



Update on Nutrition Cluster Response to the Typhoon Haiyan 12th December 2013

Situation Analysis

On the 8th November 2013, Typhoon Haiyan, which was the most powerful storm ever recorded hit Guiuan, Eastern Samar province, causing extensive damage to life, housing, livelihoods and infrastructure across nine of the Philippines' poorest provinces. The islands of Leyte and Samar were hardest hit: 90 percent of the infrastructure of Leyte's largest urban center, Tacloban City, was destroyed. Philippine authorities estimate that 13 million people have been affected, 3.4 million displaced, and at least 5,209 people are confirmed dead

Nutrition surveys conducted in the countries pre-crisis showed that acute malnutrition rates in the affected regions are higher than the national average. The National Nutrition Survey (NNC/FNRI, 2011) found in the regions affected by Typhoon Haiyan (Yolanda), wasting rates range between 7.8 per cent in Region VI to 8.5 per cent in Region VII. According to the results of the same survey, 10 percent of lactating women are malnourished and 16 to 33 per cent of pregnant women in Regions VI, VII and VIII were found to be at-risk of malnutrition based on weight-for-height measurements. Additionally, the "Health of Adolescents in the Philippines" report published by WHO in 2011 suggested that, significant proportion of women 15-19 years old (10 percent) have had a live birth or were pregnant. A combination of these factors increases the risk of poor pregnancy outcomes, including obstructed labour, premature and/or low-birth-weight babies, postpartum haemorrhage and significantly, increased risk of the infant developing into a chronically malnourished adult.

In the areas affected by the Typhoon, the Nutrition Cluster estimates that 2.94 million individuals are at risk of malnutrition. It is estimated that up to 12,000 boys and girls between 6-59 months suffer from severe acute malnutrition and up to 50,000 boys and girls between 6-59 months suffer from moderate acute malnutrition and more than 100,000 pregnant and lactating women are at risk of malnutrition and micronutrient deficiencies in seven severely affected provinces alone. More accurate estimates will be available once detailed nutrition assessments are completed.

Aggravating factors such as the likely rise in water-borne illnesses and other infections, limited access to safe water, reduced food intake (quality and quantity), increased time away from young children, psychological stress, limited access to health care and difficulty to adequately promote, protect and support optimal Infant and Young Child Feeding (IYCF) practices are expected to significantly deteriorate the nutritional status of young children and mothers. Even though exclusive breastfeeding is relatively high in affected areas (estimated to be between 50 to 70 percent) in the National Nutrition Survey 2011, there are reports of uncontrolled distribution of infant formula to affected families, and this poses a great risk to the health of infants and young children. Widespread donations of powdered infant formula are expected to discourage mothers from continuing breastfeeding exclusively and this will in turn exacerbate risks of morbidity and mortality among infants and contribute to the increased levels of acute malnutrition.

Therefore, immediate measures are needed to protect the nutritional status of women and young children affected by Typhoon Yolanda. The Nutrition Cluster is working in partnership with the Health, Food Security and WASH sectors to ensure that nutritionally vulnerable mothers, infants and young children receive lifesaving treatment for acute malnutrition and protective nutrition services including support and promotion of infant and young child feeding and prevention of micronutrient deficiencies in priority provinces of three severely affected regions: VI, VII and VIII.

The National Nutrition Cluster has been established several years ago following previous emergencies in the country and this was activated during the current emergencies. The cluster is led by the National Nutrition Council (NNC) of the DoH and is based in the NNC building. The chairperson of the cluster is the Assistant-Secretary of the DoH and the co-lead is UNICEF as the cluster lead. The DoH defined cluster responsibilities in its Directive and this can be found on <http://philippines.humanitarianresponse.info>.

The cluster in Manila currently meets on a weekly and these meetings are attended by a large number of partners, the most recent meeting had 20 participants, including UN, local and international NGOs, other clusters. At sub-national level, cluster partners currently meet every day or every other day depending on location. Right from the onset, the Nutrition Cluster partners were briefed on the TA, cluster approach, its functions and minimum commitment. Since its activation, Nutrition cluster established four WGs: Assessment, IYCF-E, CMAM and Communication/Advocacy, however, the programmatic and coordination capacity of the cluster and its partners requires improvement.

Nutrition Cluster Response Plan

The Nutrition Cluster aims to reduce the risk of excessive mortality and morbidity by maintaining the nutritional status of vulnerable groups at pre-crisis levels. Based on the analysis of available secondary data and the MIRA findings, the Nutrition Cluster will focus on the implementation of priority nutrition in emergencies (NiE) interventions, namely support and promotion of IYCF, prevention and management of acute malnutrition and prevention of micronutrient deficiencies in priority provinces of three severely affected regions: VI, VII and VIII.

