



Bulletin #3

Issued on 29.03. 2016

Fiji
Tropical Cyclone Winston



Photo: A health facility in Ra Province with the front wall and doors completely blown off by Tropical Cyclone Winston (Source: WHO)



350,000
AFFECTED



361
DISPLACED



44
DEATHS



100% TIMELINESS OF
REPORTING TO EWARDS

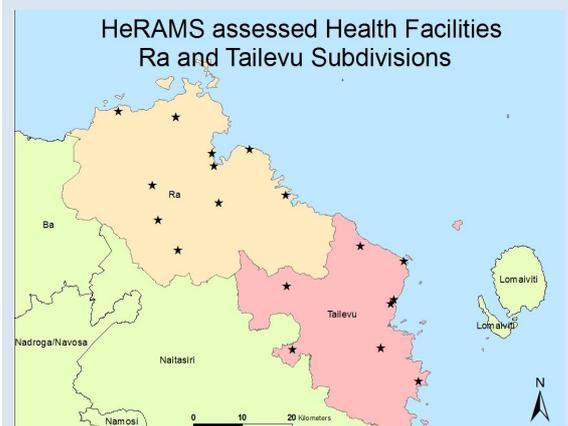
HIGHLIGHTS

- The Government of the Republic of Fiji extended the state of emergency for an additional 30 days from 21st March 2016 for the areas severely affected.
- The 6th National Health and Nutrition Cluster meeting was held on 18th March. Sub-cluster groups are developing performance indicators to monitor activity outputs.
- Joint Health Resources Availability Mapping System (HeRAMS) assessments by WHO and MoHMS were completed for 20 health facilities in Tailevu and Ra. About 15 members of the cluster and MoHMS were trained on HeRAMS.
- Early Warning Alert and Response System (EWARS) implementation complete with all 33 sites reporting this week with 100% timeliness.
- Cases of acute fever and rash (14), suspected meningitis (2), bloody diarrhoea (2) were reported; and a large number of conjunctivitis cases were reported in Suva.
- The Family Health outreach program starts on 4th April for 'hard to reach' areas severely affected.
- The National Tuberculosis Program (NTP) conducted its rapid assessment and will assist 68 TB patients affected by TC Winston.
- The Flash Appeal for the TC Winston Response is 29% funded, with Health Cluster to receive at least 40%.

<Notice Board>

1. **4W Activity Form** by Tuesday 5pm
(All Cluster partners)
2. **HNC Bulletin Input Form** by Tuesday 5pm
(All Sub-cluster leads)

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



General Situation Update

- The Government extended the state of emergency for an additional 30 days from 21 March 2016, for the 'Red Zone' or areas severely affected by TC Winston (Figure 1). These areas includes communities in:

the northern Yasawas, Bua, Wainunu, Wailevu, Vaturova, Tunuloa, Savusavu, Rabi, Wainikeli, Cakaudrove, Koro, Gau, Ovalau, Verata, Wainibuka, Nakorotububu, Saivou, Rakiraki, Tavua, Ba and the northern Lau group including Vanuabalavu.

- Only the Eastern division still has twenty six (26) active evacuation centres with 361 evacuees.
- According to HeRAMS assessment, 72% of all health facilities in Ra sub-division were damaged ranging from partial minor (37%), partial major (27%), to totally damaged (9%).
- The Health and Nutrition Cluster estimated a funding gap of FJ\$22 Million for projects identified in its Humanitarian Action Plan.

