

THE PHILIPPINES: ONE YEAR AFTER TYPHOON HAIYAN





A report on Médecins Sans Frontières' humanitarian response

Typhoon Haiyan, or Yolanda as it is known locally, was the strongest typhoon ever recorded at landfall, ripped through the central Philippines on 8 November 2013. It caused devastation on an unprecedented scale – roofs were ripped off, villages were flattened, livelihoods were swept away and a tsunami-like storm surge claimed more than 6,300 lives and displaced some 4 million people¹.

In the aftermath of the typhoon, MSF was able to provide emergency assistance to communities on three of the worst-affected islands: Guiuan and nearby towns on Eastern Samar; Tacloban, Tanauan, Palo, 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.

One month after the typhoon, the government created a special office to oversee the post-Haiyan recovery and rehabilitation efforts. After three months, immediate medical and humanitarian needs had greatly reduced in some areas, and support for overwhelmed public healthcare facilities and the distribution of relief items were no longer required. Houses had been rebuilt, and most of the displaced had returned home, moved to relocation sites or were in temporary housing, although some remained at evacuation sites.

In July 2014, the emergency was declared over but a year on, recovery and rehabilitation work continue. Médecins Sans Frontières (MSF) has adapted its response to fill medical gaps and meet the needs of the Filipino people. This has ranged from providing immediate life-saving care and relief assistance to restoring public health capacity to pre-typhoon levels.

MSF has gradually reduced its activities, handed over medical programmes to local health authorities and closed projects

where its services and expertise are no longer needed.

Last July, upon completion of the new transitional Felipe Abrigo Memorial hospital in Guiuan, fully furnished and complete with equipment, it was handed over to and managed by provincial health office since. A handful of MSF staff stayed on for three months providing technical support in running the hospital. By October 2014, MSF officially withdrew from Guiuan.

Today, in collaboration with the provincial health offices, MSF is providing maternal and neonatal care in Leyte Provincial Hospital (Palo, Leyte Island) and is involved in rendering another three hospitals fully functional again - Albino Memorial Hospital and General MacArthur Hospital, both in Eastern Samar; and Abuyog Municipal Hospital in Leyte.

¹ Figures are based on the situation report dated 3 April 2014 of National Disaster Risk Reduction Management Council (NDRRMC) of the Philippines.



FIGURES AT A GLANCE



The numbers given below are an indication of the scale of MSF's response between 8 November 2013 and 8 November 2014. Around mid-December 2013, 1.5 months after Typhoon Haiyan struck, we had nearly **200 international and 600 national staff deployed**. Currently², we have 10 international and 79 national staff on the ground.

1,855

Tonnes of cargo



Medical facilities

8

Facilities
(tented hospitals
and health centres)



7

Hospitals rendered
fully functional



1

New semi-
permanent hospital
constructed



22

Rural health
units rendered
fully functional



133

Mobile clinic
locations



Medical activities

Outpatient consultations (including mobile clinics)	96,611
Patients admitted to hospital	5,224
Emergency room consultations	6,931
Surgical interventions	
• Minor surgery and dressings	10,515
• Major surgery	1,109
Babies delivered	2,445
Antenatal care	4,728
Patients received mental health support (total)	27,044
• Group sessions	2,178
• Individual consultations	999
Psychological education sessions	462 sessions (16,176 participants)
Vaccinations given (total)	29,188
• Measles	14,999
• Tetanus ³	6,693
• Other (hepatitis, BCG, polio)	7,496

Non-medical activities

Relief kits distributed	71,979
Tents, reconstruction kits, shelter materials distributed	27,463
Litres of 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 received food packs	50,000

² As of 05 December 2014.

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

MEDICAL AND HUMANITARIAN NEEDS



MSF was not working in the Philippines when the typhoon struck but its offices in Hong Kong, Tokyo and Sydney regularly monitor disasters occurring in the Asia-Pacific region in order to offer emergency support. When Typhoon Haiyan made landfall on 8 November 2013, MSF emergency staff were already piecing together information being received from the worst affected areas via Filipino field workers, relevant government offices and other agencies.

