

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Photo: WHO Philippines

## HIGHLIGHTS

### TYPHOON YOLANDA

Typhoon Yolanda (Haiyan) struck 6 months ago. Health cluster activities have moved from immediate emergency response to longer term rebuild and rehabilitation. This includes addressing emerging health needs and planning for the future for health facility structures and services.

Focus of activity has been on

- provision of immediate healthcare with international and Philippine medical teams from other regions providing primary, surgical and specialized care to those most in need;
- repairing and rebuilding health facilities;
- water quality testing and integrating with other clusters to provide clean water and appropriate sanitation in homes and in healthcare facilities;
- enabling and enhancing service delivery for maternal and child health, mental health and psychosocial support;
- preventing disease through mop-up and routine vaccination activities, surveillance and rapid response for potential outbreak diseases such as diarrhoea and vector-borne diseases such as dengue and chikungunya;
- underpinning programmes for ongoing service provision for tuberculosis, HIV and rabies;
- building on existing systems and policies to enhance preparedness for future disasters.

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# TYPHOON HAIYAN (YOLANDA)

6 MONTHS ON

HEALTH AT THE HEART OF HEALING

16 MILLION PEOPLE AFFECTED

4 MILLION DISPLACED

28,689 INJURED

6,300 DEATHS

World Health Organization  
www.wpro.who.int/philippines



OVER

150

FOREIGN MEDICAL TEAMS COORDINATED

47 DAYS AVERAGE TIME IN THE PHILIPPINES

2,469 DOCTORS, NURSES, MIDWIVES AND STAFF

OVER 107,000 CONSULTS  
OVER 5,000 SURGERIES



582

PUBLIC HEALTH FACILITIES ASSESSED & MAPPED

DAMAGED/DESTROYED  
42 HOSPITALS  
105 RURAL HEALTH UNITS  
434 BARANGAY HEALTH STATIONS  
1 DOH REGIONAL OFFICE



108,783

CHILDREN VACCINATED AGAINST MEASLES

49,902 CHILDREN VACCINATED AGAINST POLIO

31,390 CHILDREN RECEIVED VITAMIN A DROPS



OVER 500 TONS

MEDICAL SUPPLIES AND EQUIPMENTS COORDINATED

MEDICAL SUPPLY, MEDICINE, MEDICAL SHELTER, VACCINES, HYGIENE AND SANITATION KIT, ETC



6

HEALTH CLUSTER HUBS ESTABLISHED

209 HEALTH CLUSTER PARTNER ORGANIZATIONS



# TYPHOON HAIYAN (YOLANDA)

HEALTH PRIORITIES 6 MONTHS ON  
HEALTH AT THE HEART OF HEALING

World Health Organization  
WWW.WPRO.WHO.INT/PHILIPPINES



582

PUBLIC HEALTH FACILITIES

to repair or rebuild



improve SANITATION AND HYGIENE

HEALTH CARE WASTE to be properly disposed



VECTOR BORNE DISEASES



to be prevented



MENTAL HEALTH

Health professionals to be trained in psychosocial support

220,000 PREGNANT WOMEN



147,000 BREASTFEEDING MOTHERS

70,000 NEWBORN BABIES



needing care



# TYPHOON YOLANDA SITUATION OVERVIEW



16 078 181  
AFFECTED



4 095 280  
DISPLACED



28 689  
INJURED



6 300  
DEATHS



1 061  
MISSING

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

## Six Months after Typhoon Yolanda

This health cluster bulletin, in addition to presenting an update on what happened in the period since the last bulletin, also presents a consolidated picture of the progress made by the health cluster in these six months. It presents this in the context of the four main objectives of the strategic response plan of the health cluster, as outlined below under prevent, treat, rebuild and link.

The week of 5 May 2014 marked 6 months since typhoon Yolanda made landfall. Media focus was high while rehabilitation and support activities continued in the Yolanda corridor.

The Health Facility Enhancement Program (HFEP) is active in Region VIII. Health facilities continue to have quick fixes, more permanent repairs put in place and equipment that was lost is replaced. As part of the emergency rehabilitation program scheme, Save the Children is working to finish the rehabilitation of the ten (10) BHS and ten (10) RHUs. These facilities will be completed in the coming week.

Americares and EngenderHealth are working on the rehabilitation of 1 hospital, 5 RHU and 1 BHS. The International Organization for Migration has also finished reconstructing 5 health facilities in Capiz and has assessed 46 facilities more for repair and refurbishment. ICRC is also active in this area and more information can be found at:

<http://www.icrc.org/eng/resources/documents/news-release/2014/05-05-philippines-six-months-typhoon-haiyan-red-cross-response.htm>

The health cluster continues to visit health facilities along with Provincial, Municipal and City Health Office colleagues to accurately pinpoint (with GPS) health facility locations (which can then be mapped), update information on gaps for health facility rehabilitation and/or rebuild, and identify gaps in, and challenges for service delivery, including equipment needs.

To date, this '6 months on' needs assessment process has been completed for Eastern Samar and is near completion for Tacloban City, with other parts of Region VIII to follow.

The fifth training course in healthcare waste management in Region VIII has now been completed in Eastern Samar. Preparations to reduce vectors of dengue and chikungunya are underway with sanitary inspectors and barangay brigade trainings having occurred in Ormoc and Eastern Samar. Orientations and trainings for HIV and Mental Health and Psychosocial Support have been undertaken in Region VI and VIII.

UNFPA reports that their Reproductive Health medical missions are on-going and negotiations are underway for training on disaster preparedness and response through Minimal Initial Service Package (MISP) for Reproductive Health which is an inter-agency training.

