

IN THE EYE OF THE TYPHOON MSF'S TYPHOON HAIYAN RESPONSE





MSF's RESPONSE TO TYPHOON HAIYAN

When Typhoon Haiyan, or Yolanda, as it is known locally, ripped through the central Philippines on 8 November 2013, it caused a disaster of a scale unprecedented in the past century in the country. Whole communities were flattened, while a tsunami-like storm surge claimed thousands of lives. Roofs were blown off and livelihoods were swept away. Following the disaster, many areas were inaccessible; bridges were destroyed, roads were impassable, power and communications were cut off, and fuel was in short supply. Partially damaged schools, stadiums and churches were turned into evacuation centres, where survivors crammed together waiting for help to come.

Some 16 million people have either lost their homes or livelihoods, and more than 6,200 people were killed.¹

The devastation caused by the typhoon was an intense blow to a country battered by one disaster after another within a matter of months, if not weeks - including displacements in southern Mindanao due to fighting in August 2013, and the earthquake which rattled Bohol province in October 2013, less than a month before Typhoon Haiyan.

The Visayas region was hardest hit by the typhoon. Encompassing Leyte, eastern Samar and Panay islands, it is one of the poorest regions in the Philippines. This, combined with the sheer force of the wind and water and the scattered geography of the archipelago, presented extreme challenges - first for the survival of the population and second for the delivery of relief.

Living in a country prone to natural disasters, Filipinos are no stranger to destructive storms, floods, volcanic eruptions and earthquakes. They have extensive local experience in dealing with disasters of this kind. In the aftermath of Typhoon Haiyan, volunteers mobilised quickly from all over the country to provide lifesaving help to the survivors. Local health workers - themselves victims of the typhoon - set about treating the injured. When aid was slow to arrive, they helped each other, sharing shelter, food and medicine.

Overwhelming generosity from all around the world poured into the Philippines. Médecins Sans Frontières/Doctors Without Borders (MSF) received extraordinary support from donors across the world amounting to 32.4 million Euros to provide humanitarian assistance to the affected population.

MSF was able to provide emergency assistance to communities on three of the most affected islands : Guiuan and nearby towns on eastern Samar; Tacloban, Tanauan, Ormoc, Santa Fe and Burauen on Leyte; and Estancia, Carles and San Dionisio on mainland Panay, as well as several outlying islands. This included addressing acute and immediate medical trauma needs; restoring basic medical services and facilities; providing shelter, reconstruction kits, water and sanitation facilities; and offering

psychosocial support to both children and adults.

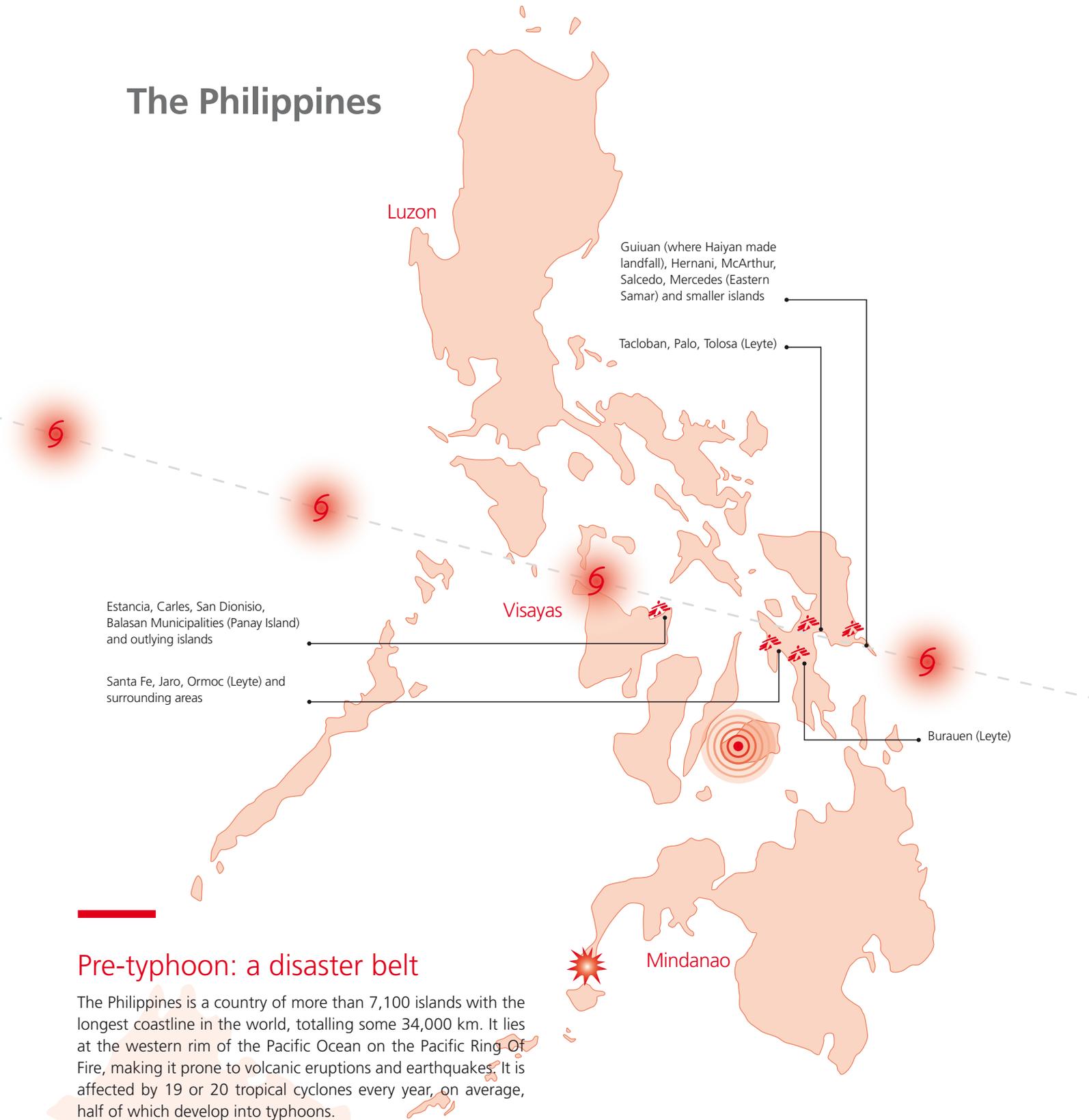
Over three months later, the transition to recovery is underway. Streets and roads have gradually been cleared. Shops are reopening, school classes have resumed. Houses have been repaired, and many evacuees are now back in their homes. But people are wary of the monsoon season, the frequent rains and the threat of another typhoon. Although the emergency phase may be over, rebuilding towns will be a long-term and daunting task; and those who are dependent on farming - especially coconut farmers - will be in a precarious situation for years to come.

