



Health & Nutrition Cluster

FIJI



Photo: Hon. Minister for Health and Medical Services surveys debris of what used to be Waimaro Nursing Station in Eastern Division (Source: Ministry of Health and Medical Services)

BULLETIN # 2

18 MARCH 2016

Fiji
Tropical Cyclone Winston
Reporting period (09.03.2016 – 18.03.2016)



350,000
AFFECTED



4,299
DISPLACED



44
DEATHS



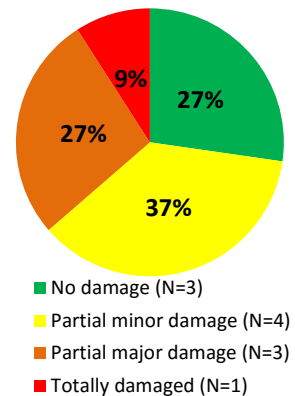
88 HEALTH FACILITIES DAMAGED
33 ENROLLED IN SURVEILLANCE

HIGHLIGHTS

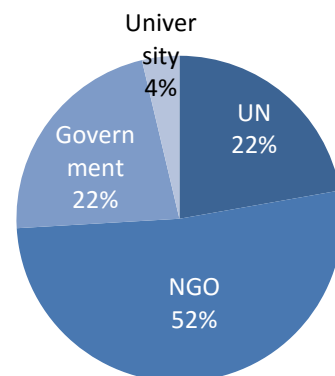
- At least 88 (65%) of the 135 reporting health facilities sustained some damages and while seven sustained major damages that required temporary relocation of services.
- Assessment using the Health Resources Availability Mapping System (HeRAMS) was carried out in 20 health centres in Talievu and Ra.
- MoHMS and Fiji Health and Nutrition Cluster submitted health sector Humanitarian Action Plan (HAP) to NDMO.
- The Early Warning Alert and Response System (EWARS) is now fully functioning with 33 locations enrolled.
- Communicable diseases of concern include: leptospirosis in Navua; Typhoid in Qelekuro and Tailevu; diarrheal disease at Keiyasi; and measles.
- More than 300 nurses are trained on psychological first aid (PFA) at the sub-divisional level.
- Cluster partners have donated medical supplies and resources totaling more than FJD \$4.6 million in value so far.
- The Flash Appeal for TC Winston Response is 28% funded, with Health Cluster being funded 40%.
- Funds are now available for the Central Emergency Relief Fund (CERF) projects of WHO, UNICEF and UNFPA. Cluster members are encouraged to work with MoHMS to benefit from CERF.

Notice to all cluster members: Cluster members are kindly reminded to update the **4Ws** every Monday and Thursday.