On 9 November, the first MSF team arrived in Cebu, the nearest city to the centre of the disaster that still had a functioning international airport. They were closely followed by 300 tonnes of medical supplies and equipment, an inflatable hospital, water and sanitation kits, and essential relief items.

The devastation wrought by the sheer force of the wind and the water, and the scattered geography of the archipelago, presented those arriving to deliver aid with extreme challenges. There were few functioning airports, the heavily congested ports were ill-equipped to cope with the scale of the aid effort, telecommunications were down and transportation links were seriously affected and in some places were completely cut-off.

Access to primary and secondary healthcare



Most of the local health facilities had been damaged or destroyed by the typhoon, and medical supplies and equipment had been washed away or quickly ran out. Patients requiring critical care were prioritised, evacuated and referred by Filipino health workers to the nearest cities with functional hospitals where possible.

In close collaboration with the Department of Health (DOH), the Provincial and Municipal Health Offices and other relevant actors, MSF rapidly scaled up provision of medical services to restore the capacity of the destroyed local health system. Outbreak prevention (to combat dengue fever, for example) and health promotion were key activities. Mobile clinics were particularly important during the acute phase of the emergency as they were used to reach isolated villages and outlying islands that had had no access to medical services for several weeks.

After almost three months, the medical needs arising from the disaster had greatly reduced. Health workers were back at their posts and the main referral hospitals were up and running. In MSF facilities, the focus shifted to treating those patients with chronic illnesses and attending to women in need of assistance giving birth.

Mental Health Support

The Filipino people are used to facing typhoons and have developed a strong social support system and a number of coping mechanisms to deal with disasters. Nevertheless, the severity of this crisis put their resilience to the test. Many of them suffered anxiety and psychological distress as they struggled to cope with loss and bereavement. MSF provided a broad range of mental health support activities as well as mental health care, which it integrated into its medical activities. For examples, 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 disorder and/or severe depression were treated individually. MSF also turned its attention to children, as the typhoon had made them anxious about being separated from their parents, and many had difficulty concentrating at school and were either very agitated or quiet and withdrawn.



Water and sanitation activities

MSF teams provided clean water, restored and treated water points, carried out waste water management, disposal of medical materials used in health facilities, and constructed latrines. MSF distributed more than 14 million litres of water, supplied clean drinking water to 86,300 people, and distributed water purification tablets equivalent to around 160 million litres of water.

Provision of relief items, shelter and reconstruction kits

In the first two weeks after the typhoon, many families were either living in crowded evacuation centres or in makeshift shelters. Many families wanted to rebuild their homes but were prevented from doing so by a lack of basic tools and materials such as hammers, nails, wood, galvanised iron sheets, etc. In response to the needs, MSF distributed 27,500 shelter and reconstruction kits to the most vulnerable communities to help them return to a semblance of normality. Nearly 72,000 basic humanitarian relief items such as hygiene kits, mosquito nets and cooking utensils were also distributed during the acute emergency phase.



THE RESPONSE



This part of the report is divided into two sections: MSF's major emergency response during the acute emergency phase (8 November 2013 to February 2014) and the post-emergency phase (from March to November 2014). From the start of the emergency until the recovery and rehabilitation phase, MSF activities reduced considerably to adapt to the evolving medical needs in the typhoon affected areas. Access to healthcare was restored quickly due to the general good health of the people pre-disaster, the self-sufficiency of rural healthcare systems and the preparedness of the Department of Health.

1) Acute emergency phase (8 November 2013 to February 2014)

As access was particularly challenging immediately after the disaster, MSF mobilised all possible means to reach the areas affected by the typhoon – boats, trucks, chartered planes, commercial flights and helicopters. What the teams saw were varying levels of devastation, but the overall verdict was that the people on Leyte, Eastern Samar and Panay islands were in urgent need of basic humanitarian assistance. Consequently, MSF adapted its response according to the emerging medical needs and provided basic primary and secondary care, psychosocial care and distributed supplies such as reconstruction kits.