Over the past three months, MSF has gradually reduced its activities, handed over medical programmes to local actors, and closed projects where our services and expertise are no longer necessary. Today, MSF is still providing comprehensive health care services in the hardest-hit areas of Tacloban and Guiuan.



¹ Figures are based on the report dated 6 March 2014 of National Disaster Risk Reduction Management Council (NDRRMC) of the Philippines.

The Philippines



Pre-typhoon: a disaster belt

The Philippines is a country of more than 7,100 islands with the longest coastline in the world, totalling some 34,000 km. It lies at the western rim of the Pacific Ocean on the Pacific Ring Of Fire, making it prone to volcanic eruptions and earthquakes. It is affected by 19 or 20 tropical cyclones every year, on average, half of which develop into typhoons.

Health systems in the country are well placed and quick to mobilise during disasters. Services are provided free of charge, apart from some medicines, which need to be bought privately.

MSF has a long history (since 1984) of responding to disasters in the Philippines. Our projects have generally focused on the medical needs of survivors following typhoons, lava flows, floods and droughts. MSF has also run a project for a street children, an AIDS prevention programme and various projects providing assistance to people displaced by the conflict between rebel groups and the government in Mindanao.

-  Typhoon Haiyan path
-  Bohol Earthquake (in Visayas)
-  Zamboanga conflict (in Western Mindanao)
-  Areas/Locations of MSF interventions

FIGURES AT A GLANCE



The numbers below give an indication of the scale of MSF's response between 8 November, when Typhoon Haiyan struck, and 28 February.

Human Resources²

719

Filipino staff



171

International staff



1012

Tonnes of cargoes



Medical facilities

8

MSF facilities (tented hospital & health centre)



1

Construction of new semi-permanent hospital



133

Number of mobile clinics (locations)



4

Hospitals rehabilitated



22

Rural Health Units rehabilitated (health centres)



Medical activities

| | |
|---|------------------------------------|
| Patients treated: outpatient consultations (including mobile clinics) | 96,611 |
| Patients admitted to hospital | 2,229 |
| Emergency room consultations | 6,931 |
| Surgical procedures conducted | 3,756 |
| Minor surgery (and dressings) | 10,413 |
| Major surgery | 588 |
| Babies delivered | 846 |
| Antenatal care | 2,655 |
| Mental health beneficiaries | 27,044 |
| Group sessions conducted | 2,178 |
| Individual consultations provided | 999 |
| Psychological education sessions conducted | 462 sessions (16,176 participants) |
| Vaccinations given (total) | 26,955 |
| * Measles | 14,999 |
| * Tetanus ³ | 6,693 |
| * Others (Hepatitis, BCG, Polio) | 5,263 |

Non-medical activities

| | |
|---|-------------|
| Relief kits distributed | 71,979 |
| Tents, reconstruction kits, shelter materials distributed | 27,463 |
| Litres of potable water distributed | 14,473,500 |
| Water purification tablets distributed (in litres of potable water) | 159,951,000 |
| People supplied with clean drinking water | 86,264 |
| Latrines constructed | 96 |
| Showers constructed | 77 |
| Emergency nutrition biscuits distributed (families) | 11,000 |
| People receiving food packs | 50,000 |

² A snapshot number of MSF staff on the ground.

