

付 属 資 料

1. 現地報告書（英文）
2. ペンテコスト島での活動詳細
3. ヘルスファシリティでの疾患分類

Tentative Report on Activities of Japan Disaster Relief (JDR)

Medical Team for the Tropical Cyclone Pam



March 28, 2015

Japan Disaster Relief Medical Team
Leader: Eiichi SATO

Your Excellency,

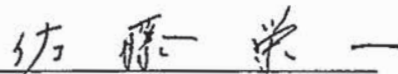
Please kindly accept our medical report attached to this letter.

The Japan Disaster Relief (JDR) Medical Team, consisting of 14 Japanese members, has been sent to the Republic of Vanuatu for the Tropical Cyclone Pam relief activities by the Government of Japan since March 17, 2015 based on the request of the Government of the Republic of Vanuatu. I would like to inform you that apart from the deployment of the JDR Medical team, The Government of Japan also extended emergency grant aid of 1.24 million US dollars through UNICEF, WFP and IFRC, and emergency relief goods worth 20 million yen (such as tents, sleeping pads and tarpaulins).

The JDR Medical Team carried out medical assistance at Vila Central Hospital as well as situation assessment and medical care for people in Pentecost. The JDR Medical Team treated 1019 patients in total during the seven-day-long activities. It would be a great pleasure if our activities could contribute to the wellbeing of the people in Port Vila and Pentecost.

We sincerely appreciate your cooperation extended for us to implement the activities throughout our stay here. I am confident that the people and the Government of the Republic of Vanuatu will overcome this severe challenge caused by the cyclone disaster and get the people's daily life back to normal very soon.

Sincerely yours,



Dr. Eiichi SATO

Leader, Japan Disaster Relief (JDR) Medical Team

1. Brief outline of the activities

The Japan Disaster Relief Medical Team (hereafter “the JDR Team”) consists of 14 members. The advance investigation team registered at Reception and Departure Centre in Port Vila Airport on Mar. 17, 2015 and started to assess the situation in Port Vila on Mar. 18. Following the said advance team, the main body of the JDR medical team left Japan on Mar. 17, and arrived at Port Vila on Mar.18 and the two components of the team joined together and constituted a fully-fledged JDR team. The Team had opportunities to discuss with Dr. Richard Leona, Ministry of Health, to decide activity site for the Team. In response to the request from Ministry of Health, a part of the JDR team was to assist Vila Central Hospital and the other part of the team was to be dispatched to assess the situation and conduct mobile clinic activities in Pentecost, Penema Province.

On Mar 21, 3 medical experts (1 doctor, 1 nurse and 1 pharmacist) with 3 logistic coordinators started assistance activities at Vila Central Hospital, while the rest of the JDR team departed for Pentecost by a chartered aircraft and arrived there in the afternoon of the same day. The team dispatched to Pentecost (hereafter Pentecost team) had accommodation at Mauna Health Center and started their activities on Mar. 22.

From Mar. 21 to 27, the Port Vila Team provided medical services at Vila Central Hospital. And during the same period the Pentecost team assessed medical needs in Pentecost and reported to the Ministry of Health and the Health Cluster of Vanuatu Humanitarian Team on daily basis. The team also conducted mobile clinic activities in remote area of Pentecost. The JDR Team is scheduled to leave the Republic of Vanuatu on Mar. 29, 2015.

2. Contents of activities

The Port Vila team started requested assistance at Vila Central Hospital on Mar. 21. During 7 (seven) days activities until Mar. 27, the Port Vila team treated 775 patients.

From Mar. 22, the Pentecost team started assessment and medical activities in cooperation with Mr. Amos Tabi, Nurse Practitioner at Mauna Health Center. The Pentecost Team visited 8 villages / communities to assess the affected situation and provided medical services for 244 patients in total.

3. Data analysis of patients and treatment of diseases

3-1: Port Vila team

The Port Vila team was composed of 6 personnels: 1 doctor (specialized in emergency medicine and orthopedics), 1 nurse(operation theater nurse) , 1 pharmacist, and 3 logistics. The team started medical activities at Central Hospital in Port Vila on Mar 21, mainly supporting operation theatres and pharmacy. During 7 day activities until Mar 27, the team directly supported the operations for 30 patients (30 / 73 cases: 41%), for some of which the team utilized JDR medical instruments (ex; surgical tools, plaster, etc.). The team also supported ED (Emergency Department) by performing 2 cases of operation; one case is 11y.o female penetrating wound by branch. The other case is 4y.o female open fracture of middle finger.

The team temporarily rent a mobile ultrasound to Emergency department and examined 2 cases using the equipment; one case is appendicitis, the other one case is gallstone disease.

As many houses were destroyed by cyclone, the most of the patients were suffering from infected wounds, caused by repair work. Since Port Vila is undergoing reconstruction, the team is concerned that the number of minor trauma cases may continue to increase.

A JDR’s pharmacist provided assistance in dispensing medicines at the pharmacy department of Vila Central Hospital as his main task. During the deployment period, the

almost all health facilities, other than Mauna and Angoro, were in shortage of medicines. Also, large amount of medicines were already expired.

- Frequency of doctors' visits to health facilities varies from every year to every 5 years.
- As for dental service, some facilities such as Latano provided dental service to local residents while some other facilities never had visits of dentists so far.

The result of epidemiologic assessment is as follows;

- Four health facilities (Latano, Tari Ilo, Bwatnapni, and Ledungsivi) reported more than five cases of Influenza-like illness after the cyclone.
- Only Mauna health center reported more than 5 cases of watery diarrhea.

Consideration:

The area without health facility due to lack of nurse may provide insufficient medical services.

Recommendations:

- The team recommends to repair damaged health facilities and open the currently closed health facilities. These facilities are important not only to provide medical services to local residents but also to monitor infectious diseases, which may arise after cyclones.
- Proper management of medicines such as replacement of expired medicines are also recommended.

2) Mobile clinic

The team provided medical services including disease screening, health examination, medication, surgical treatment, etc.

Locations visited by the team are;

- 22 March: Mauna, Gamalmaua
- 23 March: Mauna, Aute, Angro, Gamalmaua
- 24 March: Angoro, Latano, Tari Ilo, Gamalmaua, Namaram
- 25 March: Bwatnapni, Ledungsivi
- 26 March: Angoro, Latno, Gamalmaua

Results and data analysis:

Diseases, age, and number of patients

During five days of stay, the team treated 244 patients in total; 106 men (43%) and 138 women (56%). The age spread is as follows; 1 of age 0-1, 54 of age 1-14, and 190 of over 15. The most common diagnoses were in Musculoskeletal disease (69 patients), ARI (45 patients), and digestive diseases (57 patients). These three diagnoses covered 57% of overall cases.

Among all skin diseases, the team treated 5 cases of surgical treatment. The team coordinated to re-examine and follow up these patients. All of these cases showed improvement, and the team handed over the patients to the local health workers.

The team also prescribed medicines for 224 patients, which was 91.8% of overall cases. The most prescribed medicines were; anodynes, vitamins, expectorants, cough suppressant, and antibiotics.