The Nutrition Cluster will support the response plans of the Government, particularly the Department of Health (DoH). Cluster partners will priorities activities which complement or help to fill gaps identified by the government or priority areas that the government has identified to meet the needs of target populations. They will also ensure at all times alignment with and support to existing government policies and delivery systems.

Priority selection criteria: The Nutrition cluster based the prioritisation of target groups on the pre-crisis prevalence of acute malnutrition, information available from MIRA on access to safer water and sanitation, food consumption patterns and severity of damage to houses and public infrastructure. Capacity of Government partners, local and international non-governmental organisations and community groups to respond has also been taken into account.

Target provinces for **IYCF-E interventions** include Aqlan, Capiz, Iloilo and Antique in Region VI (Altavas, Balete, Banga, Batan, Kalibo, Libacao, Cuartero, Dao, Dumalag, Dumarao, Ivisan, Jamindan, Maayon, Mambusao, Panay, Panitan, Pilar, Pontevedra, President Roxas, Roxas City, Sapián, Sigma, Tapaz, Ajuy, Balasan, Banate, Barotac Viejo, Batad, Bingawan, Carles, Concepcion, Estancia, Lemery, Passi City, San Dionisio, San Rafael, Sara, Barbaza, Bugasong, Caluya, Culasi, Layu-an, Libertad, Pandan, Sebaste and Tibiao), Cebu province in Region VII (Bantayan, Daanbantayan, Medellin, Madridejos and Santa Fe) and Leyte, Samar and Eastern Samar Provinces in Region VIII (Tacloban City, Ormoc City, Isabel, Merida, Santa Fe, Dulag, Mayorga, Palo, Abuyog, Alangalang, Kananga, Palompon, Carigara, Tanayuan, Albuera, Guiuan (including Homonhon), Balangiga, Mercedes, Balangkayan, Oras, San Julian, Can-avid, Calcedo, Lawaan, Gen. McArthur, Quinapondan, Giporlos, Taft, Basey and Marabut).

For **community management of acute malnutrition (CMAM) and Prevention and control of micronutrient deficiencies** interventions, the cluster plans to focus on same municipalities in Aqlan, Capiz and Iloilo provinces in Region VI, Cebu province in Region VII and Leyte, Samar and Eastern Samar provinces in Region VIII.

- ***Interventions on support and promotion of optimal IYCF will focus on 81 municipalities in eight provinces of three regions targeting 250,000 pregnant women and caretakers of children 0-23 months (95 percent of total).***
- ***The interventions for the prevention of acute malnutrition and micronutrient deficiencies will reach 100,000 boys and girls between the ages of 6 and 59 months in the first two months of the emergency response.***
- ***For the management of acute malnutrition up to 6,000 boys and girls will be treated for severe acute malnutrition, up to 25,000 boys and girls 6 – 59 months will be treated for moderate acute malnutrition and 12,000 pregnant and lactating women will be treated for acute malnutrition in seven provinces across three regions during one year period.***
- ***Vitamin A supplementation and deworming will cover at least 80 percent of all boys and girls 6-59 months in typhoon-affected areas, an intervention combined with emergency Measles and Polio vaccination.***

The pre-crisis nutrition indicators have not been disaggregated by sex in the national and sub-national level data collection, but will be in the programme implementation. Furthermore, the partners will work with the Government partners to ensure that sex and age disaggregated data collection and analysis will be mainstreamed in a regular reporting system.

Update on current cluster activities

As of 07 December 2013, the nutrition cluster concluded the following activities:

1. The MIRA report informed with secondary analysis of nutrition data and findings of the MIRA;
2. Consolidated cluster inputs provided for MIRA-II and sub-national cluster work with partners on their participation in trainings for MIRA (MUAC) and in MIRA itself - one of the IMOs is participating in the assessment as a team leader (Samra).
3. Draft Strategic Response Plan (SRP) prepared by the cluster, agreed and endorsed by SAG (SCG). The final draft submitted to OCHA and HQs.
4. Joint Statement on Optimal IYCF-E issued;
5. The Philippines PIMAM (CMAM) guidelines reviewed against newly published WHO Guidelines (Nov, 2013). CMAM TWG is to propose changes that would be endorsed by the cluster;
6. The IYCF-E TWG of the cluster is working on the IYCF-E guidance note;
7. Supply plans requested from WFP and UNICEF to be consolidated and shared among cluster partners.
8. A decision was taken that humanitarian partners and government will use the same reporting template to report nutrition in emergencies activities. Reporting (weekly) format was agreed upon cluster members and the government and piloted in region VI, the following week it will be piloted in regions VII and VIII. The template is currently piloting with the humanitarian partners and a discussion is ongoing on planning process for government implementation.
9. 3W are being updated on a regular basis and submitted to OCHA for compilation of all clusters.
10. On the basis of the 3W the maps of partners' operational presence are produced and uploaded on the HR.info twice a week.
11. The website is being updated on a daily basis with all information being uploaded once a final version becomes available (policies and guidance, meeting minutes, ToRs, and other relevant documents) at both national and sub-national level

Nutrition interventions in the field:

- s. The work is currently ongoing in making the website more user-friendly.
12. The cluster submits regular reports for the Situation Reports (twice a week) to OCHA.
13. Transition plan for the cluster's HR (national and sub-national) was discussed with the Chief of H&N.