³ Anti-tetanus vaccination in Guiuan, eastern Samar is handled by the Guiuan Rural Health Unit medical staff. No data is collected.

THE FIRST WEEK

7
DAYS



At the time Typhoon Haiyan struck, MSF was not operational in the Philippines. However, MSF offices in Hong Kong, Tokyo and Sydney regularly monitor disasters occurring in the Asia-Pacific region, to offer emergency support. When Typhoon Haiyan made landfall on 8 November, MSF emergency staff were already piecing together information being received from the worst affected areas through the help of our Filipino field workers, relevant government offices and other agencies.

On 9 November, the first MSF team arrived in Cebu, the nearest city to the epicentre of the disaster with a functioning international airport. By 11 November, the first three cargoes were on their way to the Philippines containing more than 300 tonnes of medical supplies and equipment, an inflatable hospital, water and sanitation kits, and essential relief items were heading to the Philippines. The intervention was to be one of MSF's biggest emergency responses in 2013.

In the early days following the disaster, Tacloban, one of the hardest hit areas, was the centre of rescue and relief operations and media attention. The massive humanitarian and rescue efforts clogged up the small, partially operational airport and caused a bottleneck in the aid flow to isolated communities. In the light of these tremendous efforts being focused on Tacloban, and the scant information being received from outlying islands, MSF decided to split its team to assess the needs in other areas.

MSF teams went to the provinces of eastern and southern Samar, northern Cebu, northern and southern Leyte, Panay, Negros Occidental and Palawan to assess the extent of the damage and the needs. These areas were particularly challenging to access, so MSF mobilised all possible means to do so, including boats, trucks, chartered planes, commercial flights and helicopters.

What the teams saw were varying levels of devastation, but the overall verdict was that people on Leyte, eastern Samar and Panay

islands were in urgent need of basic humanitarian assistance.

Because of the general good health of the population pre-disaster, the self-sufficiency of rural health care and the preparedness of the Department of Health, the medical needs, were lower than anticipated. However, the non-medical needs, such as shelter, water and sanitation, and the reconstruction needs were notably higher than expected due to the extent of the destruction caused by the typhoon and the storm surges.



When the typhoon made landfall in our town, we sought refuge in my parents' house. The wind was so strong that it blew off the roof of the house. We thought it was the last day of our lives. It's difficult to describe the event, it is traumatic. Niño was soaked in water. We cannot wrap him or dry him as all our things are wet.



said Niño's mother, who came to MSF's facility to seek care for her son, has suspected dengue fever, spread by mosquitoes and is common in many tropical countries.



Logistical and transportation issues

During the first ten days of the disaster, transportation links to many areas were seriously affected. The few functioning airports and already heavily congested ports, were ill-equipped to cope with the level of demand. Many roads were blocked or damaged and both fuel and vehicles were in short supply, all of which contributed to the delay in aid delivery. As a result, in some areas reached by MSF teams during this period, they were the first source of international assistance. With delays in the arrival of international aid, Filipinos were at the forefront of first aid delivery and rescue efforts.

When the three MSF cargo flights containing lifesaving supplies landed in Cebu on 13 November, airport congestion was at its peak, offering a bleak outlook for the nine other cargo planes with MSF supplies expected soon after. MSF logisticians worked around the clock, to ensure proper clearance, storage and delivery of the lifesaving medical supplies, equipment and medicines. Fortunately, the implementation of the "one-stop-shop" process, in which authorities from all relevant government agencies are present in one room at the airport to sign off cargo clearance, significantly eased the process.



AN OVERVIEW OF THE NEEDS AND MSF'S RESPONSE



Medical needs

Free Primary and Secondary Health Care

Most of the local health facilities - including hospitals and health posts - had been damaged or destroyed; medicines, supplies and equipment had been washed away or were quickly depleted in the early days.

Filipino health workers were the first responders. Patients who needed critical care were prioritised and were evacuated to the nearest cities with functional hospitals where possible.

MSF tried to rapidly scale up the provision of medical services to restore the capacity of the destroyed local health system in close collaboration with the Department of Health, the Provincial and Municipal Health Offices, and other relevant actors.

The MSF logistics team mobilised quickly to erect temporary structures, such as tented facilities and inflatable hospitals, and to clean up and repair existing health structures. Supplies of water and electricity were established; hygiene procedures and sanitation structures were put into place; and eventually temporary buildings were installed.

Many people with minor injuries, lacerations, and wounds made their way to MSF facilities. They were often people who relied on the free public health care system.

MSF also rehabilitated partially damaged hospitals and rural health centres. To improve access to basic health care for the population living inland, 22 rural health centres were also part of this rehabilitation process.



MSF set up mobile clinics to reach inland villages and outlying islands. They were particularly important because they made primary healthcare services and referrals for more advanced care available to people who were otherwise isolated or without access to medical services.

Stagnant water, which is common in the rainy season and in the aftermath of storms, can lead to higher-than-normal rates of mosquito - transmitted illnesses such as dengue fever. Children with dengue fever were admitted to and treated in MSF facilities. The teams also worked on outbreak prevention by raising awareness about the disease through public radio announcements or health promotion in the outpatient areas.