Consideration:

There was little linkage between the disaster and surface wounds that the team observed. The cases relevant to the disaster were musculoskeletal disease, which covered 55% of overall cases. Musculoskeletal disease cases included pain in arms, backs, and legs. It is considered that these are caused by the increased load of physical activities due to the after mass of the

pharmacist supported dispensing medicines for 409 prescriptions out of 1314 prescriptions at the hospital in total.

Anti-Biotic and Paracetamol, which are commonly needed for after disaster treatment, were often prescribed. Medicines brought by the JDR team were dispensed under the supervision of the JDR pharmacist to take up the shortage of amoxicillin syrup.

The JDR team had an impression that the number of local pharmacists is insufficient at the hospital in face of a large-scale disaster.

3-2: Pentecost team

Pentecost team consists of 8 members (2 doctors, 1 nurse, 1 pharmacist, 3 logisticians, and 1 JICA local staff). The team was further divided into two to conduct assessment and mobile clinic activities in different areas simultaneously.

1) Assessment

Contents of activities:

The assessment team conducted assessment in Health Zone 7 and Zone 8 by interviewing health workers at health facilities. Interviews were conducted by the doctor, using the MOH (Ministry of Health) report format, regarding the damages of cyclone particularly in the following areas; availability of medical service, number of staffs, damage to health facilities, water, electricity, medical equipment, and number of patients.

The team also interviewed on the frequency of visits of doctors and nurses as well as on the livelihood of local residents particularly in the following areas; availability of food and water, percentage of damaged houses, number of evacuees and their living conditions.

In addition, the team conducted assessment on epidemiologic conditions for 1 week after the cyclone by referring to the patients lists at each health facility, particularly in the following areas; acute fever and rash, prolonged fever, Influenza-like illness, watery diarrhea, bloody diarrhea, Malaria, and suspected Dengue)

Assessment result of Health Facilities:

The team visited 64% of health facilities in Health Zone 7 and 8 of Penema Province. No health facility was severely damaged by the cyclone, and the team confirmed that they are all operational.

The number of health facilities registered to MOH as of July 2014 are nine (9) in Zone 7 and 11 in Zone 8; however, the team confirmed that there are 2 health facilities had been closed in Zone 7 and 4 in Zone 8 by interviewing the health worker at Mauna Health Center. The team visited 7 facilities in Zone 7 (Mauna Health Center and 5 Health Dispensaries: Aute, Angoro, Latano, Tari Ilo, and Gamalmauna) and 3 facilities in Zone 8 (Ledungsivi Health Center and 2 Health Dispensaries: Bwatnapni, and Namaram.) The team was not able to visit other facilities due to the difficulty to access by available time and transportation.

The result of assessments is as follows;

- The team visited Namaram Health Dispensary in Zone 8 and confirmed that it has been closed since before cyclone due to lack of nurses. Because of this, according to the local residents, they need to go to Ledungsivi Health Center, which is approximately 10 km away, to receive medical treatment.
- The number of staff at operating health facilities are as same as before the cyclone.
- Even though 2 health facilities, namely Ledungsivi and Aute, were damaged by the cyclone with destroyed roofs, all the health facilities operated without any difficulties
- Except health facilities in Ledungsivi and Gamalmaua, health workers commented that there were sufficient Medical Supplies. However, JDR pharmacist had impression that

cyclone.

57% of respiratory cases were related to the disaster. The team analyzed that it was due to the living condition and hygienic situation, which was damaged by the cyclone.

Based on above mentioned observation, the team confirmed there is no serious need for emergent medical needs to the part of Pentecost Island; however, continuous medical assistance, such as monitoring the epidemiological status, support to health workers, and provision of medical supplies, are essential.

3) Livelihoods, nutrition, and nursing

The team assessed livelihoods in three areas in Zone 7 and three areas in Zone 8. Overall damages were evaluated similar in each area, with destroyed roofs; however, many of them were already repaired.

As for food and nutrition, the most damaged products are taro and banana. If there is no food assistance, a concern in food supplies for next few months may arise.

The team also measured AC: Arm Circumference, height and weights of 113 children of 0 to 12 years old to assess nutritional status. The assessment result of AC were; 92% of children were normal and 8% were slightly undernourished. The team confirmed that none of the children was seriously undernourished. According to Rohrer index, among children under 6, 13 % were severely underweight, 53% were underweight, and 32% were normal. For children between 7 and 23 years old, 7% were severely underweight, 54% were underweight, and 39% were normal. The team did not observe any seriously malnourished child; however, this result may only reflect the notorious status before the cyclone. Since there is a concern about lack of food in near future, the team considers that it is necessary to continuously monitor the notorious status, utilizing this data as baseline.

Regarding water and sanitation, gutters and pipes of some health facilities were damaged or destroyed by the cyclone; however, there has been no serious shortage of water that may affect medical service.

The three major Nursing Diagnosis (NANDA-I) of total 244 patients were; a. risk for infection due to skin disease, b. acute pain due to musculoskeletal disease caused by heavy cleaning up activities after the cyclone, and c. ineffective self-health management due to chronic- disease. The team considers it is necessary to continue monitoring these diagnoses at health facilities.

4. Acknowledgment

Our medical mission has been carried out along with the Government of Vanuatu, Ministry of Health, Vila Central Hospital, Maua Health Center and other partner communities. Without their great supports, we could not be accomplished this mission. We are impressed by patience and efforts to recovery of the people of Vanuatu, as well as professional work of staff even in the hard time. We appreciate all Vanuatu staff sincerely. We hope our activities will contribute for recovery in Vanuatu.

Attachments:

1. Team member list
2. Japan Disaster Relief Team operation schedule
3. The number of operation assisted in Port Vila
4. Medical Team Monitoring Forms
5. Figures of JDR patients in Pentecost

Team Member List

A. JDR Medical team

1. Mr. Takeshi ISHII	Leader (17-19 March)
2. Mr. Eiichi SATO	Leader (20-28 March)
3. Ms. Makiko YONEDA	Deputy-Leader (Coordinator)
4. Mr. Jiro OBA	Doctor
5. Mr. Yota YAMAGISHI	Doctor
6. Ms. Yoko KAWATANI	Nurse
7. Ms. Chikako TERADA	Nurse
8. Mr. Akihiro WATANABE	Pharmacist
9. Mr. Hideki HAYASHI	Pharmacist
10. Mr. Hitoshi OTOMO	Logistics
11. Mr. Takahiro YOKOTA	Logistics
12. Mr. Hideki SAWADA	Logistics
13. Ms. Haruka EZAKI	Logistics
14. Ms. Keiko KUTSUKI	Logistics

- B. Coordination and support team from Vanuatu: Staff supporting logistical coordination and management from the JICA Vanuatu Office, Embassy of Japan in Suva.