Eastern Samar

Guiuan and nearby towns

Within a week of the disaster, MSF tented hospital were set up in the grounds of the Felipe J Abrigo Memorial 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. There was also an X-ray unit, a laboratory, an isolation room and a unit for sterilising equipment. The hospital admitted around 60–70 patients per week. The maternity unit and delivery rooms were particularly busy with an average of 20–30 admissions per week. An average of ten surgeries were conducted in the operating theatre weekly, mostly caesarean sections and orthopaedic surgeries.

MSF had opened an outpatient clinic in the tented hospital and provided an average of 110 consultations per day. The team treated high numbers of respiratory tract and skin infections, and attended to patients with chronic conditions, such as diabetes and hypertension, who had either lost their medication



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or stopped their treatment due to the typhoon. For a number of patients, failure to continue taking their medication had led to a worsening of their health.

A team of MSF psychologists carried out 40 mental health sessions per week, and also ran psychosocial activities and raised awareness about mental health issues. Individual consultations were provided for patients with pre-existing psychiatric conditions whose mental health had deteriorated as a consequence of losing their medication during the typhoon.

MSF provided water for 20,000 people per day. The team cleaned out 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. MSF repaired sections of water network, distributed water purification tablets and drinking water, and constructed latrines.

From the beginning of the disaster until January 2014, MSF deployed health staff to work alongside Filipino medical staff in Guiuan's rural health centre. The teams carried out an average of 2,000 medical consultations per week, and attended to 400 patients who needed dressings and minor surgery. Once the health needs stabilised, the extra human resources support provided by MSF was no longer needed.

Two mobile medical teams – one land-based, the other travelling by boat – ran 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 was held in February after rural health services were restored.

Teams distributed tents, hygiene kits and cooking equipment to 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 families in Guiuan City. Boat repair kits were also given to people on the islands.

Support to rural health units in the municipalities of Hernani, McArthur, Mercedes and Salcedo ceased in February, when the rehabilitation of damaged health centres in these four municipalities and in Guiuan was completed.



Ten-year-old Ayrón Sanchez was the first child to undergo surgery in the new operating theatre in MSF's hospital in Guiuan. Ayrón suffered from chronic osteomyelitis, which is an infection of the thigh bone, probably caused by a viral infection when he was five. Ayrón's aunt Ruby Abendaño said that they thought Ayrón's would lose his leg. On a previous occasion they had travelled far to seek help and the doctor had advised amputation. But Ayrón's parents didn't have enough money for the operation. Ayrón 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, Ayrón was given antibiotics and also therapeutic food to keep him strong during recovery.



Leyte

Tacloban City and surrounding areas

In Tacloban City, MSF ran a 54-bed inflatable hospital with 11 maternity beds – seven in the newborn unit – and 36 in the inpatient and surgery wards. The hospital also had an operating theatre, an outpatient department and an emergency room. Earlier this year, demands for MSF's services in Tacloban have further reduced due to the improvements in the capacity of local health services. Thus, the inflatable hospital activities ceased last April and patients were referred to Eastern Visayas Regional Medical Centre (EVRMC), a public tertiary hospital.

From the beginning of the emergency, the teams in the inflatable hospital had received steady increased of patient consultations across departments, although the nature of the cases shifted in early 2014 from typhoon-related injuries to chronic and common illnesses. The majority of admissions to the hospital were for infected wounds, open fractures, respiratory tract infections, chronic diseases, and injuries received while repairing damaged buildings and as a result of road traffic accidents. Mental health support was also provided.

The outpatient department was one of the busiest in the hospital, with consultations averaging 440 patients per day. Patients with cuts from nails and galvanised iron sheets, and children with injuries sustained as a result of playing on and around the debris and construction sites were given They were



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vaccinated and treated with immunoglobulin to help prevent infections. For those patients with chronic illnesses, accessing their medications was a problem. A high number of patients with complicated diabetic infections, specifically of the feet, were admitted to the inpatient department. The teams also treated patients with major burns from kerosene lamps igniting temporary shelters.

The maternity department offered delivery, antenatal and postnatal care. In the newborn unit, common diagnoses were clinical sepsis, low birth weight, severe respiratory infection and upper gastrointestinal bleeding.

