







Bulletin #8

Covering period
6 May – 13 June, 2016

Fiji
Recovering from
TC Winston



Team North Outreach Mobile Clinic at Vanuabalavu
(Photo: Team North, MoHMS Family Health Unit)

23,498		69		1,500		50 %	
# people in Northern and Western Divisions who received nutrition and psychosocial support from Family Health Integrated Outreach Mobile Clinic		# alerts received through Early Warning Alerts System		# courses of Tamiflu 75mg that were provided to the MOHMS Fiji		% Flash Appeal of Health and Nutrition Cluster funded	

HIGHLIGHTS

- National Guidelines for the Integrated Management of Acute Malnutrition (IMAM) was completed.
- A Training of Trainers on the integrated management of severe acute malnutrition for health care workers was conducted on June 6-10.
- EWARS evaluation was conducted to evaluate the ability of EWARS to detect early signals for potential outbreaks and its ability to generate an early public health action.
- Family Health Integrated Outreach Mobile Clinic activities are ongoing. The mobile clinics are inclusive of all family health services including nutritional assessment and psychosocial support. The activities are expected to conclude by the end of June. A debrief was organized in the Western and Northern divisions to receive reports from the teams on the achievements and lessons learned.
- Psychological First Aid (PFA) training and other psychosocial support activities are ongoing. PFA Training will continue until 2017 by MoHMS. MoHMS Divisional Mental Health Liaising officers will conduct training at subdivisions level in PFA and community talanoa sessions.

Priorities, needs, and gaps

- Assessment of children and distribution of MNP (Multimicronutrient Powders), Vitamin A and deworming tablets is HNC's current priority.
- Five pregnant women with severe acute respiratory infection (SARI) were reported within a 5-week period during April and early May. Among them, four died. Two of two fatal cases tested by PCR were

positive for Influenza A(H1N1)pdm09 virus, a virus that is now one of multiple seasonal influenza viruses that circulates globally; tissue samples from the other two fatal cases are being tested at the US CDC. No additional SARI cases or SARI-related deaths have been reported in pregnant women.

- Clinicians in pediatrics, internal medicine, and intensive care from the Central and Western Divisional Hospitals report a consistent and substantial decrease in the number of SARI cases during the past 2-4 weeks.
- A retrospective review of pediatric SARI cases requiring ICU admission from January 2013 to 26 May 2016 was conducted with WHO support in three Divisional Hospitals. The key findings were: (1) the recent increase in cases (Mar-May 2016) was not significantly different from 2013-15, and (2) 90% of cases were 0-35 months of age.
- The SARI cases that were pregnant occurred during a period of increased reports of influenza-like illness (ILI) in the Central Division of Fiji. As of 29 May 2016, ILI cases reported through the Fiji National Syndromic Surveillance System were decreasing in two of the three main administrative regions (Central and Western Divisions) comprising ~80% of the population. In the third main region (Northern Division), ILI rates are increasing.
- Additional funding for temporary warehousing for medical supplies & resources is required.

Health and Nutrition Cluster action

Coordination

- The cluster's Information Management team conducted "Workshop on Utilization of GIS for Emergency Health Response" at the Ministry of Health on Friday 3rd June. Participants were MoHMS officers and WHO personnel. The workshop included:
 - Introduction to GIS program by Professor John Lowry and a GIS specialist Paul Jaskierniak from WHO;
 - Setting up a Steering Committee for developing a policy and creation of a strategic plan for GIS implementation at the MoHMS;
 - Outlining technical support, funding mechanism, coordinating bodies, and project cross-cutting issues;
 - Conducting a need assessment to identify key areas for GIS mapping; and
 - Establishing project timeline.
- Ms Hyo Jeong Kim (Technical Officer, HQ/PEC/ERM/PPE at WHO) reported preliminary findings on the conduct of Hospital Safety Index (HSI) Assessment at Vunidawa, Nausori Maternity, Wanibakasi, Raki Raki hospitals). The presentation and discussion outlined as below.
 - 1) Overall level of preparedness at each site, including preparedness plans:
 - Most facilities are not ready for real Mass Casualty Management (MCM) situation; and
 - Drugs and supplies continuity may be an issue identifying the need for buffer stocks.
 - 2) Some recommendations for health facilities for short-term improvements include:
 - Training of health workers on emergency response measures such as triage, evacuation, emergency communication and coordination; and
 - Develop plans for each site and update them regularly.
 - 3) National level systems to strengthen disaster risk management for health (DRM-H):
 - HEADMAP needs to be revised to involve issues of the safety of health facilities.
 - 4) Final Recommendations:
 - Assessment of all major health facilities in Fiji; and
 - Training on using HSI and develop a pool of trained assessors locally.
- Faith Based Organization (FBO) and Community Based Organization (CBO) Communication Workshop: A one-day risk communication workshop was conducted with 73 participants. The objective was to equip

community leaders to deliver health messages to the community and at-risk populations. The workshop facilitated:

- The creation of a platform for community and MoHMS leaders to collaborate efforts and accountability on media messages; and
- Throughout the day, participants voiced their concerns and suggestions for improving communications during the post-disaster period and highlighted communal topics that need more attention.