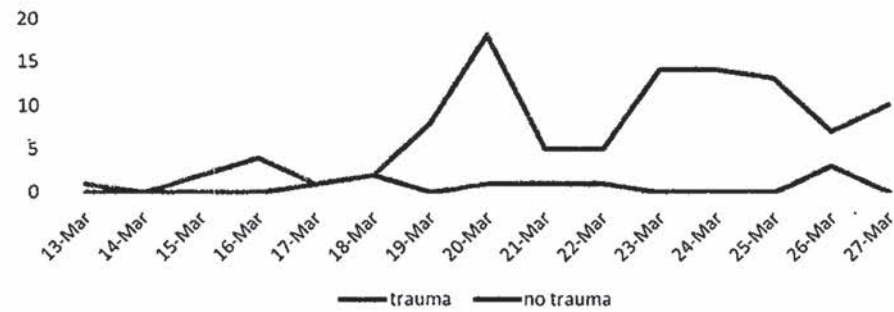
JDR Medical Team Operation Schedule

Mar. 16, 2015:	Tokyo – Port Vila Deploy of advance investigation team on Mar.16 and arrived at Port Vila on Mar. 17
Mar. 17, 2015:	Tokyo – Port Vila Deploy of the JDR medical team on Mar.17 and arrived at Port Vila on Mar. 18
Mar. 18-20, 2015:	Attend Health Cluster Meeting, Meeting with Ministry of Health, site visit of Vila Central Hospital and evacuation centers
Mar. 21, 2015:	①Start to assist Vila Central Hospital ②Move to Pentecost
Mar.22-27, 2015:	①Port Vila Central Hospital Conduct the assistance for Vila Central Hospital ②Pentecost Start assessment and medical activities ① & ②teams join at Port Vila on Mar. 27
Mar.29, 2015	Leaving Port Vila Departure of the team from Port Vila.

The number of operations assisted in Port Vila

	13 Mar	14 Mar	15 Mar	16 Mar	17 Mar	18 Mar	19 Mar	20 Mar	21 Mar	22 Mar	23 Mar	24 Mar	25 Mar	26 Mar	27 Mar
Trauma	0	0	0	0	1	2	8	18	5	5	14	14	13	7	10
No trauma	1	0	2	4	1	2	0	1	1	1	0	0	0	3	0
Total	1	0	2	4	2	4	8	19	6	6	14	14	13	10	10

the number of operation (3/13~3/27)



MEDICAL TEAM MONITORING FORM

Reporting Date: 22 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Mauna Health Center, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>39</u> OPD Consults: <u>39</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>1</u> Major: <u>0</u> Minor: <u>1</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Muscle-Bone</u> 2. <u>Ophthalmic/ ENT</u> 3. <u>Digestive</u> 4. <u>Chronic Disease</u> 5. <u>Respiratory</u>
Other Service Provided	Nutrition monitoring and assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 22 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Gamalmaua Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>26</u> OPD Consults: <u>26</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>1</u> Major: <u>0</u> Minor: <u>1</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Muscle-Bone</u> 2. <u>Respiratory</u> 3. <u>Digestive</u> 4. <u>Fever</u> 5. <u>Skin Disease</u>
Other Service Provided	None
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 23 Mar 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Mauna Health Center, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>10</u> OPD Consults: <u>10</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>1</u> Major: <u>0</u> Minor: <u>1</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Muscle-Bone</u> 2. <u>Skin Disease</u> 3. <u>Fever</u> 4. - 5. -
Other Service Provided	None
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 23 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Angoro Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>19</u> OPD Consults: <u>19</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>1</u> Major: <u>1</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Digestive</u> 2. <u>Muscle-Bone</u> 3. <u>OB/Gyn</u> 4. <u>Trauma</u> 5. <u>Respiratory</u>
Other Service Provided	Nutrition monitoring and assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 23 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Aute Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>24</u> OPD Consults: <u>24</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Respiratory</u> 2. <u>Ophthalmic/ ENT</u> 3. <u>Digestive</u> 4. <u>Muscle-Bone</u> 5. <u>Fever</u>
Other Service Provided	Nutrition monitoring and assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 23 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Gamalmaua Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>26</u> ER Consults: <u>26</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>2</u> Major: <u>0</u> Minor: <u>2</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Muscle-Bone</u> 2. <u>Respiratory</u> 3. <u>Digestive</u> 4. <u>Skin Disease</u> 5. <u>OB/ Gyn</u>
Other Service Provided	Nutrition monitoring and assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 24 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Latano Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>12</u> OPD Consults: <u>12</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Respiratory</u> 1. <u>Muscle-Bone</u> 3. <u>Digestive</u> 3. <u>Ophthalmic/ ENT</u> 3. <u>Chronic Disease</u>
Other Service Provided	Nutrition and assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 24 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Gamalmauna Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>5</u> OPD Consults: <u>5</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Respiratory</u> 2. <u>Trauma</u>
Other Service Provided	Nutrition assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 24 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Namaram Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>7</u> OPD Consults: <u>7</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Respiratory</u> 2. <u>Trauma</u> 3. <u>Digestive</u> 4. <u>Skin disease</u>
Other Service Provided	Health check to 67 students of elementary school Nutrition assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	This dispensary is closed before cyclone. Then people have to go to the Ledungsivi Health Center if they are sick and injured.

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MEDICAL TEAM MONITORING FORM

Reporting Date: 24 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Tari Ilo Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>15</u> OPD Consults: <u>15</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Muscle-Bone</u> 2. <u>Digestive</u> 3. <u>Skin disease</u> 4. <u>Ophthalmic/ ENT</u> 5. <u>Respiratory</u>
Other Service Provided	Nutrition assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 25 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Ledungsivi Health Center, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>17</u> OPD Consults: <u>17</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Ophthalmic/ ENT</u> 2. <u>Muscle-Bone</u> 3. <u>Digestive</u> 3. <u>Skin disease</u> 5. <u>Chronic Disease</u>
Other Service Provided	Nutrition and assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 25 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Bwatnapni Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>20</u> OPD Consults: <u>20</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>2</u> Major: <u>0</u> Minor: <u>2</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Ophthalmic/ ENT</u> 2. <u>Respiratory</u> 3. <u>Digestives</u> 3. <u>Skin Disease</u> 3. <u>Muscle-Bone</u>
Other Service Provided	Nutrition assessment of <5 children patient
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 26 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Angoro Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>3</u> OPD Consults: <u>3</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Ophthalmic/ ENT</u> 2. <u>Muscle-Bone</u>
Other Service Provided	
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

Please submit forms to ftaleo@nvanuatu.gov.vu or / msolomon@vanuatu.gov.vu

MEDICAL TEAM MONITORING FORM

Reporting Date: 26 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Gamalmauna Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>12</u> OPD Consults: <u>12</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Respiratory</u> 1. <u>Muscle-Bone</u> 3. <u>Digestive</u> 4. <u>Fever</u> 4. <u>Skin disease</u>
Other Service Provided	Nutrition assessment of 41 children in local elementary school (Conclusion: Malnutrition child is none.)
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

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MEDICAL TEAM MONITORING FORM

Reporting Date: 26 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Latano Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>8</u> OPD Consults: <u>8</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	1. <u>Muscle-Bone</u> 2. <u>Skin disease</u> 2. <u>Respiratory</u> 4. <u>Trauma</u> 4. <u>Chronic Disease</u>
Other Service Provided	Nutrition and assessment of <5 children
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	Local dentist treat some patients in the dispensary.