Mental Health Support

Having faced calamities big and small over the years, Filipinos have developed a strong social support system and coping mechanisms. Nevertheless, the severity of this crisis put their



| First month | |
|-------------|---|
| 30,900 | outpatient consultations |
| 300 | patients admitted |
| 28,000 | relief kits distributed |
| 2,100 | surgical procedures performed |
| 9,100 | shelter and reconstruction kits distributed |

resilience to the test, as many of them suffered anxiety and psychological distress as they struggled with loss and bereavement. MSF provided a broad range of mental health support and care, integrated into its medical activities, including psychological first aid and preventive measures. When patients came to the health centres with unexplained physical symptoms such as headaches, dizziness or sleeping disorders, they were referred for mental health care. Group discussions were held with the aim of exploring community and individual coping mechanisms and promoting peer support. One-on-one sessions were also conducted, focusing on those people showing signs of acute distress. People who were suffering from post-traumatic stress disorders and severe depressions were treated in individual sessions.

MSF also targeted schoolchildren. Since the typhoon, many children were anxious about being separated from their parents. They had difficulty concentrating at school and were either very agitated or overly quiet and withdrawn. Psychological social activities were provided, such as playing, singing and drawing, which offered simple ways for children to express their feeling and deal with their emotional struggles and needs.

“*Community leaders and local health workers help us identify the most affected people – isolated old people, previously sick patients, families who are known to have lost many children. One man brought his wife to see us because, since seeing all the dead bodies in the streets, she couldn't leave the house or do anything. Another young man was brought in totally delusional. Some people need medical treatment, but most just need psychological support and care.*”

– Frederique Drogoul, MSF psychiatrist

Non-medical needs

Water and Sanitation Activities

Natural disasters do not necessarily lead to epidemics. However, unhygienic and overcrowded, makeshift living conditions can increase the risk of diseases spreading. In the aftermath of a disaster of this scale, it is imperative that prevention measures are taken to mitigate the risks.

MSF teams provided clean water, rehabilitated and treated water points, carried out waste management for water waste and medical materials used in the health facilities, and constructed latrines. Over three months, MSF distribute more than 14 million litres of water, supplied clean drinking water to 86,200 people, and distributed water purification tablets equivalent to around 160 million litres of water.



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Relief Items, Shelter and Reconstruction Kits

In the first two weeks of the disaster, many families were either living in crowded evacuation centres or in makeshift shelters. Many families wanted to rebuild their homes but were prevented by the lack of basic reconstruction materials such as hammers, nails, wood, galvanized iron sheets, etc. In response to the needs, MSF distributed shelter and reconstruction kits to the most vulnerable communities to help them return to a semblance of normality. The teams distributed over 27,400 shelter and reconstruction kits including piles of woods, nails, hammers, galvanized iron sheets and other essentials. Nearly 72,000 basic humanitarian relief items such as hygiene kits, mosquito nets and cooking utensils were also distributed.



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“*We were very scared. Trees were swirling through the air – some of them fell on the roof of the building. But when the wind finally stopped, it still wasn't over, because that was when the water came. I don't know what the future will bring. I hope I'll be able to rebuild my house and my life, but at the moment I don't know where to begin.*”

– Venia Gesola, 42-year-old survivor of the typhoon who evacuated in a nearby school

SUMMARY OF ALL ACTIVITIES



Within days of Typhoon Haiyan, MSF began providing medical and humanitarian assistance on three of the most affected islands: around Guiuan in the east of Samar island; around Tacloban, Ormoc, Santa Fe and Burauen on Leyte island; and around Estancia and on the northeastern archipelago of Panay island. By the second and third month, as immediate medical needs decreased and the capacity of the local services improved, MSF was able to handover basic support activities and close projects in three out of five areas where it had been responding. MSF continues to work in the areas of Tacloban and Guiuan, lending support in the provision of the much-needed secondary healthcare.



Guiuan and nearby towns, Eastern Sama

On-going activities: MSF's tented hospital was set up and remains in place today on the grounds of the Felipe J Abrigo referral hospital, the only public secondary healthcare hospital for the five municipalities of Hernani, Mercedes, Salcedo, McArthur and Guiuan, with a catchment population of around 100,000. It has around 60-70 inpatient admissions per week. The maternity unit and delivery rooms are particularly busy with an average of 20-30 admissions per week; while an average of ten surgeries are conducted in the operating theatre weekly, mostly caesarean sections and orthopaedic surgeries. There is also an X-ray unit, a laboratory, an isolation room and a unit for sterilising equipment.

In the outpatient clinic set-up in the Felipe J Abrigo referral hospital, MSF staff provide an average of 110 consultations per day. The team is treating high numbers of respiratory tract and skin infections. The team is also seeing patients with chronic conditions, such as diabetes and hypertension, who either lost their medications or stopped their treatment due to the typhoon. For quite a few patients, failure to continue their medications has caused a worsening of their health.