## RESPONSE

### Treat

The immediate response of the health cluster in this area was to preposition medicines, hygiene supplies and dignity kits along with basic health care and trauma kits for quick deployment in the affected areas. With the typhoon resulting in

many casualties, management of the dead became a high priority. The cluster took special care to ensure that the immediate healthcare needs of the more vulnerable sections of the affected population, particularly women, children and the disabled, were adequately met. The health cluster also focused on the treatment of

chronic diseases, especially high risk diseases like tuberculosis (TB) and HIV/AIDS and STI. Mental health care and psychosocial support was deemed to be of crucial significance in the overall recovery of the affected people and was hence another area of focus for the cluster.

Outlined below are the details on some of the activities undertaken by the health cluster to target these needs.

### **Reproductive Health- Maternal, Neonatal and Child Health (RH-MNCH)**

There was massive destruction of health facilities, including drugs and supplies; many health care workers were themselves victims of the disaster. This initially decreased capacity to provide mothers and children with appropriate prenatal, intrapartum and post-partum care, and child and nutrition services and care. Within the 6-months period, there were at least 220,000 pregnancies, including about 26,400 (12%) teen pregnancies. RH-MNCH services were performed in evacuation centers, temporarily built health facilities, hospitainers, and during specific RH medical missions. In six months, two neonatal tetanus cases were reported, only one of whom has survived. Only one report of maternal death has been received.

In response to the disaster, several interventions and responses were initiated in this sector by the health cluster partners, including DOH, WHO, UNICEF, UNFPA, PLAN International, USAID, Save the Children, International Medical Corps, Americares, Operation Blessing, Plan Philippines, Family Planning Organization of the Philippines (FPOP) and Japan Overseas Medical Fund (JOMF). Key examples of activities included:

- formation of a joint RH-MNCH Work Group for Emergency Response: The health cluster merged the neonatal and child care group with the larger RH care group in November. This initiative was presented during the 6th Asia-Pacific Conference on Reproductive and Sexual Health Rights on 23 February 2014;
- WHO, DOH and UNICEF adapting exist-

ing guidelines to develop the “Maternal and Child Care Policy and Guidelines for Emergency Response.” (this initiative was also presented during the 6th Asia-Pacific Conference on Reproductive and Sexual Health Rights on 23 February 2014);

- capacity building for breast-feeding through organising eight (5 member) breastfeeding support groups in Tacloban between mid-December and early January; and development, production and distribution of breastfeeding information, education and communication materials for the Yolanda areas;
- a stock take of available MNCH services in Region VIII from February to March 2014 including the geophysical mapping of Basic and Comprehensive Emergency Obstetric and Newborn Care facilities;
- training of trainers on the expanded (3 day) Essential Intrapartum and Newborn Care (EINC), which included skills training on newborn resuscitation and injection of magnesium sulfate. WHO provided 10 ‘neonatalies’ with resuscitation equipment to the Provincial Health Office of Iloilo and to the City Health Office of Ormoc, to be used for roll-out training (20 participants from Ormoc City, 8-11 April 2014 and 30 participants from Iloilo province, 22-24 April). Participants were given newborn resuscitation kits and penguin suction apparatus. A further 1000 kits have been procured and will be distributed across the Yolanda affected areas.

### **Assisting the Disabled**

The service providers for the 28,686 people with disabilities was mapped across regions VI, VII and VIII. This information was shared with the injured people and the hospital staff where those with more severe injuries were located.

There has been a real concern that in the areas affected by Typhoon Haiyan, people with disabilities faced exclusion or received inadequate support. From January 26 to 31, 2014 focus group discussions were conducted in Northern Cebu, Leyte, Iloilo, Capiz, Roxas and Antique to listen to

the needs and recommendations of people with disabilities. A report was then published by WHO and the National Council on Disability Affairs detailing the feedback from disabled people on how to make the plans for the recovery of different sectors disability-inclusive. A Guidance Note was developed by the National Council on Disability Affairs to promote elimination of discrimination against people with disabilities in the construction or repair of buildings and other facilities for public use following Typhoon Haiyan.

### **Tackling TB**

Immediately after typhoon Yolanda hit the Philippines in November 2013, National Tuberculosis Programme (NTP) Coordinators from the affected Regional Health Offices, Health Emergency Management Staff (HEMS) and partners such as USAID-IMPACT, the Global Fund Programmatic Management of Drug-resistant TB (PMDT) team, Japan International Cooperation Agency (JICA), and the WHO TB project team in Palawan conducted an assessment on the status of Directly observed treatment, short course (DOTS) and PMDT facilities and activities, including those for multi-drug resistant (MDR) TB. The assessment determined if the facilities were damaged or destroyed, the number and type of human resources available, the status of microscopy services, the adequacy of drug supply and the condition of records and reports. A report mapping and detailing the functionality of each TB centre was distributed and updated every 10 days from 9 December 2013 until completed.

The NTP and WHO prepared “Guidelines on the Provision of TB services in Post-Disaster Areas affected by Super Typhoon Yolanda” and distributed them to all Centres for Health Development (CHDs) and concerned partners.

The Global Fund has distributed 10 GeneXpert units to diagnose suspected TB and MDR-TB specimens. 50 microscopes were procured for diagnosis purposes which will replace those damaged across the Yolanda area.

One month after the Typhoon, nearly 100 percent

of the identified TB patients still remaining in the area were being provided TB DOTS treatment services. This entails providing the necessary equipment required to detect and manage TB cases: anti-drugs, forms (Treatment card, ID card, NTP Laboratory register, TB register), supplies, equipment and policies. These were packed in a single container called the TB DOTS care kit and distributed through the TB programme channels.

### **HIV/ AIDS and STI Program**

The immediate concern after the typhoon was to ensure that people living with HIV/ AIDS (PLHIVs) were all accounted for and brought back under treatment. WHO and DOH undertook this responsibility and verified the availability and condition of the antiretroviral drugs for HIV treatment. In response to the needs identified by the three DOH Regional program coordinators and the respective treatment hubs, training was organized for health care professionals in Regions VI and VIII.