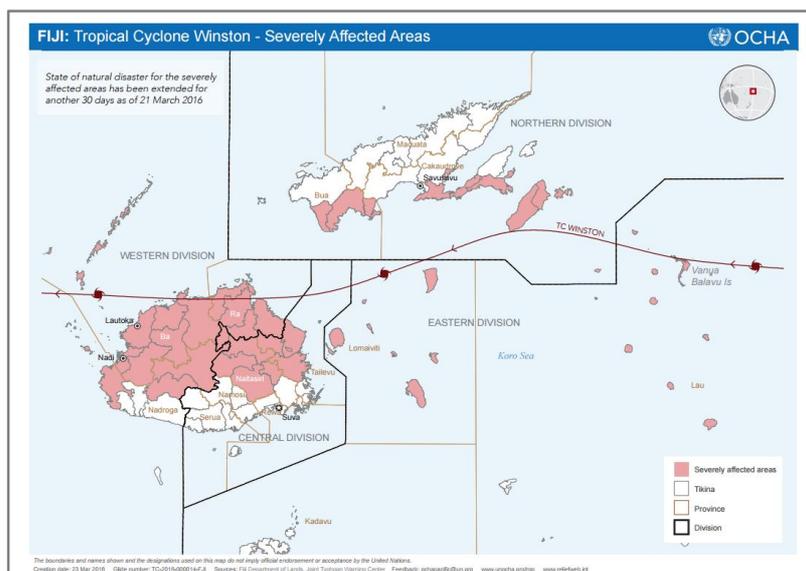


Figure 2 Severely affected areas

Priorities, Needs and Gaps

- At least 88 (65%) of the 135 reporting health facilities sustained some damages. Seven health facilities sustained major damages that required temporary relocation of services.
- In-depth and systematic assessment of damages and repair costs of affected health facilities will assist in planning for recovery and rehabilitation efforts.
- Public health outreach will also target vulnerable populations such as children in evacuation centres, informal settlements and people living with disabilities.
- Psychosocial support and mental health services have been expanded to affected populations, in collaboration with the Ministry of Education and other clusters.
- A detailed list of donated items is prepared to ensure appropriate quality assessment and distribution.
- Dieticians in other subdivisions are deployed to assist rehabilitation efforts in affected outer islands.
- Logistics support will be provided to medical and public health teams for hard-to-reach areas.

Health and Nutrition Cluster Action

Clinical Services

- The overseas teams from New Zealand and Australia have returned home. Two Cuban doctors will be arriving to provide further support to the outreach teams.
- Clinical services team is on standby now with Divisional and Referral Hospital EOC stood down.

Nutrition

- Nutrition assessments for children under five and monitoring of affected communities were conducted by nutritionists and dieticians in the affected areas (Koro, Batiki, Nairai and Vanuabalavu). Seeds, IYCF and garden IEC packages were also distributed.
- The National Food and Nutrition Centre (NFNC) presented findings on the Rapid Nutrition Assessment conducted at Koro, Nairai, Batiki and Lomaloma.
- The Acting National Adviser Dietetics and Nutrition, NFNC rep. and a paediatrician will visit Koro to assess Feeding Centres and provide technical assistance on the treatment and prevention of malnutrition.
- Working Group will finalize SOP and Key Messages for BMS, Disaster Response plan and Nutrition HAP.
- Collaboration with WASH/UNICEF for AKVO software to assist in nutrition data collection and analysis.
- Orientation for Paediatricians on use of F75, F100 and RUTFs planned.
- 26 cases of Severe Acute Malnutrition (SAM) and 63 cases of Moderate Acute Malnutrition (MAM) were detected and treated.

Public Health Interventions

- All of 33 enrolled sites reported to Early Warning Alert and Response System (EWARS) this week. Three Event-based Surveillance (EBS) reports are included (two conjunctivitis and one acute fever and rash). Divisional reports are now also available. Alerts included acute fever and rash (14), suspected meningitis (2), bloody diarrhoea (2) and large numbers of cases of conjunctivitis in Suva.
- National Tuberculosis Program (NTP) conducted rapid assessment from 1st-5th March under Global Fund support and accounted for 68 of 89 (76%) registered tuberculosis patients who are on 2nd phase C-DOT in DISMAC declared areas. The other 34% are being followed up. The tuberculosis team was first to reach Kese Village, Yasawa and provided clinical services to these areas. About 15 out of the 68 patients had medicines replenished and R&R forms completed. In high prevalent countries, TB notification may increase two fold and deaths below 10% (Lancet) after a disaster. NTP plans to intensify DOTS services within three months to communities, conduct active case finding in six priority areas and congregated settings, cases with poor immune and nutritional status, public health interventions on proper Infection Control, continuum of care at community settings, activate C-DOT provider per patient and mass media communication via radio and SMS on TB messages.
- The first round of public health outreach to affected areas was completed in the first two weeks and a second round of medical outreach is almost completed. All the affected villages and settlements were covered by MoHMS public health outreach teams. Vector control activities that include insecticide and provision of WASH kits ranged from 38-48% in the Western Division, 38-80% in the Northern Division, to 70-100% in the Eastern Division.