A team of MSF psychologists continue to carry out 40 mental health sessions per week, as well as run psychosocial activities and raise awareness about mental health issues. Individual consultations are also provided for patients with pre-existing psychiatric conditions who are in regression due to having lost their medicines during the typhoon.

Water and sanitation specialists are currently providing water for 20,000 people per day. The team cleaned a total of 85 wells in the villages, and along the coastal strip where water supplies were contaminated by seawater and debris; 80 hand pumps were also installed. Water network repairs, distribution of water purification tablets and drinking water continue and latrine construction is on-going.

MSF is currently in the process of constructing a new semi-permanent hospital in Guiuan, which will serve as an interim hospital facility for the community while the referral hospital is being rebuilt by the government.

Activities concluded: For over two months, MSF deployed health staff to work alongside Filipino medical staff in the rural health centre of Guiuan. The teams carried out an average of 2,000 medical consultations per week, in addition to the 400 patients who needed dressings and minor surgery. Once the health needs stabilised, the extra human resources support by MSF was no longer needed.

Two mobile medical teams – one land-based, the other travelling by boat – ran mobile clinics in outlying areas. Teams carried out 500 consultations per week in inland areas and 400 consultations per week on the small islands south of Guiuan. The last mobile clinic activity was held in February after rural health services were restored.

Teams distributed tents, hygiene kits and cooking equipment to



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people whose houses had been destroyed by the typhoon. Reconstruction kits were distributed to over 3,000 families on the islands south of Guiuan, and 500 reconstruction kits to families in Guiuan city, as well as boat repair kits to people on the islands.

Support to rural health units in the municipalities of Hernani, McArthur, Mercedes and Salcedo ceased in February and rehabilitations of damaged health centres in these four municipalities including the Guiuan's health centre were completed.



Ten-year old Ayron Sanchez was the first child to undergo surgery in the new operating theatre in MSF's hospital in Guiuan. Ayron suffered from chronic osteomyelitis, which is an infection of the thigh bone, probably caused by a viral infection when he was five. Ayron's aunt Ruby Abendaño said that they thought they would lose Ayron's leg. Before, they travelled far to seek help but the doctor advised an amputation. But Ayron's parents didn't have enough money for the operation. Ayron couldn't walk, and his leg got worse and worse. They came to MSF's hospital to get his leg checked by MSF doctors. Rowena Evangelista, a surgeon, said that he would have to undergo surgery, but that there was no need for an amputation; and the service would be free. Aside from the surgery, Ayron was given antibiotics and also therapeutic food to keep him strong during recovery.



Tacloban City and surrounding areas, Leyte

On-going Activities: In Tacloban City, MSF continues to run a 54-bed capacity inflatable hospital which has 11 beds in the maternity ward, seven in a newborn unit, and 36 in the inpatient and surgery wards. It has an operating theatre, an outpatient department and an emergency room. Since the beginning of the emergency, all patient consultations in all departments have steadily increased, although the nature of the cases has shifted. Today the majority of admissions to the hospital are due to infected wounds, open fractures, respiratory tract infections, chronic diseases, injuries received while repairing damaged buildings and from road accidents. Mental health activities also continue.

The outpatient department is one of the busiest, with consultations averaging 440 patients per day – mostly due to respiratory infections and chronic diseases. Patients have cuts from nails and galvanized iron sheets; children suffer injuries as a result of playing on and around the debris and construction sites. They are provided with tetanus vaccinations and immunoglobulin to prevent infections.



Access to their medications for patients with chronic illnesses remains a problem. In the inpatient department, admissions of patients with complicated diabetic infections, specifically on their feet, are increasing. The maternity department offers delivery, antenatal and post-natal care. Over 560 babies were born in the hospital until the end of February, and the number is rising significantly. In the newborn unit, common diagnoses are clinical sepsis, low birth weight, severe respiratory infection and upper gastrointestinal bleeding. The teams are also treating patients with major burns from kerosene lamps igniting temporary shelters.

Activities concluded: In the town of Tanauan, south of Tacloban, MSF set up a 25-bed tented hospital with an emergency room, a paediatric ward and a maternity ward. Mobile clinics were carried out in and around Tanauan and in the nearby town of Tolosa; vaccinations were also provided in these sites and essential relief items distributed, including tents, blankets, cooking sets and hygiene kits to 3,000 families. In late January, MSF decided to gradually phase out its activities in Tanauan hospital and will gradually hand over outpatient activities to the local rural health unit.



Angel Corate, who gave birth to baby Janel, was rushed to MSF's inflatable hospital in Tacloban on 16 December from another MSF facility in Tanauan. Angel was diagnosed with placenta praevia, a condition that puts mother and child at risk, therefore needing caesarian section surgery. A mother with placenta praevia can bleed to death during a natural birth. From birth, Janel had a good chance of surviving but she weighed just 1.9 kg and was not feeding well. She also developed jaundice. MSF's medical team gave her phototherapy and support with feeding, and nine days later she and Angel were able to go home to join her two sisters, brother and father to celebrate Christmas.