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 carried out consultations in and around Tanauan and the nearby town of Tolosa; vaccinations were also provided and essential relief items were distributed to 3,000 families, including tents, blankets, cooking sets and hygiene kits. In late January, MSF decided to gradually phase out its activities at Tanauan hospital and was officially closed in April. The outpatient medical activities were consequently handed over to the local rural health unit last March.



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, and therefore needed a caesarean section. A mother with placenta praevia can bleed to death if she gives birth naturally. Janel weighed just 1.9kg when she was born 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 the rest of the family for Christmas.



Ormoc, Santa Fe and the surrounding areas

MSF mobile clinic teams provided a total of 5,263 medical consultations and facilitated 37 emergency referrals in the area of northwest and northeast of Leyte. They provided 397 psychological first aid sessions, organised group discussions for 1,947 people, 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 just over 2,000 general relief kits, including tarpaulins and blankets, 4,820 reconstruction kits with tools, nails and plastic sheeting, and 1,093 hygiene kits to the most vulnerable populations.

At the end of December last year, MSF discontinued its support for the two health centres in Santa Fe and Jaro, but donated medicines and medical supplies to each health centre before leaving.

Two mobile clinic teams working out of Carigara and Ormoc provided healthcare in the form of one-day clinics in more than 80 locations for the remote communities of Santa Fe, Ormoc, San Isidro, Capoocan, Leyte, Alangalang and Jaro municipalities. The last clinics were held at the end of December 2013 before they were handed over to other actors. Teams also handed over supplying water by truck to Ormoc, Santa Fe and Jaro municipalities.



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



– Tankred Stöbe, MSF medical doctor who arrived in the Philippines in first week after the typhoon

Burauen

In Burauen, western Leyte, MSF provided around 23,000 outpatient consultations, 45 minor surgeries, more than 1,800 emergency room consultations, admitted 357 inpatients and assisted 121 deliveries. MSF's mental health teams saw 2,000 people in one week alone in December, and ran 97 group sessions and 20 individual sessions.

By the end of December 2013, essential relief items, including tents, cooking utensils and hygiene kits had been distributed to 7,700 families in isolated areas around Burauen, Julita, Tabontabon, Dagami and La Paz.

MSF ceased medical support for Burauen district hospital and the rural health units in Burauen, La Paz, Mayorga, Tabontabon and Julita last 3 January 2014. The renovation of the operating

theatre and the recovery room in Burauen hospital was completed on second week of January. One rural health centre near Burauen was also repaired. Also on the same month, water trucking and mental health activities were handed over to other actors to ensure the continuation of services.



We have set up a field hospital in Burauen aimed at enabling the main district health centre 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 and drugs and human resources to provide medical consultations to the population.



– Federica Nogarotto, MSF coordinator in the region

Mainland Panay and the outlying islands



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

Overall, MSF carried out more than 12,500 medical consultations, provided mental health sessions to 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 of them and provided more than 1.2 million litres of chlorinated water.

Additionally, MSF rehabilitated 13 health facilities both in the coastal areas of 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, and distributed relief items and approximately 1,500 tents to people relocated to an evacuation centre and to the most vulnerable families in the surrounding areas.

MSF carried out measles and polio 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 leaving, MSF donated medical supplies to a number of healthcare facilities and supplied three functional refrigeration (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, MSF medical doctor who was part of a team assessing needs on mainland Panay and the outlying islands

II) Post-emergency phase (March to November 2014)

By March, immediate medical needs directly linked to Typhoon Haiyan had diminished, and the capacity of the local health services and general access to healthcare had significantly improved. MSF was therefore able to hand over basic support activities to local health authorities and other actors and closed projects in three out of the five areas where it had been working. MSF remained committed, however, to supporting and rehabilitating secondary hospitals Eastern Samar and Leyte.

