



The Aftermath of Typhoon Yolanda: Health Needs, Health Seeking-Behavior and Optimism among Economically Disadvantaged Survivors in Leyte

Implications to Disaster Risk Reduction Preparedness in Local Public Health System

Exaltacion E. Lamberte, PhD *

with Melvin Jabar, PhD and

Meredith Labarda, MD. MHSS

Initiative and Sources of Funds

- DLSU SDRC Mission
- Sources of Funds
 - Initial Fund: Social Development Research Center
 - Additional Fund: PCHRD-DOST Grant



Situation: Yolanda Aftermath

- Date to Remember: November 8, 2013
- Super typhoon, Haiyan (locally known as Yolanda) struck Philippines carrying a typhoon surge of unprecedented magnitude.



Affected Areas

- Panay
- Negros
- Northern Cebu
- Leyte
- Cities of Samar
- PTacloban, Roxas , Ormoc
- Guiuan
- Iloilo



Extent of Damages

- An estimated 11.5 million people have been affected (DSWD)
- A record of 6, 268 persons dead
- Thousands missing
- 544,606 people remain displaced
- ✓ 382,288 people in 1,215 evacuation centres
- ✓ 162,318 people outside the centres.

Most Affected Area: Tacloban City, Palo, Tanauan



Questions to Ponder

- To what extent did people prepare for the coming of the super typhoon? What factors influence the level of preparedness among the people?
- What type of illnesses struck the survivors? Who among the family members got ill?
- Where did the ill people seek medical/health service care? What are the sources of care?
- What are the difficulties encountered in seeking for care?



Questions

- From the point of view of the public medical/health professionals, what are the barriers for strengthening the public health system to prevent further disaster and health risks occurrence among people and the community?
- How do we characterize the sentiments of the survivors? To what extent are they optimistic in recovering themselves from the present condition?



Definition of Terms

- **Disaster.** A serious disruption of the functioning of the community or a society involving widespread human, material, economic or environmental losses and impacts, which exceed the ability of the affected community or society to cope using its own resources.
- **Disaster risk.** The potential losses in lives, health status, livelihoods, assets and services, which could occur to a particular community or a society over some specified future time period.



Definition

- **Disaster risk reduction.** The concept and practicing of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposure to hazards, loosened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.
- **4. Disaster risk reduction preparedness.** A comprehensive approach whose main objective is reduction of disaster losses in the lives of the people and the social and economic assets of the community. Its emphasis is pro-active, preventing and/or mitigating further losses.



Definition

- **Resilience.** The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.
- **Response.** The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.



Definition

- **Public health.** Defined by WHO as “the art of applying science in the context of politics so as to reduce inequalities in health while ensuring the best health for the greatest number”.
- **Public health system.** Encompasses all the elements together with their links/relationships which are found to be critical to the core work of public health, namely governance and stewardship, functions and practices, services and public health outcomes.



Research Method

- Descriptive and explanatory
- Survey design
- Data collection was done through the use of face-to-face interviews.
- Semi-Structured Interview Schedule
- Key Informant Interviews and Focus Group Discussions
- Quantitative and systematic qualitative method



Sample and Sampling Procedure

- Sampling Techniques: Stratified, Cluster and Systematic Random Sampling
- Moderately and highly affected or damaged area been covered;
- ✓ Classification based on Municipality/City Master List of Affected Areas with barangays indicated as either moderately or highly damaged.

- Criteria used by municipality/city:
 - ✓ Number of families and individuals heavily affected;
 - ✓ Number of houses, government facilities/public buildings destroyed;



Cities/Municipalities Covered

➤ Moderately Affected:

- Baybay City, Municipality of Albuera, City of Ormoc, Municipalities of Abuyog and Mayorga

➤ Highly Affected:

- Dulag, Mc Arthur, Tolosa, Tanauan, Palo and Tacloban City

- Sample: 941 families; 20 key informants



Findings

- **Characteristics of Respondents**
 - Female (75.03%); Male (24.97%)
 - Mostly Married (75.24%)
 - Common-law arrangement (14.35%)
 - Residence:
 - Originally from area (74.47%)
 - Migrants (25.53%)



