



## Bulletin #6

Covering period:  
16 April – 22 April, 2016

Fiji  
TC Winston and  
TC Zena



Fiji Red Cross volunteers providing assistance in Serea village. (Photo: IFRC)

<b>1,297</b>		<b>53</b>		<b>353</b>		<b>2,828,146</b>	
# children 6-59 months screened for acute malnutrition (SAM and MAM)		# national and sub-cluster coordination meetings held		# villages and settlements provided with health and nutrition services		Total resources (USD) available through Flash Appeal	

### HIGHLIGHTS

- The state of natural disaster was lifted by Government of Fiji as of 19<sup>th</sup> April. The health focus should now be mid to long-term rehabilitation and reconstruction of infrastructures. A national debrief will be conducted at the completion of response and recovery activities tentatively on May or June.
- The cluster mechanism will continue to function, and sub-cluster/technical groups are to continue working with partner agencies and donors for recovery efforts.
- Post Disaster Need Assessment (PDNA) has been finalized and is undergoing review by Government of Fiji and MoHMS.
- The 'Train-the-Trainers Workshop on Humanitarian Response Supply Chain Management for the Fiji Pharmaceuticals and Biomedical Services Centre (FPBS)' will be held on 25<sup>th</sup> to 29<sup>th</sup> April in Suva.
- Final planning for Typhoid Response is underway. It will be a ring vaccination targeting all persons >2 years in the villages and communities affected by the cyclone.
- Early Warning Surveillance and Response System (EWARS) continues to function well. Influenza-like illness, watery diarrhea, acute fever, and rash continue to top the number of cases reported by syndrome. 58 cases of Zika-like illness have been reported.
- A one-day risk communication workshop with faith-based organizations is planned for 11th May in Suva to obtain some feedback and equip leaders with health messages that can be reinforced in local communications.
- MoHMS Northern team, supported by TB unit conducted PFA training of health staff, TB liaison officer, village workers and peer educators in Vuna district.

## Priorities, needs and gaps

- Following the lifting of the Emergency Declaration for TC Winston response by the NDMO, the Australian and New Zealand Defense Forces have come to an end after seven weeks for recovery and rehabilitation works. The Fijian military staff is still positioned on the severely affected islands of Vanuabalavu and Koro to continue assistance.
- Food rations are still being distributed to villages in Bua, Savusavu and Taveuni Island as farms have not recovered from the cyclone.
- Setbacks in fieldwork were noted following adverse weather conditions faced during TC Zena. Over last week, most teams have mobilized and are back in the field providing Psychological First Aid (PFA) and other psycho-social support.
- The ongoing Family Health mobile outreach activities are putting a human resource load on the MoHMS.
- Distribution of multi-micronutrient powder (MNP) and vitamin supplementation to children under five remains a priority of Nutrition sub-cluster. So far, 367 and 299 children have received multi-micronutrient powder (MNP) and Vitamin A supplementation respectively.
- Out of the 88 healthcare facilities (HCF) assessed to have sustained damages, 40 HCFs have been verified in the PDNA process. Detailed damage assessments have been done jointly by the MoHMS, Ministry of Finance and Ministry of Infrastructure and Transports.
  - 7 HCFs require rehabilitation (large-scale restoration for a health facility that has sustained major damage).
  - 9 HCFs need reconstruction (creation of a completely new health facility because the former structure has been destroyed or damaged beyond rehabilitation).
  - 10 HCFs require relocation because of rising sea level and access issues.
  - Fiji Health Sector Support Program (FHSSP) is supporting the repair and rehabilitation of some HCFs.
- Lack of funds for implement Humanitarian Action Plan of health sector and supplies warehouse management systems are addressed as challenges.

