








Bulletin #7

Covering period
23 April – 5 May, 2016

Fiji
TC Winston and
TC Zena



Training of Psychosocial First Aid in a village of Vuna Medical Area
(Photo: Mental Health Unit, MoHMS)

40,000 	211 	1,691 	24,460 	50 % 
# people still in need of healthcare	# alerts received through Early Warning Alerts System	# Multiple Micronutrient Powder, Vitamin A, and deworming tablets served	# people received Psychological First Aid (PFA) Training	% Flash Appeal of Health and Nutrition Cluster funded

HIGHLIGHTS

- An After Action Review (AAR) of the Pacific Humanitarian Team's response to TC Winston was held on 29 April 2016.
- The Post-Disaster Needs Assessment (PDNA) report is completed and will be made public after it is tabled in the cabinet on Tuesday, 10 May.
- Training/Workshop on Humanitarian Crisis Supply Chain Management for Fiji Pharmaceuticals and Biomedical Services Centre (FPBS) was facilitated by WHO logisticians on 25-29 April in Lami. Revised Standard Operating Procedures (SOPs) are being finalized, and a Way Forward is being developed based on the report of the workshop.
- Training/Workshop on Information Management in Humanitarian Response was facilitated by HnN cluster Information Management team at the MoHMS on 2 May.
- Health risk communications for the media was conducted on 28-29 April.
- Typhoid vaccination is carried out by Family Health Outreach under MoHMS auspices.
- Family Health Integrated Outreach Mobile Clinic activities are ongoing. Seven out of eight mobile outreach clinic teams are in operation now. Koro – Nasau Health Centre will be deployed on 9 May. The mobile clinics are inclusive of all family health services including nutrition and psychosocial support.
- Psychological First Aid (PFA) training and other psychosocial support activities are ongoing. To date, MoHMS and 21 partner agencies have conducted 603 activities at 288 sites involving 24,460 people.

Priorities, needs, and gaps

- After TC Winston, widespread flooding caused by a series of tropical depressions and TC Zena compounded the situation for many affected communities, especially in the country's rural areas. The flooding has exacerbated the need for assistance and eroded some of the gains made through early humanitarian action. Humanitarian actors working through the government led clusters report that despite hard work and generous funding, significant humanitarian needs remain, particularly in locations hit by both the cyclone and flooding that followed. These needs include sanitation infrastructure, disease control, and psychosocial support. While the transition to the recovery phase has commenced, including a Post-Disaster Needs Assessment (PDNA), humanitarian partners continue to call on the international community to support Fiji in meeting outstanding humanitarian needs.
- Although the government was quick to restore damaged health facilities, almost 40,000 people are still in need of healthcare and many health buildings still require extensive repairs. The recent flooding has also exacerbated many health and nutrition risks. Scaling up mosquito control is a key priority especially in the flood-affected West. The rapid establishment of the Early Warning Alert and Response System (EWARS) in 34 sentinel sites has assisted in the quick identification of typhoid, diarrhea, chikungunya and Zika virus cases. More than 18,000 people have benefitted from psychosocial support. Another 6,000 people still need to be reached with these urgent services and there remain concerns over the long-term mental health implications.
- Now that foreign military assets have left the country, complex logistics and the expense of responding to needs across dozens of severely affected outer islands is challenging some sectors. The limited availability of local people or implementing partners with specific skills in key areas, such as information management is constraining the current understanding of need across affected communities.

Health and Nutrition Cluster action

Coordination

- An After Action Review (AAR) of the Pacific Humanitarian Team's response to TC Winston was held on 29 April. The objective of the AAR was to elicit learning on which the Government of Fiji, the Pacific Humanitarian Team (PHT) and OCHA can draw upon and apply to enhance disaster preparedness and future disaster response operations.
- The cluster's Information Management team has conducted a Workshop/Training on Information Management in Humanitarian Response at the Ministry of Health on Monday 2 May. MoHMS officers including sub-cluster leads and representatives attended. The workshop included:
 - An introduction to the role of Information Management in Humanitarian Response
 - Data management using Excel
 - Information and data collection using Google Forms
 - Introduction to GIS and role of spatial data in response planning, management, and visualisation of data and information
- 4Ws matrix is being collected using an improved form based on Humanitarian Action Plan (HAP) objectives and indicators developed by sub-clusters.
- UNFPA, UNICEF and WHO are continuing to implement respective CERF projects to provide technical and financial supports to the MoHMS and the humanitarian NGOs of Health and Nutrition Cluster.