Characteristics of Respondents

- Highest educational attainment:
 - High school graduate (26.25%)
 - High school only (20.62%)
 - Elementary graduate (17.00%)
 - Elementary only (19.02%)
 - Have gainful work (37.18%)
- “Pantawid” program Beneficiary (22.42%)



Awareness of coming of TY and Sources of Information

- Highly Affected: Aware (98.97%)
- Moderately Affected: Aware (98.08%)
- Predominant sources of information
 - Television (53.88%)
 - Text exchanges from brigade (21.21%)
 - Radio (17.93%)



Preparations for TY Occurrence

- Made Preparations (73.65%) prior to the event
 - Specific Preparations
 - Prepare things/food/rice (42.76%)
 - Evacuate to schools/centers/church (30.57%)
 - Get ready and stayed in the house (5.43%)



Illness

- Stricken with illness (75.52%)
 - Reference Period: November 2013 to January 2014
- Family member who got sick
 - Child/children (61.76%)
 - Spouse (14.29%)
 - Respondent (10.50%)
 - Older member of family (7.98%)



Type of Illnesses

- PHIC membership (7.65%)
- Whether received emergency medical care (65.87%)
- Self-reported Illnesses
 - Cough/colds (57.13%)
 - Fever (23.43%)
 - Injury (13.94%)
 - Diarrhea/ stomach pain (6.22%)
 - 20 illnesses mentioned by respondents with sick family member



Sources of Care and Medicines

- Local Sources (82.27%)
 - Specific local sources of care
 - Health centers (71.79%)
 - Family/relatives (20.32%)
 - Parish church (2.95%)
 - Military Medical Mission (3.16%)



Sources of Care

- Foreign (17.30%)
- Specific Sources of Care
 - Foreign Medical Aid/
Humanitarian Aid (31.30%)
 - USAID (36.11%)
 - German Medical Aid (36.11%)
 - Red Cross (36.11%)



Other Foreign Sources of Care

- UK Aid (29.17%)
- Red Cross (16.96%)
- Tzuchi (23.61%)
- Samaritan Purse
- Save the Children



Difficulties in Seeking Medical Care

- Experienced Difficulties in Seeking Care (37.50%)
 - No available medicines (48.29%)
 - Long line/long waiting time (20.91%)
 - Health center/barangay health center destroyed/damaged (10.65%)
 - Health personnel discriminating/not fair (10.70%)
 - Health services personally needed not available (8.36%)



Optimism to Recover

- Optimistic (16.11%)
- Less optimistic and carrying negative feelings (51.56%)
- Hopeful so long as government and other people/foreign governments continue to help us (15.80%)



Medical/Health Professionals View

- Extent of Optimism for People/ Community
 - Moderately pessimistic (63.15%)
- Reasons for Pessimism (N=216)
 - Indifference of some agencies/organizations expected to provide assistance (28.24%)
 - People are pessimistic /indifferent (23.61%)
 - Lack of coordination among government officials (10.70%)



Perceived Reasons for People's Pessimism

- No assurance from government (3)
- Frustration with government (3)
- Loss of loved ones/property/poverty (8)
- Mere indifference of people (6)
- Belief in People's capacity to overcome
 - Yes (17)
 - None (3)



Perceived Hindrances to Recovery (People's Behavior and Attitudes)

- Dependency towards others (4)
- No cooperation from People (4)
- People are at a loss on where to start helping themselves (4)
- Loss of trust in the government (2)
- People are resigned to their conditions (2)
- People in government are greedy (2)
- Lack of initiative to find ways; just wait for and always dissatisfied with assistance (2)



Perceived Hindrances to Recovery (System of Governance)

- Mismanagement of resources/activities (3)
- Partisan politics (5)
- No links/coordination in the services delivery (3)
- No connection with the national government (2)
- Miscommunication (3)
- No Plans/no budget (2)



DAMAGED HEALTH FACILITIES UNDER QUICK FIX (DOH-Reg Office, 2014)

PROVINCE	HOSPITAL	RHU	BHS	2014 TOTAL
LEYTE	13	35	94	142
EASTERN SAMAR	3	11	42	56
WESTERN SAMAR	1	3	16	20
SOUTHERN LEYTE	1	1	0	2
BILIRAN	0	2	0	2
TOTAL	18	52	152	222