In Region VI, health care providers received training from 21-23 April on mental and psychosocial support for PLHIV and their families. This need was identified as the treatment hub receives patients complaining of sadness and depression as a result of destruction of their properties.

In Region VIII, training of additional health workers from hospitals and social hygiene clinics on HIV counselling and testing was conducted from 5-9 May in order to improve access to these services. Further assessments of the participants are planned one month after training to ensure impact.

### **Mental Health and Psychosocial Support (MHPSS)**

To adequately address the mental health and psychosocial needs of the population, the Department of Health provided and coordinated initial psychosocial interventions. This included, with the support of WHO, introducing the use of “Psychological First Aid” (PFA) across Region VIII.

UN agencies, International Committee of the Red

Cross, Philippines Red Cross, International Medical Corps, Médecins Sans Frontières, Américas, Save the Children, World Vision, academic institutions, faith-based groups, and individual citizens also stepped in to respond to additional needs for mental health and psychosocial support (MHPSS). In order to keep track of who does what, where and when (4Ws), the health cluster started collating the 4W data weekly on MHPSS activities.

In December, a workshop was held on "Public Mental Health in Humanitarian Emergencies for Adults and Youth: The Role of Psychology" and produced a further document with guidance for practitioners. WHO conducted a series of training of trainers on PFA and disseminated printed guidelines among representatives of the government, national professional associations and key NGO networks. By March, there had been core and supplemental trainings on the Mental Health Global Action Program (mhGAP) in Tacloban and Ormoc for primary health care doctors and nurses. In Eastern Samar, training was conducted for 28 municipal health officers and public health nurses with 35 more to be trained in May. There is now a 3 bed capacity for the management of acute crisis in Felipe Abrigo Memorial Hospital in Guiuan.

Work is underway in Cebu to provide expanded tertiary care including outpatient facilities and multidisciplinary training. Psychological support has also been provided specifically for People Living with HIV/AIDs (PLHIVs) in the affected communities.

In April, the DOH organized a meeting for 'Strategic Planning of the National Program Management Committee on Mental Health'. The Citizens' Network for Psychosocial Response conducted an 'Intensive Training on Creative Therapies'. The Department of Education Guidance Counselors' Association of the Philippines, Inc. organized a 'Professional Enhancement Program on Guidance and Counseling' for about 200 guidance counselors, teachers and school administrators.

An orientation on MHPSS was given with empha-

sis on school-based interventions. A Mental Health and Psychosocial Support team trained health care worker on how to assess and identify mental health conditions among PLHIV in Region VI; a total of 26 health workers attended the 3 day training held on 21 to 23 April.

In the worst affected areas 17 % of municipalities with one or more outpatient facility have trained staff to assist with mental disorders. More effort is needed to fill this gap.

## **Prevent**

In the aftermath of the typhoon the lack of basic infrastructure, clean water and food supplies as well as overcrowding in shelters and from migration created fertile grounds for the outbreak and spread of infectious diseases. In this context, the Health Cluster undertook the following activities in four key areas:

### **Vaccination**

The major damage to the health care system caused by typhoon Yolanda severely affected immunization service delivery. At most locations, vaccination sessions have been re-established, often in make-shift sites, pending facility rebuilding. Staff at the service delivery level should be commended for reinstating immunization sessions, often under sub-optimal conditions, and using various innovative approaches.

WHO has worked closely with the DOH to establish detailed prepopulated matrices for logistical and resource requirements of emergency and outbreak response immunization activities by province and city for all areas in the Yolanda corridor.

These spreadsheets supported fast mobilization of required needs and coordination between different agencies ready/able to provide the necessary resources. Among the first interventions after the typhoon, an emergency vaccination campaign was conducted for children under five years old against measles and polio; with vitamin A supplementation to support nutritional status of target

children. Measles vaccination was given to 108,783 children, 49,902 children received a dose of OPV (both vaccines were given regardless of immunization status) and 31,390 children were given Vitamin A. One million doses of measles/rubella vaccine for the DOH programme, along with syringes and safety boxes, and two domestic refrigerators for use in Tacloban was provided.

Vaccinations require a consistent cold chain temperature. Rebuilding the cold chain infrastructure has been a shared priority for the Philippines Government, UNICEF and WHO. There have been assessments of the state of the cold chain and equipment distributed. Contingency plans are in place while equipment is being procured. In Bohol, cold chain equipment was distributed after the region was affected by an earthquake in October 2013 and then again by Typhoon Yolanda the following month.

The equipment included generators, ice lined refrigerators and freezers, cold boxes, vaccine carriers, icepacks, safety boxes and temperature monitoring devices. In Roxas, a cold chain assessment was completed by WHO and UNICEF and 18 refrigerators were provided. Cold chain equipment is currently being procured for regions VI, VII and VIII to fill in the gaps after UNICEF cold chain procurement activities have been completed. UNICEF procured 16 walk-in cold rooms, 420 electric and solar fridges, 804 cold boxes, 10,000 vaccine carriers, 403 generator sets and 5000 fridge tags and are currently being distributed.

A total of 60 icepack freezers, 300 vaccine carriers and 88 cold boxes have been ordered. In collaboration with WHO and in coordination with DOH, UNICEF completed a four day facilitator's orientation-training in Manila on vaccine management and the new cold chain technologies to EPI (Expanded Program on Immunization) and cold chain managers of six regions on March 14. The same orientation-training was repeated to health workers of the affected LGUs.

In an attempt to 'Build Back Better' when reinstating health infrastructure and to make the cold-chain more resilient to consequences of calami-

tous events, such as lack of power and diesel, alternative technologies such as solar energy are being explored. 16 solar powered vaccine refrigerators were delivered to key points in Leyte within three weeks of the Typhoon to support vaccination campaigns. Two hundred SureChill electric fridges procured by UNICEF run on an innovative cooling technology that runs without electricity for up to 10 days or more, ensuring the viability of vaccines especially in disaster-affected areas.

