



## Emergency Sit-Rep

Country (and area of intervention): Philippines

Date: December 17, 2013

Sit-rep No. 14

Covering period: December 13 – 17, 2013

### SUMMARY:

- Rural areas continued to be underserved.
- With the holidays approaching, many international actors are leaving the Philippines, contributing to extensive gaps to relief efforts and services.
- Housing Land and Property rights issues complicate shelter response.

**Relevant Figures, as of  
12/17/13**  
**Affected: 16,078,181**  
**Death Toll: 6,069**  
**Missing: 1,779**  
**Injured: 27,665**  
**Displaced: 4,095,280**  
**Evacuation Centers: 381**  
**People in Centers: 101,527**

Early recovery efforts are evident in many affected areas but the humanitarian situation remains severe, especially in more rural areas. This inequality in service delivery underscores the need for a closely coordinated effort among NGOs, UN agencies, and the Government of the Philippines.

The Strategic Response Plan (SRP) for Typhoon Haiyan has been officially released and requests US\$791 million for a year for direct assistance to 3 million people in affected areas. It complements and supports the Government of Philippines' (GoP) Yolanda Recovery and Rehabilitation Plan, to be released on December 18<sup>th</sup>. The SRP focuses on persisting humanitarian while transitioning to early recovery and the government plan aims at resettlement, livelihoods, infrastructure, and social development. The SRP's priority areas include food assistance, shelter, WASH, livelihoods, and essential community services. Currently, the SRP is only 30% funded.

### Humanitarian

**Health** – Under the SRP, up to 7 million people are expected to benefit from local health services that will be bolstered by the plan's funding appeal. The partnership between the Philippines' Department of Social Welfare and Development (DSWD), the Department of Health (DOH), and humanitarian organizations seeks to target 171 priority affected municipalities with preventative health care, including mental health and reproductive health.

Over 66 international medical teams have been working in affected areas, and many are planning their transition out to usher further early recovery efforts. There is concern about gaps in health services, especially for vulnerable populations. Indigenous populations in remote areas in Capiz Province have reportedly been neglected in some health responses. The elderly with pre-existing conditions or chronic illnesses are at-risk for worsening conditions as routine care has been affected and loss of patient records poses a challenge in continued care. Vaccination campaigns continue while health service mapping is informing the availability of vaccines and immunization coverage.

**Nutrition/Food Security** – Food assistance remains a priority for humanitarian partners. Under the SRP, general food distribution will continue followed by programs that strengthen food production, such as supplying seed to farmers and cash assistance. The fisheries sector is also in need of support, as fishing-based livelihoods and food systems have been disrupted. Malnutrition screenings across affected areas, reaching 38,108 children under 5 years old, have showed 573 cases of acute malnutrition. The Department of Health acknowledges its limitations servicing the management of acute malnutrition cases and nutrition

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cluster partners are noting that screening in some areas has not necessarily resulted in treatment. They are therefore working to ensure each child showing severe acute malnutrition (SAM) receives treatment. Other populations vulnerable to malnutrition include the elderly who are not currently being reached with nutrition interventions.

**WASH** – Humanitarian actors acknowledge that sanitation and hygiene programs need to scale up and that strengthened WASH efforts will key to preventing communicable disease outbreaks. Of the 381 evacuation centers that continue to house displaced families, 187 lack bathing facilities and 37 do not have toilets. Some 600,000 people in 21 municipalities have restored access to safe water, but with 4 million people displaced, a huge population still lack access. Looking to address such WASH needs, the SRP aims to reach 3 million people with sustainable access to potable water, sanitation and hygiene services. ‘WASH in Schools’ efforts are taking place across Leyte. The largest inhibitor to bringing water supply systems back online is lack of power, but electricity is being restored rapidly across municipalities. Among WASH cluster partners, coordination remains a priority to target areas with the greatest needs and avoid redundancy.