Sub-cluster Action

Nutrition

- Nutrition services for affected places are ongoing. The Nutrition team continues to work with the Ministry of Education on school-based nutrition programs and monitoring of the health and nutrition situation, including issues affecting pregnant and lactating mothers in conjunction with the Family Health Mobile Outreach activities.
- The Dietetics team is continuing their outreach activities with the Family Health teams.
- The distribution of Multiple Micronutrient Powder (MNP), Vitamin A, and deworming tablets is ongoing.
- The cluster is planning an expanded outreach for MNP, Vitamin A and deworming tablets and nutritional assessment.
- Integrated Management of Acute Malnutrition (IMAM) training using New Guidelines has been proposed for late May - early June.

Public Health Interventions

- A meeting for the Zika action plan was conducted on 2 May to review the progress of the implementation. A meeting with the clinical working group is scheduled for 4 May to discuss surveillance of Zika congenital complications.
- There were 24 RT-PCR cases from 97 samples sent to the Institute of Environmental Science and Research Ltd (ESR) New Zealand. Of these cases, 22 were from the Central division and two were from the Western Division.
- There were additional four cases from 97 samples sent to the ESR New Zealand. Of these cases, two were from the Central Division and two were from the Western Division. WHO covered the cost for testing of these samples. Suspected cases continue to be reported from the Central and Western Divisions through EWARS.

Family Health

- The team is continuing Family Health Integrated Outreach Mobile Clinic activities in hard-to-reach areas. Seven out of eight mobile outreach clinic teams are in operation now. The mobile clinics are inclusive of all family health services including nutrition and psychosocial support.
- This initiative is to provide health care in hard-to-reach affected areas between the coast, islands, and highlands. At the moment there are teams in:
 - Ra – Nanukuloa HC
 - Ba – Nagatagata N/S & Bukuya HC
 - Nabouwalu - Nabalebale NS & Nakorovatu HC
 - Taveuni – Savusavu & Waiyevo
 - Levuka – Levuka Hospital
 - Lomaloma – Lomaloma Hospital
- Koro – Nasau Health Centre will be deployed on 9 May.
- Despite the challenges in accommodation and difficulties in access for some areas outreach teams are still in high spirits in providing outreach services.

- Each team includes a doctor or nurse practitioner, midwife, IMCI and MCH nurse, dietitian, and mental health support officer.
- In addition to medical services, outreach teams have delivered seeds, toothbrush kits, and appropriate counselling services including Psychosocial First Aid.

Medical Supplies & Resources

- WHO supported Training Workshop on Humanitarian Response Supply Chain Management for FPBS showed many gaps in existing SOPs and operational readiness for emergency situations. Main challenges identified were:
 - Heavy and complex existing SOPs at FPBS
 - Lack of clear communication protocols and internal - external coordination
 - No quantification and forecasting
 - Need for training on cold chain and vaccine management
 - Need for clear (national) regulations on disposal of expired and damaged drugs
 - Lack of surge capacity for storage
- Revised SOPs are being finalized, and a Way Forward is being developed based on the report of the Workshop. Discussions have started with the FPBS on contingency planning for:
 - Supplies and consumables
 - Decentralisation of storage hubs
 - Forming a Supply Chain Committee
 - Testing /exercising revised SOPs
 - FPBS emergency protocols
 - Longer term plan for simulation exercise with FPBS, Sub-national levels, and external government institutions (NDMO, Procurement Unit of MoHMS, FCDC, etc.) and UN partners
- Procurement of IEHKs and other supplies is being adjusted to suit the needs of FPBS.

Communications

- A one-day risk communication workshop program to inform, engage and equip community leaders to deliver health messages to at-risk populations in their communities scheduled for Wednesday 18 May will focus on faith-based organizations, including women and youth groups. A similar workshop is being planned in the West sometime around June or later.
- On 28-29 April, MoHMS organized a workshop "Training the media on reporting health issues". Web and print journalists attended plus journalism students from Fiji National University (FNU) and University of South Pacific (USP). While senior editors were invited, they did not attend. The session was a good start but it was felt that more needs to be done in improving the media understands of key health issues. Evaluation of the workshop is pending.
- Second round of PSA is ongoing for key health issues.
- Promotional items are being produced. SMS messaging is also being explored.