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MEDICAL TEAM MONITORING FORM

Reporting Date: 26 Mar. 2015

Name of Medical Team	JDR, JICA
Team Classification	Foreign Team
Area of Deployment	Tari Ilo Health Dispensary, Pentecost
Other Medical Teams in Deployment area	None
Date/Duration of Mission	
Number of Consults	Total Consults: <u>0</u> OPD Consults: <u>0</u>
Total Number of Admission (If applicable)	
Total Number of Referrals	
Number of Surgeries	Total Surgeries: <u>0</u> Major: <u>0</u> Minor: <u>0</u>
Number of Deliveries	Total Deliveries: <u>0</u>
Total Number Provided Psychosocial Services	
Top 5 Cases/Morbidities	
Other Service Provided	
Gaps/ Immediate Needs/ Problems Encountered	None
Remarks/ Recommendations	

Please submit forms to ftaleo@nvanuatu.gov.vu or / msolomon@vanuatu.gov.vu

Table 5 : Breakdown of diseases

	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	Total
Trauma	0	5	3	0	2	10
Fever	1	2	0	0	0	3
Digestive	10	16	9	5	2	42
Respiratory	10	13	12	4	6	45
Malnutrition	0	1	0	0	0	1
Skin diseases	3	9	4	5	3	24
Ophthal/ENT	7	5	4	15	2	33
Neurological	1	2	0	0	0	3
Muscle-bone	20	18	11	11	9	69
Psychiatric	1	2	0	1	0	4
Chronic disease	5	1	2	1	2	11
Urologic	0	1	0	0	0	1
OB/Gyn	0	5	0	2	0	7
Others	8	7	3	2	1	21
Total	66	87	48	46	27	274

Table 6: Treatment performed

	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	Total
1. Wound care(minor)	2	3	1	2	2	10
2. Wound care(deep)	0	1	0	0	0	1
3. Injection	0	0	0	0	0	0
4. Infusion	0	0	0	0	0	0
5. Other	1	10	1	0	0	12
Total	3	14	2	2	2	23

Figures of JDR patients in Pentecost

Table 1 : Daily patients number

	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	Total
New	65	77	39	37	20	238
Re-visit	0	2	1	0	3	6
Total	65	79	40	37	23	244

Table 2 : Daily patients number by site

By Site	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	Total
Mauna	39	10	0	0	0	49
Aute	0	24	0	0	0	24
Angro	0	19	1	0	4	24
Latro	0	0	12	0	8	20
Tari Llo	0	0	15	0	0	15
Gmalmaua	26	26	5	0	11	68
Bwatnapni	0	0	0	20	0	20
Ledungsivi	0	0	0	17	0	17
Namaram	0	0	7	0	0	7
Total	65	79	40	37	23	244

Table 3 : Age distribution

	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	Total
Infant (0-1 y/o)	0	1	0	0	0	1
Child (1-14 y/o)	16	19	14	2	2	53
Adult (15- y/o)	49	59	26	35	21	190
Total	65	79	40	37	23	244

Table 4 :Sex

	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	Total
Male	36	28	17	15	10	106
Female	29	51	23	22	13	138
Total	65	79	40	37	23	244

2. ペンテコスト島での活動詳細

2015年3月21日

我々はチャーターした小型機に搭乗し、11時にポートビラ空港を離陸した。ペンテコスト島サラ空港には、12時20分に到着した(写真1)。サラ空港でマウナヘルスセンター保健省職員(ラモス氏)の出迎えを受け、同センターを拠点として活動することとなった(写真2)。

同日は土曜日であったため、ヘルスセンターは休診であった。そのため、我々も実診療活動は翌日以降と決めた。そこで、ヘルスセンター職員と打ち合わせをして、生活拠点のセットアップ及び翌日からの活動のための資機材を整理した。



写真1：チャーターセスナ機にて
ペンテコスト島サラ空港に到着



写真2：マウナヘルスセンター内の隊員宿舎

我々は3月22日から26日にかけて5日間、ペンテコスト島で活動した。

主な体制としては、メンバーを2つに分け、以下9カ所のヘルスファシリティに巡回診療、健康評価、医療ニーズアセスメント等を実施した(マウナ、ガマルマウア、アンゴロ、アウテ、ラタノ、タリイロ、ナマラム、バンナプニ、レデングシビ)。

活動場所は、

2015年3月22日：マウナ、ガマルマウア

2015年3月23日：マウナ、ガマルマウア、アウテ、アンゴロ

2015年3月24日：ガマルマウア、アンゴロ、ラタノ、タリイロ、ナマラム

2015年3月25日：バンナプニ、レデングシビ

2015年3月26日：アンゴロ、ラタノ、ガマルマウア

であった。

2015年3月22日（実活動1日目）

午前は、団長と一部の隊員がマウナの教会に徒歩で赴いた。目的は、隣村への交通路の調査、教会に集まる地域住民の外見上の栄養状態や清潔状態、傷病者や外傷の有無、コミュニティーの人口構成等について評価する事であった。午後は2チームに分かれて、活動を開始した。

1チーム（医師1、看護師1、業務調整員1）は、マウナヘルスセンターの1室を借りて臨時の診療所を開設し、夕方までに計39名の診療を行った（写真3）。

もう1チーム（医師1、薬剤師1、業務調整員2、JICA現地スタッフ1）は、ガマルマウアのヘルスポストで医療施設の被害や医療ニーズの調査と診療活動を実施した（写真4）。倒木のために、車でのアクセスは難しかったため、資機材を抱え徒歩で移動した（マウナヘルスセンターから約40分）。診察希望の住民もあり、併せて診療も実施した。結果、合計26名の患者を診療した。

同日夜に宿舎でミーティングをし、お互いの活動の報告と翌日の活動計画の共有、必要な患者についての申し送りをした。危険情報については、報告はなかった。PCへのカルテの入力とバヌアツ政府とWHOへの医療施設の被害情報や医療ニーズについての報告書と日報を作成した。



写真3：マウナヘルスセンターでの診療



写真4：ガマルマウアのヘルスポストでの医療ニーズ調査

2015年3月23日（実活動2日目）

1チーム（医師1、薬剤師1、業務調整員2、JICA現地スタッフ1）は、トラックで9時に宿舎を出発、9時40分にアンゴロに到着し、医療ニーズアセスメント実施した（写真5）。また19名の患者を診療した。その後、12時30分にアンゴロを出発し、13時30分にアウテに到着し、医療施設の被害調査と医療ニーズアセスメントを実施した。また5名の患者を診療した。

1チーム（医師1、看護師1、業務調整員1）は、10時30分からマウナヘルスセンターで診療を開始（10名の患者を診療）。その後、12時55分に宿舎を徒歩で出発し、13時40分から16時15分までガマルマウアにて診療を実施した（26名の患者を診療）（写真6）。



