



Emergency Sit-Rep

Country (and area of intervention): Philippines

Date: December 12, 2013

Sit-rep No. 13

Covering period: December 10 – 12, 2013

SUMMARY:

- Number of displaced in evacuation centers has dropped to under 10,000.
- There are substantial gaps in GBV and protection services.
- Department of Health running at almost full capacity, but infrastructure, electricity, and drug supply remain an issue.

**Relevant Figures, as of
12/12/13**

Affected: 12,191,201

Death Toll: 5,982

Missing: 1,779

Injured: 27,022

Displaced: 3,980,072

Evacuation Centers: 384

People in Centers: 93,814

Context

As the numbers of those injured, missing, and the death toll begin to level off, the number of those in evacuation centers appears to have decreased by 10,000 since the previous situation report. Humanitarian organizations have begun the overall transition to recovery efforts but many affected areas are still need of emergency relief.

The Strategic Response Plan (SRP) for Typhoon Haiyan was presented on December 10, requesting US\$791 million for a year, to support the government-led response. The SRP was developed with input from 54 humanitarian partners. The SRP is designed to support the Government of the Philippines Yolanda Recovery and Rehabilitation Plan, expected to be released on December 18th.

Humanitarian

Health - As the SRP guides health efforts, the prevention of increased morbidity, mortality, and malnutrition rates and prevention of communicable diseases outbreaks center the humanitarian health mission. Sixty-five registered Foreign Medical Teams and 116 local medical team have been working in affected areas.

Vaccination campaigns have now moved to coastal areas in Region VI including Palo, Tanauan, and Dulag. There have been no reports of measles following the campaign in Region VIII which reached nearly 9,000 children for measles, in addition to over 8,500 for polio and 6,900 for vitamin A. In Tacloban, twelve solar fridges are being installed around areas in need. However, health cluster partners are reporting there is a lack of vaccines, as well as report cards for SPEED data collection, the Department of Health's (DOH) emergency post- disaster surveillance. Gaps in telecommunications, especially in Region VII are also hindering data reporting. There have been reports of identified cases of leptospirosis, tetanus, and some dengue, while acute respiratory illness, wounds, diarrhea and hypertension remain the top reasons for medical visits.

Nutrition/Food Security – The Nutrition Cluster currently estimates that approximately 12,000 children aged 6-59 months are suffering from severe acute malnutrition in seven of the worst affected provinces. Although over 4.1 million people have received food assistance, the needs continue, as there lacks

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access to reliable food sources. In addressing nutrition needs, the SRP aims to support 300,000 people in need, focusing on women and young children, through the management and treatment of acute malnutrition. The SRP outlines a response that will provide 3 million people with food assistance or agricultural support. The majority of those expected to receive support are small farmers and fisher folk in the greatest affected areas. Support will be primarily given in the form of access to much needed agricultural tools and inputs. Supplementary assistance will be provided to the remaining greatest affected populations through large-scale government-led food security interventions.

WASH – Coordination and capacity building are priorities for WASH efforts in coordination with the national Government. Efforts to repair disrupted water systems continue, although most water sources remain nonfunctional due to gaps in electricity. Fecal contamination has been detected in some water sources in Leyte and Eastern Samar, and there is a lack of WASH agencies operating in Ormoc and more inland barangays in Leyte. With more children returning to school, efforts to build latrines, rehabilitate water systems, and promote hygiene in school and temporary learning spaces have intensified.

Shelter – The Government reports over 1.16 million homes suffered damage and 580,000 homes were completely destroyed in the typhoon. Sustainable shelter solutions are a priority under the SRP, and supporting self-recovery will be key. As the majority of those affected begin rebuilding their homes, many are in need of construction materials and tools. Emergency shelter materials have been distributed to over 120,000 households since the response began, and 500,000 households will be targeted to receive assistance based on need in the coming months. Cash for work programs being implemented will not only assist in debris clean up and reconstruction but in restoring livelihoods.

Mental Health – Assessments have shown that there is an urgent need to increase delivery of mental health and psychosocial support (MHPSS) to the affected population as well as the host communities. Health experts warn there will likely be a significant increase in mental disorder cases and associated need for additional training for mental health service providers. The DoH and NGOs have begun implementing programs to provide relevant support to affected populations, however, the number of those in need of services remains high. All key national actors involved in the provision of psychological first aid, including the DOH, DSWD, Psychological Association, Philippine Psychiatric Association, Child Protection Working Group and Citizens Network for Psychosocial Response have received training from WHO.

Reproductive Health – Reproductive health kits have been distributed to facilities in Roxas City (Capiz), Estancia (Iloilo) and Guiuan (Eastern Samar). In Tacloban City, health efforts have focused on pre/post-natal care and health for pregnant and lactating women, and family planning services among the 25 barangays that have been targeted. However, concern has been raised over the inappropriate use of chlorohexidine during deliveries, despite the DoH condemning the practice. The RH Working Group is writing a guidance note to address the issue.