**Shelter** – Housing Land and Property (HLP) rights issues have surfaced since the displacement of 4 million people, further complicating the shelter and housing situation. Vulnerable households that lack legal property tenure or cannot rebuild damaged homes may suffer multiple displacements, especially if livelihoods have been lost in addition. An inter-cluster HLP working group is organizing to address, informal settlements, relocation, resettlement, and Government enforced no-build buffer zones near high tide locations. With over 1 million homes damaged and 548,000 completely destroyed, continued support for self-recovery, emergency shelter materials as needed, and coordination among shelter partners and the government for durable shelter solutions will be key.

**Mental Health** – Increased delivery of mental health and psychosocial support (MHPSS) services is needed to support the anticipated rise in mental health disorders. The WHO has stated one of its top health priorities is scaling up MHPSS, focusing on integrating psychological first aid into health worker training. In schools and learning spaces, psychosocial activities are mitigating effects of disaster trauma on children. In Tacloban City, women friendly spaces are holding counselling sessions.

**Reproductive Health** – The Health Cluster is pushing for more attention to adolescent reproductive health as a number of premature births have resulted from at-risk teenage pregnancies. With an anticipated 78,000 births in the upcoming three months in affected areas, RH health workers are mobilizing in Eastern Samar, Iloilo, and Leyte, where a six-container emergency maternal care unit is being set up in Palo. In Region VI, 1,196 pregnant and lactating women have been screened for malnutrition.

**GBV** – Protection against gender-based violence remains an issue, especially within evacuation spaces where displaced women and girls have expressed concern about poor lighting situations. Over 450 solar lamps have been distributed to help mitigate these risks. A tent city in Estancia (Iloilo Province) has received over 200 lamps and one women friendly space kit to accommodate those displaced by an oil spill nearby. UNICEF says there are many reports coming from evacuation centers of children and young girls traveling to Manila and nearby cities to look for work. Protection partners are working to set up more



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child friendly spaces and train social workers, police, and other community partners to intercept the flow of vulnerable populations outside of safe spaces. Additionally, messages on referral pathways for victims of violence are being broadcast on radio stations.

## International Medical Corps' Response

International Medical Corps has been focusing relief efforts in Ormoc, Mayorga, and surrounding communities on Leyte Island.

Since November 22<sup>nd</sup>, municipalities and barangays in Leyte reached by the Mobile Medical Unit (MMU) teams included Dagami, Bureauen, Tabon Tabon, Julita, La Paz, Mayorga, McArthur, and Pastrana. The MMUs completed 7,934 consultations, 81 referrals, and 133 revisits. Children under the age of five comprised 23% of consultations. Top morbidities reported included upper respiratory tract infections (32%), skin disease (8%), lower respiratory tract infections (7%), and hypertension (7%.) In this time period, International Medical Corps screened over 1,025 children for malnutrition, and identified 76 cases of moderate acute malnutrition and 10 cases of severe acute malnutrition. Malnutrition cases were referred to the proper health centers for further care.

International Medical Corps has identified a decreasing need for MMUs. In the coming weeks, International Medical Corps will shift from the MMU model to provide support and capacity building to Department of Health (DoH) health facilities in Ormoc and Mayorga. Support will include rehabilitation, capacity training, restocking, provision of clean delivery kits, nutrition screening and training, and more. This shift is supported by the DoH as many health facilities are now operating at full capacity.

International Medical Corps will also be implementing WASH interventions in targeted elementary schools, complementing health and nutrition programming. WASH interventions will include repairs or rehabilitations, provision of hygiene supplies, hygiene promotion activities, capacity building, and more.

International Medical Corps has been assessing the mental health and psychosocial needs in Roxas and other affected areas and will be reporting on the results of the assessment in the coming weeks.

Additionally, International Medical Corps is incorporating gender-based violence and protection interventions into efforts on the ground.

International Medical Corps is working closely with the cluster system and the DoH to identify needs, bridge gaps, and provide support.

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