写真5：トラックにてマウナヘルスセンターを出発



写真6：ガマルマウアのヘルスポストでの診療

2015年3月24日（実活動3日目）

1チーム（医師1、看護師1、業務調整員1、JICA現地スタッフ1、JICA現地スタッフ1）は、8時に 宿舎を出発して、8時15分 にわれわれの宿舎のある集落（アバントゥントゥラ）の港からボートに乗船し、出発した（写真7）。8時45分 にラタノのヘルスディスペンサリーに到着し、アセスメントと診療を実施した。その後、10時43分に ラタノをボートで出発し、11時22分に タリイロに到着、ヘルスディスペンサリーで医療施設の被害状況と医療ニーズ調査を行い、併せて診療を実施した。13時10分に タリイロからボートで出発し、13時45分に ナマラムに到着した。ナマラムでは、ヘルスディスペンサリーは閉鎖されていた。付近の住民によると、ヘルスディスペンサリーを担当する看護師が、サイクロン前からポートビラに研修に出かけていて、再開日は聞いていないという事であった。そこで、医療施設の被害状況や医療ニーズ調査、診療などは実施しなかった。代わりに、隣接した小学校の教師と相談し、児童の検診を実施した。同集落は、医師が訪れるのは3年に1度程度の頻度であり、JDR医師による健診と指導は付近住民と教師から歓迎された。結果、小学生の児童60名を検診した。16時に ナマラムからボートで出発し、17時30分にマウナヘルスセンターの宿舎に到着した。

1チーム（医師1、薬剤師1）は、9時30分 に本拠地マウナヘルスセンター（集落名：アバウトゥントゥラ）で患者1名を再診した。10時に業務調整員2名が、追加物資を受取るのため、サラ空港に向けて出発した。

10時40分にサラ空港で、小型機で物資と一緒に搭乗してきたJDR業務調整員と合流した。荷物を受取り、ペンテコス島チーム活動について情報共有した。ペンテコス島で活動した業務調整員1名は、搭乗してきた業務調整員とともに小型機でポートビラに帰投した。

11時10分、物資を乗せたトラックに乗った業務調整員1名がサラ 空港を出発し、11時30分 に宿舎に到着した。

13時40分に 医師1、薬剤師1、業務調整員1はガマルマウアに向けて徒歩で出発（写真8）。14時30分 から15時40分まで、ヘルスポストで診察を実施した。さらに、ヘルスポストに来ることができない患者1名を往診した。15時40分 にガマルマウア出発し、16時40分に 宿舎到着した。



写真7：アバントゥントゥラからボートにて
出発



写真8：ガマルマウアに向けて徒歩で出発

2015年3月25日（実活動4日目）

隊員全員（医師2、看護師1、薬剤師1、業務調整員2、JICA現地スタッフ1）で、8時30分にボートで出発し、10時10分に バンナップ二到着した（写真9）。ヘルスディスペンサリーで被害状況と医療ニーズ調査を行った。患者は少なかったため、午後に再訪問し診療する予定とした。

10時40分に バンナップ二を車で出発し、11時10分に レデングシビ到着した。ここはイーストペンテコストで最大のヘルスセンターであった。診療施設の被害状況と医療ニーズ調査と併せて、2名の入院患者の回診を含め、外来診療を実施した（写真10）。

13時15分に レデングシビを出発し、14時10分に パンナップ二に到着した。ヘルスディスペンサリーにおいて、外傷処置を含む外来診療を実施した。15時20分にパンナップリから再度ボートで出発し、17時40分に 宿舎に到着した。



写真9：アバントウトウラからボートに乗船し出発



写真10：レデングシビでの診療

2015年3月26日（実活動5日目）

1チーム（医師1、看護師1、業務調整員1）は、8時40分に宿舎直近の集落（アバントゥントゥラ）を出発し、9時にラタノに到着した。ヘルスディスペンサリーで診察し、併せて地域の幼稚園児の栄養評価を実施した。11時30分にラタノを出発し、12時にタリイロに到着した。昼食時間であったこと、平常に戻りつつあるためか、診療のニーズは無かった。14時にタリイロを出発した。15時10分にマウナヘルスセンターにて、サイクロン前後の患者数等についてより詳細なヒアリング調査を実施した。

1チーム（医師1、薬剤師1、業務調整員1、JICA現地スタッフ1）は、8時30分に宿舎をトラックで出発した。8時50分にガマルマウアに到着、再アセスメントと診察に並行して、小学校での健診を実施した（写真11）。また、2日前に往診した患者を、再度往診した（写真12）。

11時15分にガマルマウアを出発し、12時30分にアンゴロに到着した。偶然、バヌアツの副首相と内務大臣が同集落への災害支援の報告にヘリで訪れており、日本の医療チームとして直接挨拶することができ、副首相から謝辞を頂いた（写真13）。

14時50分にアンゴロを出発し、15時15分に宿舎に到着した。

16時30分から、全隊員で首都への持ち帰り資機材とマウナヘルスセンターへの供与物品について整理した。未使用の薬剤は廃棄した。



写真11：ガマルマウア小学校での健診



写真12：往診した患者
（悪性疾患終末期と思われる。JDR医師の疼痛緩和が効果的であった）



写真 13 : バヌアツ副首相への挨拶

2015年3月27日：

マウナヘルスセンターの上級看護師であり保健省職員のラモス氏への物資供与式を行った（写真14）あとに、全隊員は、ポートビラよりオーストラリア軍のヘリコプターで出迎えに来た米田副団長と共に、13時にペンテコスト島サラ空港を出発し、ポートビラ空港に到着した（写真15）。