## Health and Nutrition Cluster action

### Coordination

- Health and Nutrition Cluster is revising the reporting form of 4Ws based on objectives of Humanitarian Action Plan (HAP) and relevant indicators for each sub-cluster.
- CERF project is being implemented as follows:
  - Three local NGOs will receive a total of 150,000 USD for mobile health services and sanitation services in the affected areas;
  - Two contracts with MoHMS for logistics support, HeRAMS and WASH in healthcare facilities survey (150,000 USD); and
  - Procurement of emergency supplies (250,000 USD)
- The Pacific Humanitarian Team (PHT) Principals are meeting on 21<sup>st</sup> April to discuss the Flash Appeal. PHT will discuss options for raising donor awareness of ongoing and new needs, including a letter, briefing for donors and the production of a Humanitarian Bulletin for two months post-Winston.

## Sub-cluster action

### Nutrition

- The nutrition team continues to monitor the health and nutrition situation, including cases of severe and moderate acute malnutrition and issues affecting pregnant and lactating mothers in conjunction with the Family Health Mobile Outreach activities.
- Distribution of multi-micronutrient powder (MNP), vitamin A, and deworming tablet is ongoing. So far, 367 and 299 children have received multi-micronutrient powder (MNP) and Vitamin A supplementation respectively.
- Food rations have reached Koro Islands.
- UNICEF nutrition specialist continues to provide technical assistance for SAM orientation and is developing guidelines together with MoHMS Nutrition unit.
- Nutrition staff had an orientation on the smartphone-based AKVO flow for use in nutrition assessments. Nutrition survey questions already developed but further training on using the software is needed after smart phones have been purchased.
- The Nutrition team continues to work with the Ministry of Education on school-based nutrition programs.

### Public Health Interventions

- The national health promotion and prevention responses are ongoing with a substantial percentage of the affected areas in all divisions. (see Figure 1)

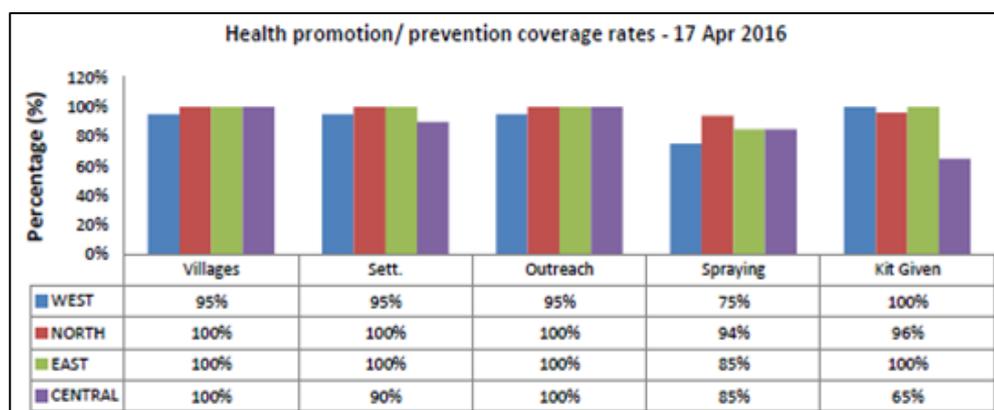


Figure 1 Health promotion/prevention coverage rates nationally (source: NEOC Sitrep)

- The number of suspected Typhoid cases from Nadroga and Navosa subdivision continues to increase, however there have not been any increase in confirmed cases. There have been no new confirmed cases reported in the Central division in the past week; all confirmed cases reported to date have been from Tailevu subdivision. Health authorities intensified awareness programs in the villages in order to prevent it from spreading further.
- Final planning is underway for the typhoid vaccination. The team has been setting up a framework and micro plan. It will be a ring vaccination targeting all persons >2 years in the villages and communities affected by the cyclone and with higher than expected numbers of confirmed typhoid cases.
- Two imported Chikungunya cases with travel history to Fiji were reported by New Zealand ESR (Institute of Environmental Science and Research Ltd) for the period of 9<sup>th</sup> April – 15<sup>th</sup> April. There have been seven imported cases with travel history to Fiji since February 2016.
- No additional confirmed Zika virus cases have been identified, but 100 additional samples are currently being tested at ESR Laboratories, NZ.