HEALTH FACILITY DAMAGE IN RA SUB-DIVISION



HNC PARTNERS BY ORGANIZATION TYPE

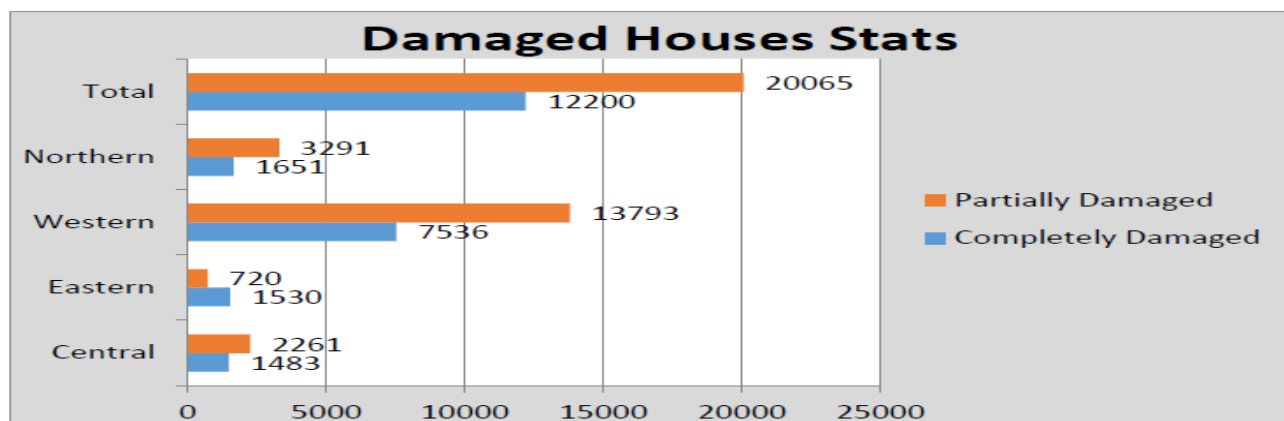


(TOTAL NUMBER OF MEMBERS = 27)

General Situation Update

The number of confirmed dead remains at 44 persons, four weeks after TC Winston. There are 4,299 people (2,543 in Eastern Division and 1,756 in Western Division) that remain in 215 evacuation centres (130 in Eastern Division and 85 in Western Division). The numbers of evacuation centres that remain open are decreasing to coincide with opening of schools. The provision of temporary shelters, and relief distribution continue to be coordinated. The number of people sheltering with relatives and friends after leaving evacuation centres is not yet known. The total affected population estimated by the proximity of communities from the central path of cyclone is 350,000 persons (170,000 female and 180,000 male) – approximately 40% of the country’s population. The latest situation report #92 of the National Emergency Operation Centre, estimated more than 32,000 damaged homes with greater than 12,000 houses completely destroyed. (See figure below).

Figure 1. Damaged homes from TC Winston, 2016 (Source: NEOC SitRep #92)



As reported in the last Bulletin, at least 88 (65%) of the 135 reporting health facilities sustained some damages and while seven sustained major damages that required temporary relocation of services. The first round of public health outreach to affected areas was completed in the past few weeks, while a second round of medical visits is in progress. The table below summarizes the coverage of public health outreach carried out MoHMS.

Table 1. Public Health coverage to Communities after TC Winston (Source: NEOC SitRep #92)

	Western	Northern	Eastern
Villages	85%	96%	100%
Settlements	84%	82%	100%
Outreach	75%	94%	100%
Spraying	38%	80%	70%
Kit Given	48%	38%	100%

MoHMS and Fiji Health and Nutrition Cluster jointly launched its health sector Humanitarian Action Plan (HAP) on 11th March. It reflected a total cost of FJ\$29 million, of FJ\$7.34 million was internally funded and FJ\$21.74 million remains to be supported. The Flash Appeal estimates are fully incorporated into the HAP, to avoid any duplication.

Priorities, Needs and Gaps

Priorities and needs

There are 10 strategic objectives in the Humanitarian Action Plan (HAP).

The health sector response is now moving from Phase 2 (recovery) to Phase 3 (rehabilitation). Therefore, the main focus of activities is moving towards public health outreach, health promotion and risk communications. Although the work related to the phases of recovery, rehabilitation and reconstruction have occurred simultaneously soon after TC Winston.

The Health and Nutrition cluster priorities include:

1. Restoring services for all patients, including reproductive health services, at damaged health facilities and rehabilitation of injured patients that underwent trauma care.
2. Setting up an early warning surveillance and response system to rapidly identify and respond to any disease outbreaks that might emerge, such as diarrhoea, typhoid, vector-borne diseases, and respiratory infections.
3. Providing safe nutritious food, safe drinking water, adequate sanitation, shelter, and other essential items that include WASH and hygiene kits. It is also important to ensure that the special nutritional requirements of pregnant and lactating women, children and the elderly are met.
4. Providing psychosocial support to those in need of it.
5. Communicating risks and providing advice to the public in a timely and effective manner.

Gaps and constraints

- Logistical support is needed for medical and public health teams
- More information is needed on vulnerable people, including displaced persons that have vacated or remain at evacuation centres, displaced persons living in informal settlements and people living with disabilities.
- Psychosocial support to the affected people needs to be strengthened across several clusters.
- In-depth assessment of damages and repair costs of affected health facilities.
- Improvement in the Inventory management of WHO prepositioned supplies.

