

WHO SITREP NO. 3

Cyclone Washi , Philippines
Situation Report No. 3
22 December 2011



A. Reporting period

1. Report number:	3
2. Report date:	22 Dec 2011
3. Time period covered:	20-22 Dec 2011

B. Humanitarian needs

Description of total beneficiary needs, including needs the cluster is currently addressing

- As of 17:00, the total population affected by Tropical Storm Washi (Sendong) was 65 067 families (348 749 persons) in 319 barangays (villages) across eight cities and 31 municipalities in 13 provinces of seven regions.
- 10 039 families (44 213 persons) sought refuge in 60 ECs (Evacuation Camps), 19 evacuation camps are located in Cagayayan de Oro (CDO) and 16 evacuation camps in Iligan, and 5 evacuation camps in Negros Oriental.
- The death toll has risen to 976 while 46 persons remain missing. An undetermined number of families whose homes were completely damaged have chosen to stay with friends and relatives.
- Thirty-one health facilities have been damaged.
- Provision of essential health services is affected due to inadequate water availability.
- So far, no outbreaks of communicable diseases have been noted. But the continuing lack of potable water and sanitation facilities exposes affected populations to the risk of diarrhea.
- Aside from wounds, the most common morbidities still include upper respiratory infections and dermatologic problems.
- Those who have lost or missing family members and relatives or have lost their belongings are still in need of psychosocial support services.

C. Health sector humanitarian response

Description of humanitarian activities by cluster partners serving the needs listed above

- The Ministry of Health continues close coordination with other government departments for the implementation of protocol for management of the dead and missing, for logistic support with central warehouse and other cluster (WASH, Health) in the affected regions.
- The Ministry of Health has augmented supply needs in terms of medical supplies, mobilization of medical and psychosocial teams.
- Emergency disease surveillance system has been established in the affected areas.
- Immunization for the vaccine preventable diseases has been planned for children in the evacuation camps.

- World Health Organization support:
 - One professional officer from EHA-WRO, Philippines was deployed on 18 December 2011 to facilitate initial rapid needs assessment of the affected people, supporting local level coordination and facilitating establishment of surveillance system for early warning for disease outbreak.
 - WHO Representative in the Philippines also visited the affected areas to get first-hand information.
 - WHO supplies (aqua-tabs, ORS, zinc sulphate 20g, Sterilium (hand wash), and body bags and 6 000 mosquito) would be used for the affected populations in evacuation camps and damaged homes.
- The Philippine Red Cross (PRC) has mobilized personnel as assessment teams, water-sanitation teams and health and welfare desk for first aid services, PSP and RFL's / tracing service. PRC has also set up community kitchens and provided at least 2 333 hot meals.
- Philippine Red Cross has also made available water bladders, water purifiers and water purification tablets, Jerry cans, hygiene kits, medicines, and other non-food items such as cleaning materials, sleeping mats, blankets and mosquito nets. These services and items, now available in Cagayan De Oro, Iligan City, Bukidnon and Zamboanga Del Norte, have come from PRC Manila HQ and ICRC Davao.

D. Gaps and constraints

Description of the unmet needs of both beneficiaries and cluster partners

- The need for psychosocial support services remain unserved for a significant proportion of IDPs in evacuation camps and those who have opted to stay outside of the camps.
- A close watch needs to be kept on prevention of diarrhoea and other diseases like leptospirosis especially in the evacuation camps and in areas that remain muddy and full of debris due to lack of water.
- Damaged health facilities need to be restored quickly to their functional state. Cluster agencies still need funding to support health interventions for the affected populations.

E. Cluster details

1. Lead Organization:	Department of Health/World Health Organization
2. Cluster Website:	
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