- Early Warning Surveillance and Response System (EWARS) continues to function well with high and timely reporting rates.
  - 30 out of the 34 reporting sites submitted reports for Epi week 14, an 88% completeness but 100% timeliness. Only 14 (40%) out of 35 reports received were verified.
  - Influenza-like illness, watery diarrhea, and acute fever and rash continue to top the number of cases reported by syndrome. 58 cases of Zika-like illness have been reported since the EWARS started tracking it last week.
- Two field epidemiologists, hired through the Global Alert & Response Network, have begun work on 19<sup>th</sup> April and will be supporting the MoHMS with EWARS and other communicable disease surveillance and response activities.

### Family Health

- Family Health Mobile Outreach activities for hard-to-reach communities are ongoing.
- The teams mostly deployed in the Western division but parts of the mission are in Savusavu in the North. More outreach in the Northern division will be initiated soon. The team is planning to expand to the Eastern division, especially to Vanua Balavu and Koro islands.
- A total of 20 midwives have been deployed to health facilities in Northern, Western, and Eastern divisions to provide relief to the local midwives

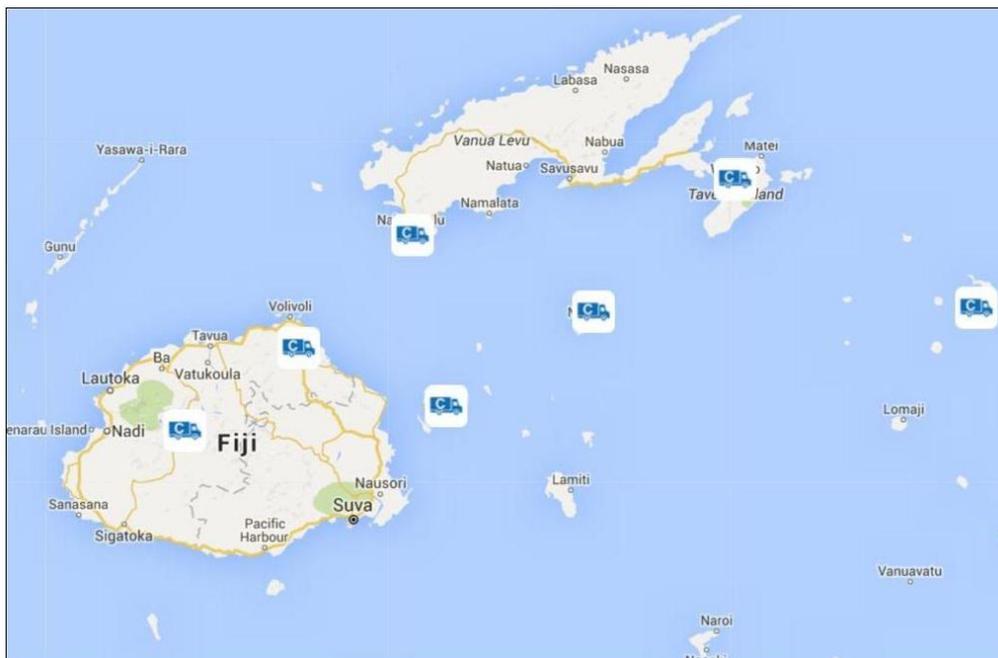


Figure 2 Base stations of Family Health Outreach Program

### Medical Supplies & Resources

- The team is currently working with the Communicable Diseases team to prepare for their projections for medical laboratory reagents and consumable needs for clinical and surveillance activities to be planned.
- The planning for the 'Train-the-Trainers Workshop on Humanitarian Response Supply Chain Management for FPBS' has been progressing well in conjunction with WHO, UNICEF, UNFPA and Americares. The Workshop will be held on the 24<sup>th</sup> to 28<sup>th</sup> April in Suva.

- The goal of this meeting which will bring together all stakeholders within MoHMS is strengthen the process and system in place to be able to respond to future disaster more efficiently and effectively by training and developing procedures.
- FPBS is preparing a database for UNICEF on the supply of their donated items and this database will be shared to other partners for their information.
- FPBS has supplied donated medical items to Ram Krishna Medical Group in Lautoka.