Health and Nutrition Cluster Action

Coordination

The 6th National Health and Nutrition Cluster meeting was held on the 18th March at the MoHMS. The Health and Nutrition Cluster constitutes seven sub-cluster working groups. Each working (sub-cluster) group presented a summary of activities with plans of action for the next few weeks.

Indicator-based reporting was proposed by the Secretariat to assist the current 4W standard template to capture activities effectively. Sub-clusters were encouraged to select several indicators to best measure the achievements of the group. The Information Management Officer of the Cluster was tasked to collaborate with each group to develop indicator-based reporting for the 4W template.

The HeRAMS assessment was conducted in health facilities (10 Nursing Stations, 7 Health Centres, 2 Sub-divisional Hospitals, and 1 Maternity Hospital) at Tailevu and Ra provided. The HeRAMS findings are as follows: (1) Health services have resumed in all health facilities, except one nursing station in Tailevu; (2) The dedication and skills of the health workers were fully utilized; (3) Quick fixes were made in six of the thirteen damaged health facilities; and (4) Continuing the assessments using HeRAMS tool are recommended for recovery planning.

Sub-cluster working groups

The Health and Nutrition Cluster consists of seven sub-cluster working groups that comprise of both MoHMS and partners. Each working group met at least once during the past week, and implemented specific activities.

Clinical Services

Three AustMAT teams have completed their mobile outreach and clinical services support work in Ovalau, Ba and Ra. NZMAT team have completed their mobile outreach and clinical services support work in Koro and Vanuabalavu. Part of the team assisted with surgical cases in CWMH and Labasa hospitals. MSPs mobile clinical outreach team conducted a whole range of free medical services in Tailevu and Ra Province, and will continue to do so over the next 6 months targeting the Ra and Cakaudrove Provinces. MoHMS trauma team is on standby as the health response is now going into Phase 3 (recovery, reconstruction and rehabilitation). Ramakrishna Mission has made medical services free through Sarada Medical Centres in Nadi and Suva. SMCs will provide free medical consultations, nursing services and medicines for 3 months in Nadi clinics and one month at its Nasinu clinic. The outreach mobile clinics to vulnerable communities will restart from next week.

Nutrition

Nutrition assessments for children under 5 in Koro, Batiki, Nairai and Vanuabalavu were completed. The group will continue to monitor the nutrition situation, including cases of severe and moderate acute malnutrition and issues for pregnant and lactating mothers. Nutrition sub-cluster partners (partners MoHMS, UNICEF, WHO, SPC, DFAT, Save the Children, MSP, FHSSP, FNU and others) reviewed the content of rations and supplies of foods and working towards ensure that it's appropriate for longer-term needs. The group ensures no supply of formula milk is distributed by donors, and that efforts are focused on supporting breast-feeding. Lack of dieticians and establishing C-SAM management system are on-going challenges. Nutrition sub-cluster plans to integrate with other clusters and engage nurses.

Public Health Interventions

MoHMS carried out anti-mosquito spraying at the Rewa delta and continues to monitor areas that are common hotspots for communicable diseases. EWARS alerts identified: (1) Leptospirosis cases (5 laboratory positive) reported from Navua; (2) Typhoid (8 confirmed, 24 suspected) reported in Qelekuro from Tailevu, where public health measures have been implemented and MoHMS is closely monitoring the situation with medical teams working on site; (3) Diarrhoeal disease in children reported from Keiyasi health centre; (4) one case of suspected measles in a 5-year-old in Serua; (4) one suspected measles case in a 19-year-old presented in Nuffield from Nadi; (5) 24-year-old male confirmed typhoid case Naisilisili, Nacula, Yasawa previously resided at Buabua, Lautoka; (6) Two clusters of fever and rash: one in Lautoka with seven cases and the second with 19 cases in Makoi in Suva; (7) 71 cases of dengue-like illness reported from Lautoka that presented with fever, rash, oedema of the hands and feet, joint and muscle pain.