Guiuan (Eastern Samar)

In Guiuan, the MSF tented hospital provided medical treatment to a huge number of people until July 2014 while the temporary hospital was under construction. It was completed and officially handed over to the Provincial Health Office on end of July 2014. MSF also donated full hospital equipment as well as drugs and medical supplies for six months to the local health authority. The semi-permanent hospital will serve as an interim facility until the construction of permanent Felipe J Abrigo Memorial Hospital is completed and opened by Department of Health in 2016. It is made out of innovative durable and recyclable composite materials (75% wood fiber and 25% polypropylene) which can adapt well to the hot, humid climate of the Philippines.

Upon completion of the temporary hospital, MSF facilitated the movement of patients from the tented hospital to the new transitional hospital. MSF donated hospital equipment as well as a six-month supply of drugs and medical supplies. A small MSF team

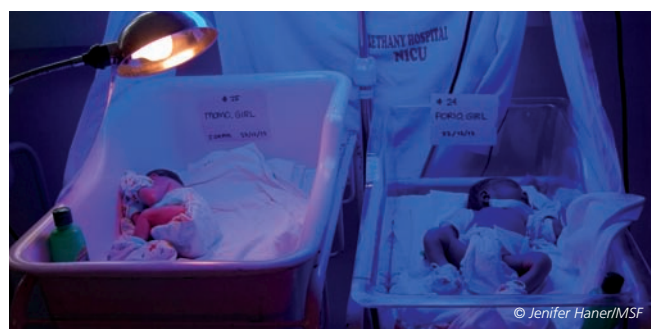


also helped set-up the water and electricity systems, building structure maintenance, and stock and human resources management.

Around 80 outpatient consultations are carried out daily at the hospital, most of which are for respiratory tract infections and vector-borne diseases like dengue. The hospital admits 10 inpatients on an average day and the emergency room handles more than 400 cases per month, some of them from the wider region. These statistics indicate that services have returned to their pre-Haiyan level.

Although the facility is run by the provincial health department since July, a small number of MSF staff stayed on until the end of October 2014 to ensure that the hospital services were running smoothly and were fully operational under local health department management.

Palo (Leyte)



Earlier this year, demands for MSF's services in Leyte further reduced due to the improvements in local health service capacity. Therefore, the outpatient services in Tanauan town were handed over to local health authorities in March and tented hospital was closed in April.

After a thorough assessment of medical gaps in typhoon-affected areas, it has been identified that maternity and obstetric concerns persist in Palo. The surgical capacities in Leyte Provincial Hospital remain sub-optimal post-typhoon. Therefore, since May, MSF has been working with the Provincial Health office in supporting the maternity ward and the surgical team. This has included providing half of the human resources needed by the provincial hospital, which has a catchment population of 300,000, to ensure access to quality care. MSF also fixed the damaged sections of the hospital, installed new facilities and donated equipment such as that currently being used in the hospital pharmacy and an X-ray machine. Several improvements and maintenance work were undertaken by MSF to render the maternal and neonatal care services functional and this included installing water pipes and mending electricity.

MSF is working on the gradual handover of responsibilities to Leyte Provincial Hospital and local health authorities for a smooth transition until the planned end of MSF support in April 2015.

Other areas

MSF is participating in the rehabilitation of three more hospitals in typhoon-affected region: Albino Duran Memorial Hospital (Balangiga) and General MacArthur Municipal Hospital (General MacArthur), both in Eastern Samar; and Abuyog General Hospital of Abuyog, Leyte.

All rehabilitation activities are expected to be completed by first half of 2015.

FINANCIAL ACCOUNTABILITY: DONATIONS AND SPENDING



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

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

In 2013, MSF spent 17 million euros, more than half of the funds raised (see next page breakdown by project and by category), to assist the Filipino people hardest-hit by the typhoon. We initially estimated to spend 8 million euros by the end of 2014 as part of the post-emergency phase intervention. Another 7 million euros were initially estimated to be spent in mid-term rehabilitation projects before the end of 2016.