Health partners, including WHO and UNICEF, are supporting the Philippine government to re-establish its national immunization programme in Yolanda-affected areas and make it disaster-resilient by providing equipment that will be able to withstand future calamities. All organizations are working closely together with the aim to restore the entire cold chain system in regions VI, VII and VIII.

### **Rabies prevention and control program**

Prior to the typhoon, WHO (in conjunction with the Gates Foundation) has been supporting rabies elimination in the Visayas aiming to prevent human rabies through the control and elimination of dog rabies by 2015. Unfortunately the three priority regions for this program were also those worst hit by the typhoon. The veterinary laboratory for diagnosis of animal rabies in Eastern Visayas Region was also totally destroyed. In the aftermath, the assessment of program resources including dog vaccines, needles and syringes, and vaccine carriers as well as dog catching equipment revealed all had been damaged or destroyed. There are continued reports of dog bites, which pose a threat of rabies, in the affected areas, especially in the cities of Tacloban and Ormoc.

A plan to assist the three regions and provide ongoing technical support has been prepared. Following reports of three deaths attributed to rabies (being investigated by DOH and Department of Agriculture), specific areas in Eastern Samar, like Dolores, Oras and Taft are being provided with technical and logistic support. Procurement of essential equipment is underway and improve-

ments in the diagnosis and treatment of bite victims are being made.

## Surveillance and Communicable Disease

The 'Surveillance in Post Extreme Emergencies and Disasters' or SPEED surveillance system was activated on November 10 and continued reporting until being gradually transitioned back into the routine surveillance systems PIDSR (Philippine Integrated Disease Surveillance and Response System) and ESR (Event-based Surveillance and Response) by March to April 2014.

Numerous SPEED trainings have been conducted in the 411 reporting health facilities in the affected Regions to ensure good reporting during the response. Over 340 000 consultations were reported through SPEED in the affected areas and it generated approximately 3000 "alert" signals. The instigation of a multi-region methodology for exiting from SPEED reporting was instigated for the first time and endorsed through the DOH in March 2014.

To strengthen implementation of PIDSR and to ensure continuity of regular and timely reporting, seven trainings on PIDSR took place (two in Leyte, two in Eastern Samar, and three in Bohol Province) that covered the basic epidemiologic knowledge and skills required to be able to report and respond in a timely manner to any public health threat. Between February and April 2014, 221 participants from 89 municipalities were trained.

The PIDSR Manual of Procedures (MOP) was reproduced and given to each participant. For the monitoring and follow-up visits post training, a one day workshop was conducted to develop the monitoring tools and evaluation program for PIDSR. This was attended by DOH RESU, Save the Children (SCF) and WHO. Three further trainings will take place during May in Region 8 to capture health staff that were unable to attend to the first and the second batch of trainings in April.

One hundred and thirty four computers pre-installed with the PIDSR software were procured

to facilitate reporting from some health facilities in Region VI, VII and VIII. Save the Children Fund gave 15 laptops to 15 Rural Health Units within their area of coverage and hope to provide these laptops with wifi capability in the near future to allow for electronic transfer of data. In all other areas without computers at the RHU level, the surveillance officer will be expected to send the hard copy forms to their district hospital for data entry and analysis on a weekly basis.

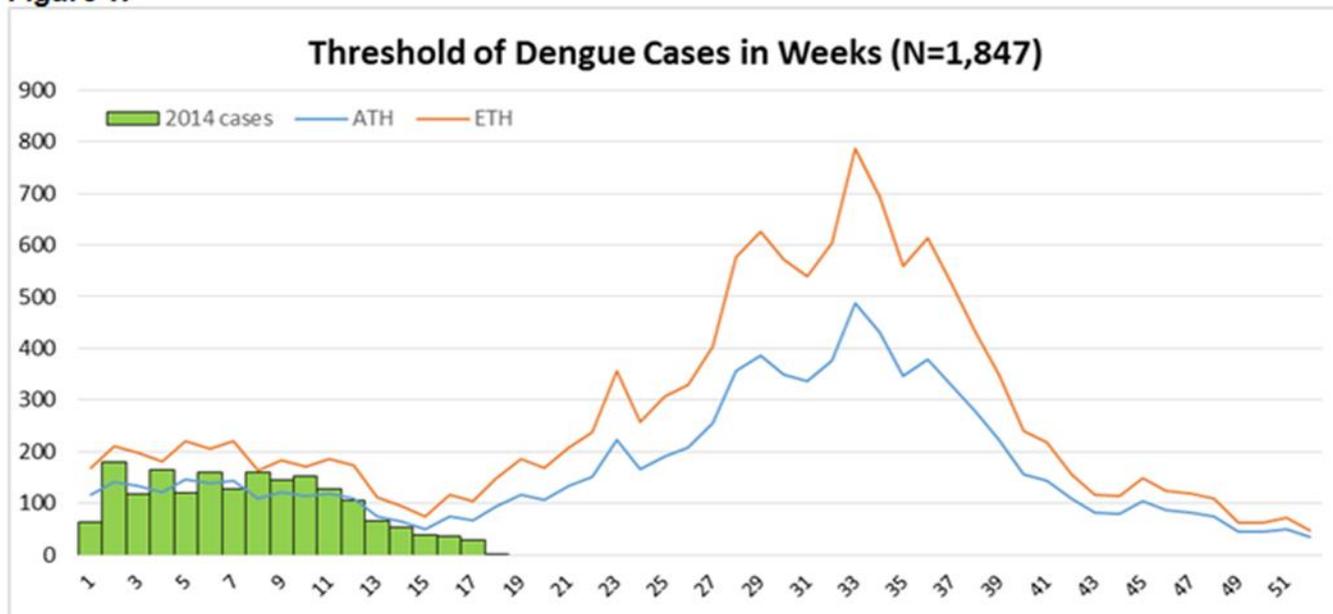
In late March, a Post Incident Evaluation (PIE) was conducted to evaluate and assess the functionality of the three surveillance systems (SPEED, PIDSR and ESR) during the typhoon. As a result of surveillance through PIDSR (and SPEED prior to that), alerts were raised on Measles and Dengue in the affected areas. Presented below are the recent updates on these two diseases.