Psychosocial Support & Mental Health

- Main activities have been training responders in Psychological First Aid (PFA) and offering PFA and other activities in priority areas and other areas where people have experienced physical or psychological trauma from TCW. To date, MoHMS and 21 partner agencies have conducted 603 activities at 288 sites involving 24,460 people.
- Training was conducted at Suva, Tamavua, and Levuka by MOHMS staff and at their offices in the West and North by Fiji Red Cross and Empower Pacific.
- During the next few weeks training is scheduled at Tailevu in the Central Division, Koro in the Eastern Division, Savusavu in the Northern Division and Rakiraki, Ba and Tavua in the Western Division.
- The emphasis of psychosocial support will then move from PFA to longer-term interventions as we move into the Recovery (and Disillusionment) Phase. It is predicted that, after such a disaster, numbers of people with psychological trauma manifested in conditions such as depression and post-traumatic stress disorders will increase.
- Attention will now be directed to increasing the skills of public health nurses and doctors and NGO staff who will interact with disaster survivors over the coming months and years. Training of mhGAP (WHO mental health training program) will recommence after being postponed because of TCW. More than 500 people were trained to the end of 2015. MoHMS now aims to train the rest of its public health workforce, beginning with those in rural and remote areas.

Highlighted initiative

Humanitarian Response Supply Chain Management Workshop – Training

Twenty trainers and supervisors received Certificate of Attendance at the conclusion session of “Humanitarian Response Supply Chain Management Workshop – Training” in Lami, 28 April.



The four-day workshop was supported and facilitated by WHO and organized by the Fiji Pharmaceutical and Biomedical Services (FPBS). The participants were constituted of technical and clinical experts from FPBS, divisional hospitals, sub-divisional hospitals, and other health facilities at national, division and sub-division level.

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The objectives of the workshop part were to review and revise existing FPBS SOPs for routine Supply Management at the central and sub-national level and adapt them at the same time for emergency situations to be in line with the “National Health Emergency & Disaster Management (HEADMAP)”. During the second part of the activity included training on the main components of the Supply Chain through presentations, exercises, role play and plenary discussions.

The workshop was followed by the training of trainers and supervisors capable of training and supervising the sub-national level on Supply Management.

All participants agreed that the workshop was a success regarding being personally and directly involved in adapting the SOPs for Supply Management and for being able to share experiences and challenges in their field of work in connection with the Supply Chain. The facilitators left no reported challenge untouched and throughout the whole activity, solutions were brought forward by the participants themselves. Critical issues for follow-up action remained, though, and the plenary agreed that the workshop was just the beginning of a longer process towards better-coordinated operations in which supply management plays a critical role.

Funding status of action plan

The [Flash Appeal](#) for TC Winston Response is 50% funded, with the Health and Nutrition Cluster 50% funded. The Australian, Canadian, Swedish and US governments, as well as the UN’s [Central Emergency Response Fund](#) (CERF), have contributed US\$12.5 million to its life-saving projects.

Figure 1 Flash Appeal Funding Status as of 2 May

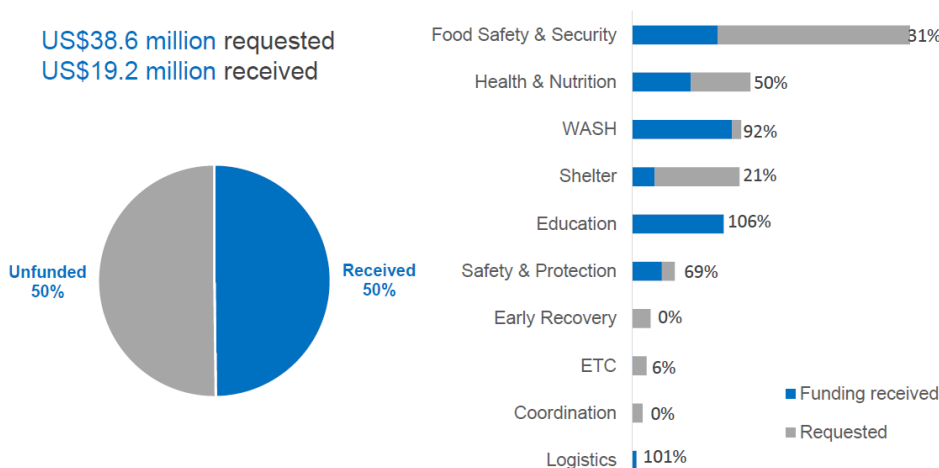
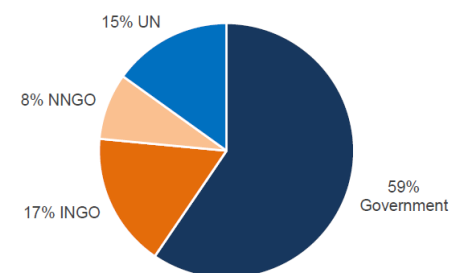


Figure 2 Funding by implementing partner type



More information

See Health and Nutrition Cluster Webpage: http://www.health.gov.fj/?page_id=5254

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