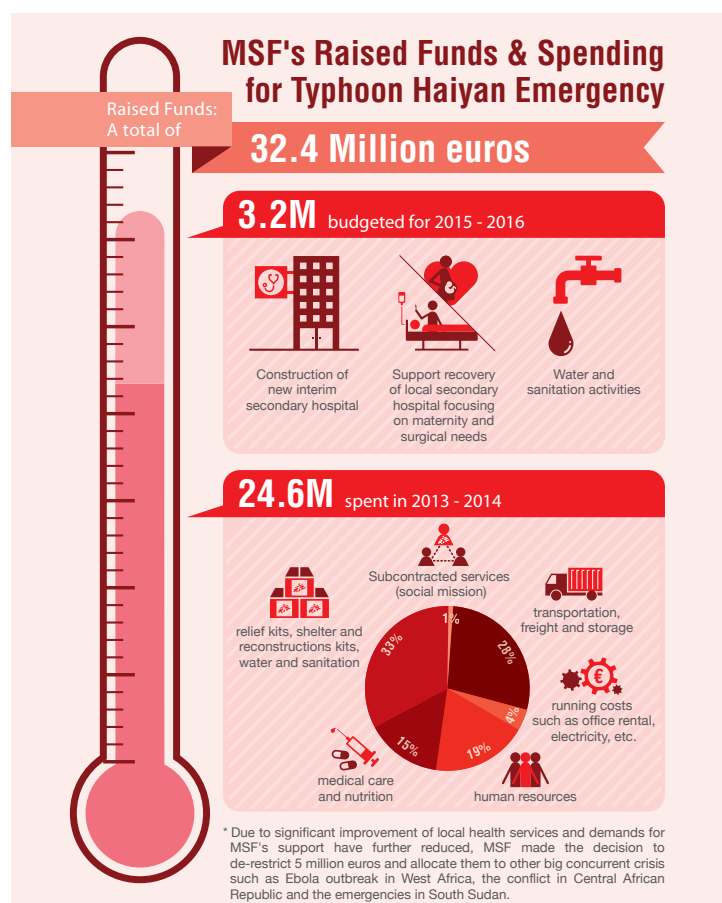
However, due to the good general health status of the affected population and the responsiveness of the Philippine government, especially the Department of Health, MSF's services and expertise are less needed. MSF has been able to reduce its activities by handing over or closing projects before planned. As a consequence, we estimate that we will spend 7.1 million euros

in 2014 instead of the 8 million euros initially projected. Support activities in several hospitals continue and we are currently estimating to spend some 3 million euros in rehabilitation and emergency preparedness projects in the next two years instead of the 7 million initially forecasted.

If we look at the expense by category, between 2013 and 2014, more than 8 million euros have been spent on relief activities, including distribution of shelter and reconstruction kits, water and sanitation activities and rehabilitation of several hospitals and health centres. Another 3.6 million have been spent on medical materials and supplies for the activities in the hospitals, health centres and mobile clinics.

Transportation cost has significantly decreased in 2014. However given the huge logistical challenges during the first phase of the intervention, transportation, freight and storage account for 7 million euros over the year.

Staff cost represents 20% of the total. It includes national and international staff, doctors and nurses but also non-medical personnel such as logisticians, administrators, drivers, project coordinators.



Rationale for derestriction of funding

Following the downward revision of the operational budget, MSF made the decision to de-restrict 5 million euros donated to the Philippines and allocate them to other crisis where our presence is highly needed. We are doing so by contacting donors in different countries. The response we have been receiving from donors has been very positive and we are grateful for our donors' flexibility and consideration. This is allowing us to reinforce our efforts to respond to other big concurrent humanitarian crisis with great medical and humanitarian needs such as the Ebola outbreak in West Africa, the conflict in Central African Republic and the emergencies in South Sudan.