### Update on Measles in Region VIII

The Regional Epidemiology and Surveillance Unit (RESU) investigated a report of clustering of seven suspected cases of measles in a bunkhouse (Barangay Kalipayan) in early April. Four of those suspected had not received measles-containing vaccine (MCV), while three had received only one dose of MCV (1st dose). The overcrowding and close proximity of cases detected in the residence and the presence of unimmunized children in the bunkhouses (67% did not receive MCV) makes the vulnerable group susceptible to being infected with measles. So a mop-up vaccination was conducted on the 29th of April. One hundred and sixty seven of the 295 children were vaccinated in this campaign. An education campaign was also conducted to promote awareness and good health-seeking behavior. A follow-up mop-up will be conducted by the second week of May.

Two more clusters of suspected cases were also reported from Barangay Uguayo, Jaroleyte and from Bay-Bay City. All cases were investigated by the RESU and were reported to the EPI program for possible outbreak response immunization.

Figure 1:



**NOTE:** Cases counts reported here do NOT represent the final number and are subject to change after inclusion of delayed reports and review of cases.

### Dengue Report in Region VIII

A total of 1, 847 suspect dengue cases with five deaths (CFR- 0.3%) were reported from January 1 to May 2, 2014. Of the 534 cases tested by the Rapid Diagnostic Test, 65% were reactive. A majority (83%) of the cases reported are from the province of Leyte. Tacloban City and Ormoc City together account for over 50% of the cases in Leyte. In some small geographic locations the levels continue to be higher than expected with concentrated efforts for vector control being a priority. A decreasing trend of suspect dengue cases was observed for the past 7 weeks, similar to the trend seen in the past 5 years.

The response to dengue following Typhoon Yolanda has been multifaceted. Cash-for-work programmes have been implemented to assist in the clearance of debris (where mosquitoes may breed), refresher training has been implemented for limited numbers of clinicians, and training has started for sanitary inspectors to assist them in recognizing mosquito types and the most effective way to respond when suspect dengue cases are reported. In addition, enhanced surveillance has been implemented in some areas to assist in gathering a baseline of the number of dengue cases across Yolanda-affected areas of Region VIII.

The mapping of identified suspect cases has also assisted in targeting mosquito-reduction activities in real time.

A shared dengue preparedness and response plan for Region VIII, in order to mitigate the health risks associated with outbreaks and the spread of dengue and to prioritize interventions for maximum effect is currently in its final phase of preparation. The Health Cluster is working in collaboration with DoH, Health and Hygiene Promotion coordinators, and other partners and has secured funding for initial trainings and the purchase of Information, Education, Communication (IEC) materials and technical equipment.

The Cluster also remains committed to supporting Barangay dengue brigade re-establishment to increase community-level participation in the fight against the deadly disease.

### Water, Sanitation and Hygiene

#### Water quality

WHO collaborated with the DOH in conducting water quality testing in Eastern Samar between November and December 2013. A field assessment was conducted in January to determine the local water quality monitoring and management capacity of the Local Government Units (LGU) in Eastern Samar and Leyte, including Tacloban and Ormoc. Based on this assessment, four

batches of training were conducted 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). Training was also done in E. Samar by UNICEF.

In addition to the water quality training sessions, water quality testing kits are being provided to 10 LGUs in priority areas. From April, additional staff have been hired to support the work of DOH, particularly in establishing base levels for water quality in LGUs.

### **Health care waste management**

WHO conducted assessments on the Health Care Waste Management Systems of 15 hospitals spread across Regions VII and VIII. Findings revealed that out of the 1800 kg of healthcare waste generated daily, 33% contains medical waste that is disposed of in open waste dump sites and 52% of health facility staff have never had training on health care waste management.

A series of five trainings on health care waste management took place in March-April 2014, in Leyte, Ormoc, Tacloban and Borongan, E. Samar. A consultation meeting with LGUs and hospitals took place to address health care waste issues in the province of Leyte. An autoclave with shredder and compactor for Eastern Visayas Regional Medical Center is currently being procured. Further training and equipment for health care waste management is due to be provided in the coming months. An analysis of environmental health risks is also being undertaken in Tacloban.

## **Rebuild**

### **Health Care facilities**

On behalf of DOH and the health cluster, in November and December 2013, WHO mapped the location and functional status of health facilities. On the basis of this, the health cluster was able to identify the priority health centers for rehabilitation to ensure adequate health care for the community. While at six months post-Typhoon Yolanda, 61% of all pre-existing health facilities are now either partially or fully functional. This has improved from 49% functioning in January, however significant challenges remain.

Under the title of 'Rising Anew-Health at the Heart of Healing', a photobook has been developed by DOH to support the rehabilitation and rebuilding of typhoon affected community health centers (CHC). The 92 page book presents 31 out of 96 damaged CHCs and provides detailed information on damage and estimated repair costs. Meanwhile maps on the latest state of repair, funding, rebuilding and who has committed to supporting the CHC projects continues to be made available.

In the worst affected areas of Region VIII there are 23 government hospitals, 63 RHU and 260 BHS that are damaged. At the moment 11 RHU and 21 BHS are completely rehabilitated. There are tentative plans for rehabilitation of 12 Government hospitals 17 RHU and 56 BHS. Funding is secured for rehabilitation for three government hospitals, 12 RHU and 40 BHS. The relocation of health facilities is also ongoing with one government hospital, five RHU and 12 BHS identified for relocation.

Repairs have also been completed on one hospital, one RHU and three BHS in Region VI, and on 13 BHS in Region VII through health partners such as Americares.