The event was considered a success as participants were able to learn key messages, give feedback on TC Winston response, connect with other faith and community-based leaders, and know how they can prepare health messages for their communities. The workshop recommended to:

- Alert the public on disaster preparedness before a disaster;
- Use carriers or other transportation to deliver IEC health messages (or post IEC in carriers);
- Use closed captioning and sign language interpreters for people with disabilities; and
- 4Ws matrix to be collected using an improved form based on Humanitarian Action Plan (HAP) objectives and indicators developed by sub-clusters.

Sub-cluster Action

Nutrition

- A Training of Trainers on the integrated management of severe acute malnutrition (IMAM) for health care workers was conducted on June 6-10th.
- The National Guidelines for the IMAM was also completed during the training.
- UNICEF will continue to support the roll out of an eight-week distribution program for Vitamin A and Micronutrient Powder (MNP) to ensure all children in these hard-to-reach areas and affected by the cyclone are assisted. The estimated target is 24,000 children to reach with this program.
- The Nutrition team continues to work closely with the Ministry of Education on school-based nutrition programs and monitoring of the health nutrition situation of school children. The team also provided nutrition interventions to pregnant and lactating mothers in conjunction and during the Family Health Mobile Outreach activities.
- The Dietetics team is continuing their outreach activities with the Family Health teams and will expand their program next month to other sites.
- The distribution of Multiple Micronutrient Powder (MNP), Vitamin A, and deworming tablets is an ongoing event.

Public Health Interventions

- In mid-May 2016, 1500 courses of Tamiflu 75mg were provided to the MoHMS Fiji by WHO in response to the SARI events. The donations comprised 300 courses from WPRO, 300 courses from HQ and 900 courses through the project for Rapid Containment of Pandemic Influenza under the Japan Trust Fund (JTF2) at the Asia-Europe Foundation (ASEF). The antivirals were distributed to pregnant women and other high-risk patients with suspected influenza infections and any case of SARI requiring hospitalization. The National Influenza Response Committee is the coordinating the response to the SARI events.
- On the 31st May, 20,000 doses of adult seasonal influenza vaccine (Fluvax) donated by Seqirus Australia arrived in Fiji. The primary target population of this vaccine is pregnant women and healthcare workers. The donation was coordinated and facilitated by WHO.
- WHO also donated PPE to the Fiji MOHMS from its stockpiles for the protection of health care workers and to prevent the spread nosocomial transmission in health care facilities.

- Infection prevention and control was strengthened with particular emphasis at the ICU, maternity wards, and prenatal clinics.
- An EWARS evaluation was conducted by GOARN epidemiologist Dr Meru Sheel, Julie Collin and James Flint. Its primary objective was to evaluate the ability of EWARS to detect early signals for potential outbreaks and its ability to generate appropriate public health action. The evaluation framework followed the CDC guidelines for evaluation of surveillance system. The conclusion of the evaluation includes: (i) EWARS was timely & useful compared to other post-disaster surveillance systems; (ii) Simplified reporting strengthened disease surveillance during emergency phase; (iii) integration into ongoing surveillance improved CD surveillance in Fiji and provided good historical data for the future analysis.

Family Health

- UNICEF is supporting the eight weeks clinical outreach conducted by MoHMS Family Health Unit. The outreach teams are continuing Family Health Integrated Outreach Mobile Clinic activities in hard-to-reach areas. The mobile clinics provides all the family health services with the inclusion of nutrition and psychosocial support units.
- Each team includes a doctor or nurse practitioner, midwife, IMCI and MCH nurse, dietitian, and mental health support officer.
- This initiative aims to provide health care to hard-to-reach affected areas at the coast regions, islands, and highlands.
 - The teams have completed the outreach to the Northern Division, Western Division, Levuka (Levuka Hospital) and Lomaloma (Lomaloma Hospital).
 - Koro island (Nasau Health Centre) will be completed on the 28th June.
 - By end of June the unit is expecting to complete the outreach in all other areas:
 - Ra – Nanukuloa Health Centre
 - Ba – Nagatagata N/S & Bukuya Health Centre
 - Nabouwalu - Nabalebale NS & Nakorovatu Health Centre
 - Taveuni – Savusavu & Waiyevo
- A debrief was organized in the Western and Northern divisions on the achievements and lessons learnt shared by the teams. The initial statistics indicate that:
 - At the Western Division (Ra highlands, Ra coastal, and Ba highlands)
 - A total of 10379 people was reached by the outreach health services.
 - More than 46 communities in the interior was reached by the outreach Health services.
 - At the Northern Division (Nabouwalu, Taveuni, and Savusavu)
 - A total of 13119 people was reached by the outreach health services.
 - More than 109 rural communities have been reached with health services.
 - The teams provided communities with Immunization services for children, Integrated Management of Childhood Illnesses, Nutrition services (Screening for malnutrition, distribution of MNP, Vitamin A and Deworming tablets), Pap smear, Antenatal clinics, Special outpatient services, Outpatient services, HIV Screening and treatment, psychosocial support and health education.