写真 14：ラモス氏への物資供与式



写真 15：オーストラリア軍ヘリコプターにて
ペンテコスト島サラ空港を出発

3. ヘルスファシリティでの疾患分類

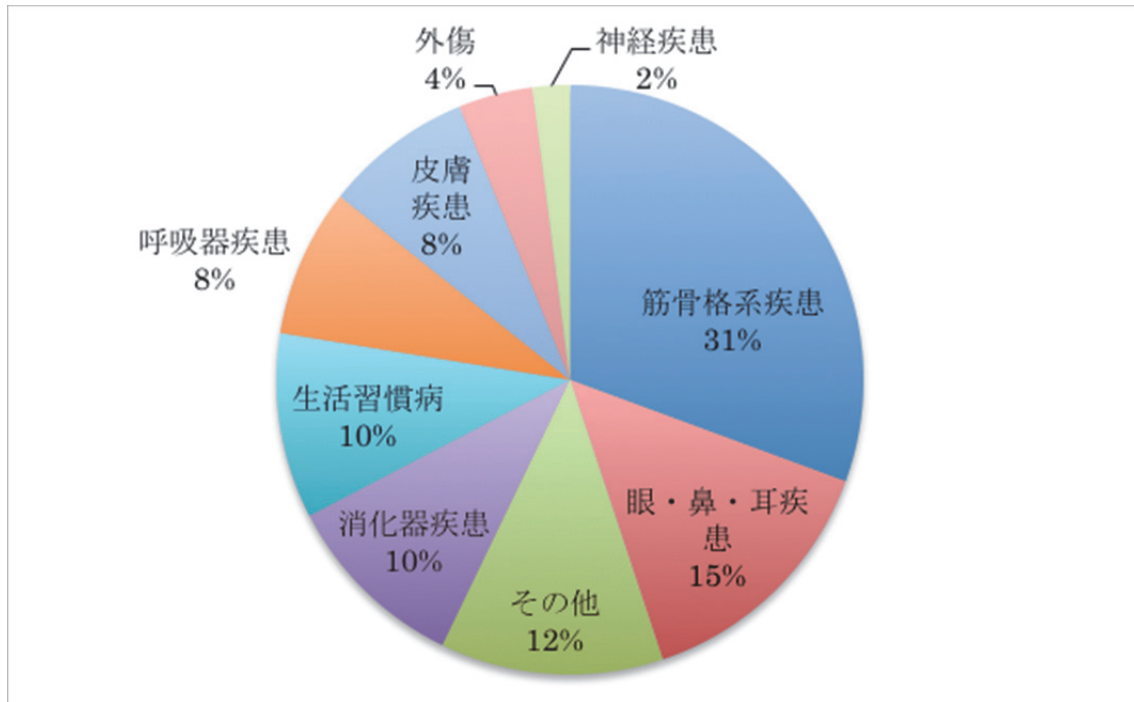


図 別 3-1 マウナにおける 49 疾患の分類

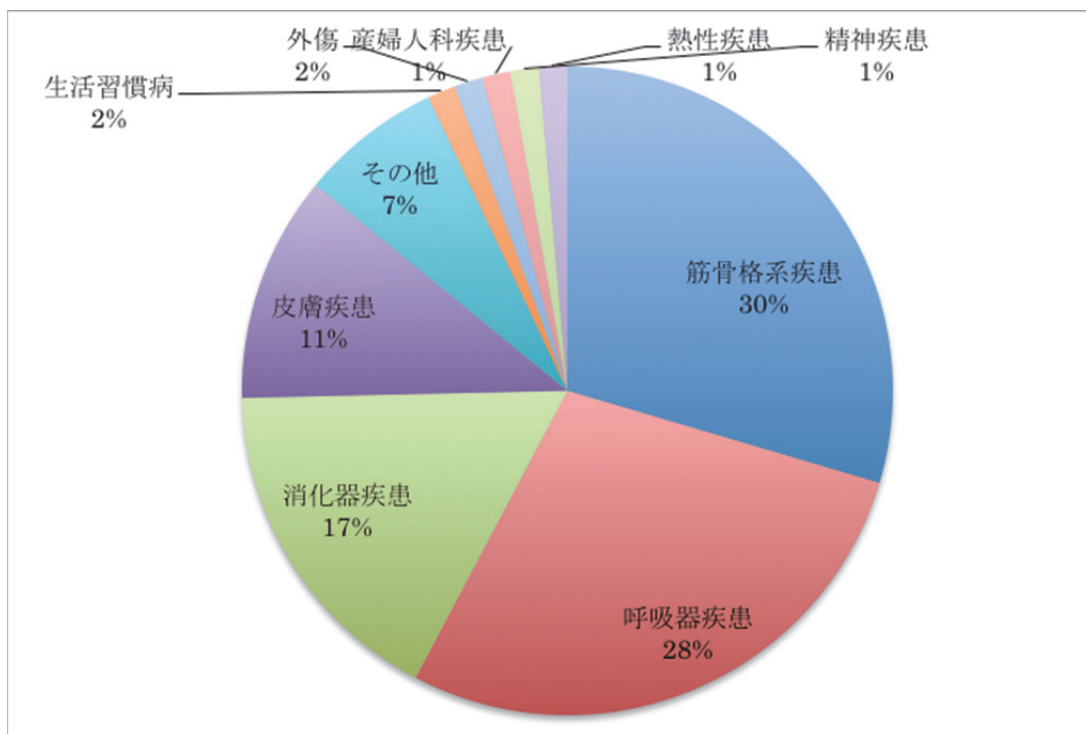


図 別 3-2 ガマルマウアにおける 71 疾患の分類