While many health facilities had / continue to have quick fixes, and some have had more permanent repairs put in place, in some areas the rehabilitation of District Health Centers (for cities)/ Rural Health Units and Barangay Health Stations is still lagging behind, with resulting gaps in service delivery. In Tacloban City, some rehabilitated/rebuilt DHCs are currently only 'partially functional', with facility-based deliveries not occurring due to lack of basic utilities (e.g. clean running water) and shortage of trained staff out-of-hours. Delivery of primary care services (e.g. EPI, pre- and post-natal care) remains a challenge in many areas, often due to lack of basic equipment.

### **Link**

The Health Cluster has undertaken a number of initiatives in these six months to ensure that all activities of the health cluster are well-coordinated and that there is consistent communication and dissemination of information, both within the Clus-

ter, across Cluster (e.g. with MHPSS bridging health, protection and education) and with other stakeholders, including people of the communities in the Philippines.

As co-lead for the Health Cluster, WHO provided immediate, and continues to provide, coordination support to the DOH, Health Cluster partners and inter Cluster groups. The support included coordination of field hospitals, over 500 tonnes of medical supplies and 151 foreign medical teams and international NGOs to help restore the capacity of the affected regions' health system.

### **Partners and Foreign Medical Teams (FMTs)**

From November 2013 to February 2014, 151 FMTs and International NGOs (INGOs) arrived in the Philippines to provide medical care to the affected population and stayed for an average of 47 days. Of these, 84 teams were registered with the WHO Country Office. Most of these were Type 1 teams providing primary care. Thirteen teams provided surgical care (Type 2 teams) and 2 provided specialized surgical care (Type 3 teams). The type 3 teams were MSF-France and China's 'peace Ark' hospital ship. Over 100,000 consultations and 5,000 surgeries have been performed from the reported FMTs and INGOs.

At present, with the transition to recovery and rebuilding, there are very few registered foreign medical teams/ INGOS that are still providing primary care including reproductive health services and MHPSS. Other health partners are providing training and support to the PHOs and are involved in the Health Facilities Enhancement Program. These INGOs are working closely with the DOH both at the local and national level.

Health partners still working actively include IMC, World Vision International, Humedica, MSF-Belgium, Plan International, Americares, Save the Children, Red Cross, JICA, Strengthening Maternal and Child Health Services in Eastern Visayas (SMACHS-EV), Samaritan Purse, and UNICEF.

### **Communications**

In the initial days following Typhoon Yolanda/Haiyan, the first communications priorities were to collate and disseminate information on the health

situation and health threats in the affected areas. Information on the status of relief supplies and their distribution was also shared. The media were actively engaged and used to channel important information to the public. This was achieved through participation in briefings and press conferences; numerous interviews with international and national media; the timely production and dissemination of situation reports, and press releases, etc.

In subsequent weeks, with diverse health issues to be addressed across the provinces affected by the Typhoon, communications materials were produced on specific subjects, e.g. immunization and breastfeeding. Human interest stories were developed to look in more depth at the health issues, people affected, and response activities. WHO Philippines developed additional platforms/products (social media, web pages, donor newsletter, films, infographics, photo stories) to appeal directly to the public and share information in accessible ways. Coordinated by an international health lead, the local communications team was also established.

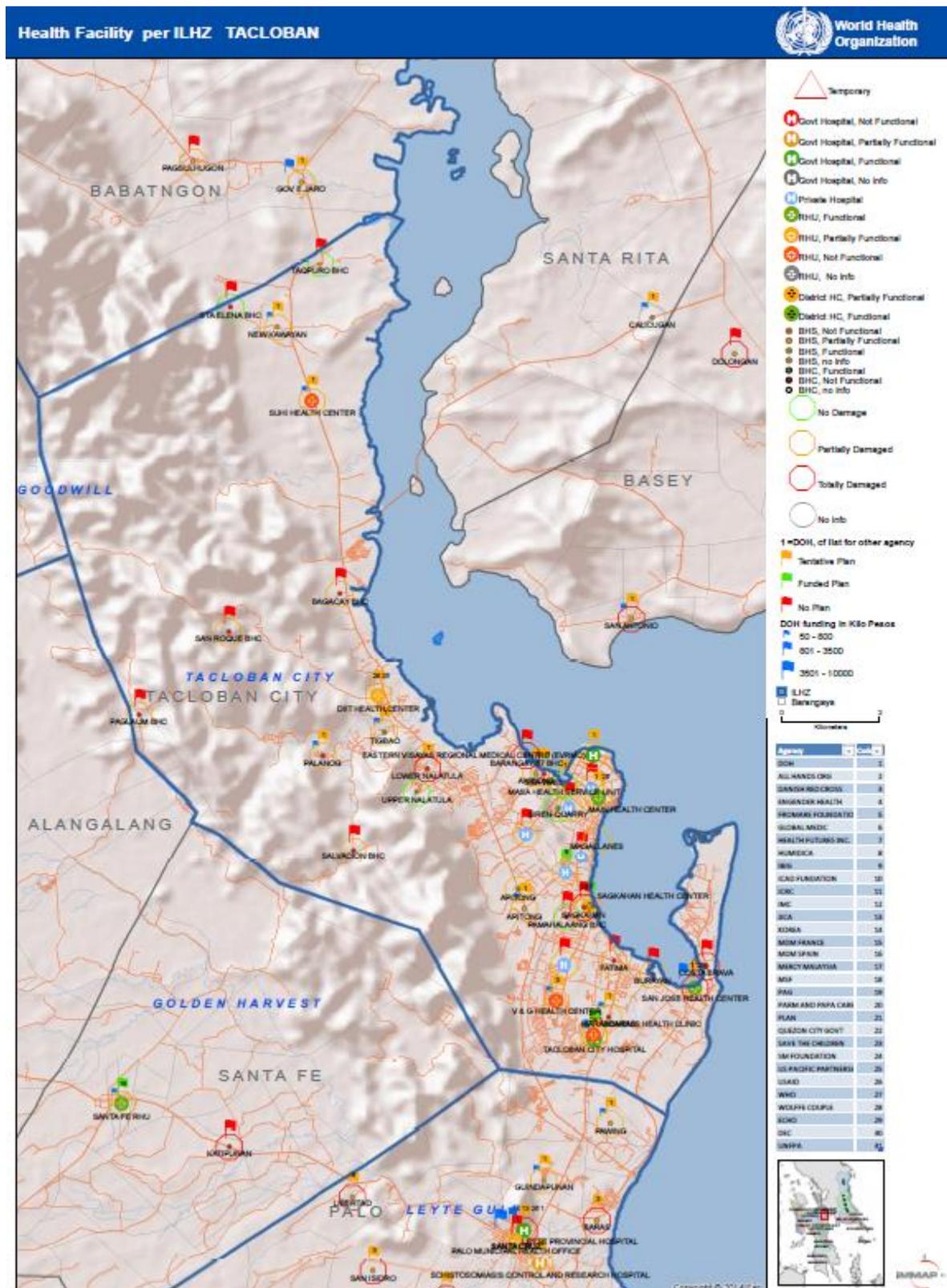
More recently, emphasis has been placed on consolidating the communications platforms established and building capacity to ensure that communications activities are regular and sustainable in the longer term. A social media campaign was launched to keep Typhoon Haiyan in the public consciousness and promote public health messages (#HealthHeartHealing).