Family Health

MoHMS organized its base stations and service packages for its outreach programs in maternal and newborn health, reproductive health, immunization, adolescent health, and HIV/STI, to begin in 'hard to reach' communities in the Western division, followed later in the Northern and Eastern divisions. The sub-cluster identified its needs for logistics support for these outreach programs. Initial HIV continuity of care assessment and identified 30 people living with HIV (PLHIV) and their families in the Northern and Western divisions. In response, antiretroviral (ARV) drugs were restocked for patients on antiretroviral therapy (ART), food rations were also distributed. About FJD \$15,000 was disbursed from divisional allocation to support HIV-related activities.

Medical Supplies & Resources

The Fiji Pharmaceutical and Biomedical Services (FPBS), with the assistance of AmeriCares and Direct Relief, put together a detailed needs list for medicines, supplies and equipment and are currently mapping what has been donated against this list. The information will assist to avoid duplication of efforts among donors. To date, sub-cluster partners (AmeriCares, Direct Relief, FHSSP, NZMAT, Oxfam, UNFPA, UNICEF, WHO, etc.) have donated medical supplies and resources totalling more than FJD \$4.6 million in value. In total 224 shipments have been made to 65 facilities across all four divisions that are identified as priority areas for the MoHMS. About 148 shipments of donor stock valued at more than FJD \$750,000 has been distributed to 65 health facilities. UNICEF is working closely with the FPBS to identify supply gaps and has deployed an IMO to MoHMS to support cluster coordination. UNICEF also provided technical and operational support to FPBS in the areas of supply management and tracking. Similarly, the Fiji Health Sector Support Program (FHSSP)/DFAT has

provided support to MoHMS in the form of urgent procurement; fuel and resources for the immediate health response and recovery phases of post TC Winston.

Communication

The group has developed a range of information and education communication (IEC) materials that were delivered via radio, TV and print. The group is paying particular attention to how print materials are used by some communities for purposes other than for what they were originally intended. Communication sub-cluster identified the need for better coordination with other clusters/sub-clusters on developing messages to affected communities. UNICEF will temporarily discontinue its radio PSAs for one week while updated PSAs are being developed. Partners are asked to provide input to UNICEF to advice on priority key messages. Ministry of Health is exploring alternatives to paper IEC materials, including SMS text messages to reach at-risk populations. The sub-cluster will coordinate with other clusters who are interested in SMS as well.

Psychosocial & Mental Health

MoHMS, with the support of WHO/NZAID/FHSSP, conducted Psychological First Aid (PFA) training for 25 trainers. Fiji Red Cross Society (FRCS) provided training of trainers (TOT) on PFA for its core psychosocial support staff who further trained other staff and volunteers. The organization also provided psychosocial support to its own personnel and to communities in all four divisions. Empower Pacific provided PFA services for 80 households in Malake (Rakiraki, Ra subdivision).

Plans for future response

- Continue to reassess and develop health sector response strategy
- Establish full HeRAMS and emergency health information system (HIS)
- Coordination of logistics support for public health and family health outreach teams
- Manage the inventory of medical supplies to match the needs of the affected populations
- Continue to strengthen Early Warning Alert & Response System (EWARS) for effective interventions
- Integrate the community-level interventions of Environmental Health officers into outbreak response
- Strengthen psychosocial support to all affected sites, particularly evacuees and displaced persons.
- Introduce indicators-based reporting to monitor achievements of sub-cluster working groups
- Publish “Rapid Public Health Risk Assessment” to provide guidance to humanitarian partners
- Actively contribute to the Post-Disaster Needs Assessment (PDNA) for the planning of early recovery
- Resource mobilization and effective management of resources and support from donors.

Funding status of action plan

The [Flash Appeal](#) for TC Winston Response is 29% funded, with Health Cluster being funded 40% (as of 18 March). Funds are now available for the Central Emergency Relief Fund (CERF) projects of WHO, UNICEF and UNFPA. Cluster members are encouraged to work with MoHMS to benefit from CERF.