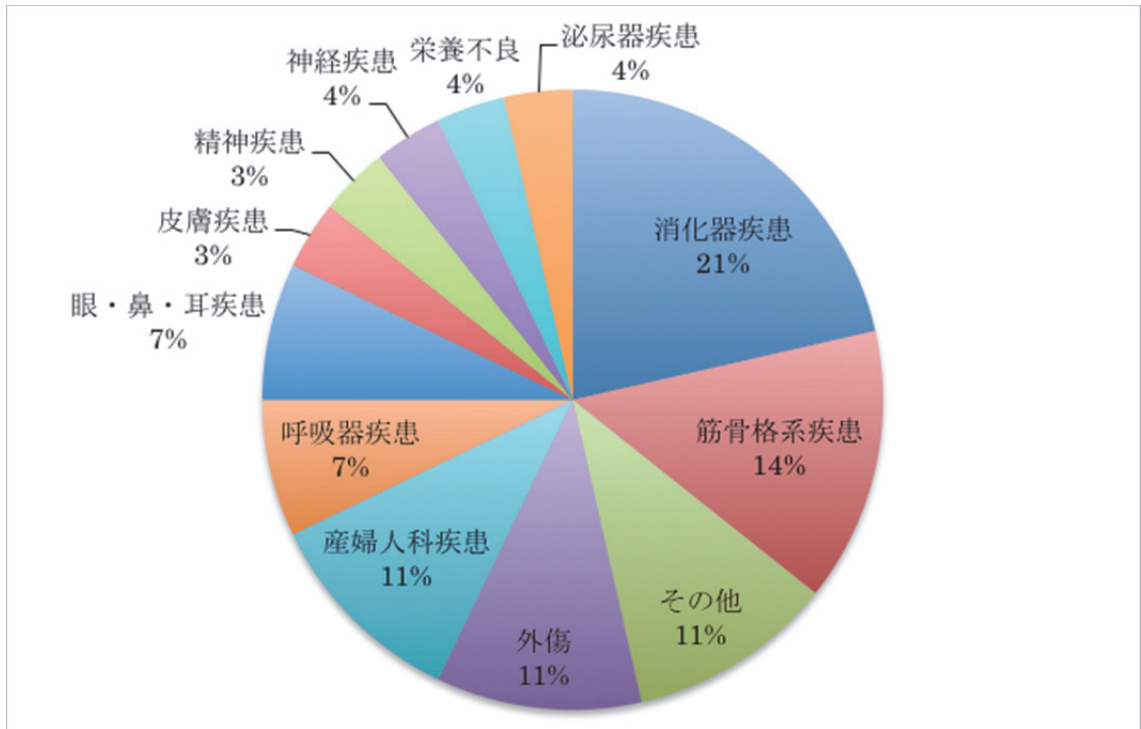


図 別 3-3 アンゴロにおける 28 疾患の分類

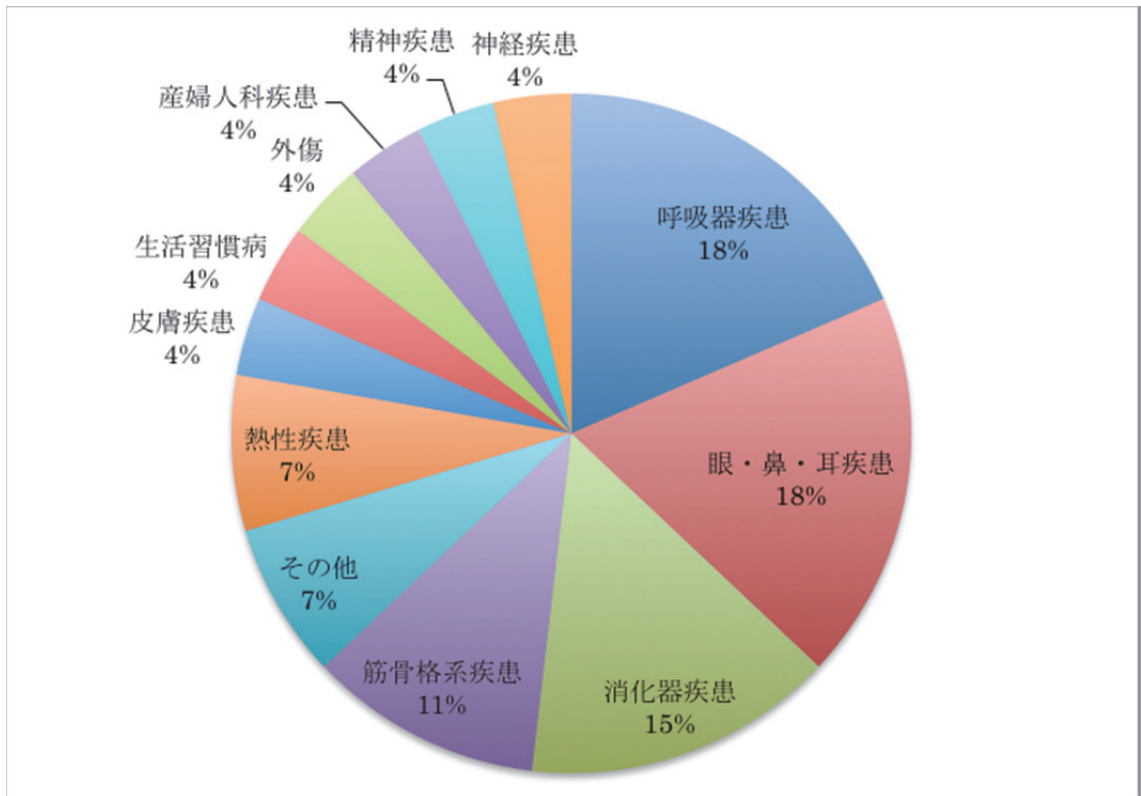


図 別 3-4 アウテにおける 27 疾患の分類

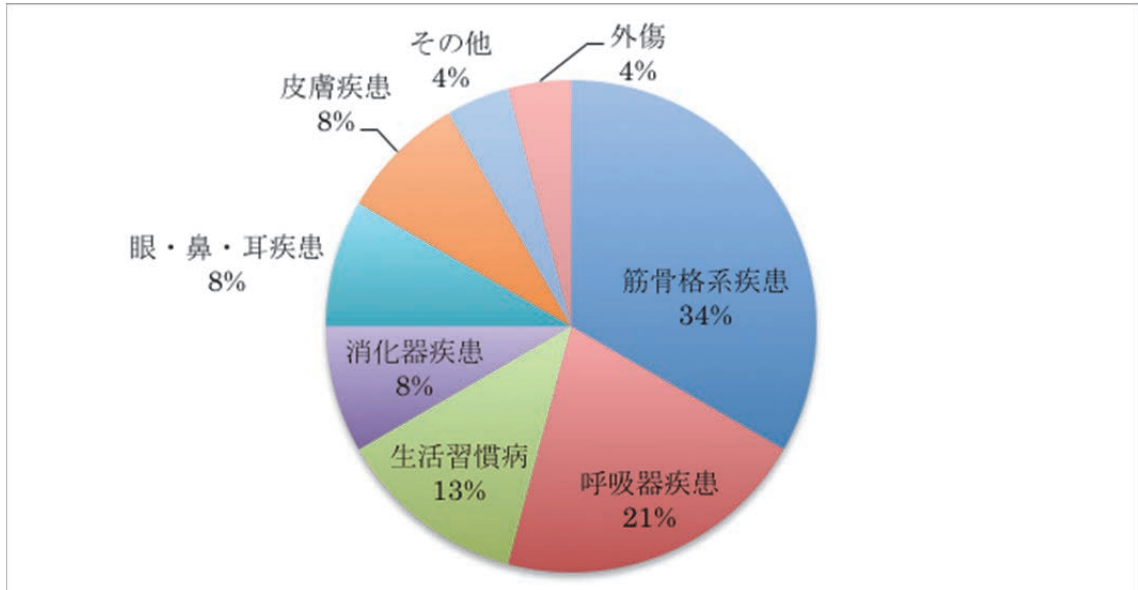


図 別 3-5 ラタノにおける 24 疾患の分類

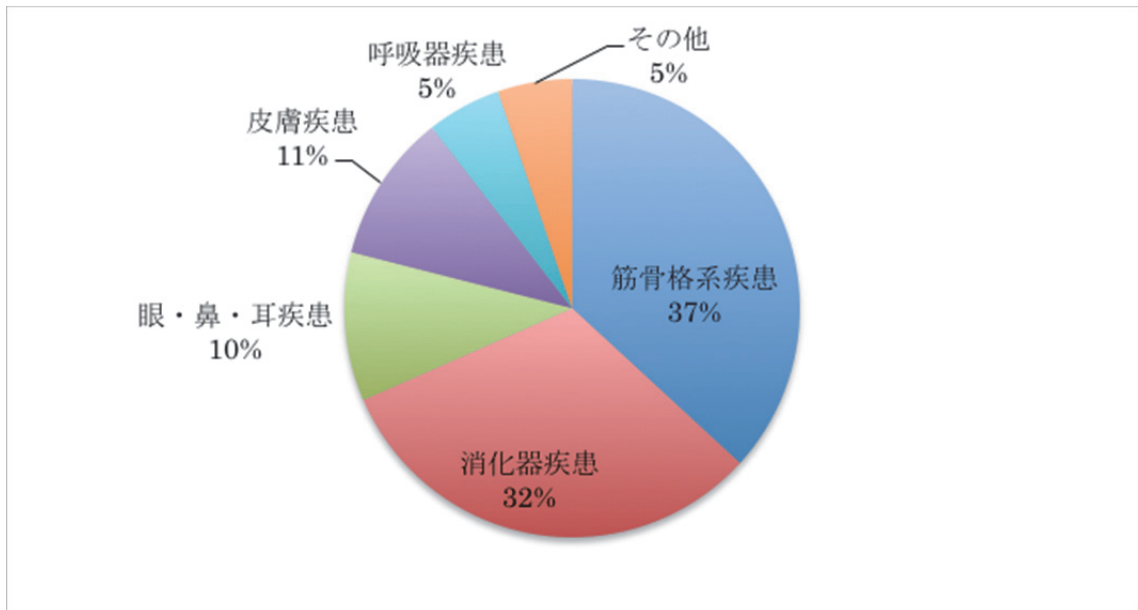