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GBV – Vulnerable groups remain at-risk for violence and negative coping methods that may lead to trafficking or survival sex, especially of unaccompanied youth. To mitigate such risks, there is a focus on strengthening monitoring and certification at all port and airport exits. There have also been calls for increased capacity building for social worker case management. Before the typhoon, Region VIII had been identified as a “hotspot” for human trafficking, and national efforts to abate this were affected by the disaster. Government and humanitarian actors are seeking to restore protection efforts. In Tacloban, 100 community volunteers have received training on Prevention of Sexual Exploitation and Abuse (PSEA) and will be further disseminating the training throughout Leyte. Protection assessments continue across affected areas and GBV is being integrated into much of the relief and recovery programming.

International Medical Corps Assessments:

International Medical Corps completed Nutrition, WASH, Health, GBV, and Reproductive Health assessments in Carigara, Kananga, and Albuera municipalities in Leyte Province.

Nutrition - The Department of Health and National Nutrition Council (NCC) have been systematically screening all children from 0 to 71 months for malnutrition. However, a lack of appropriate equipment and training has limited the screenings to weight only in Kananga, and weight and height in Albuera. MUAC training has not been provided in these two municipalities. In Carigara, full malnutrition screening is available, and 45 barangays out of 49 have been covered, resulting in a General Acute Malnutrition rate of 13.3%.

Health - Health staff have returned to work in all three municipalities, according to the Municipal Health Offices (MHOs). Varying degrees of damage to health centers have been reported in all three municipalities. In Carigara, electricity is still lacking at RHUs, although a generator was provided to the district hospital on December 3, ensuring the delivery of essential care, emergency medicine, deliveries and surgery. In Kananga, a temporary hospital has been established at ABC Hall, which has running water and electricity, following the destruction of the hospital roof. In Albuera, only 50% of the BHSs have running water. None of the health facilities have electricity, with the exception of the RHU, which has a generator. Due to the proximity to Ormoc City, there is no municipal hospital. As a result, those in need of services visit either the district hospital (often crowded) or to a private hospital (less crowded, but expensive). In Kananga and Albuera, the top morbidities reported were: acute respiratory infections, diarrhea and skin disease. All three MHOs reported that the typhoon resulted in disruption to the drug chain, although there have been significant improvements to access to essential medications.

Reproductive Health - In all three municipalities, the majority of deliveries occur in health facilities, in line with the shift in national guidelines. In Carigara, deliveries occur in health centers, with the exception of those presenting medical complications which are referred to the municipal hospital. In Kananga, delivery services are only available at the municipality hospital, but there will soon be two



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BHSs that will be ready to receive deliveries. In Albuera, the majority of deliveries occur at the RHUs or the hospital in Ormoc.

GBV – In Carigara, GBV cases are referred to the hospital for intervention. In Kananga, there were very few cases of GBV reported pre-typhoon, and none reported since. UNFPA has recently approached the MHO to provide PEP kits for victims of rape. However, International Medical Corps recommends further investigation into the management of GBV.

Mental Health – The level of mental health and psychosocial support varies across the municipalities. In Carigara, the MHO stated that PSS is occurring in schools, with additional debriefings being held by BHW and CHWs at the community level. In Albuera, the only services reported were debriefings occasionally held during patient consultations at the RHU. However, no mental health or psychosocial support services are available in Kananga. It is important to note that the WHO, IASC and International Medical Corps do not support the use of debriefings.

WASH – Pre-typhoon water sources were open wells and springs, communal tapstands or handpumps, and household connection. These appear to have not been significantly affected, but residual chlorine testing is not taking place due to lack of equipment/materials. Sanitation practices ranges from open defecation in the rural areas to flush systems in town. Outhouses have been damaged or destroyed and require rehabilitation and there are no desludging services available.

Diarrhea and skin infections are reported to be at normal levels. There is history of communicable diseases such as typhoid and dengue but no reported cases.

The regions assessed are receiving limited assistance.

International Medical Corps Activities

International Medical Corps has continued with the Mobile Medical Units (MMUs) in both Leyte and Capiz. In Leyte, the MMUs have seen 1,292 patients between December 9 and 11. In San Pablo, Tabontabon, there were 17 cases of Acute Watery Diarrhea (AWD), suspected to be rotavirus. These cases were reported to WHO. The MMUs have continued to do nutrition screenings and have begun distributing reproductive health kits.

International Medical Corps will be implementing a nutrition program in Ormoc, and will be beginning operations in the next coming weeks.

In Roxas, the MMUs visited 7 barangays and provided consultations to 1,062 patients were seen from December 9 to December 12, and 194 children were screen for MUAC. Two cases of MAM were identified and referred to BNS.



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Rapid reproductive health assessment were conducted in Capiz Provincial Hospital, Panay Birthing Center, Barangay Tanza Norte, and Pontevedra District Hospital.

International Medical Corps has received hygiene kits from Heart to Heart and will be distributing the kits in the coming weeks to the affected areas. International Medical Corps also received medical scrubs from FIGS, and is utilizing them in the Mobile Medical Units.

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