Medical Supplies & Resources

- The NGO Americares has distributed donation to health facilities.
- DFAT extended financial assistance for Temporary warehouse for another month.
- WHO is still supporting FPBS in managing space at the Central Warehouse.
- UNCEF has procured 74 solar vaccine fridges that will be distributed by the end of June to health facilities that have been affected by TC Winston.

Communications



2016 FBO Workshop Report – Communicating Key Messages Post Cyclone Winston

- A one-day risk communication workshop was conducted with the total of 73 participants. The objectives was to inform, engage and equippe community leaders to deliver health messages to at-risk populations in their communities. Communicating key health messages to faith-based organizations, women and youth group leads was also a major focus of this workshop.
- Risk communications activities included a press conferences by the Permanent Secretary for Health & Medical Services on the importance of hand hygiene and respiratory precautions, and early presentation to health care facilities.

The first and second Public Sevice Announcements (PSA's) has been completed. Health Radio messages were aired for 30 days on 11 stations (English, Itsuki, and Hindi). A total of 4,694 radio ads were broadcasted during month. This reached 760,049 people nationally as 90% had access to radio. T

- Ministry of Health & UNICEF were part of the FBC road show held in the North on the 26th-28th May 2016 where Key health messages were communicated.
- Ministry of Health & UNICEF has secured SMS texting with Digicel and Vodafone. The secured SMS, with 160 characters, contained key health messages on hygiene and mosquito prevention.

Psychosocial Support & Mental Health

- Major activities for the period included training responders in Psychological First Aid (PFA) and offering it and other activities to priority areas where the population has experienced physical or psychological

trauma related to TC Winston. The MoHMS 2016 - 2017 PFA training plan was also circulated after endorsement.

- During the next few weeks, PFA training is scheduled for 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 change from PFA to longer-term interventions. It is predicted that, after such a disaster, the numbers of people with psychological trauma can manifest in conditions such as depression and post-traumatic stress disorders will increase.
- The MOHMS has implemented an action plan/guideline for management of PFA in the community.
- MOHMS has focused on strengthening PFA training for the Ministry of Health & Medical services staff.
- A five-day training of PFA and mhGAP (WHO mental health training program) will commence in August. MoHMS now aims to train the rest of its public health workforce, beginning with those in rural and remote areas.

Highlighted initiative

Family Health Integrated Outreach Mobile Clinic Activities

Eight weeks of Public Health outreach was conducted by the Family health subcluster, with the main support of UNICEF and UNFPA. The eight outreach teams are continuing Family Health Integrated Outreach Mobile Clinic activities in hard-to-reach areas. The mobile clinics are inclusive of all family health services including nutrition and psychosocial support. Each team consists of a doctor or nurse practitioner, midwife, IMCI and MCH nurse, dietitian, and mental health support officer.

The teams have completed their activities in the Northern Division, Western Division, Levuka (Levuka Hospital) and Lomaloma (Lomaloma Hospital). Also, Koro (Nasau Health Centre) will be completed on the 28th June. By the end of June, teams are expected to complete the health outreach to Ra, Ba, Nabouwalu, and Taveuni.

About 23,498 people reached in the Northern and Western Divisions received nutrition and psychosocial support from the outreach teams. The teams provided Immunization services for children, Integrated Management of Childhood Illnesses (IMCI), Nutrition services (Screening, distribution of MNP, Vitamin A, and Deworming tablets), Pap smear screening, Antenatal clinics, Special outpatient services, Outpatient services, HIV Screening and treatment, and psychosocial support and health education.



Team Taveuni giving Immunizations to children with age of 2-18yrs

Objectives of the outreach are:

- To provide Maternal Child Health services inclusive of vaccination and nutrition services to all children and to ensure full immunization coverage for all eligible children;
- To reduce the risk of a rise in IMCI and its complications from delay in accessing health services;
- To ensure early booking and timely follow-up of all pregnant mothers inclusive of nutritional services and psychosocial support, including awareness of Zika virus infection;
- To ensure reduction in postnatal complications by ensuring timely follow-up of postnatal mothers and new-born babies;
- To raise awareness on Reproductive Health issues inclusive of education on safe sex practices, family planning commodity supply and clinical response to GBV and VAW;
- To identify and treat Sexually Transmitted Infections, HIV and provide a continuum of care;
- To provide appropriate counseling services to those in need, and provision of Clinical Response to Gender Based Violence & Violence Against Women & any form of violence against children, adolescents and men; and
- To attend to any form of medical emergency and facilitate referral to higher centers as soon as possible.

Despite the obstacles, each outreach team's visits to the communities was appreciated and contributed to high team spirit and cooperation. The outreach was highly successful as it reached a large number of people in need, living in remote areas.

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.

More information

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

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