Ormoc, Santa Fe and surrounding areas, from north-west to northeastern Leyte

MSF teams provided a total of 5,263 medical consultations and facilitated 37 emergency referrals. They provided 397 psychological first aid sessions, group discussions for 1,947 people and organised psychological education sessions for 7,396 people, and group recreation activities for 4,018 children. MSF's water and sanitation staff provided more than one million litres of drinking water to nearly 33,000 people. Teams distributed 2,009 general relief kits, including tarpaulins and blankets; 4,820 reconstruction kits with tools, nails and plastic sheeting; and 1,093 hygiene kits to pockets of most vulnerable population.

From the end of December, MSF discontinued its support to two health centres in Santa Fe and Jaro, and donated medicine and medical supplies to each health centre.

Two mobile clinic teams working from Carigara and Ormoc, which provided health care through one-day clinics in more than 80 locations in remote communities in Santa Fe, Ormoc, San Isidro, Capoocan, Leyte, Alangalang and Jaro municipalities. The last clinics were run at the end of December before being handed over to other actors.

Teams also handed over services supplying water by trucks to Ormoc, Santa Fe and Jaro municipalities.



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Burauen, western Leyte

In Burauen, MSF carried out around 23,000 outpatient consultations, 45 minor surgeries, more than 1800 emergency room consultations, admitted 357 people as inpatients and assisted with 121 deliveries. MSF's mental health teams saw 2,000 people in one week alone in December, in 97 group sessions and 20 individual sessions.

Essential relief items, including tents, cooking utensils and hygiene kits were distributed to 7,700 families in isolated areas surrounding Burauen, Julita, Tabontabon, Dagami and La Paz by the end of December.

MSF ceased its medical support to Burauen district hospital and to rural health units in Burauen, La Paz, Mayorga, Tabontabon and Julita on 3 January. The renovation of the operating theatre and the recovery room in Burauen hospital was completed on 10 January. One rural health centre near Burauen was also repaired.

Water trucking activities and mental health activities were handed over to other actors in order to ensure the continuation of services.



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“*Santa Fe is one of the devastated areas but it is neglected so far, and we suspect many places like this still exist. I am quite shocked that we are the first medical team to be here, to help them. Certainly there are medical needs, within half a day we saw such a high numbers of patients to treat. I just saw a mother with a very small child and started crying. For me it's a clear signal how traumatised they are. If you asked them how are you, then they can release the pain and mental stress they have.*”

– Tankred Stöbe, MSF medical doctor who arrived in the first week of the disaster.

“*We set up a field hospital in Burauen aimed at enabling the main district health care center to receive patients, as it did before the typhoon. At the same time, MSF is supporting the health centres in the surrounding towns with water, drugs and human resources to provide medical consultations to the population.*”

– Federica Nogarotto, MSF coordinator in the region.



Mainland Panay and outlying islands

MSF provided medical and humanitarian assistance in 21 islands east of Panay, covering a population of 55,000. MSF also worked on the Panay mainland in the areas around Estancia, San Donisio, Balasan and Carles municipalities.

Overall MSF carried out more than 12,500 medical consultations, provided mental health sessions for around 3,000 people, distributed over 11,000 relief kits, and provided food for 11,000 families. MSF also assessed more than 80 water sources and either repaired or cleaned 21 and provided more than 1.2 million litres of chlorinated water.

Additionally, MSF rehabilitated 13 health facilities both in the coastal areas of the mainland Panay and on the offshore islands. As a consequence of an oil spill in Estancia harbour that occurred during the typhoon, MSF provided medical care, non-food relief items and approximately 1,500 tents to those relocated in the evacuation centre and to the most vulnerable families in the surrounding areas.

In addition, MSF carried out a measles vaccination campaign in the last week of December 2013 and the first week of January 2014. In total, MSF vaccinated 14,999 children against measles, and 4,654 children against polio.

Before departing MSF provided medical donations to a number of healthcare facilities and donated three functional cold chains (one in each of the three municipalities) to help ensure proper resumption of the national vaccination programme.



People are in need of everything. People tell us that they need drinking water, because the lakes became salty when the seawater surged. In the rural areas, many people have no means of subsistence, as their crops have been destroyed. Usually, those living on small islands travel from one island to another by boat, but many boats have been ruined. Sick people have no way of reaching the main island. On bigger islands, communities are working to clear the roads that are covered with falling trees.



– Esther Sterk, medical doctor who was part of a team assessing needs in mainland Panay and outlying islands



Rationale for the reduction and closure of some activities

After nearly two months, the need for many of the services that MSF provided in the emergency phase had decreased. In the areas of Ormoc and Burauen on Leyte island and the northeast coast of mainland Panay and its outlying islands, the immediate medical and humanitarian needs that followed the typhoon, such as caring for wounds and broken bones, and distributing tents and reconstruction kits, were being met by the arrival of other aid organisations and the recovering capacity of country's health services. This meant that MSF's gap-filling role had been fulfilled and the transition to an early recovery phase could be carried by other actors in these localities.