### **Communications**

- A one-day risk communication workshop is planned for faith-based organizations that will include women and youth groups. The purpose is to obtain some feedback and equip leaders with health messages that can be reinforced in local communications. The workshop is planned for 11<sup>th</sup> May in Suva and a similar workshop is planned for the Western Division.
- Key messages including WASH, communicable diseases, waste disposal, shelter, nutrition, family health and mental health were disseminated through the following activities.
  - Radio ads (Round one of ads on key messages done and completed; Second round messages drafted in three languages and ready for production and airing)
  - IEC materials printed and distributed
  - Radio talkback shows
  - Promotional items using T shirts, Environment friendly bags and Wrist bands, used by outreach teams. Designs are being done and quotes obtained to commence with production.
  - SMS in partnership with Vodafone
  - Social Media
  - Road shows

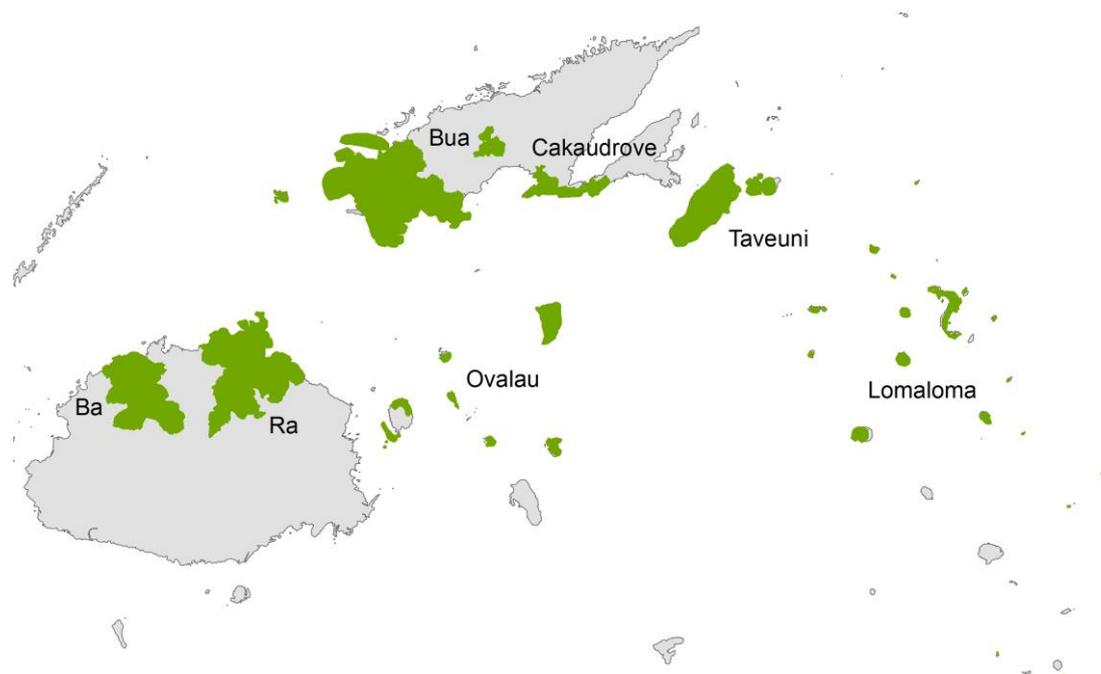
### **Psychosocial Support & Mental Health**