Communications messages have focused on rebuilding, training activities, collaboration with communities and raising awareness of current health challenges e.g. potential new disease outbreaks; the importance of breast feeding and vaccinations for children; and protecting families from the threat of dengue.

There has been a lot of health and hygiene promotion work conducted at the local level, particularly by NGOs. The health cluster is concerned that this now needs to be systematically mapped to ensure that moving forward the work is well coordinated and effective in achieving behavior change in priority areas. The two organizations are initiating a mapping process and requesting information from all health cluster partners to

## DONORS

In response to Typhoon Haiyan, WHO received aid from a number of donors to provide essential and emergency healthcare to the affected populations. Contributions were received from the Governments of Australia, Canada, Japan, Korea, Kuwait, Monaco, Norway, Russia and United Kingdom. Funding was also received from the Central Emergency Relief Fund of the United Nations (UN) and from the Japan Private Kindergarten Association along with staff from the WHO Non-governmental Organization Consortium (NGO Consortium) and members of the Global Outbreak Alert and Response Network (GOARN).



Map 1: Health Facility availability per Interlocal Health Zone in Tacloban City

## FUNDING STATUS OF ACTION PLAN ( US\$)

As of 16 May 2014, OCHA has updated the action plan, which is now 62% funded for the health sector.

Table 1: FUNDING STATUS OF ACTION PLAN FOR HEALTH (US\$)

Project	Appealing Agency	Amount Re-quired	Funding	% Covered
Merlin & Save the Children Essential Health Services for Preventing Excess Mortality and Morbidity in Typhoon Haiyan affected Population	SC	4,707,706	800,000	17%
Ensuring Access to Reproductive Health Services in the Aftermath of Typhoon Haiyan	UNFPA	10,000,000	4,331,206	43%
ORIGINAL FLASH APPEAL Provision of emergency health services to typhoon affected populations	WHO	15,000,000	14,748,701	98%
Immediate assistance to injured and vulnerable persons affected by Haiyan Typhoon in Philippines	HI	240,000	237,417	99%
Emergency Health Care, Public Health and Referral Initiatives for Displaced & Affected People 'On The Move' & their Vulnerable Host Communities	IOM	1,810,511	431,232	24%
Provision of life-saving interventions for health to children 0-59 months affected by Typhoon Haiyan (Yolanda) emergency	UNICEF	19,000,569	21,479,078	113%
Provision of quality medicines and developing resilience in the supply chain to avoid gaps by strengthening the Department of Health medicines stock management system.	IHP	806,000	578,803	72%
Prevent increase in maternal, neonatal and child mortality post disaster through ensuring continuity of services for these more vulnerable groups	Plan	3,960,422	0	0%
Promoting mental health and psychosocial wellbeing of populations affected by Typhoon Haiyan	IMC	727,961	98,728	14%
Ensuring the health needs of older people in typhoon affected areas are met	HelpAge International	465,000	465,000	100%
Health Care Support for Typhoon Haiyan-Affected Populations	IMC	3,865,225	270,000	7%
Enhancing coordination within and outside the health sector	WHO	1,816,100	0	0%
Surveillance, outbreak prevention and vaccination	WHO	3,929,850	5,399,304	137%
Local health system recovery for social and economic protection	WHO	4,061,800	300,000	7%
Delivery of essential health services to meet the immediate health needs of the affected population	WHO	3,524,500	0	0%
Typhoon Haiyan Emergency Health Response	WV Philippines	400,000	400,000	100%
Health Assistance for Disaster-Affected Communities of Inland Leyte and Coastal Barangays of Tacloban Municipalities of Tacloban City, Jaro, San Miguel and Carigara	RI	955,500	0	0%
Provision of emergency medical assistance to affected population of the typhoon Haiyan	MDM France	2,700,000	0	0%
Saving Women's Lives in Typhoon Haiyan affected provinces through Reproductive Health	Saúde em Português	1,150,800	0	0%
Restoration of basic health package within Concepcion Municipal Health Office area	AAI	310,000	0	0%
<b>Sub total for health</b>		<b>79,431,944</b>	<b>49,539,469</b>	<b>62%</b>

Source: [http://fts.unocha.org/reports/daily/ocha\\_R32\\_A1043\\_\\_16\\_May\\_2014\\_%2803\\_01%29.pdf](http://fts.unocha.org/reports/daily/ocha_R32_A1043__16_May_2014_%2803_01%29.pdf)

## Health Cluster Partners

### National – Manila:

AECID, Amicares, Australian Aid, CDN - DART, CFSI, ChildFund, DFID, DOH, FPOP, Handicap International, HuMa, IFRC, IHP-UK, ILO, IMC, IOM, IRC, ISAR-Germany, JICA, MERLIN, MDM, MSF, National Bureau of Investigation, PHE, Philippines Red Cross Society, Relief International, Plan International, Project Hope, PU-AMI, SCI, UNFPA, UNICEF, USAid, US Forces, WHO, World Vision.