Throughout this crisis, the Filipino people have taken on the lion's share of the relief effort, something which, together with their resilience and sense of solidarity has been impressive. The government has also made huge progress in the face of massive logistical constraints.

MSF acknowledges the open and good collaboration that has existed with the government throughout the emergency response in all the areas where MSF has worked - including the areas around Ormoc, Santa Fe, Burauen and on Panay and outlying islands - and is grateful for the continued support extended by the government in and around Tacloban and Guiuan, where MSF plans to stay until the health care system is functioning again at adequate levels.



FINANCIAL ACCOUNTABILITY: DONATIONS AND SPENDING



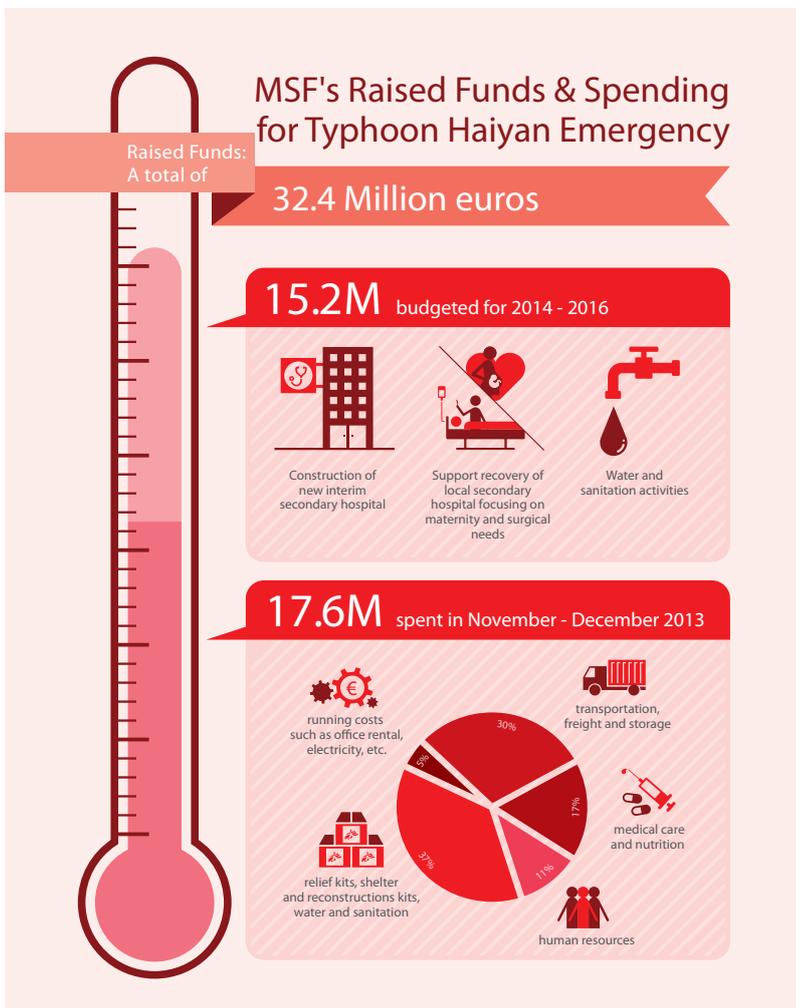
MSF was overwhelmed by the generosity of donors from around the world and is immensely grateful for the financial support that has contributed to the emergency response in the Philippines.

MSF has raised a total of 32.4 million euros for Typhoon Haiyan response, 30 million euros from private supporters and 2.4 million euros from public institutional donors.

By the end of 2013, MSF had spent 17 million euros, more than half of the funds raised (see table 3 and 4), for assistance to the Filipino population hit hardest by the typhoon. For 2014, MSF plans to spend an additional 8 million euros as part of the emergency intervention. For the following years an estimated 7 million euros will be needed for medium-term projects before the end of 2016. After reaching the level of funding needed to support our operations in the country, MSF discontinued active fundraising for the victims of the typhoon in December 2013.

Due to the good general health status of the affected population, the responsiveness of the Philippine government, especially the Department of Health, and the nature of the disaster, the medical needs were less than expected, while non-medical needs were higher due to the level of devastation in the Visayas region. Following the principles of providing assistance according to the utmost needs, MSF adapted its response accordingly.

By the end of 2013, in an attempt to improve the living conditions and access to free healthcare for thousands of people whose homes and means of earning a living were destroyed, MSF had spent 6.6 million euros (37% of the spending) on relief activities, distribution of shelter and reconstruction kits, as well as rehabilitation of several hospitals and health centres. A further 17% or 2.9 million euros were spent on medical materials and supplies for the activities in the hospitals, health centres and mobile clinics.



Transportation, freight and storage of relief goods and medical supplies had accounted for 30% of total spending. MSF spent 5.3 million euros on the vast amount of medical and humanitarian relief kits brought into the Philippines from MSF supply offices in Bordeaux, Dubai, Brussels as well as ensuring its direct delivery once in-country to the project locations spanning the three major islands of Panay, Leyte, and eastern Samar – which were often only accessible by helicopter, boat, or plane.