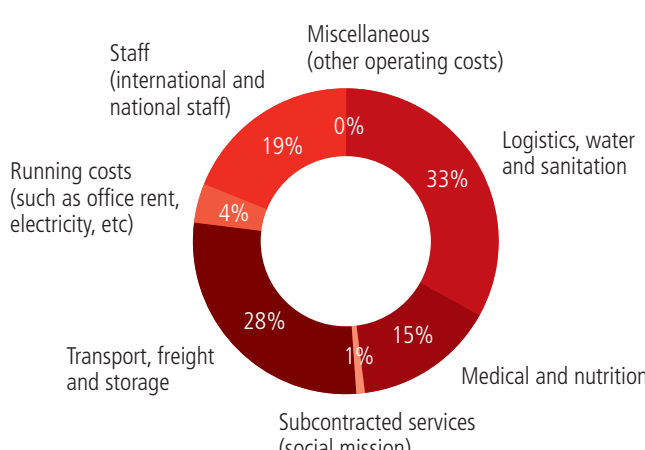
The rationale behind the decision to go into a de-restriction process of Typhoon Haiyan's funding is based on MSF's commitment to be driven by independent assessment and evaluation of people's needs in a given acute crisis. As a needs driven organization, we strive to raise up to the level of funds required to support our operations in response to the crisis. MSF also believes that being open, transparent and accountable with our donors about how we use their funds is extremely important.

Numbers at glance for Typhoon Haiyan response

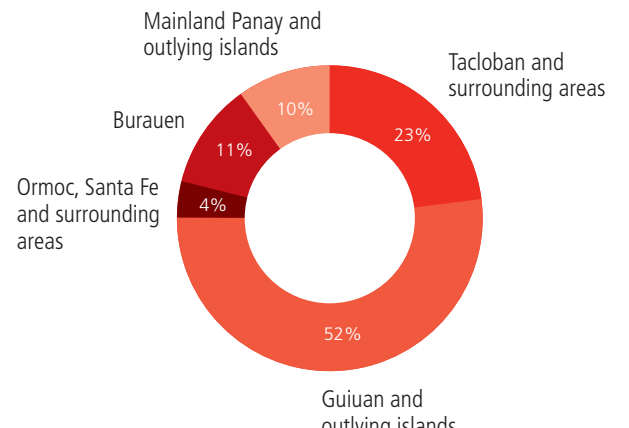
Expenditures (in Euro)

Spent in 2013 ⁴	17,482,838
Expenses foreseen in 2014 ⁵	7,140,253
Expenses allocated for 2015 and 2016	3,247,650
Total	27,870,741

Breakdown of operational expenses by category (in Euro)

	Expenses by Category	2013	2014	Total
	Logistics, water and sanitation	6,599,782	1,631,361	8,231,144
	Medical and nutrition	2,893,873	724,575	3,618,448
	Subcontracted services (social mission)	127,320	123,011	250,331
	Transport, freight and storage	5,448,460	1,478,639	6,927,099
	Running costs (such as office rent, electricity, etc)	412,735	557,142	969,876
	Staff (international and national staff)	2,000,366	2,619,680	4,620,047
	Miscellaneous (other operating costs)	302	5,845	6,146
	Total	17,482,838	7,140,253	24,623,091

Breakdown of operational expenses by area of project/intervention (in Euro)

	Expenses by Area	2013	2014	Total
	Tacloban and surrounding areas	3,503,914	2,184,921	5,688,835
	Guiuan and outlying islands	8,210,314	4,638,564	12,848,878
	Ormoc, Santa Fe and surrounding areas	1,002,229	46,650	1,048,879
	Burauen	2,459,668	85,605	2,545,273
	Mainland Panay and outlying islands	2,306,713	184,512	2,491,226
	Total	17,482,838	7,140,253	24,623,091

⁴ The figures are based on MSF International Financial Report 2013.

⁵ The figures are best estimates as of November 2014.

CONCLUSION

MSF's response to Typhoon Haiyan was one of its largest emergency interventions in 2013, and it would not have been made possible without the support of a number of people. MSF would like to thank all the individuals, corporations, foundations and public institutional donors that supported its efforts to provide lifesaving medical and humanitarian aid to the people affected by the typhoon.

MSF acknowledges the fruitful collaboration that existed with the government throughout the emergency response in all the areas where MSF worked – including the areas around Ormoc, Santa Fe, Burauen and on Panay and outlying islands, Guiuan and Tacloban – and is grateful for their continued support for MSF's on-going activities in Palo and Abuyog of Leyte, and General MacArthur and Balangiga of Eastern Samar during the recovery and rehabilitation phase. MSF maintains its commitment to provide assistance in the Philippines during crisis whenever our support is needed.



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