- MoHMS Northern team, supported by TB unit conducted PFA training of health staff, TB liaison officer, village workers and peer educators in Vuna district. Over a 3 day period, they attended to six settlements, three villages and three estate communities for PFA talanoas.
- Empower Pacific has mobilized to Yasawa islands which had been identified as a gap area for Psychosocial Support and Mental Health interventions.
- UNICEF in conjunction with Ministry of Education is completing a field test this week on books developed at the workshop: “Helping Meet the Psychosocial Needs of Children after Cyclone Winston: Communication to help children move towards Healing and Hope” The team is planning to print these materials for use in schools and other settings.
- MoHMS teams in each divisions continue to conduct following response activities together with partners:
  - MoHMS Eastern team, supported by IsraAID, is planning to conduct PFA and mhGAP training in the Eastern division in coming month, targeting Ovalau and Koro Island
  - MoHMS Western team is mobilizing to Rakiraki, Ba and Tavua to conduct PFA trainings and talanoas over a 3 day outreach program next week
  - MoHMS Central team is mobilizing to Tailevu and Korovou to conduct PFA talanoas in the first week of May with PFA training planned for end of May due to accommodation issues.

- Oceania Psychology Register, a group of psychologists, has offered their services to debrief any MoHMS or NGO partners needing debriefing upon return from field. They have also expressed their interest in conducting research and analysis of the data collected.
- Roman Catholic Church has requested PFA training of members which is to be facilitated by MoHMS trainers.
- TB unit is conducting a 2 day PFA training of TB and MOH staff next week in Suva.
- Discussions are now starting to focus on long term psycho-social and mental health needs and plans.

## Highlighted initiative

### Family Health Services Outreach Mobile Clinic Program



**Figure 3 Service areas of the Family Health Services Mobile Outreach Clinic Program**

Family Health Services Outreach Mobile Clinic Program was launched on 4<sup>th</sup> April, for eight weeks.

The purpose of the program is to provide mobile Maternal, Child Health (MCH) & Nutrition services, Antenatal Health Clinic (ANC), Post Natal Clinic (PNC) Services, Family Planning Reproductive Health Services, and Integrated Management of Childhood Illnesses to the hard to reach areas, within the severely affected areas by TC Winston.

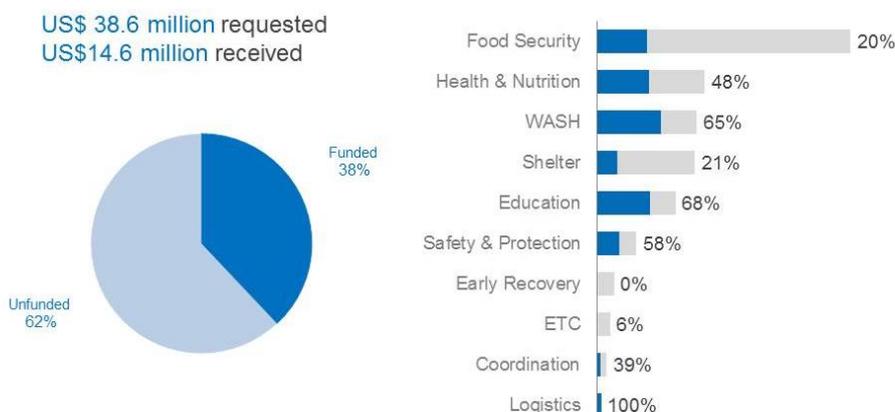
These services will be provided as an outreach mobile clinic with eight teams. Each team is composed of medical officer, midwife, nurse, dietician, psychosocial support officer, driver, and other team members by invitation. They have deployed to Ba Highlands, Ra Highlands, Ra Coastal, Lomaloma, Taveuni, Vanuabalavu, Bua/Cakaudrove and Koro. (See map above)

These activities will maintain immunization coverage above 90% for all antigens and reduce the burden of under-nutrition and childhood illness through the distribution of multi-micronutrient powder, vitamin A and deworming tablets. Patients will be referred to clinics when necessary, following screening for severe malnutrition, non-communicable disease and other serious health problems.

Funding from UN OCHA's CERF through UNFPA, UNICEF and WHO, and staff from MoHMS, are supporting this intervention.

## Funding status of action plan

The [Flash Appeal](#) for TC Winston Response is 38% funded, with the Health and Nutrition Cluster pledged funds to 48% of the total. 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](http://www.health.gov.fj/?page_id=5254).

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