IYCF-E support

1,138 pregnant and lactating women (PLWs) have benefited from IYCF practices in women-friendly spaces that provide privacy, counseling and support. 34 responders were trained as hygiene promoters, health workers and health scholars in Regions VI; some were trained in basic IYCF-E. 16 responders were trained on MUAC in region VII. One potential violation of non-targeted distribution of infant formula was reported from Bogo City, Region VII.

Screening of children and PLW for malnutrition and prevention and treatment of acute malnutrition

Up to date, 29,129 children were screened for acute malnutrition, of which 164 had severe acute malnutrition (SAM) and 671 had moderate acute malnutrition (MAM). 17 children were admitted for treatment of SAM. Partners in Region VIII are expanding the blanket supplementary feeding of 3,860 children (6-23 months) in Tacloban and the integrated vaccination, vitamin A and screening for malnutrition to up to 9 additional municipalities. Ten (10) MT of High Energy Biscuits were distributed to children aged 24-59 months in Bantayan, Region VII.

Gaps & Constraints:

Most partners are yet to finalize project agreements with UN agencies/donors which slows down implementation of nutrition in emergency interventions and very few of the Nutrition cluster partners have submitted projects sheets in the SRP, thus they will be depended for the bulk of the funding from the two UN agencies, all these slows done the scale up of nutrition interventions.

Funding requirement

To-date, cluster estimates a need of US\$15,029 million. Three cluster partners submitted their project sheets to OPS:

1. UNICEF for \$10.0M (funded \$6.0M as of 06 Dec)
2. WFP for 3.029M (some parts of requested funds available)

3. ACF for 2.0M (no funding)

In addition to requested funding, international and local NGOs will receive funding through UNICEF and WFP through Project Cooperation Agreement (PCA) between the UN agency and the NGOs to run their programmes in the field: and these are SC, IMC, HKI, SP, ACF, ChildFund, WVI. WHO is also funding a local NGO to provide IYCF support as per SRP.

Existing Coordination and IM capacity

As of 6th of December, there are currently three full-time cluster coordinators, three information managers and one Cluster Coordinator who is double-hatting as UNICEF Nutrition programme specialist.

In Manila

- Ayadil Saparbekov, Deputy Global Nutrition Cluster Coordinator, is deployed as Philippines National Cluster Coordinator. Ayadil is leaving on the 12th of December and will be replaced by Roger Mathisen
- Anna Ziolkovska, Rapid Response Team, is deployed as an Information Management Officer (IMO) – (29-DEC-2013)
- Richard Wecker, IMO (RedR SBP), arrived on the 6th of December and is currently in Manila with decision pending on his future deployment (05-MAR-2014)

In Tacloban

- Roger Mathisen (UNICEF Vietnam) is deployed as Region VIII Nutrition Cluster Coordinator, (29 Dec 2013)
- Dominik Koepl (hired by UNICEF CO) is working as a Region VIII Information Management Officer (IMO)
- Megan Gayford, IMO, (RedR SBP), has arrived in Manila and will replace Roger next week (02-MAR-2014)

In Roxas

- Paul Wasike, Rapid Response Team, is deployed as Region VI, Nutrition Cluster Coordinator (17-JAN-2014)
- Samra Hanif, Rapid Response Team, is deployed as a Region VIII IMO (21-JAN-2014).

In Cebu

- Angela Kangori, Nutrition Officer, UNICEF is double-hatting as both Cluster Coordinator and IMO for the region VII

Next Steps

Finalise the work of IYCF-E and CMAM TWGs: IYCF-E operational guidance and revision of CMAM guidelines;

1. Institutionalise supply plan and reporting on supplies;
2. Close monitoring of partners' activities in the field;
3. Continue discussions with partners in identification of a suitable implementing agency for nutrition in elderly population;
4. MIRA-II;
5. Post Disaster Needs Assessment (?);
6. Capacity building plan for the cluster;
7. Monitoring plan and preparations for cluster performance monitoring;
8. Initiate discussions on cluster de-activation and inclusion of the DRR in cluster plans