MSF spent more than 1.9 million euros on human resources, both international and national staff, which was 11% of the expenditures. The staff included not only doctors and nurses but also non-medical personnel, who comprised 50% of the staffing, including project coordinators, logisticians, administrators, drivers and daily workers. All played a vital role in the day-to-day running of the operations.

Numbers at a glance for Typhoon Haiyan emergency

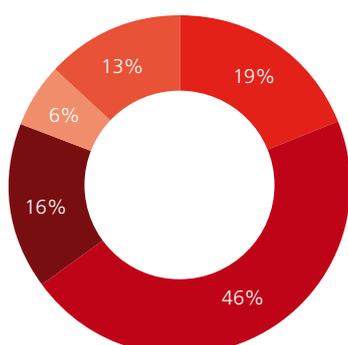
I. Raised Funds (in Euro)

| | |
|---------------------------------------|-------------------|
| Private income restricted | 29,973,108 |
| Institutional funds | 2,402,620 |
| Total restricted income raised | 32,375,728 |

II. Expenditures (in Euro)

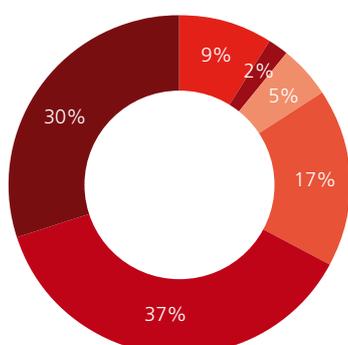
| | |
|---------------------------------|-------------------|
| Spent in Nov and Dec 2013 | 17,681,058 |
| Expenses foreseen in 2014 | 8,189,683 |
| Expenses allocated in 2015-2016 | 7,000,000 |
| Total Expenses | 32,870,741 |

III. Breakdown of 2013 operational expenditures by project/area of intervention



| Areas of Intervention | Amount in Euro | % of Total Cost |
|---------------------------------------|-------------------|-----------------|
| Tacloban and surrounding areas | 3,405,256 | 19% |
| Guiuan and outlying islands | 8,193,188 | 46% |
| Burauen | 2,750,808 | 16% |
| Ormoc, Santa Fe and surrounding areas | 1,020,061 | 6% |
| Mainland Panay and outlying islands | 2,311,746 | 13% |
| Total 2013 expenses | 17,681,059 | 100% |

IV. Breakdown of 2013 operational expenditures by category



| Expenses by Category | Amount in Euro | % of Total Cost |
|---|-------------------|-----------------|
| International Staff | 1,580,863 | 9% |
| National staff | 301,022 | 2% |
| Running cost (i.e. office rent, electricity, etc) | 889,255 | 5% |
| Medical and nutrition | 2,961,038 | 17% |
| Logistics, water and sanitation | 6,601,015 | 37% |
| Transport, freight and storage | 5,347,865 | 30% |
| Total 2013 expenses | 17,681,058 | 100% |



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PLANS FOR 2014 AND BEYOND



The comprehensive range of MSF's response mentioned in the report was adapted to meet the needs of the population and in some instances was reduced where the organisation's help was no longer necessary. Over the three months after the typhoon, recovery and reconstruction is underway in the affected areas. Life is not yet back to normal but the progress is fast. The medical needs are also shifting. With these changing needs, MSF continues to adapt its interventions accordingly.

In Guiuan, where the tented hospital facility is busy providing medical treatment to a catchment population of 100,000, construction of a new temporary hospital is in progress. This semi-permanent pre-fabricated hospital is expected to be finished and functional by June 2014. It will then be handed over to the Provincial Health Office. The temporary hospital will serve as an interim facility until the Felipe J Abrigo referral hospital building has been re-established.

In Tacloban, the acute phase of medical emergency needs has passed. The regional hospital is recovering well, and there are

plans to increase bed capacity. However, the provincial and district hospitals remain only partially functional. For this reason, MSF is looking now into supporting the Department of Health more directly in the provincial referral hospital. In the transition period, MSF will plan to refer all patients currently in the tent hospital to the regional hospital by April 2014. The outpatient department in Tanauan, south of Tacloban will continue until end of March 2014 when local health actors will be able to take over the activities.

With maternity and obstetric concerns continuing and the surgical capacities remaining sub-optimal, MSF is working with the Department of Health on the possibility of supporting the maternity ward and the operation theatre of Leyte provincial hospital to ensure access to safe deliveries.

MSF also plans to further focus its response on the most critical gaps and needs noted by the teams during the last three months of intervention, e.g. chronic diseases, rehabilitation care for amputees and water and sanitation needs.



CONCLUSION

The response to Typhoon Haiyan was one of MSF's largest emergency interventions for a natural disaster in 2013, and this would not have been made possible without the support of many. MSF would like to thank all the individuals, corporations, foundations and public institutional donors that have supported our efforts to provide lifesaving medical and humanitarian aid to the people affected by Typhoon Haiyan. MSF maintains its commitment to provide assistance in the Philippines where medical and humanitarian needs remain.



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