Family Health

- The Family Health outreach program will commence seven teams on 4th April for all 'hard to reach' severely affected areas. Outreach Service Package is composed of (1) maternal and newborn/child, (2) Reproductive health & family planning, (3) Child health services, (4) Adolescent health services & awareness and (5) HIV&STI. A number of UN Partners and NGOs are committed to support both financially and with technical assistance.
- Cold chain infrastructure improvement and access to health care is also identified as a challenge in these areas.

- Reproductive Health (RH) kits were handed over to the MoHMS by UNFPA on the 21 March 2016. These kits include equipment, medicines and supplies to facilitate provision of life saving reproductive health services at all levels of care in the affected areas. Distribution and orientation on use of the RH kits have been initiated.

Medical Supplies & Resource

- The Fiji Pharmaceutical and Biomedical Services Centre (FPBS) conducted rapid assessments of 10 health facilities on March 19 in Tavua and Ra to measure infrastructure damage, available stocks, and pressing needs.
- AmeriCares has been working closely with FPBS in collating information of all inbound and outbound consignments specifically for the TC Winston response. The outbound consignments to affected areas based on immediate need include a mixture of items that were donated and currently in stock at FPBS.
- As of 21st of March, 176 shipments to health facilities of donor stocks at the cost of around FJ\$1M, whilst 120 shipments of FPBS stocks at the cost of FJ\$246,000. There has been more than FJ\$4.6M relief goods have been provided to the MoHMS from 12 partners in 20 shipments so far and this has been an immense support given to assist in the health immediate response. The committed value would likely to be increased as FPBS with AmeriCares is sorting out information of inbound consignments from donors.
- Currently a team is mapping of what has been donated against the needs. As of today, the consolidated need list that have been shared with the partners is estimated at a value of \$8.7M.
- Donor Partners need to submit detailed list of items donated by: value, specifications, ETA, shelf life, etc. to ensure appropriate quality assessment and distribution plan is implemented immediately because of storage space issues at FPBS.

Communication

- 2,457 public service announcements were broadcast across 11 radio stations in English, Hindustani and i-Taukei between 24 February and 10 March 2016 with messages covering safe water, breastfeeding, food safety, psychosocial support and rubbish disposal. New messages are in development with the sub-cluster leads.
- While radio messages have had a broad reach across Fiji, not everyone has access to radio and paper IEC materials are not always effective. There is a need to further expand how we reach hard to reach populations with health messages using more innovative mediums.
- The radio advertisements funded by UNICEF are updated with messages from partners and will be released in the coming weeks. The group is exploring alternate methods to paper IEC materials for communicating with at-risk populations. The groups will meet with representatives from the two mobile phone providers to explore set rates for all partners wishing to use text messaging. The group is also planning the production of T-shirts that carry key health messages that will then be distributed to communities in need. Other approaches are also being explored.

Psychosocial Support & Mental Health

- Psychological First Aid (PFA) training continues to be held across Fiji. More than 300 nurses are trained at the sub-divisional level. Talanoa sessions have begun with a few communities.
- A map of psychosocial activities and their status has been developed. Psychosocial support to displaced population who are not in the affected area is needed.
- Lifeline and other telephone counselling are currently available.

Plans for future response

- Development of sub-cluster specific indicators to be monitored weekly at the future Health and Nutrition Cluster meetings.
- Post-Disaster Needs Assessment (PDNA) will be conducted in the next three weeks from the 29th March.
- Revision of Flash Appeal proposed by Pacific Humanitarian Team by the 12th April to be launched on the 15th April.
- Finalize typhoid vaccination strategy by the Public Health Intervention group following a request by MoHMS.
- NTP (Grant Management Unit) plans to carry out community outreach to find active cases using portable x-ray machine, trained on PFA with MoHMS staff, and provide continued care with integrated approach respective sub-divisional teams by way of trained TB liaison nurses.
- FPBS will continue with their assessments of health facilities in the priority areas and provide rapid shipments to alleviate any stock shortages in addition to on-going support to damaged facilities.
- Sub-cluster for Psychosocial & Mental Health will review and debrief sessions for the first responders, and strengthen mental health clinical services by refresher and new training on Mental Health Gap Action Programme (mhGAP)

Funding status of action plan

The [Flash Appeal](#) for TC Winston Response is 29% funded, with the Health and Nutrition Cluster funded at least 40% of the total (as of 24 March).

Cluster members and sub-cluster leads

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

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