図 別 3-6 タリイロにおける 19 疾患の分類

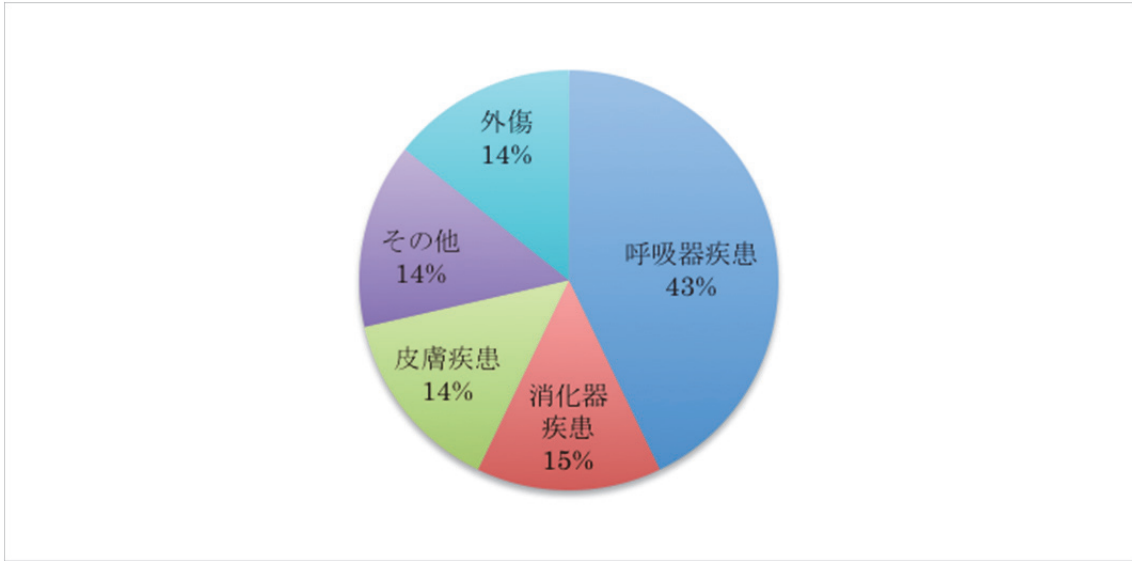


図 別 3-7 ナマランにおける 7 疾患の分類

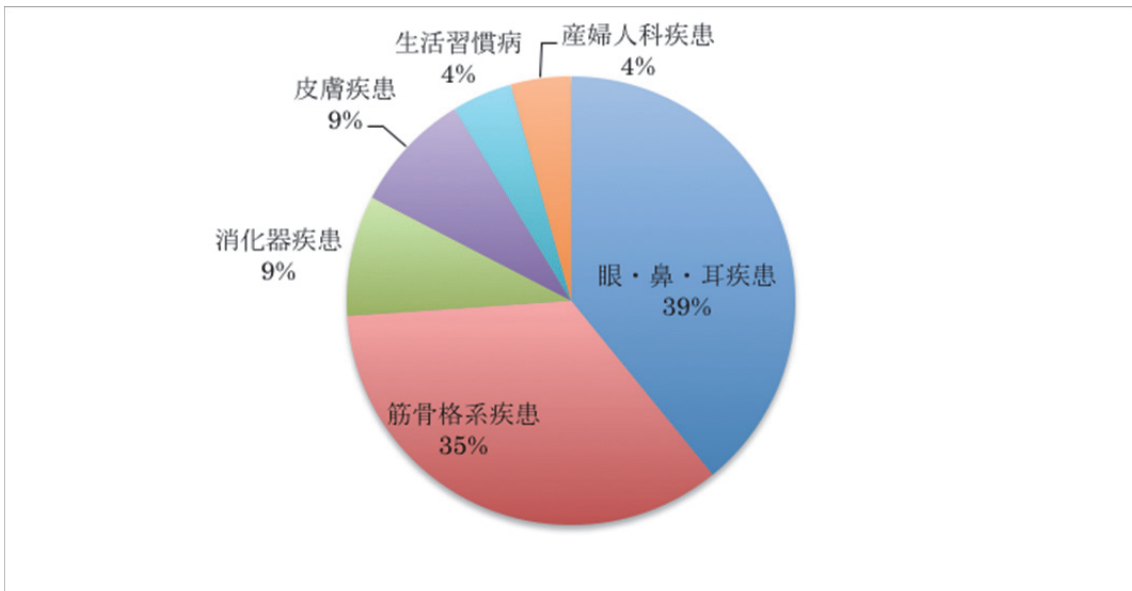


図 別 3-8 バンナプリにおける 23 疾患の分類

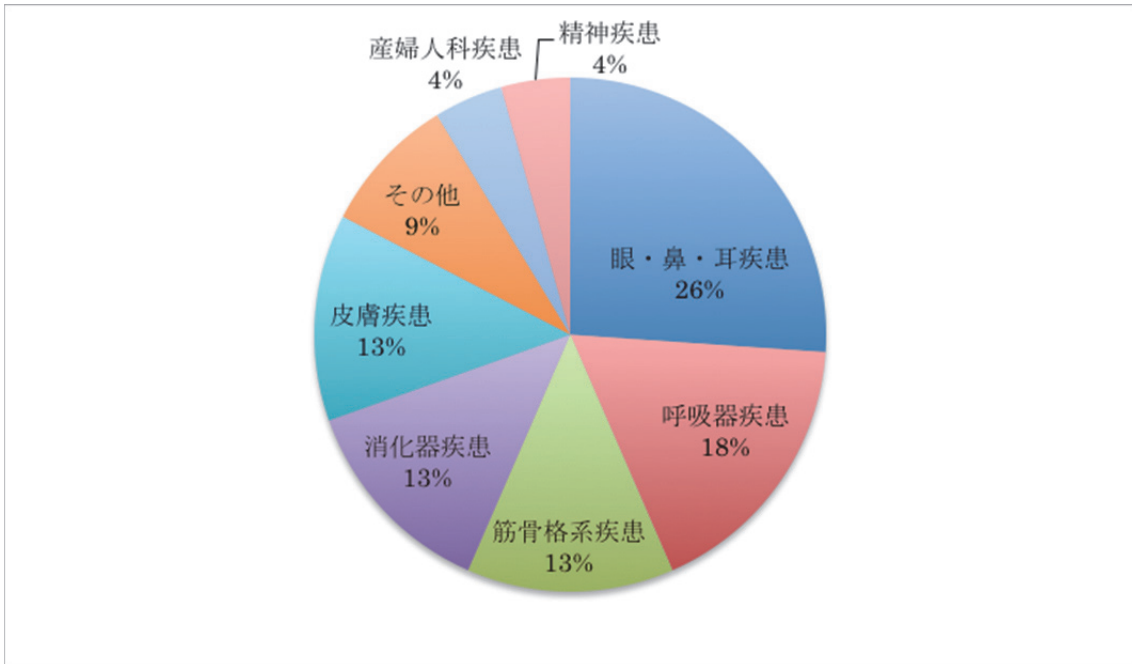


図 別 3-9 レデングシビにおける 23 疾患の分類