### Sub-national – Tacloban:

AECID, ACF, ACTED, Action Pompiers Urgence Inlana Vionus, Amicares, ARC, ASEAN, ASYA SAR/KYM, B-FAST, AUs, Bethany Hospital, Bomberos Unidos SP, Buddhist Compassion Relief zu Chi Foundation Philippines, Care, Canadian Red Cross, CDRRMO, Child Fund International, Christian Aid, City Veterinary Office, Compassionate Reach International, DFID, Doctors Worldwide Turkey, DOH, DSWD, ECHO, Emergency.LU, Engenderhealth-Visayas Health Project, Helpage International, Ericsson Response, EUCPT, First Relief Fund, First Response Radio, Fortune Blessings Foundation, F POP, Friends of Waldorf Education, Fuel Relief Fund, Family Care, Family Planning Connection, German Embassy, German Red Cross, Globalmedic, GOAL, Good Neighbours Intl., Good People Intl., Handicap International, Heart to Heart International, Help-e.V., HUMEDICA, IEDA Relief, IFRC, International Disaster Relief, International Medical Corps, Internews, INTERSOS, IOM, IsraAid, Israel Relief Coalition, JICA, JICA LEP-CON, JICA SMACHS EV Proj., Jordan International Relief, KIHI, KOICA, KUSOG TACLOBAN, Leger Foundation, Magna, Med Central, Medical Team Int'l, MDM France, Medicos del Mundo Spain, Mercy in Action, Mercy Malaysia, Miral Welfare Foundation, Mission Tacloban/RTR Foundation, MSF France, MSF Holland, MSF Spain, MTI, Navis, NNC 8, OCHA, Norwegian Red Cross, Operational Blessings Mission, Oxfam, Phil Health, Philippines Red Cross Society, Plan International, Pompiers Hu-

manitaires France, Post Crisis Counseling Network (HK), PUI France, Regional Office DOH, Relief International, RTR hospital, RTR Mission Tacloban, Samaritan 119 Korea, Samaritan Purse US, Saude EM Portugues, Save the Children, SC, SCDN, Solidarities International, Spanish Red Cross Society, Swedish Red Cross, Tacloban City Government, Tacloban City Nutrition Office, TOME-CO, TGCFI, The Salvation Army, UNDAC, UNDP, UNFPA, UNICEF, USAID, US OFDA, Vodafone foundation, Vounteer for the Visayans, WFP, WHO, WISAR, World Vision.

### Sub-national – Cebu:

AmeriCares, ASB Austria, Canadian Emergency Response Unit, Canadian Medical Assistance Teams, CFSI, ChildFund, DOH, Embassy of Israel, Eversly Child Sanitarium, GOAL, Glory Reborn, ICRC, IFRC, IEAD relief, Health Organization of Mindanao w/ Helping Hand relief and Development, International Medical Corps, JICA, Japan Red Cross, LandAid, Magna Children at risk, Med Japan, The Mentor Initiative, Merlin, MSF, NYC Medics, PNA, Project hope, React Philippines, Samaritan Purse, Samu Sevilla International, SC, SCI, Spanish Red Cross Society, Saint Anthony Mother and Child Hospital, Talisay District Hospital, UNICEF, Vicente Sotto Memorial Medical Centre, WHO, World Vision.

### Sub-national – Iloilo:

Access Aid International, ACF, Action Aid International, ADRA, AMERICARES, ANGKLA PORTYLIST, Capiz Medical Society, Child Fund, CRWRC, DoH, Friend of Mar Roxas, ICRC, IFRC, IOM, Lung Centre of Philippines, Metropolitan Hospital, Operation Blessing, Philippine Rural Reconstruction Movement, Professional Regulatory Board of Psychology, Project Hope International Health, NETHOPE, Red Cross Capiz, Regional Health Office Mental Health Team, RN Response Network, Rotary Club, Save the Children, UNDAC, UNFPA, UNICEF, WFP, WHO, World Vision International, Zuellig Foundation.

### Sub-national – Guiuan /

#### Borangan:

DOH, Family Organisation of the Philippines, Health in Portuguese, ICRC, IOM, Medical Team International, MSF-Belgium, Norwegian Church aid, PHTO, Plan International, Radio Bakdaw. UNFPA, UNICEF.

### Sub-national – Ormoc:

AusAID, Australian Army, CMAT, Child-Fund, Clarion Global Response IMAT, COSE, CFSI, COPAP, DOH, HelpAge International, HuMA, IFRC, IsraAID, IRC, Johanniter International Assistance, KMA, Magna Children at Risk, MDM France, MDM Spain, Mercy Malaysia, MSF, OCA, Ormoc City Health Office, Ormoc District Hospital, Philippine Army, Philippines Red Cross, PAC, Pureworks Foundation, Merlin-Save the Children International, SADC-Swiss Humanitarian Aid, Singapore Red Cross, UNICEF, Vestergaard, WHO, World Vision.

### 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 and Development IX, Family Planning Organization of the Philippines (FPOP), Holy Rosary Family Center, International Committee for the Red Cross, Katilingban, MERLIN, Office of the City Social Welfare and Development, Philippine Red Cross - Zamboanga Chapter, Philippine Obstetrics and Gynecology Society - Zamboanga Chapter (POGS), POP-COM IX, Save the Children, UNFPA, UNICEF, Western Mindanao State University, Zamboanga City Medical Center, Zamboanga Evangelical Disaster Response Network.

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